"It is kindness…selflessness…courage… but also a parent's willingness to nurture a child that finally decides our fate."
Excerpt, Inaugural Speech of President Barack Obama, January 20, 2009

Consensus of the Participants
4th Annual Symposium on Breastfeeding and Feminism:
From Birthplace to Workplace

One hundred and twelve participants from North Carolina, ten other states[1], the District of Columbia, Puerto Rico, and from four other countries gathered in Greensboro on March 26/27 2009 to examine the issue of breastfeeding "From Birthplace to Workplace" from feminist and other perspectives. The purpose of the meeting was to work together in a transdisciplinary manner to create a policy agenda for action to promote breastfeeding. The goal was to re-orient the paradigm in which breastfeeding is viewed as a "lifestyle choice" to a paradigm in which it is a civil right, a human right and a social justice issue. This new paradigm ensures the social, economic and political considerations necessary to promote, protect and support breastfeeding by enabling the mother and child to succeed.

This group, including academics and service providers, civil servants and elected officials, mothers and babies, and business owners and community organizers and volunteers, found many areas of agreement and common concern. Outcomes of the meeting included specific suggestions for feasible and immediate actions in the United States that take into account current economic conditions, based on the following:

We consider that:

- Breastfeeding is an essential public health issue for both mothers and children;
- Breastfeeding is a feminist issue and, therefore, women's decisions to breastfeed should not result in any loss of economic livelihood, rights or privileges to which they are otherwise entitled.
- Women must have the right of self determination to breastfeed freely and without constraint;

And given that[2]:

- Early, exclusive and sustained breastfeeding are evidence-based practices that contribute to the health and development of children and the health of mothers;
- Barriers to breastfeeding are material manifestations of sex discrimination;
- Breastfeeding is a reproductive right, therefore barriers to breastfeeding deny women a reproductive right;
- The racial, ethnic and economic disparities in the practice of breastfeeding in the United States contribute to lifelong health disparities;
- Women's time for nurturing and feeding is economically valuable, and logically should be included in economic analyses GDP;
- The mother/child dyad is an interactive biological unit whose function contributes to normal child development and maternal biological self-efficacy;
- Mothers require significant cultural, social and economic support to achieve breastfeeding intentions;
- There is a significant evidence base concerning how to protect, promote and support of breastfeeding;
- Breastfeeding, when so supported, remains cost-effective and cost-beneficial;
- Continued gender inequalities undermine progress in these areas;
- Lack of third-party reimbursement for lactation services limits availability of support.

In order to improve breastfeeding across all racial, ethnic and economic groupings for the health of the nation and in the context of recognition of women's rights, we stand ready to protect, promote and support all efforts to enhance and facilitate the advancement of breastfeeding and feminism.

Therefore, **we call upon government and civil society decision-makers to ensure action on the following:**

- **Develop a federally funded woman-supportive authority** to provide oversight for health system breastfeeding support (e.g., Ten Steps), to reduce misleading and aggressive marketing of infant formula brands (e.g., International Code of Marketing) through WIC and to the public at large.
- **Seek comprehensive paid maternity leave and workplace accommodation**, with adequate budget allocation.
- Increase and reallocate funding for **implementation of interventions** shown to increase women's ability to breastfeed successfully and for **research** on biological and health, feminist and sociological, organizational and economic aspects of these issues.[3]
- Increase federal funding for **US foreign aid** in support of breastfeeding as a primary child survival intervention and for **federal and state-level action to evaluate and regulate breastfeeding support** in Healthy start, WIC, child care and other legislated programs that are mandated to provide this service.
- **Educate health care providers and the public** by including breastfeeding skills and support into all health worker training and facility-based health care provision,[4] incorporating breastfeeding as a normal part of families and mothering into all subject matter in pre-K-12 education, and carrying out social marketing to reframe breastfeeding as normative infant and young child feeding, and to discussion the risks of lack of breastfeeding.
- Require **third-party payer coverage** for breastfeeding support services such as lactation consultant services and milk expression equipment.

Specific to Birthing:

- Support the **implementation of the the Ten Steps of the Mother-friendly**, both national and international versions, ensuring that maternity practices reflect the best evidence.
- Revise models of **reproductive care to empower women** to be advocates for themselves and their infants, with creation of a family-center medical home.
- Promote and support [legislate] the **midwifery model of care** as normative maternity care.
- Call upon the Joint Commission to include **assessment of facilities' rates** of Caesarian Section procedures and other practices that can affect breastfeeding outcomes.
- **Legalize autonomous practice by midwives with medical backup,** and legalize Certified Professional Midwives throughout the US.

Specific to Immediate Postpartum:

- Adopt the **Ten Steps to Breastfeeding-friendly maternities**, including attention to support for skin-to-skin leading to mother/baby led breastfeeding and milk expression for self-care, and related nurse education.
- Call upon the Joint Commission to **set standards of care** in line with the Ten Steps.
- Create a system-wide **public reporting of hospital-specific exclusive breastfeeding** practices and rates to address the facility-level need to close the gap between maternal intention and outcomes.
- Create a means to **make breast milk donation more convenient** and to make donated milk more available
- Require all health departments and maternity facilities to provide the services of **Lactation Consultants**.
- Continue **the CDC efforts to collect data** that aid in program and policy planning on breastfeeding and other reproductive rights.

Specific to Homecoming:

- **Amend the Civil Rights Act of 1964** to protect the rights of women to breastfeed in public places, private places and places of work, and extend the FMLA to 6 months, with paid maternity benefits for all women.
- **Involve national leadership in the support of new families including modeling the mothering role,** with the intent of targeting and supporting all women, especially young mothers of all racial/ethnic groups during the early years of their children's lives.
- Create a national website – "safe gate" - as a **portal to access culturally sensitive, competent and multilingual breastfeeding information**, building on "information transparency" initiatives at the national level or similar.
- **Develop, fund and mandate mechanisms[5] that support new mothers** in the early days and weeks at home through a home visit by a breastfeeding-skilled provider to carry out feeding assessment within 48 hours, and ensure availability and easy access to information, mother-to-mother, peer community counselors, and professional service support, as well as household help visits and by providing breastfeeding 'warm-lines'.

Specific to Workplace

- **Fully implement the "Business Case for Breastfeeding"** nationwide.
- **Legislate paid maternity leave** with guaranteed return to work and/or increase employment tax to include at least 12 weeks paid maternity leave and legislate parental leave.
- **Promote, legislate and implement worksite accommodation**, including paid breaks for milk expression or breastfeeding, coverage for modes of milk expression, flex-time, on-site day care, breastfeeding in the workplace, and other innovations.

Submitted by Miriam Labbok, MD, MPH (UNC) Paige Hall Smith, PhD (UNCG), and Emily Taylor, MPH (UNC) on behalf of the participants

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[1] Connecticut, DC, Georgia, Illinois, Maryland, Michigan, Nevada, North Carolina, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Vermont, Virginia
[2] References for all statements available upon request
[3] With attention to social and economic disparities, to determine the cost-effectiveness and cost-benefits of suggested interventions, and to carry out Cochrane systematic meta-analyses to review programmatic approaches to mother and breastfeeding-friendly care
[4] Call upon the Joint Commission to include assessment of facilities' rates of exclusive breastfeeding and related educational programs.
[5] Possibly through third party payers or though a grant to legal guardian