



SOLUTIONS DIALOGUE

Maternal Child Health and Breastfeeding in the
Latino Community

National Alliance for Hispanic Families
Center for New Communities
Urban Strategies

July 2012

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MATERNAL /CHILD HEALTH AND BREASTFEEDING
IN THE LATINO COMMUNITY**

The Hispanic population has become the largest and fastest growing minority community in the United States, accounting for nearly half of the country’s population growth since 2000. This growth rate, combined with the well-known fact that low income, minority groups experience a higher prevalence of health problems, raises the need to introduce wellness strategies among Hispanics at the very earliest stages of life. The rising health challenges affecting the Latino community continue to be of critical concern. One key area of interest is Latino maternal health and breastfeeding. Research suggests a strong correlation between breastfeeding and its positive impact on babies and their future health and cognitive development. The maternal health "Solutions Dialogue" was designed and hosted by the National Alliance for Hispanic Families, Urban Strategies, and the Center for New Communities, with support from the W.K. Kellogg Foundation, to discuss the role of community and faith-based organizations in improving maternal/child health, particularly with regard to breastfeeding within the Latino community.

PARTICIPANT SELECTION PROCESS

Hispanic health experts, researchers, and community and faith-based leaders from around the country were carefully selected to ensure diverse perspectives on the topic. A process that included a thorough literature review and expert interviews was conducted to determine key leaders working in the Latino and breastfeeding communities. Additionally, individuals were selected who represented vast geographic areas, experience working with low-income families and diverse Latino backgrounds including Mexican, Puerto Rican and Central/South Americans.

ATTENDEES

	Full Name	Organization- City, State
1	Alberto Moreno	The Oregon Latino Health Coalition- Portland, OR
2	Amanda Gonzalez*	Urban Strategies San Antonio, TX
3	Ana M. Parrilla	Universidad de Puerto Rico- Puerto Rico
4	Brenda Polio	Casa Chirilagua- Alexandria, VA
5	Carlos Salgado	enFamilia- Homestead, FL
6	Celina Camarillo*	Urban Strategies- Los Angeles, CA
7	Christina L. Benjamin	Zero to Three- Washington DC
8	David Escamilla	CommUnity Care City of Austin- Austin, TX
9	Dawnielle Miller	Casa Chirilagua- Alexandria, VA
10	Elizabeth Padilla	San Juan Bautista School of Medicine Nursing Program- Puerto Rico
11	Frank Fuentes	ACF & University of Texas School of Social Work- Washington DC
12	Grace Damio	Hispanic Health Council- Hartford, CT
13	Hector F. Gonzalez	City of Laredo Health Department- Laredo, TX
14	Isabel Garcia	RCMA- Bowling Green, FL
15	Jessica Carda-Auten	National Association of County and City Health Officials- Washington DC
16	John McPhail	Center for New Communities- Arlington, VA

17	Josh Sparrow	Brazelton Touchpoints Center- Boston, MA
18	K. Jill Fleuriet	University of Texas at San Antonio- San Antonio, TX
19	Lisa Trevino Cummins	Urban Strategies- Arlington, VA
20	Lisa M. Southworth	Nutrition Services Branch U.S. Department of Agriculture- Washington DC
21	Lorena Gonzalez	Urban Strategies- San Antonio, AZ
22	Margarita Franco	PASOs Programs at USC Arnold School of Public Health- Columbia, SC
23	Maria Choi	Creciendo Unidos- Phoenix, AZ
24	Maria Lemus	Visión y Compromiso- El Cerrito, CA
25	Maria-Idali Torres	University of Massachusetts- Boston, MA
26	Maricela Kempf	Neighborhood Ministries- Phoenix, AZ
27	Marieli E. Colón Padilla	Fleishman Hillard Hispania- Washington DC
28	Mercedes Perez de Colon	Center for New Communities- San Antonio, TX
29	Olivia Diaz	Food Pantry el Puente Latino- Waukegan, IL
30	Susan Leon	Moms' Place- Phoenix, AZ
31	Tracy Erickson	Texas Department of State Health Services- Austin, TX
32	Yolanda C. Padilla	School of Social Work, University of Texas- Austin, TX

* *denotes support staff*

PURPOSE OF THE MEETING

Hispanic health experts, researchers, and community/faith-based leaders from around the country gathered June 12-13, 2012 at the Sheraton National Hotel in Arlington, VA, to develop recommendations for a national demonstration project that utilizes the strengths of faith and community based organizations to improve maternal and child health within the Hispanic community.

