

Utah Breastfeeding Coalition

Utah Opens Its Doors to Breastfeeding Mothers

Community Support in Action

Utah has some of the highest breastfeeding rates for any state, with 93% of babies ever breastfed, 70% at six months, and 34% at twelve months.¹ Mothers in Utah also enjoy legal protection for breastfeeding as the Utah Code and Constitution outlines a legal right to breastfeed "...in any location where she otherwise may rightfully be..."² Despite this, some mothers still express reservations about breastfeeding in public. This may lead them to stay home or wean prematurely, thereby increasing their babies' risk of illness.

The Utah Breastfeeding Coalition, in partnership with La Leche League of Utah volunteers, began a campaign inviting businesses and organizations to display the International Breastfeeding Symbol as a demonstration of support for breastfeeding mothers. Seeing the Symbol posted at area businesses helps mothers feel that they indeed live in a Baby Friendly Community which encourages them to breastfeed their children – a true example of *Community Support in Action*. As of August 15, the Symbol has been posted and is visible in more than 70 locations throughout Salt Lake County — not only at child or maternity related businesses but also at bakeries, restaurants, bookstores, governmental service offices, and healthcare provider offices.

This project was selected in order to reinforce the 2010 World Breastfeeding Week theme "Just 10 Steps" in a community setting as part of the annual Breastfeeding Café. UBC has sponsored the Breastfeeding Café annually since 2006 at the Salt Lake City Public Library. The Café offers information about breastfeeding as well as a place where mothers can relax, chat, and breastfeed their infants. This event is held to showcase breastfeeding as a part of everyday life, inspire thought and conversation about breastfeeding, encourage relationships among breastfeeding advocates, and conduct classes and special events. Additional information about the Café and the Baby Friendly Community can be found on the UBC website Café blog: <http://breastfeedingcafe.wordpress.com/>.

The Utah Breastfeeding Coalition will contract with a professional photographer, who is also a Coalition member and La Leche League leader, who specializes in photographing breastfeeding dyads. She will spend the funded time photographing the Symbol *in situ* at participating organizations that provide appropriate consent. The photographs will capture breastfeeding support in action throughout the Salt Lake area. This project is well-suited for a professional photographer because the location of the posted Symbol is often in a doorway or upon a glass window which has challenging lighting for non-professional photographers to capture adequately.

Images would then be used to generate posters and a calendar featuring a collage of the images and the legend "Utah Opens Its Doors to Breastfeeding Mothers." These materials could then be distributed back to the participating organizations and community locations such as WIC offices, healthcare facilities, public libraries, and recreation centers to name a few.

The images would also be used for the 6th Annual Breastfeeding Cafe to be held in August of 2011. The Breastfeeding Cafe has become an annual outreach event for the Utah Breastfeeding Coalition and has provided outstanding opportunities for enhanced collaboration between breastfeeding advocates, supporters, and the community. Each year, we have some media coverage of the Breastfeeding Cafe, often in conjunction with recognition of World Breastfeeding Week, but discussion of breastfeeding in

the community rarely occurs outside of that time. Placement of these posters and calendars within the community will help continue the conversations about breastfeeding throughout the year and perhaps in different settings than those usually reached by the Coalition and its community partners such as La Leche League.

We believe that the more we talk about breastfeeding the more it will become accepted as a community value. Our Baby Friendly Community Project has started many conversations. Documenting its progress and success with a photojournalist will extend the impact of this summer's effort and lay the groundwork for further community outreach.

Nebraska Breastfeeding Coalition
Making a Difference:
A Decade of Dedication to Breastfeeding Support in One Nebraska Community
Community Support in Action

Ten years ago, a small group of women, all mothers and all employed in health care, founded MilkWorks, a non-profit, community breastfeeding center in Lincoln, Nebraska. Following publication of the US Surgeon General's Breastfeeding Blueprint for Action in 2000, these seven women identified a lack of outpatient services for mothers in the Lincoln area. A true grass roots effort, the group met for 18 months - with their children playing at their feet - to develop a business plan. Their vision was an organization that would be easy for mothers to access (parking right out front, no steps or elevators, open 7 days a week), would provide a wide range of breastfeeding education and support services (including classes, moms groups, pump rentals and breastfeeding supplies), would be available for all mothers (regardless of ability to pay), would serve as a resource for other health care providers, and would provide consistent information and clinical care for breastfeeding mothers.

