



Support the Prevention Agenda by

Increasing Breastfeeding

You can support the Prevention Agenda goal of **Reducing Chronic Disease** by increasing the proportion of babies who are breastfed exclusively and increasing the duration of breastfeeding in your county.

AIM:

Increase breastfeeding exclusivity for the first 6 months of life, and continued breastfeeding duration for the first 12 months of life.

Why address breastfeeding in your county?

- Breastfeeding, especially exclusive breastfeeding, has been shown to reduce the risk of asthma, gastroenteritis, obesity, respiratory infections, and chronic conditions.^{i,ii}
- For mothers, breastfeeding for a minimum of one year has been shown to reduce the risk of breast cancer, ovarian cancer, type 2 diabetes, cardiovascular disease, obesity, and multiple other conditions.^{ii,iii,iv}
- Only 43% of New York State infants were exclusively breastfed while in the hospital and breastfeeding rates diminish post-hospital discharge and over time.^{v,vi}
- Breastfeeding can help address health disparities; women of color have lower rates of breastfeeding initiation and are more likely to switch to formula within 6 months.^{vii}

OPTIONS

Choose an action to promote breastfeeding in your community.

Hospitals

Action 1: Recruit and encourage hospitals to participate in quality improvement efforts to increase breastfeeding exclusivity at discharge. Hospitals in your community are eligible to participate in one or more of the following quality improvement initiatives based on geographic location.

- A. New York State Breastfeeding Quality Improvement in Hospitals Collaborative (NYS BQIH):** Recruit hospitals to participate in the New York State Breastfeeding Quality Improvement in Hospitals (NYS BQIH) Learning Collaborative. This intensive 15-month quality improvement collaborative aims to improve hospital maternity care practices and increase the percentage of infants exclusively breastfed during their birth hospitalizations by implementing hospital system level changes based on the *Ten Steps to Successful Breastfeeding*.^{viii} All hospitals outside of New York City (NYC) will be eligible to participate over the next five years.
- B. New York City Breastfeeding Hospital Collaborative (NYC BHC):** Encourage hospitals in NYC to join the NYC BHC Learning Collaborative. As part of the CDC Community Transformation Grant, a five-year grant awarded in October 2011, the NYC Department of Health and Mental Hygiene will work with up to 20 NYC maternity hospitals to implement hospital-based breastfeeding-friendly system changes to increase rates of breastfeeding initiation, exclusivity, and duration. Through this initiative, the City seeks to assist 10 participating hospitals to achieve Baby-Friendly designation by 2016. Contingent upon funding, the initiative will accept applications for the third cohort of hospitals in 2014.
- C. Great Beginnings NY:** Encourage hospitals outside of NYC to participate in Great Beginnings NY. Great Beginnings NY reinforces compliance with the NY's Codes, Rules and Regulations, Title 10 Part 405.21 - Perinatal Services, and the *Breastfeeding Mothers' Bill of Rights*^{ix,x} by assuring elimination of formula marketing materials and samples at the time of discharge, limiting formula supplementation of breastfed infants unless medically indicated, and linking mothers to community breastfeeding supports. This initiative is currently focusing on hospitals outside NYC and aligns with Latch On NYC.
- D. Latch On NYC:** Encourage NYC hospitals to participate in the Latch On NYC initiative. Latch On NYC encourages NYC hospitals to make a voluntary commitment to support mothers who choose to breastfeed by enforcing the NYS hospital regulation to not supplement breastfeeding infants with formula feedings unless medically indicated or at the mother's request; limiting access to infant formula by hospital staff; discontinuing the distribution of promotional or free infant formula; and prohibiting the display and distribution of infant formula promotional materials in any hospital location. To track each hospital's progress, hospitals also provide monthly data on the number of births and formula bottles distributed.

OPTIONS

Choose an action to promote breastfeeding in your community:

Primary Care

Action 2: New York State Breastfeeding Friendly Practice: Encourage and recruit Pediatric, Family Practice, Obstetric and Gynecology and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices. Practices that apply for and receive designation will meet the New York State Ten Steps to Breastfeeding Friendly Practices criteria and will be publicly recognized for this achievement.

