According to the 2016 Breastfeeding Report Card from CDC, 85% of Michigan mothers initiate breastfeeding. Along the way, roadblocks stop their success and drastically reduce exclusivity and continuation.

We are changing systems that block breastfeeding success.

ON BREASTFEEDING INITIATION.

EDUCATION
To advance breastfeeding support practices, we offer free, monthly Great Lakes Breastfeeding Webinars for Lactation Supporters. To create opportunities for local breastfeeding supporters to learn, share, and connect, we offer Quarterly Network Meetings across the state.

ADVOCACY
To cultivate breastfeeding-supportive systems, we offer tools and policy recommendations across 8 campaigns: Anytime-Anywhere, Child Care, Child Custody, Disaster Readiness, Incarceration, Jury Duty, Maternity Care, and Workplace.

COALITION BUILDING
To advance local, grassroots collaboration, we provide web-based and in-person technical assistance to local coalitions across the state. We also provide community-building support through MIBFN 310 Connect Calhoun County and MIBFN 310 Connect Flint.

mibreastfeeding.org
Breastfeeding is good for everyone.

Breastfeeding and its support...

**BABIES & CHILDREN**
- Decreases risk of Sudden Infant Death Syndrome (SIDS) and necrotizing enterocolitis (NEC), leading causes of infant death
- Decreases risk of ear infections, diarrhea, pneumonia and gastroenteritis in infancy
- Reduces the incidence of childhood obesity, asthma, hypertension and some cancers
- Improves IQ, academic performance and long-term productivity

**MOTHERS & FAMILIES**
- Decreases risk of type 2 diabetes, breast and ovarian cancers for mothers
- Saves families $1,200 - $1,500 on formula expenses in the first year of a baby’s life
- Reduces risk of mothers developing rheumatoid arthritis, high blood pressure and high cholesterol
- Strengthens mothers’ bones after weaning and reduces risk of osteoporosis

**BUSINESSES & ECONOMY**
- Offers a 3-to-1 return on investment for businesses
- Helps attract valued employees and lowers turnover rates
- Boosts employee job satisfaction, morale, loyalty and productivity
- Reduces $312 million in annual healthcare costs in the U.S.
- Results in fewer insurance claims and decreased employee absenteeism due to better infant health

**THE ENVIRONMENT**
- Reduces global carbon footprint as it generally requires no packaging, fuel to prepare, or transportation to deliver
- Does not create pollution or require disposal in a landfill
- Creates a naturally renewable food source which is a complete source of babies’ nutrition for the first six months of life

To learn more about MIBFN’s Anytime, Anywhere Campaign, please visit www.mibreastfeeding.org/anytime-anywhere.
This toolkit was adapted from the Louisiana Breastfeeding Coalition’s Breastfeeding Welcome Here project materials.
### 2015 MICHIGAN PRAMS DATA TABLES

<table>
<thead>
<tr>
<th>Breastfeeding Initiation Rate</th>
<th>85 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>87.4 %</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>75.1 %</td>
</tr>
</tbody>
</table>