The specific objectives of the two-day “Solutions Dialogue” were to:

- Develop a common understanding of maternal/child health needs -- especially breastfeeding -- within the Latino community
- Identify the role of community and faith-based organizations in Latino maternal health
- Identify barriers faced by community and faith-based organizations in addressing maternal/child health in Hispanic communities
- Develop strategies to encourage effective participation of community and faith-based organizations in delivering maternal/child health services to Latino communities.

MEETING AGENDA

The meeting agenda was designed to promote a dialogue on solutions that engage community and faith-based organizations in improving maternal/child health and breastfeeding within the Latino community. It included,

Purpose: Overview of the need for Latino-serving community and faith based organizations as viable and critical partners in breastfeeding and maternal health strategies.

What We Know: Review of current and related research on maternal health, breastfeeding and cultural competencies relating to the Latino population.

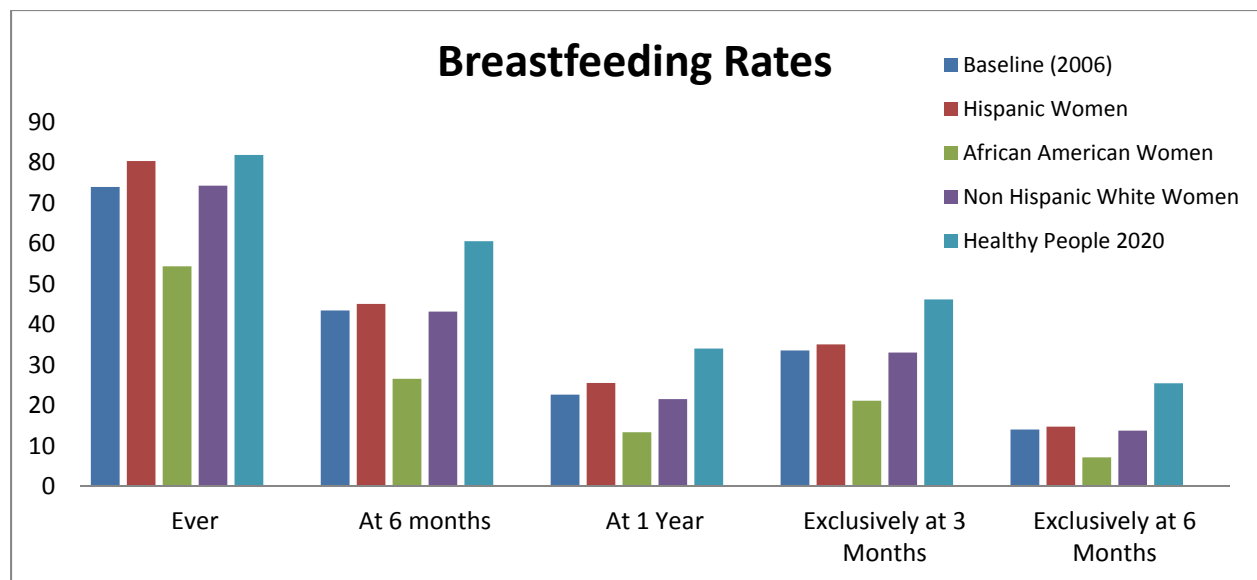
Best Practices: Summary of successful and innovative programs, strategies, implementation procedures, and methodologies that reach the Latino population.