What started out in 2001 as a small organization with a very small staff has grown and flourished due to hard work, a strong sense of vision, and a community of parents who have embraced what true breastfeeding support is all about. This is a story of creativity, belief in a woman's ability to breastfeed her baby and a will to succeed against all odds.

The city of Lincoln is a moderately sized Midwestern community with a population of 250,000. It is the state capital of Nebraska and home to the University of Nebraska. Lincoln has an extensive park system with over 100 miles of biking/hiking trails. Although 89% of the residents are white, the community has a burgeoning population of refugees, including Sudanese and middle Eastern families, as well as a growing number of families from Mexico and South America.

If you visit MilkWorks any day of the week, you will find a low key, pleasant atmosphere filled with diverse artwork of mothers breastfeeding. There are play areas for children and sofas for parents to sit and chat. Staff and parents intermingle easily. Over the years, this small organization has grown and developed to meet the needs of the community.

Today MilkWorks occupies a 5,600 square feet facility and has 22 part time (equivalent 9 FTE) employees, including a breastfeeding medicine specialist, four board certified lactation consultants, six breastfeeding educators and a registered dietician. Staff provide clinical services to approximately 1,000

mothers a year, both on-site and at two inner-city outreach clinics; one serving predominately Spanish speaking mothers and the other serving primarily single or young mothers. Clinical services, which are not denied based upon ability to pay, are complemented by a variety of support programs that serve an additional 2,000 plus mothers a year, including drop-in weight checks, classes and events, moms groups, pump rentals and breastfeeding supplies. Nursing, dietetic, child development and family practice residents all rotate through the MilkWorks breastfeeding clinics, enhancing the knowledge of new health care providers as they begin serving patients in the community and the country.

The yearly operating budget of MilkWorks has grown from \$120,000 in 2001 to \$826,000 in 2009. An eight-inch-thick, three- ring binder holds the many unsolicited letters of appreciation from the families who have personally benefitted from MilkWorks. The most common words written? ***“I would not be breastfeeding if it were not for your help.”***

Of the twenty two women currently employed by MilkWorks, most work less than 30 hours a week. This helps staff avoid burn out and allows for flexible staffing for family needs. All staff have breastfed their own babies and there is very little turnover. Our biggest staffing challenge is not being able to afford employee health insurance benefits.

MilkWorks staff have learned reams about the politics of breastfeeding and the multitude of breastfeeding barriers that mothers encounter. The organization has faced many challenges: lack of insurance coverage (especially for low income mothers), inconsistent support from other health care providers and hospitals, and competition for non-profit funding in order to provide services to all mothers and babies. All income has been put back into the organization and programs so that no family is left without the services needed to establish breastfeeding.

To the criticism of some and the admiration of others, we have found unusual ways to provide funds for services. We have a well established retail component called babyworks, which sells not only breastfeeding supplies, but quality, functional healthy baby products. Initially launched as a convenience to our clients, it grew into a source of financial support for the organization and is our primary “fundraiser”. An additional goal of the retail component is to normalize breastfeeding. Buying a baby gift is a normal part of our culture. By putting baby gifts in the context of a breastfeeding center, we hope to convey the normalcy of breastfeeding as well. At times, this has been awkward for our staff such as when we provide a consultation at no cost to a low income mother, who then purchases a \$50 baby sling, but we have learned to accept money for services in whatever way we can.