Employers

Action 3:

- A. Business Case for Breastfeeding:** Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs. This tool will help businesses implement breastfeeding-friendly policies that reinforce compliance with Section 206-c of the New York State Labor Law. This law requires employers (with no exemptions) to provide lactation accommodations for up to three years following child birth. The Business Case for Breastfeeding informs employers about the financial and productivity incentives for creating work environments that support breastfeeding mothers.
- B. Making it Work: Returning to Work Toolkit:** Promote the Making it Work: Returning to Work Toolkit to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace. The toolkit includes information for nursing mothers on how to discuss lactation support needs with employers, schedules and checklists of needed supplies, and tips to successfully continue breastfeeding when returning to work. In addition, there is information for employers and family members on how to best support the nursing mother as she returns to work.

ACTION 1:

Recruit hospitals to participate in quality improvement efforts to increase breastfeeding exclusivity at discharge.

Recommended Step	Brief Description
<p>Evaluate the existing environment</p> <p>Obtain existing hospital-specific infant feeding (breastfeeding) data for your community.</p>	<p>Where to obtain data:</p> <ul style="list-style-type: none"> • Previous Local Health Department community health assessments • NYSDOH website: www.health.ny.gov/statistics/facilities/hospital/maternity/#county <p>Action:</p> <ul style="list-style-type: none"> • Identify hospitals with lower breastfeeding initiation rates and higher rates of formula supplementation • Use patient demographic information to identify hospitals that primarily serve Medicaid and other vulnerable populations • Identify best practice hospitals to serve as improvement champions • Ensure hospital’s breastfeeding policy aligns with the NYS Model Hospital Breastfeeding Policy (www.health.ny.gov/community/pregnancy/breastfeeding/docs/model_hospital_breastfeeding_policy.pdf)
<p>Review the Breastfeeding Mothers’ Bill of Rights and NY’s Codes, Rules and Regulations, Title 10 Part 405.21 - Perinatal Services</p> <p>Assess the hospital’s breastfeeding policy.</p>	<p>Stakeholders to engage:</p> <ul style="list-style-type: none"> • Local Health Departments • Hospital leadership • Clinical staff: physicians, midwives, nurses • Dietitians • Community health centers • Disability service and advocacy organizations • Local breastfeeding support programs • New mother support programs, such as WIC • Lactation consultants • Local chapters of professional societies (AAP, ACOG, local medical society) • Hospital associations • Local breastfeeding coalitions <p>Educational topics:</p> <ul style="list-style-type: none"> • Outline current New York State breastfeeding laws and regulations • Describe the NYS BQIH and NYC BHC Learning Collaboratives plus Great Beginnings NY and Latch On NYC initiatives • Present current hospital specific breastfeeding data compared with statewide breastfeeding data • Present Prevention Agenda aims achieved through the NYS BQIH and NYC BHC Learning Collaboratives plus Great Beginnings NY and Latch On NYC Initiatives • Provide case studies and model policies from identified best practice hospitals
<p>Convene and educate hospital staff and other stakeholders</p> <p>Review the hospital’s breastfeeding data and breastfeeding policy.</p> <p>Provide resources on the benefits of improving hospital breastfeeding rates.</p> <p>Identify breastfeeding champions within the hospital.</p> <p>Identify local resources to support hospitals in improving maternity care practices and increasing breastfeeding rates.</p>	<p>Stakeholders to engage:</p> <ul style="list-style-type: none"> • Local Health Departments • Hospital leadership • Clinical staff: physicians, midwives, nurses • Dietitians • Community health centers • Disability service and advocacy organizations • Local breastfeeding support programs • New mother support programs, such as WIC • Lactation consultants • Local chapters of professional societies (AAP, ACOG, local medical society) • Hospital associations • Local breastfeeding coalitions <p>Educational topics:</p> <ul style="list-style-type: none"> • Outline current New York State breastfeeding laws and regulations • Describe the NYS BQIH and NYC BHC Learning Collaboratives plus Great Beginnings NY and Latch On NYC initiatives • Present current hospital specific breastfeeding data compared with statewide breastfeeding data • Present Prevention Agenda aims achieved through the NYS BQIH and NYC BHC Learning Collaboratives plus Great Beginnings NY and Latch On NYC Initiatives • Provide case studies and model policies from identified best practice hospitals

ACTION 1:

Recruit hospitals to participate in quality improvement efforts to increase breastfeeding exclusivity at discharge.