Building Solutions: Development of maternal health and breastfeeding strategy(ies) for Latino Serving Faith and Community Based Organizations

WHAT WE KNOW

Researchers led a discussion offering current and related research on maternal health, breastfeeding and cultural competencies as it relates to the Latino community. These presentations were followed by open group discussion to further confer the realities of breastfeeding within the Latino culture. The following key themes were discussed:

Hispanic women have high rates of initial breastfeeding but they fall short of Healthy People 2020 objectives.



Cultural and Economic Factors Impact Breastfeeding within the Hispanic community

- In many native countries of Hispanics residing in the U.S., breastfeeding is perceived as a practice of the poor who are not able to purchase formula because of economic limitations. This perception that breastfeeding is relegated to the poor is carried forward within the U.S. Hispanic community.
- When Hispanics acculturate, breastfeeding decreases. Breastfeeding is viewed as an act of celebrating economic freedom or independence from what is perceived as an activity relegated to the poor and less educated.

Formula is aggressively promoted to low-income, uneducated women

- The formula industry is extremely strong in the US. In fact, the leading buyer of formula (80 percent) is the federal Women, Infants, and Children (WIC) program which readily provides mothers with cans of free formula.
- The United States is the only developed country that allows formula companies to advertise in hospitals and in other public domains. This has created messaging to moms that using formula is the accepted norm.
- Women have said they put less effort into breastfeeding because they had a supply of formula at home.
- Policies need to change to make formula less readily-accessible for the general public and available on an as-needed prescription bases.

The challenges and needs of Hispanic mothers and babies must be addressed within the context of the family

- Healthcare, prenatal care and treatment should be approached holistically to target the entire family and not just the individual.
- This includes providing wellness care and most importantly, assuring that health and wellness care is both accessible and accessed by Latino families.
- Experts understand that it is imperative for mother and child to have skin to skin contact within the first 30 minutes of birthing. Given the rates at which Hispanic mothers discontinue exclusive breastfeeding, the first four weeks of a baby's life are as important as the first 30 minutes after birth.
- While there is general awareness among Hispanics that breastfeeding is beneficial to children, it is not well understood and not supported as much as it could be within the Hispanic community.
- Providing education and information that breastfeeding is a key component to the continuum of care allows for families to make smarter choices.

Systemic challenges in Health Care are not conducive to breastfeeding among Hispanic families

- Unfortunately, the majority of U.S. hospitals are not 'baby friendly,' therefore making breastfeeding initiation difficult for mothers. In Puerto Rico, the problem is even worse.
- A maternity facility can be designated 'baby friendly' when it does not accept free or low-cost breast milk substitutes, feeding bottles or treats, and has implemented 10 specific steps to support successful breastfeeding for hospitals as identified by UNICEF and WHO. See appendix for the ten steps used in the United States.

- Hospitals have made C-section delivery a social norm. The numbers of C-section deliveries continue to climb, thereafter making breastfeeding complicated for mothers because they are in recovery. Formula is so readily accessible in hospitals that unless a mother insists on breastfeeding, it is often substituted.

Cultural assimilation plays a role in the mothers' breastfeeding decision

- Breastfeeding is foundational within the Latino culture and is preferred in Mexico, Central America, and South America. Latino immigrants in the U.S. have continued their breastfeeding tradition; however, second and third generations have moved away from this tradition, practicing their “freedom” of not having to breastfeed their children as economic progress. Regrettably, much of the ‘American way’ is driven by media and propaganda which have led Latinos to make unwise choices in regards to the food they eat as well as the belief that formula feeding is synonymous with the ‘American way’ to rear a child. As a large, growing, and youthful population, Latinos are increasingly being targeted in marketing campaigns for baby formula, regardless of the health consequences.

