

Discussion questions: WIC

We recommend WIC uses this guide to facilitate internal conversations about current practices and future plans. WIC is a key component of breastfeeding promotion in Ohio.

Both Black/African American and Appalachian participants in our study named WIC as an **important source of information and support** about breastfeeding.

- What are some strengths of the WIC program that maintain its reputation?
- What best practices could WIC share with other breastfeeding professionals?
- How are services culturally tailored to populations with lower rates of breastfeeding, such as Black/African American and Appalachian women? How do WIC client demographics align with priority populations?
- Appalachian women most often described utilizing WIC during the prenatal phase. How can WIC be a stronger source of support postpartum?

A couple Black/African American women shared that the way WIC **offers formula** can be perceived as WIC pushing formula. We did not hear this feedback from Appalachian women.

- What practices could be contributing to this perception of WIC as pushing formula?
- How can WIC staff examine the potential impact of implicit bias in their practices?
- What additional best practices could WIC incorporate to promote formula as one of many breastfeeding options?
- How can WIC gather more client feedback to improve their processes of offering formula?

To promote breastfeeding equity, many stakeholders are needed to **provide peer support and normalize breastfeeding**.

- How is WIC connected with local support networks, tailored for specific populations?
- How are your materials tailored, and to which populations?
- What new campaigns could promote breastfeeding among Black/African American women and Appalachian women?
- How can WIC support public discussion of the benefits of breastfeeding?

Discussion questions: Worksites

We recommend worksites use this guide to facilitate internal conversations about current practices and future plans. Worksites are a key component of breastfeeding promotion in Ohio.

Both Black/African American and Appalachian study participants expressed the critical **importance of breastfeeding accommodations at work**. Breastfeeding mothers need paid time to pump, a clean and private room to pump, and a fridge to store expressed milk. All employees understand the needs of breastfeeding mothers helps create a supportive environment. Women described leaving unsupportive or hostile workplaces.

- Where and when can breastfeeding mothers pump and store milk? What physical improvements would improve the experiences of breastfeeding employees?
- How do staff's breastfeeding experiences differ by characteristics such as race, title, seniority, age, etc.?
- How are your breastfeeding accommodations written into workplace policies? What needs updating?
- How would you describe staff's attitudes about breastfeeding?
- How can you continually elicit feedback about employees' breastfeeding needs and experiences?

Black/African American and Appalachian study participants described the need for **extended maternity leave**. When they described their leaves as too short, it was ostensibly because they did not have extended paid leave specifically and needed to use paid time off to cover their leave. They described leaves as critical for bonding and milk supply. The transition back to work can force weaning if the mother's workplace does not support accommodations to pump, though supportive families can act as a protective factor.

- How is maternity leave written into workplace policies? What needs updating?
- Who is not able to access leave (newer employees, contract employees, parents of other genders, adoptive parents, etc.)?
- How can you continually elicit feedback about employees' leave needs and experiences?
- In which breastfeeding-friendly worksite initiatives are you participating?
- Which similar local employers model supportive and equitable leave policies?

Discussion questions: Healthcare

We recommend healthcare organizations use this guide to facilitate internal conversations about current practices and future plans. Healthcare is a key component of breastfeeding promotion in Ohio.

Black/African American and Appalachian participants mentioned **lactation consultants (LCs) as major breastfeeding supports**. They appreciated their breadth of services, including help with latches, holds, tongue ties, milk production, and partner assist, as well as their patient-centered care model. Participants recommend longer contact, stronger integration into the healthcare system, and increased coverage by health insurance.

- How and when are LCs integrated into care? What clinical processes, protocols, and workflows could be modified to incorporate them more into care plans?
- What types of training can LCs provide to other healthcare professionals about supporting patients?
- How can your organization continually elicit patient feedback about need for and experiences with LCs?

Black/African American and Appalachian participants felt **prenatal care providers have opportunities to better counsel patients about breastfeeding**. Some Appalachian participants learned about the benefits of breastfeeding from their OB/GYN provider, while others mentioned minimal discussion. One Black/African American participant received breastfeeding support from her OB/GYN, and one was only offered formula.

Similarly, **pediatricians have opportunities to better support breastfeeding**, as well. Some wanted their doctors to be more educated about breastfeeding. Appalachian participants described a range of experiences with their pediatricians; some encouraged breastfeeding and some pushed formula or gave wrong information. Black/African American participants had more negative experiences, describing a lack of encouragement from breastfeeding and a pressure to use formula.

- How is breastfeeding discussed in prenatal and pediatric care?
- What culturally specific resources are patients offered?
- How can prenatal and pediatric providers examine the impact of implicit bias regarding breastfeeding?
- What additional training related to breastfeeding would benefit prenatal and pediatric providers?
- How can your organization continually elicit patient feedback about experiences in prenatal and pediatric care?

Discussion questions: Community organizations

We recommend community organizations use this guide to facilitate internal conversations about current practices and future plans. Community organizations are a key component of breastfeeding promotion in Ohio.

Black/African American and Appalachian participants named specific **websites as trusted information sources** because they're organized, evidence-based, and comprehensive: KellyMom, Medela, La Leche League.

- To which websites do you refer your clients and link on your website? Which are culturally specific?
- What feedback can you gather from your clients about improving your online presence?

Black/African American and Appalachian participants alike discussed **peer groups**, although the import differed. For Black/African American women, these groups are critical means of social support, especially when they are by and for Black women. Appalachian participants talked about online support groups as serving more of an informational role. Distance was as a barrier for Appalachian women to attend in-person groups.

- How does your organization offer social support?
- With which peer groups is your organization connected? How are they culturally relevant?
- How could your organization increase its support for existing peer groups (publicizing, sending referrals, granting funding, inviting them to your organization, offering space, sharing expertise, etc.)?

Black/African American participants desired **public health campaigns showing Black women breastfeeding**. They recommended sharing them at schools, healthcare organizations, social programs, and via podcasts.

- How could your organization contribute to a public breastfeeding campaign? How could you get community input on the design of the campaigns?
- What breastfeeding materials does your organization distribute? Who is depicted on them and who is not? How can your organization elicit client feedback about the offered materials?

Some Appalachian participants described the importance of accessible **breastfeeding classes** as a source of information, especially during the prenatal phase.

- If your organization offers classes, to whom are they targeted and promoted?
- If your organization does not offer classes, to which classes do you refer clients? How are they culturally specific?