



**Main Themes from Local Coalitions COVID19 Resource Sharing Meetings on
April 2, 2020 and May 7, 2020**

1. Black and Indigenous families are most impacted by the COVID19 pandemic and suffer the greatest from restrictions placed on birthing and breastfeeding parents. Distributing resources equitably would mean allocating more resources to these communities.
2. We must specifically work to drive support to community organizations that are continuing to do the work despite hospital policies restricting birthing and breastfeeding folks and limited access to lactation support.
3. Screening and triage procedures will remain in place and in-home visits are needed for lactation as Telehealth is not always an option for families.
4. Funding and universal internet are needed for equitable access to HIPAA compliant telehealth and other virtual platforms for lactation support
5. Although some of the HIPAA standards have been temporarily loosened, because of the current and historical exploitation of the health information of Black and Indigenous peoples, lactation supporters should maintain usual HIPAA compliance with the families they serve
6. There is great need for continued education for families on breastfeeding and COVID19 - families are afraid and choosing not to breastfeed
7. Professional and peer lactation supporters continue to counsel families during this time and need to be equitably compensated for the necessary care they are providing
8. Universal birth and breastfeeding standards - that center Black and Indigenous families - are needed in the face of conflicting guidelines
9. Continuity of care is an ongoing issue in most communities. During this pandemic, in most areas, MIHP, WIC, are still open - but lactation supporters and families need more communication (and myth busters) on who is providing what services in each community
10. Breast pumps are causing unique barriers during the pandemic because of miscommunication among insurance, WIC, and families. Physically transferring the pump to the family is also creating health risks.
11. August Breastfeeding observances need to include advocacy components that address medical providers and catalyze specific practice changes: 1. Do not offer breast milk substitutes to families and 2. Refer families to skilled lactation care.

12. This group can work as a collective voice for change at a systemic level and families do not have time to wait for August for these changes.
13. Sharing stories is very effective, includes families in the work, and also lends itself to controlling the narrative for breastfeeding support.