Early on we learned that obtaining fees for consultation services was going to be an issue. Many breastfeeding problems are not “fixed” in one 90 minute appointment. However, because insurance plans (private and Medicaid) in Nebraska generally do not cover care from a non-physician provider, we were asking moms to pay out of their pocket. Moms were hesitant to pay for health care, and, if we asked them to come back again, they said, “Breastfeeding did not work for my sister (or my friend). How do I know it will work for me? Maybe I better just spend my money on formula.” We came up with a package price. A mother is asked to pay one fee after her first appointment. She may then come back as many times as she needs to until her baby is feeding well. The average mom is seen 3.5 times. All moms are seen at least twice, but some are seen as many as 8 or 10 times. Until recently, the fee for this package cost \$125, although the true cost was \$250. We recently switched to a “self select” sliding scale fee of \$20 to \$250 for all moms, whether they have private insurance or Medicaid.

As the organization prepares to enter its second decade, our board of directors and past clients have banded together to found the Best Beginnings Fund Drive in order to maintain MilkWorks as a viable organization in Nebraska. Through personal fundraising efforts, and a massive series of “milk and cookie” parties, the Friends of MilkWorks aim to raise \$100,000, thus ensuring that MilkWorks will be around to serve the families of tomorrow and continue to fulfill their mission: “Creating a healthier community by helping mothers breastfeed their babies.”

Photo documentation of MilkWorks as they celebrate ten years of providing the support that mothers need to breastfeed their babies will tell a comprehensive story of a successful community breastfeeding center, complete with babies, mothers, fathers and committed providers.

**Indiana Black Breastfeeding Coalition (with the
Indiana Breastfeeding Alliance and the Indiana Perinatal Network)
The Naomi and Ruth (NAR) Project
Community Support in Action**

The Naomi and Ruth (NAR) Project was conceived at the beginning stages of the organization of the Indiana Black Breastfeeding Coalition. Established in 2007 at the African Methodist Episcopal Zion Church, the coalition was formed when interest in breastfeeding became apparent after several young women began to breastfeed in church. Surveys were taken to see how older women felt about breastfeeding with the results showing that most of the elder women had breastfed themselves and were happy to give support and advice to the younger women. We distributed updated evidence-based information and the sharing was a thing of beauty. The mentoring of the older women to the young, sometimes in the form of grandmother or aunt or well respected elder women of the community, seemed to empower these young moms.

The story the NAR Project will showcase is African American women in their own element – at home, the park, clinics etc. who have support from a mother, grandmother, or elder women and the bond of this positive relationship that puts them at ease. The African American community is very reserved in its acceptance of breastfeeding, especially publicly. The pictures will seek to capture a real-time reflection of how everyday life for a breastfeeding mom can be greatly influenced by this mentoring relationship.

The photo journalist will be asked to capture the characteristics, gestures, and moods of these natural, loving relationships.

This project demonstrates Community Support in Action and will be unfolded to the community through the media; newspaper, TV, and IBBC website. The families photographed will be given an engraved picture frame. These gifts will be presented at the African American Breastfeeding Conference titled, African American Breastfeeding: A Challenge for the next Generation to be held October 23, 2010. We will share a collage of the pictures at this event. In addition, the Indiana Perinatal Network (IPN) will share the photographs at their IPN conference on October 14, 2010.

The following statements have been endorsed by the CDC to demonstrate that women’s social networks are highly influential in their decision-making processes, becoming either barriers or points of encouragement for breastfeeding:

Referred resource for concerns about child rearing is other mothers.³⁷
For example; advice from friends is commonly cited as a reason for decisions about infant feeding.³⁸
Perceived social support has also been found to predict success in breastfeeding.³⁹
As pointed out by Chapman et al.,⁴⁰ peer supports may represent a cost-effective, individually tailored approach and culturally competent way to promote and support breastfeeding for women of varying socioeconomic backgrounds, especially where professional breastfeeding support is not widely available.