The mainstream American culture does not welcome breastfeeding

- Many women are afraid to breastfeed due to the way the culture has negatively responded to breastfeeding and has made breastfeeding in public uncomfortable and unwelcoming for women.
- Breastfeeding promotion needs to target moms, fathers, and the public to be more accepting and supportive by posting signs that indicate, “Breastfeeding is welcome here” and thanking moms for choosing breastfeeding.
- Women know that breastfeeding is good for their baby, so the question must be asked, ‘why are they not doing it?’ and look at the environmental factors that are influencing mothers’ decisions.
- Men are not always supportive of their partner breastfeeding. The breast is a sexualized object and men are uncomfortable with the dual use of the breast. Some also express apprehension that their partner’s breast may change as a result of breastfeeding.
- Additionally, there is a high percentage of working, single, and teen mothers who find it extremely challenging to maintain a breastfeeding/pumping schedule as they balance work and schooling responsibilities in environments that are not breast-pumping friendly.

Education is critical to increasing breastfeeding among Hispanic families

- Mothers need to be informed about their role in the continuum of their baby’s health, starting with prenatal care, labor and breastfeeding, all the way through to parenting.
- There are problems, misconceptions and misrepresentation in the promotion of formula that women need to be informed about. Women must be empowered to make smart decisions regarding their body, the health of their baby and have the support of their family and community.
- In order to do this successfully, the support system of the mother – the family – must be the target of educational efforts regarding breastfeeding.

- Peer education is also vital to the success of healthy mothering. It is essential to create an environment in which mothers can share their experiences with other mothers, and where media-myths are tested, and cultural practices and values are affirmed.
- Breastfeeding education needs to have both a holistic, family approach and a community approach.

BEST PRACTICES

Three examples were highlighted to showcase innovative programs, strategies, and implementation that provided unique methodologies for successful outreach around maternal health and breastfeeding. All three approaches were designed to serve the unmet needs in the Hispanic community within a framework that is culturally and linguistically responsive to the Hispanic population.

Pasos- Margarita Franco shared that Pasos is a prenatal program in Columbia, South Carolina that has been able to reach approximately 5,000 families by providing knowledge and fostering an environment to share information with both the health care providers and the Latino community. Pasos serves as a bridge having an established relationship within the community. It has been their observation that many Latina mothers don't have the freedom to make their own decisions. When it comes to giving their babies formula or breastfeeding, they often choose formula because the decision is an act of empowerment. These women have been bombarded with propaganda for the use of formula and feel the need to assimilate to "American culture" in which feeding your baby with formula has been the message communicated to them as the cultural norm. Paso's has been successful because they do not tell their families what to do; rather they provide them with the knowledge and power to make healthy decisions for their families as well as model healthy behaviors. Their families develop the means to be heard and advocate for themselves. They are learning to ask questions and not allow others to make decisions for them. Pasos cultivates an atmosphere that allows everyone to have a voice, be heard and feel empowered so that peer learning and relationship building is at the core of their success.

Breastfeeding, Heritage, and Pride- Grace Damio shared the philosophy behind the work being accomplished at the Hispanic Health Council in Hartford, CT. Their work is built on engaging and empowering community-based leadership, training individuals trusted and respected in their community with information in Maternal Healthcare. They have partnered with the local hospital to determine where gaps may exist in prenatal care. The organization provides employed consultants/counselors from the community to support a system of holistic prenatal care. Every woman in the hospital receives a visit from a prenatal counselor / community health promoter during their pregnancy. Once the baby is born, the counselor will visit within 24 hours and again in 48 hours to ensure the mother has significant knowledge in breastfeeding and that she and baby are well. Additionally, the organization created a marketing campaign targeting the entire family to normalize breastfeeding at home and in public. This included an ad of a couple in public, in which the mother is breastfeeding and the father is looking very proud. They also developed a photo novella to convey the importance of breastfeeding.

This program is funded by grants and has been successful because of integration with the hospital in providing services to better serve the community in a comprehensive and culturally relevant way. They discovered the felt need by conducting research and assessment, and then developed a solution to meet the need.