### 2018 CDC REPORT CARD MICHIGAN DATA (BABIES BORN IN 2015)

<table>
<thead>
<tr>
<th>Infants ever breastfed</th>
<th>77.7 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants breastfed at six months</td>
<td>55.6 %</td>
</tr>
<tr>
<td>Infants breastfed at 12 months</td>
<td>34.6 %</td>
</tr>
<tr>
<td>Exclusive breastfeeding through three months</td>
<td>44.1 %</td>
</tr>
<tr>
<td>Exclusive breastfeeding through six months</td>
<td>23.9 %</td>
</tr>
<tr>
<td>SYSTEM</td>
<td>MICHIGAN</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ANYTIME, ANYWHERE</td>
<td>Breastfeeding Anti-Discrimination Act / Act 197 of 2014</td>
</tr>
<tr>
<td></td>
<td>Protects the right to breastfeed in public.(^{10}) (Breastfeeding Anti-Discrimination Act, 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDCARE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD CUSTODY</td>
<td>Child Custody Act of 1970 MCLS § 722.27a</td>
</tr>
<tr>
<td></td>
<td>Allows the judge to consider the breastfeeding relationship when determining parenting time.(^{12})</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DISASTER READY</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{10}\) (Breastfeeding Anti-Discrimination Act, 2014) \(^{11}\) Provides reimbursement for child care providers who feed breast milk to infants in their care.\(^{11}\) \(^{12}\) Allows the judge to consider the breastfeeding relationship when determining parenting time.\(^{12}\)
<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>MICHIGAN</th>
<th>FEDERAL</th>
<th>MIBFN POLICY POSITION</th>
</tr>
</thead>
</table>
| INCARCERATION| None       | None      | • Lactation accommodation policies should be adopted for all incarcerated mothers.  
• Milk expression programs should be adopted for all incarcerated mothers.  
• Humane birthing practices that support laboring women and their infants should be adopted and provided for all incarcerated mothers.  
• Whenever possible, incarcerated mothers should have direct access to baby through Prison Nursery Programs.  
• Community-based alternatives to incarceration should be provided as viable sentencing options for mothers.  
• Policies should support treatment as an alternative to punishment through trauma-based services.  
• Incarcerated mothers should receive services that focus on the parenting relationship between mother and child. |
| JURY DUTY    | Revised Judicature Act of 2961 / Act 236 of 1961  
(Note: does not protect the right to breastfeed while serving on a jury.) | None | • Jury duty summons should include specific information for breastfeeding jurors: the availability of milk expression time and location that does not include a bathroom; access to baby or child for breastfeeding during the trial; whether the court provides assistance in finding child care; and other logistical support for breastfeeding accommodations.  
• Exemptions for breastfeeding mothers who are unable to serve should be upheld.  
• All court employees from clerks to judges should receive mandatory breastfeeding accommodation education.  
• District, circuit, and federal courts should adopt official policies providing accommodations for breastfeeding and milk expression during jury duty for breastfeeding mothers. |
| MATERNITY CARE| None       | None      | • All medical providers should receive and provide evidence-based breastfeeding education.  
• WIC referrals should be universal.  
• All birthing hospitals in Michigan should implement the evidence-based practices that are outlined in mPINC and central to Baby-Friendly designation.  
• Organizations should train, recruit, and hire diverse, multidisciplinary care teams that reflect the populations they serve. |
| WORKPLACE    | Michigan Medicaid insurance guidelines for breast pumps will cover personal use standard pumps or manual pumps per the Affordable Care Act. | Federal Break Time for Nursing Mothers Law  
Protects non-exempt employees’ right to time and privacy to express milk up to their child’s first birthday. | • Employers should provide comprehensive workplace breastfeeding protection for all employees regardless of legal status and employment classification.  
• Employers should provide flexible, comprehensive time solutions for all employees regardless of legal status and employment classification.  
• Regardless of work environment, space solutions should be provided for all employees.  
• Whenever feasible, access to baby for direct breastfeeding in the workplace should be the standard for employees.  
• Comprehensive paid family leave legislation should be adopted at the national level. |


MIBFN offers the following support for breastfeeding supporters and advocates throughout the state. More information is available at [www.mibreastfeeding.org/advocacy](http://www.mibreastfeeding.org/advocacy) and by emailing info@mibreastfeeding.org.

**MIBFN POLICY POSITION PAPERS**
These are intended to support policy makers, advocates, and systems changers to make legislative and administrative policy changes to support a more breastfeeding-friendly landscape in Michigan.

**TOOLS TO SUPPORT IMPLEMENTATION**
In our efforts to catalyze collaboration and sharing among partners, we share locally driven and tested tools for use in your community.

**AWARDS PROGRAMS**
Catalyzing a “race to the top” by celebrating systemic support for breastfeeding families. We currently offer a workplace awards program at [www.mibreastfeeding.org/workplace-awards](http://www.mibreastfeeding.org/workplace-awards).

**STORY-SHARING PLATFORMS**
There is a story-sharing platform for each campaign for breastfeeding supporters to share success stories, challenges, and passion for these efforts. MIBFN uses these submissions to inform our advocacy agenda, future tools, and our ongoing work in these important systems.

**OPPORTUNITIES TO MOBILIZE GRASSROOTS ADVOCACY**
We offer opportunities to mobilize grassroots efforts that impact ongoing and potential legislative policy change. Stay tuned to [www.mibreastfeeding.org/take-action](http://www.mibreastfeeding.org/take-action) to learn more about these opportunities as they arise.