North Carolina Breastfeeding Coalition
Learning More about Nature's Miracle:
Researching Human Milk in North Carolina
Research Support in Action

Breastfeeding is the natural, perfect way of feeding human babies. The World Health Organization recommends exclusive breastfeeding up to 6 months of age, with continued breastfeeding, along with appropriate complementary foods, up to two years of age or beyond. In 2007 in the United States, 75% of infants were breastfed at least once after delivery; while only 33% were exclusively breastfed at 3 months and 13% at 6 months. Although it has always been known that breastfed babies somehow have fewer infections than formula-fed babies, we have only recently started to discover why, thanks to human milk research being conducted without corporate ties to formula manufacturers.

Before passing away tragically in January, 2010, Mary Rose Tully, world-renowned lactation guru and donor milk expert, inspired and facilitated human milk research to be performed in a laboratory at North Carolina State University. The critical work is being conducted by doctoral student and IBCLC-Candidate April Danielle Fogleman, Dr. Ronald S. Cohen, director of Intermediate & Special Care Nurseries at Packard Children's Hospital at Stanford, and Pauline Sakamoto, president of the Human Milk Banking Association of North America. All research on this initiative is intended to improve infant feeding practices, infant health outcomes, and breastfeeding rates by increasing knowledge about human milk.

Thousands of women across the United States express their milk solely for donation to nurture sick babies back to health. Their milk is transported via planes, trains and automobiles to donor milk banks, where specialists follow stringent guidelines to preserve the valuable milk constituents and ensure consumer safety through pasteurization. And, when sick or premature babies are prescribed mother's milk, the milk banks select the milk to match their highly specific needs. This process saves the lives of the tiniest, most vulnerable patients every day. Still, all too often, this precious resource is discarded after reaching an expiration date set forth by human milk storage guidelines based on little to no evidence.

Research performed at NC State has investigated the effects of storage temperature and duration on components in freshly expressed, human milk as well as pasteurized and unpasteurized human milk remaining after a baby has drunk from a bottle. The results of this research provided preliminary evidence that fresh and leftover human milk may be stored longer than recommended by the current guidelines set forth by the Centers for Disease Control and Prevention. The outcomes of this research

will lead to the development of evidence-based human milk storage guidelines, which may lead to decreased milk being wasted in neonatal intensive care units, day care settings, and in the home.

The research team is also studying the effect of calcium and phosphorus supplementation on the digestibility of protein, free fatty acids, and calcium in preterm donor milk. This research will benefit premature infants at-risk for metabolic bone disease, as they depend on evidence-based use of supplemental minerals for normal bone mineralization. In these situations, supplementation of human milk with calcium and phosphorus is common in the United States, but the bioavailability of these additives has not been proven. The results of this research will lay down the path to evidence-based supplementation of human milk in NICUs.

The general population needs to know that there is “hard science” research intended to study human milk for human babies. Amidst widespread skepticism about the benefits of breastfeeding, or the risks of not breastfeeding, consumers need to know that assertions made by public health authorities are not mere moral imperatives, but rather critical health interventions based on fact and substance. While there are many forms of scientific pursuit that consistently reiterate the miracle that is mother’s milk, the symbolic representation of the laboratory is unparalleled.

There are three main aspects of the story of “human milk research” that are well-suited to photojournalistic documentation. First, the women who selflessly donate their milk and their time to participate in the research should be envisaged, because without their contributions the research would not be possible. (Seeing them may also encourage other women to donate milk, which would be healthy for them and life saving for the many babies whose lives depend on ample supply of donor milk.) Second, life inside the laboratory should be portrayed to provide insight into the scientific rigor with which research on human milk is performed. Third, the people who benefit from the research, such as the premature infants in the NICU as well as working parents should be depicted to bring life to the potential impact of the research.