Brazleton Touchpoints- Joshua Sparrow showed a clip of a mother with her newborn baby during a doctor's visit. The doctor was intentional about establishing a relationship with the mother by being very conversational, friendly, and inquisitive about the progress of her baby. The woman started off by being stand-offish and disinterested and transformed her attitude to pride and interest as the doctor affirmed and praised the progress of her baby. The doctor took her time with the mother and baby and used her visit to not only find out information, but share tips and encourage the work the mother was already doing. This clip acknowledged the truth that relationship matters and directly affects the care and well-being of the newborn.

DEVELOPING SOLUTIONS

Given a basic common knowledge and understanding of Breastfeeding, conference participants were asked to give input on the design of a national initiative that would engage CFBOs in improving breastfeeding. Specifically, the participants discussed the following:

- Characteristics of effective community and faith-based organizations that should be engaged in the promotion of breastfeeding, the impediments,
- Barriers that can impede the efforts of CFBOs to promote breastfeeding
- Resources needed to support CFBO promotion of breastfeeding
- Partnerships that CFBOs should pursue
- Sustainability Strategies
- Indicators of Success

In each of these areas, participants provided a plethora of suggestions, many of which were tied to an approach that is holistic, comprehensive, family-focused, culturally responsive, includes multiple community partners, and is flexible enough to adjust for local needs determined by a community needs assessment. This approach must also include an evaluation strategy in its design and have the flexibility to fit the local needs as determined by a community needs assessment. This approach should include the following elements:

- Promote initiatives led by Community and Faith-Based Organizations that are in and of the community they serve, operating out of authentic commitment and meaningful community relationships.
- Provide CFBOs with the support to implement educational initiatives that engage the whole family, including the father, the mother's parents, and other extended family members.
- Develop public awareness campaigns that educate and promote breastfeeding.
- Foster new partnerships between CFBOs and other institutions including hospitals, clinics, and businesses.

For a more exhaustive listing of the participants' recommendations, please see the Appendix.

Participants noted that the complex host of factors impacting the rates and exclusivity of breastfeeding in the Hispanic community requires a comprehensive approach. Such an approach could include, for example, incentives and mandates for all hospitals to become baby friendly, legislation that impedes the marketing efforts of formula companies, public funding that increases WIC resources for community health workers, etc.

Appendix - Recommendations for Designing a National Initiative

Engage community and faith-based organizations that are in and of the community, to provide services through authentic and meaningful community relationships.

- A history of trusted relationships, accountability and most importantly understand the families who are being served.
- A willingness to pursue meaningful partnership with the healthcare system.
- A commitment to a very real understanding of the needs, experiences and solutions in their communities as well as a willingness to make midcourse changes and adjust the program as necessary.
- Serve as a strategic bridge between providers and the community. Have experience with creating community and culturally relevant efforts both for outreach and program delivery.
- A safe place for families to gain information, ask questions, and express opinions/fears in a culturally relevant and secure environment.
- Provide information in Spanish and English that is comprehensive, continuous, and includes long-term services which in turn builds relationships and trust in the community.
- Staff must represent the community they serve as the messenger is as important as the message.
- Provide services through a holistic, family approach to improve breastfeeding within the Hispanic community. Faith-based organizations in particular have an opportunity to increase breastfeeding because they
 - Are continually engaged with the entire family, and not just in crisis or need.
 - People keep coming back because they trust the relationship and therefore value what is being offered to them.

Barriers that can impede community and faith-based organizations in breastfeeding promotion

- Limited resources that support focus on increasing breastfeeding
- CFBOs have not been trained on technical aspects of breastfeeding, i.e. how to use pumps? How to establish milk production? Understanding the negative impact on mother and child of not breastfeeding exclusively.
- Limited access to breastfeeding supports, i.e. breast pumps; nursing pads; nursing bras, etc.
- Combatting the abundance of free formula which is easily accessible from WIC, SNAP and hospitals.
- Larger Health Systems and Clinics not effectively engaging CFBOs as partners..
- Economic Demands on Families and in particular, women, whose work schedule and demands interfere with breastfeeding
- Lack of necessary support services for breastfeeding mothers at work
- Undocumented/ Anti-Immigrant sentiment
 - No insurance or healthcare
 - Legal Status- many lack driver's licenses and have transportation challenges