Recommended Step	Brief Description
<p>Help hospitals establish a breastfeeding committee</p> <p>A breastfeeding committee that includes hospital leadership can develop a plan to bring the hospital into compliance with NYS legislation and regulations and recommended best practices like the <i>Ten Steps to Successful Breastfeeding</i>.</p>	<p>This committee can:</p> <ul style="list-style-type: none"> • Evaluate current hospital breastfeeding rates, maternity care practices, and breastfeeding policies at the hospital • Identify opportunities for short-term and long-term improvements to maternity care practices and increasing hospital breastfeeding rates • Develop a plan to implement the <i>Ten Steps to Successful Breastfeeding</i> and recommended best practices • Provide education to stakeholders on hospital breastfeeding rates, current breastfeeding policies, and maternity care practices • Obtain stakeholder support on improving maternity care practices, implementing best practices, and increasing hospital breastfeeding rates • Monitor outcomes: any breastfeeding, exclusive breastfeeding, and formula supplementation of breastfed infants
<p>Provide support to hospitals in implementing best practices</p> <p>Hospital administration may need help problem-solving challenges to implementing breastfeeding friendly policies.</p>	<p>Support can include:</p> <ul style="list-style-type: none"> • Provide case studies and implementation examples from identified best practice hospitals • Link hospitals to resources that will assist with implementation of recommended best practices • Connect hospitals with relevant partners or other hospitals that have successfully implemented best practices • Provide cultural and disability competency training
<p>Incentivize NYS BQIH, NYC BHC, <i>Great Beginnings NY</i>, and <i>Latch On NYC</i></p> <p>Establish a local recognition program.</p>	<p>Useful methods and data sources:</p> <ul style="list-style-type: none"> • Provide recognition in the community for hospitals making improvements through the NYS BQIH, NYC BHC, <i>Great Beginnings NY</i>, and <i>Latch On NYC</i> initiatives • Highlight successes through local earned media
<p>Monitor implementation of NYS BQIH, NYC BHC, <i>Great Beginnings NY</i>, and <i>Latch On NYC</i></p> <p>Monitor improvement using well defined process and outcome measures related to improving hospital breastfeeding policies and practices, and improving the experiences of mothers and staff.</p>	<p>Useful methods and data sources:</p> <ul style="list-style-type: none"> • Breastfeeding initiation, exclusivity, and formula supplementation of breastfed infants rates at the hospital • Breastfeeding rates reported through local and state data sources • Surveys of mothers through local providers on infant feeding practices • Surveys of clinical staff on implementation successes and challenges • Patient satisfaction surveys

RESOURCES:

Ready to get started? These resources can help:

New York State Breastfeeding Quality Improvement in Hospitals Initiative

NYS Breastfeeding Quality Improvement Hospital Initiative (BQIH) Change Package

www.health.ny.gov/community/pregnancy/breastfeeding/docs/bqih_change_package.pdf

Development of the breastfeeding quality improvement in hospitals learning collaborative in NYS.

Fitzpatrick E, Dennison BA, Welge SB, Hisgen S, Boyce PS, Waniewski PA.

Breastfeed Med. 2013 Jun;8(3):263-72. doi: 10.1089/bfm.2012.0107. Epub 2013 Apr 15

Improving maternity care practices in New York: Answering the Surgeon General's Call to Action.

Hisgen S, Dennison BA, FitzPatrick E, Waniewski PA. Breastfeed Med. 2012 Oct;7(5):337-42.

Great Beginnings

Planned webinars to kick off Great Beginnings NY:

- **Capital Region Area:** September 27, 2013, 12:30 p.m. – 1:30 p.m.
- **Buffalo and Rochester Area:** October 3, 2013, 9:30 a.m. – 10:30 a.m.
- **Syracuse Area:** October 4, 2013, 9:30 a.m. – 10:30 a.m.
- **Lower Hudson Valley Area:** October 8, 2013, 2:30 p.m. – 3:30 p.m.
- **Long Island Area:** October 9, 2013, 3:30 p.m. – 4:30 p.m.