Louisiana Breastfeeding Coalition
Louisiana Nurse Family Partnership: Reaching the Unlikely Breastfeeders
Health Care Support in Action

Imagine a pregnant 18 year old, wanting to be a good mother, yet bewildered at all of her bodily changes, fearful of and overwhelmed by the new responsibilities she is facing. She was not breastfed, and does not know anyone who has ever tried it. There is little community support, and often strong pressure not to try. In Louisiana, breastfeeding rates are low, with less than 50% of LA women initiating breastfeeding and even fewer breastfeeding at 6 and 12 months (CDC, 2006 National Immunization Survey). How do you get this young woman to consider the possibility of breastfeeding, to try it, to keep doing it?

Photographs of a Nurse Family Partnership Nurse (NFP) Home Visitor in action with her clients can provide some clues. The NFP program is an evidence-based preventative intervention developed by David Olds, PhD. This voluntary program serves low-income, first-time moms. The overarching goal is to create an environment for healthy pregnancy outcomes, responsible and competent care giving for their children, and increased economic self-sufficiency. The NFP program begins during pregnancy and visits

continue until the child turns two years old. Some of the key elements of the NFP program include: intensity and frequency of visits (every week or every other week beginning before the 28th week of pregnancy and continuing until the infant is two years of age); a strengths-based approach utilizing visit-specific guidelines that are individualized to the mother's goals and needs; utilization of RN's, who have the specialized knowledge that young women want; and provision of care in the home. But perhaps the most important component, the one that provides the foundation upon which growth and change occur, is the strong, dependable, and trusting relationship the nurse and client establish together. Through this relationship, the young mother begins to develop her own ability to care for her child, and to make positive decisions for herself. Randomized clinical trials have shown that the NFP program results in significant and long-lasting health, social, and behavioral differences in the lives of the clients served (www.nursefamilypartnership.org).

The Louisiana NFP program serves women who are among the least likely to breastfeed in LA: young age, in poverty, African American, and less education (LA Prams DATA, 2007). They often have little family or community support. The unique and long-term relationship the NFP nurse has with her clients enables her to do more than just provide information about the importance of breastfeeding or how to latch a baby on to the breast. The NFP nurse opens new possibilities and builds confidence in the mother so she can truly consider and explore the option of breastfeeding. Helping the mother to relax, to be prepared for the physical sensations associated with breastfeeding, to enjoy her baby, and to feel good about herself for making a good decision regarding her baby's health and development are just some of the ways the nurse helps the mother and infant to become successful breastfeeders.

This NFP photo essay best fits into the Health Care Support in Action category, as the support the nurse provides the mother, and the resulting effects on the mother, the infant, and their interactions, would be the emphasis of this story. More specifically, we are planning to capture images of the nurses supporting the mothers as the mothers themselves care for and breastfeed their infants. Additionally, we plan to capture images of the following: the mother's social support system being included in the teaching- empowering them to support the mother, maternal confidence, nurses communicating and working with the mothers even after the child has weaned, mothers being assisted with pumping and caring for their preterm infants, and images of the copious amounts of milk some of these young mothers have pumped for their preterm infants. This project would serve two important goals. First, photos of the nurse-client interactions will show the value of a high quality professional-client relationship in facilitating successful breastfeeding. Second, a photo-essay could be an invaluable tool to benefit the NFP mothers themselves by providing positive visual images of what breastfeeding "looks like," and showing peers' success with breastfeeding while receiving the support they deserve.

We are currently exploring the possibility of adding a narrative component to this project, recognizing the value of being able to share the mothers' thoughts and comments about breastfeeding, in addition to the images, with their peers.

The NFP program in Louisiana made breastfeeding the exclusive focus of the NFP Annual Educational Conference in 2008, including presentations by experienced leaders in breast feeding education. As part of this conference, an NFP client told her story of how she decided to breastfeed, how her nurse helped her, and she brought along her 18 month old son, whom she was still breastfeeding. She was the star of the program. We continue offering regular training in breastfeeding, and partner with the LBC to ensure communities are aware of breastfeeding resources. We still have a way to go before we reach HP 2010 goals for breastfeeding; the number of our "unlikely breastfeeders" is increasing slowly; more moms are starting and continuing breastfeeding. In the LA NFP's most recent quarter (June 2010), 47% initiated

and 15.2% were still breastfeeding at six months. This photo project will give our nurses and our clients a great boost to continue to improve breastfeeding rates in Louisiana.