- English Language Learners not well accommodated in health care system
- Lack of Community Education and Awareness –
 - Prevalence of cultural myths and urban legends
 - The privacy and sexualization of the breast (objectification)
 - Negative public perception decreases a mother’s comfort and recognized opportunities to breastfeed outside of the home due to the negative public opinion and inside the home if around other family members

Resources the community and faith-based organization need to support the promotion of breastfeeding

- Education
 - For Volunteers, For CFBO Staff, For Community
 - Education Material that is culturally relevant
 - Education for mothers that empower mothers to know and act on their rights within the health care system
- Funding
 - Start-up resources to implement new breastfeeding programs that build on existing family-serving programs
 - Development of strategies that move toward having permanent and sustaining programs, particularly in establishing funding arrangements with those entities whose budgets will be impacted by increased breastfeeding, i.e. hospitals, insurance companies, etc.
- Media Resources
 - Breast-friendly campaigns (using both television and social platforms)
 - Culturally relevant messaging
 - Use of social media outlets like YouTube
- Resources for Advocacy
 - Resources to work with policymakers and encourage legislation that supports encourages breastfeeding

Key partners and their roles in supporting initiatives led by CBFOs

- Hospitals/ Clinical institutions / City Health Departments
 - Provide health specific training
 - Educate medical staff on culturally unique aspects
 - Collaborate to create a breastfeeding surveillance system to measure changes in breastfeeding
 - Create a multi-faceted, multi-partner service network with clearly delineated roles and responsibilities
- Employers that can establish breast feeding friendly environment
- Food markets and nutrition centers that can coordinate and collaborate with activities and Nutrition Centers to coordinate activities
- States – WIC resources, other capacities, breastfeeding coalitions
- Volunteer support as health promoters, community health guides, etc.

- State agencies that manage and govern distribution of WIC resources and peer counseling training
- Universities specifically for training, evaluation and research
- Media outlets to support the promotion of breastfeeding
- Hospital industry, baby friendly hospitals
- Doula programs
- Schools that work with young families
- Churches who reach low-income families and provide a venue for educating families and mothers
- Community-based anti-obesity campaigns

Possible strategies to reach Hispanic low-income women

- Family-Centered Education
 - Help mothers make a decision to breastfeed before they become pregnant.
 - Shift the focus from what mothers “need to do” to what mothers are saying about breastfeeding.
 - Focus on support needed from the father, family and community that creates a breastfeeding friendly environment.
 - Utilize and expand the WIC culturally-based peer counseling in more community-based centers.
 - Gear teaching to family members to build capacity in the family. This strengthens the relationship between first and second generation and builds on traditional family structure and reinforces it.
- Community Education and Awareness
 - Breastfeeding must be connected to maternal/child health. One cannot be addressed in the absence of the other – they must be viewed as a continuum of care.
 - Make breastfeeding and maternal child health a community-wide discussion that includes mothers, families and the public.
 - Have more public areas allow breastfeeding.
 - Solicit celebrity sponsorship and campaign in support of breastfeeding.
 - Provide a culturally universal campaign focused on strengths of breastfeeding.
 - Combat the messages that girls are sexual objects and should conform.
 - Utilize media such as cable television, social media: Facebook, texting, text for babies, integrate into systems that exist, look at text4babies discussion on breastfeeding, information on breastfeeding for mothers at no cost for text messages. Start a social marketing campaign
- Research and review lessons learned and best practices associated with strategies in Latin America and Central and South America.
- Rework the breastfeeding connotation:
 - Example of negative: Low-income women do that. I am here to improve life, not continue that. I want to be like so-and-so (not parents).