<https://nysdoh.webex.com>

Additional Information

New York State Breastfeeding Mothers Bill of Rights

<http://www.health.ny.gov/publications/2028>

Latch On NYC

<http://www.nyc.gov/html/doh/downloads/pdf/ms/initiative-description.pdf>

The Ten Steps to Successful Breastfeeding

<http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>

New York State Model Hospital Breastfeeding Policy

www.health.ny.gov/community/pregnancy/breastfeeding/docs/model_hospital_breastfeeding_policy.pdf

Outcome Measurement

NYS Breastfeeding Quality Improvement Hospital Initiative (BQIH) Data Measurement Plan

www.health.ny.gov/community/pregnancy/breastfeeding/docs/bqih_data_measurement_plan.pdf

ACTION 2:

Encourage and recruit Pediatric, Obstetric and Gynecology, and other primary care provider and clinical offices to become *New York State Breastfeeding Friendly Practices*

Recommended Step	Brief Description
<p>Evaluate opportunities to reach vulnerable populations through clinical providers</p> <p>Use data and information from community partners and other sources to identify populations in your community with lower breastfeeding rates and health care providers with lower breastfeeding rates.</p>	<p>Identify vulnerable populations:</p> <ul style="list-style-type: none"> • Neighborhoods with lower breastfeeding rates • Low-income families • Women of color • Women with disabilities <p>Identify providers:</p> <ul style="list-style-type: none"> • Serving vulnerable populations • Needing support to implement breastfeeding friendly practices
<p>Develop a stakeholder committee to inform best practices in the primary care setting</p> <p>Partner with affected communities, health providers, and advocacy organizations to develop a plan of action.</p>	<p>Useful partners may include:</p> <ul style="list-style-type: none"> • Breastfeeding advocacy groups, programs, or coalitions • Local chapters of medical associations, (e.g., American Academy of Pediatrics) • Insurance companies • Community health centers • Disability service and advocacy organizations • Parenting groups • WIC Programs
<p>Prioritize a target number of clinical providers and practices to become NYS Breastfeeding Friendly designated</p> <p>Recruit and support a specific number of practices in adopting breastfeeding-friendly practices.</p>	<p>Support can include:</p> <ul style="list-style-type: none"> • Problem solve barriers to implementing the NYS Ten Steps to a Breastfeeding Friendly Practice • Assist in developing an implementation plan for the NYS Ten Steps to a Breastfeeding Friendly Practice • Provide case studies of NYS Breastfeeding Friendly Practices • Share implementation strategies among primary care providers working toward the NYS Breastfeeding Friendly Practice designation • Create tools to measure success of implementation and monitor breastfeeding rates on a monthly basis • Connect providers with relevant partners and other primary care practices that have successfully implemented breastfeeding-friendly practices • Provide cultural and disability competency training

ACTION 2:

Encourage and recruit Pediatric, Obstetric and Gynecology, and other primary care provider and clinical offices to become *New York State Breastfeeding Friendly Practices*

Recommended Step	Brief Description
<p>Incentivize breastfeeding-friendly practices</p> <p>Establish recognition for doctors' offices that support and encourage breastfeeding.</p>	<p>Incentives can include:</p> <ul style="list-style-type: none"> • Create a network of breastfeeding-friendly practices in your community; this list can be used for referrals to expectant mothers • Recognize practices that are breastfeeding friendly in your local newspapers
<p>Monitor adoption of breastfeeding friendly practices</p> <p>Track the experiences of the clinical staff, health care providers, and patients.</p>	<p>Useful measures to consider:</p> <ul style="list-style-type: none"> • Breastfeeding rates of mothers with infants reported through local and state data sources • Breastfeeding rates at 3 months and 6 months in individual practices • Survey of mothers on infant feeding practices and challenges to sustaining breastfeeding • Survey of providers on implementation successes and challenges
<p>Establish clinical community linkages</p>	<p>Clinical community linkages include:</p> <ul style="list-style-type: none"> • Ensure women are referred to WIC • Establish linkages with local health departments and community organizations to develop programs and policies that support breastfeeding • Ensure a multi-disciplinary collaboration between local hospitals and obstetric and pediatric practices to support a seamless transition of care and the achievement of the mother's plan to breastfeed in the hospital