California Breastfeeding Coalition

The California Breastfeeding Story: Becoming Baby Friendly

Health Care Support in Action

The story the California Breastfeeding Coalition (CBC) will capture is the institutional change we have initiated in California hospitals to create supportive environments for mothers to exclusively breastfeed through implementation of evidence-based maternity policies and practices, such as the Baby-Friendly Hospital Initiative (BFHI) and the California Model Hospital Policies. We will specifically focus on the lengthy BFHI journey from start to finish and highlight all the BFHI Ten Steps, the new 4-D Pathway and the contributions of the local breastfeeding coalitions.

The key elements of the story we will capture are all the steps it takes to attain the Baby-Friendly designation and the institutional environment that leads to exclusive breastfeeding.

- Meeting of coalition and other interested folks examining current hospital breastfeeding rates using the hospital breastfeeding rates reported by California WIC Association and UC Davis Human Lactation Center, and discussing the concept of Baby-Friendly.
- Discovery Phase:
 - Meeting with hospital administration to garner support of administration attending a community meeting that emphasizes the need for institutional change.
 - CEO signing a letter of support.
 - Completing the registration with Baby-Friendly USA
 - Completing the self assessment
- Development Phase:
 - Meeting of the taskforce and developing a BFHI workplan based on the self assessment.
 - Writing a hospital breastfeeding policy.
 - Developing staff training curriculum
 - Writing prenatal/postpartum teaching plans. Meeting with providers to collaborate on the plans.
 - Creating a data collection plan.
- Dissemination Phase:
 - Training staff and conducting clinical observations.
 - Pictures of all the polices in practice such as, women receiving prenatal/postpartum education and support, skin to skin birth pictures (vaginal and c-section), mothers pumping in the hospital if separated from baby, nurses charting, signing out for formula, formula locked up, moms, dads and babies in the same room sleeping and snuggling, babies having procedures done in the room, babies breastfeeding, mothers and babies receiving outpatient breastfeeding support services, and nurses providing resources to be sent home with moms.
 - Personnel collecting and examining data.
- Designation Phase:
 - Writing a QI plan.

- Readiness interview in a board room with key staff on a conference call.
- Mock On-site assessment. Mock assessors talking to staff, patients and administration.
- Photos of staff with the Baby-Friendly Designation letter.

This story fits into the “Health Care Support in Action” category because it is about improving maternity policies that drive maternity practices for improved health outcomes.

The story of “Becoming Baby-Friendly” is well-suited to photojournalistic documentation because the process has many components with many behind the scenes interactions that occur with various partners leading to creating a supportive environment for moms to carry out their breastfeeding goals. We want to capture all those moments with compelling emotion to express the importance of institutional change in the hospital.

The CBC has been involved in the releases of the California hospital breastfeeding data reports that highlight the need for more hospitals to implement the Baby-Friendly Ten Steps. The opportunity to participate in this photo project will enable us to contribute photos for the next report to be released late October 2010 that will focus on hospitals overcoming barriers to implementing the Baby-Friendly Ten Steps. The photos will provide visuals to better tell the story that speaks to hesitant and resistant administrators.

Our main partner involved in this project is the Breastfeeding Task Force of Greater Los Angeles (BTFGLA). The BTFGLA will help with organizing the photo shoot and identify the hospitals to be involved. The BTFGLA is currently involved with several Los Angeles hospitals that are at different steps of the process to becoming Baby-Friendly. There are also three Baby-Friendly designated hospitals in Los Angeles County. Los Angeles, CA is an ideal place to document the Baby-Friendly story. There are 62 hospitals located within the 4,084 square-mile area. Los Angeles County has the largest population of any county in the nation. In 2007, 151,813 babies were born in Los Angeles. That is 27 percent of all births in California. It is a diverse county, with more than 140 cultures and as many as 224 languages. We will be able to take photos that represent many different cultures that can be used throughout the United States.