- Example of positive: I'm doing it because of the connection I have to my child.
- Increase utilization of culturally relevant WIC Peer counselor program.
- Centering Pregnancy, Centering Parenting build a sense of community, and expand by word of mouth – could use to target a particular neighborhood, but built out from clinics, would also be a place where breastfeeding could become seen as desirable, source of pride, new norm, and a place where other issues are dealt with collectively, could connect them with their parents' wisdom and traditions while also place for sharing what is hard about being in their position – different from parents'; also builds social-connectedness.

Strategies to sustain breastfeeding initiatives

- Provide positive reinforcement at all levels (family, medical, community church, businesses, schools, military).
- Make the strategy fit the community and be responsive to changes in the communities.
- Engage the media industry to implement a positive campaign (with emphasis on radio).
- Provide financial support to provide low income working mothers greater access to breastfeeding pumps and refrigerators.
- Make breastfeeding the new norm and a source of pride.
 - Promote policies that make breastfeeding the norm for example, childcare facilities to allow breast milk in the bottle.
 - Encourage churches, hospitals and legal aid to have accommodations for breastfeeding
 - Highlight and promote employers that support breastfeeding in the workplace, particularly of low-wage earners.
 - Advocate breastfeeding-friendly environments.
 - Provide opportunities for mothers to talk about what they need from everyone to support breastfeeding. Example: “give me encouragement, give me privacy, feel free to interact with me as you would at any other time, ask me what would help, desexualize the breast and make it an acceptable body part, etc.”
 - Search for a Latina celebrity spokesperson
- Examine how breastfeeding is supported and thought of in organizations (Head Start programs) and staff's initial responses, knowledge, and attitudes on breastfeeding.
- Develop strategy for working with men
 - Intentionally work with dad and other members of the family
 - Emphasize the ways in which men can bond early on with their child
 - Help improve understanding that breastfeeding is healthy
 - Develop key messaging that informs fathers that children will be smarter and more confident if breastfed
- Comprehensive approach to breastfeeding initiatives at all levels because it is so tied into child welfare, well-being, and issues relative to gender, sex, and health. The evidence is clear that once you get a woman breastfeeding, it positively impacts other Maternal and Child health issues.
- Understand breastfeeding cannot be a standalone effort as it will ignore the hierarchy of needs within families. It should be part of a continuum of care will be viewed as being prescriptive, rather than collaborative and minimizing its impact and sustainability.

Indicators of success

- At a Neighborhood Level
 - An increase in number of activities focused on breastfeeding education
 - Maintaining /increase mothers rate of initiating breastfeeding
 - Increase mothers sustaining of breastfeeding at 3 months, 6 months, 12 months
 - Increased rates of exclusivity [3 months, 6 months, 12 months at rates above are Healthy People 2020 breastfeeding targets].
 - Increase number of mothers who see breastfeeding as a positive decision.
 - Increase number of family and community members who see breastfeeding as a positive decision.
 - Focus groups to measure the changes in attitude.
 - Measure shifts in practices that are community, individual and institutional
 - Increase in compliance with other maternal and child health regimens, protocols, and schedules
- Community Wide, Macro level
 - Breastfeeding becomes a social norm and is culturally acceptable.
 - For example, in Texas, WIC has created cards that say “Thank you for breastfeeding in public” that are given to mothers who feed their child in public. This both encourages the mother and creates a breastfeeding-friendly environment.
 - There is an increase in number of agencies that support breastfeeding.
 - There is an increase of amount of culturally and linguistically responsive information that is being distributed and accessed.
 - There is an increase of breastfeeding-friendly places.
 - Messaging that mothers are hearing and believing towards breastfeeding has increased.
 - Increased amount of information provided in Spanish.
 - Increase in work places having breastfeeding accommodations and policies.
 - Positive influence on related issues like child obesity, women’s health, and mental health
 - Measurable increase in social connectedness, empowerment and entitlement (self-efficacy, community collective efficacy), and quality of relationships.
 - Increased number of mothers who have opportunity to breastfeed in work and in public.

Ten steps of baby friendly hospital

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one half-hour of birth.
- Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
- Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial treats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.