RESOURCES:

Ready to get started? These resources can help:

NYS Breastfeeding Friendly Practice

Create a Breastfeeding Friendly Practice

<http://www.health.ny.gov/publications/4403.pdf>

Case Studies

Breastfeeding Promotion in Managed Care Settings

www.health.ny.gov/community/pregnancy/breastfeeding/docs/breastfeeding_practices_managedcare.pdf

ACTION 3:

Use the Business Case for Breastfeeding to encourage employers to implement breastfeeding-friendly policies

Recommended Step	Brief Description		
<p>Assess which populations in your community are at-risk</p> <p>Working mothers are often at risk for lower breastfeeding rates due to poor access to the facilities they need to pump and store milk.</p>	<p>Vulnerable populations in your community may include:</p> <ul style="list-style-type: none"> • Low-income women • Women of color • Immigrant women • Women with disabilities 		
<p>Identify employers to target for outreach</p> <p>Identify employers of vulnerable populations in your community.</p>	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Consider targeting these employers:</p> <ul style="list-style-type: none"> • Hourly wage workers • Retail workers • Food service staff • Manual laborers </td> <td style="vertical-align: top; width: 50%;"> <p>Employers to consider:</p> <ul style="list-style-type: none"> • Schools and child care centers • Restaurants • Municipal agencies • Non-profit organizations • Small and large businesses </td> </tr> </table>	<p>Consider targeting these employers:</p> <ul style="list-style-type: none"> • Hourly wage workers • Retail workers • Food service staff • Manual laborers 	<p>Employers to consider:</p> <ul style="list-style-type: none"> • Schools and child care centers • Restaurants • Municipal agencies • Non-profit organizations • Small and large businesses
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<p>Convene and educate stakeholders</p> <p>Identify community representatives or employer champions who can build interest for adoption of breastfeeding friendly practices. Community advocacy may help encourage businesses to explore benefits.</p>	<p>Reach out to partners:</p> <ul style="list-style-type: none"> • Employers (businesses, municipal agencies, non-profits) • Local Health Departments • Unions • Local breastfeeding coalitions • Parent advocacy groups • Disability service and advocacy organizations • Employer Human Resource Divisions • Community-based organizations serving women and children <p>Educate stakeholders:</p> <ul style="list-style-type: none"> • Discuss the New York State Nursing Mothers in the Workplace Act and the Federal Break Time for Nursing Mothers Legislation • Describe return-on-investment incentives from the Business Case for Breastfeeding resources • Describe how to conduct a self-assessment of current policies and barriers to implementing policies • Develop a model lactation policy for the workplace • Use the Making it Work Toolkit to inform employers and wage earners of the benefits of worksite lactation support programs 		

ACTION 3:

Use the Business Case for Breastfeeding to encourage employers to implement breastfeeding friendly policies

Recommended Step	Brief Description
<p>Provide support to targeted employers</p> <p>Targeted employers may need help problem solving some of the challenges to implementing breastfeeding friendly policies.</p>	<p>Support can include:</p> <ul style="list-style-type: none"> • Problem solve barriers to policy implementation • Assist with implementation plans • Provide best practice case studies and implementation examples • Create tools to measure success of implementation for employers • Connect employers with relevant partners • Educate employers on the NYS Nursing Mothers in the Workplace Act and implementation strategies • Provide cultural and disability competency training
<p>Incentivize breastfeeding friendly-worksite status</p> <p>Reward employers who adopt breastfeeding-friendly policies.</p>	<p>Possible incentives:</p> <ul style="list-style-type: none"> • Create employer recognition programs that promote local worksites who adopt breastfeeding-friendly policies • Promote employers with newly adopted breastfeeding-friendly policies in local papers
<p>Monitor adoption of breastfeeding-friendly policies and practices</p> <p>Track experiences of the employers and employees.</p>	<p>Useful measures to consider:</p> <ul style="list-style-type: none"> • Breastfeeding rates of mothers with infants reported through local and state data sources • Survey of mothers on infant feeding practices and challenges to sustaining breastfeeding • Survey of employers and employees on implementation successes and challenges • Estimate return on investment by examining the amount of insurance claims filed and sick time taken

RESOURCES:

Ready to get started? These resources can help:

The Making it Work Toolkit

- Online resource for breastfeeding mothers returning to work or school
- Designed to provide assistance to breastfeeding mothers
- Tools and information for businesses and families

www.breastfeedingpartners.org

Business Case for Breastfeeding

The Business Case for Breastfeeding Program resources provide:

- Information for Business Managers
- Easy Steps to Supporting Employees
- Lactation Program Assessment Form
- Outreach Marketing Guide

www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding

Case Studies

State Program Highlights: Support for Breastfeeding in the Workplace

http://www.cdc.gov/obesity/downloads/CDC_BFWorkplaceSupport.pdf

Employer Case Studies

www.businessgrouphealth.org/pub/f3145943-2354-d714-5127-2e5f15b0c23e

Outcome Measurement

Lactation Support Program Feedback Form

www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/lactation-feedback-form-supervisors.pdf

ACHIEVEMENT

Increasing rates of breastfeeding supports the following Prevention Agenda objectives:

Objective 1.3.2:

By 2017, increase the percentage of infants born in NYS hospitals who are exclusively breastfed during the birth hospitalization by 10% from 43.7% (2010) to 48.1%.

Objective 1.4.2:

By December 31, 2017, increase the percentage of employers with supports for breastfeeding at the worksite by 10%.

Objective 2.2:

By December 31, 2017, improve racial, ethnic and economic disparities in breastfeeding rates in NYS by at least 10%.

You can include these objectives in your Community Health Assessment.

Tracking performance/process measures can be important for reporting progress to stakeholders and for fundraising. Here are measures that you should use to track progress:

Short-Term Performance Measures

- Number of target sites that develop and adopt policies and practices to support breastfeeding
 - Number of employers that have implemented lactation support programs
 - Number of hospitals that have joined NYS BQIH, NYC BHC, Great Beginnings NY, or Latch On NYC
 - Number of primary care practices that are designated as NYS Breastfeeding Friendly
- Number and demographics of women reached by policies and practices to support breastfeeding

Long-Term Performance Measures

- Percentage of infants exclusively breastfed during birth hospitalization
- Percentage of young children who are overweight or obese

RESOURCES:

Ready to get started? These resources can help:

Prevention Agenda

www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_1.htm#sector

NY Statewide Breastfeeding Coalition

www.nysbreastfeeding.org

La Leche League of New York

www.llli.org/web/newyork.html

International Lactation Consultant Association (ILCA)

www.ilca.org/i4a/pages/index.cfm?pageid=1

Through the Looking Glass

www.lookingglass.org

NYS WIC Program Breastfeeding Partners

www.health.ny.gov/prevention/nutrition/wic/breastfeeding
www.breastfeedingpartners.org

CDC Guide to Breastfeeding Interventions

www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF

CITATIONS

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- ii. American Academy of Pediatrics. (2012). *Breastfeeding and the use of human milk*. Elk Grove Village, Illinois: American Academy of Pediatrics.
- iii. Stein, Z., & Kuhn, L. (2009). Breast Feeding: A Time to Craft New Policies. *Journal of Public Health Policy*, 30, 3, 300-310.
- iv. Godfrey, J. R., & Lawrence, R. A. (2010). Toward optimal health: the maternal benefits of breastfeeding. *Journal of Women's Health* (2002), 19, 9, 1597-602
- v. The New York State Department of Health. (2010). Bureau of Biometrics and Statistics.
- vi. The New York City Department of Health and Mental Hygiene. (2010). Office of Vital Records.
- vii. Centers for Disease Control and Prevention (CDC). (2013). Progress in increasing breastfeeding and reducing racial/ethnic differences - United States, 2000-2008 births. *Mmwr. Morbidity and Mortality Weekly Report*, 62, 5, 77-80.
- viii. *Baby-Friendly USA*. (2012). "The Ten Steps to Successful Breastfeeding." Retrieved Sept. 11, 2013 from <http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>.
- ix. New York Codes, Rules and Regulations. (2009). Title 10 Part 405.21 (f)(3)(i)(b)(3)- Perinatal Services.
- x. New York State NY Public Health Law. (2009). Article 25, Title1, § 2505-a, the Breastfeeding Mothers' Bill of Rights.