Florida Breastfeeding Coalition
Get Pumped!
Employment Support in Action

Due to difficulties in our economy, women are often fearful to ask for a location to pump at work. Despite Section #4027 of the New Healthcare Reform Bill, some employers still don't understand the importance of supporting their working mothers. By capturing multiple photos of employee pumping rooms all across the great State of Florida, we are hoping that employers around the state, and perhaps around the country will "Get Pumped" to provide pumping areas for their employees. The plan is to take photos of working women and support personnel in pumping areas across the state and through posters, PowerPoint, and media release--encourage employers to "Get Pumped!"

KEY ELEMENTS OF THE PROJECT:

For the Florida Breastfeeding Coalition (FBC), our pet project has been the Business Case for Breastfeeding. It has led to many relationships that will be demonstrated through this photography project. The FBC has combined efforts with the Dept. of Health to promote pumping for teachers in schools across the state. The Florida Breastfeeding Coalition has developed a Breastfeeding Friendly Employer Award. Businesses are awarded at the Gold, Silver and Bronze levels. Several businesses, hospitals, and schools which provide pumping areas and/or education and support for their breastfeeding employees have applied for the award. It is the support that these organizations provide which will be demonstrated in the pictures including images of mothers with their babies at on-site daycare, on-site pumping rooms, lactation consultants at the pumping rooms, and subsidized pumps. The employers that provide the support and employees that benefit from these options will be showcased.

HOW THE PROGRAM FITS INTO THE SUPPORT CATEGORY:

Our economy is sending more and more mothers to work. During these difficult financial times, more single mothers are working and more married women are finding employment while their husbands are having difficulties. This means that more and more breastfeeding mothers find themselves in the position of either pumping their milk or providing formula while they leave their babies. With the rise of the cost of formula, and the multiple health benefits of breastfeeding for both mothers and babies, pumping at work has become a viable decision. With the advent of section #4027 in the New Health Reform Bill, all breastfeeding coalitions need to teach employers to “Get Pumped” and provide these support services to their employees. We cannot ignore the needs of all employed mothers at all socioeconomic levels.

ASPECTS OF THE STORY SUITED FOR PHOTOJOURNALISTIC DOCUMENTATION:

From the moment a working mother leaves her home until the moment she returns, there are pictures of the working, breastfeeding mother to display. She may leave her baby with a family member or daycare, but carries her trusty pump with her. She travels to the pumping room, sets up her pump, expresses and stores her milk. This process may be repeated 1-4 times throughout the day. Under the best circumstances she may even nurse her baby at lunch, or be lucky enough to be able to bring her baby to work and feed in the pump room. All pictures in these pursuits lend to the story we are trying to document.

Inter Tribal Council of Arizona ***Employers for a Healthy New Generation*** **Employment Support in Action**

The Employment Support in Action photo project will allow us to showcase several tribal communities and urban American Indian organizations that have existing successful worksite lactation policies. Although there are several tribes who have tribal worksite policies in place, there is still a great need for other tribes to adopt a lactation worksite policy. Because of these varying levels of support among the different tribes in Arizona, this project will allow us the opportunity to promote employment support within tribal communities nationwide. It is important to identify the need for worksite lactation policies because often times on reservations, tribal programs are by far the biggest employer for community members. Nationally, there are few professional images available that represent the American Indian population. Once other tribes and organizations understand the benefits of having a lactation worksite

policy, they will be more likely to take steps to adopt a policy of their own, thereby increasing the support of breastfeeding in American Indian communities.

Several of the key elements that we would like to focus on is the strong bond between mother and baby, the support shown in the workplace environment and also the support shown from the tribal council and community. The photos will feature four women and a family who have or are currently taken advantage of their workplace breastfeeding policy.. Some of the images we'd like to capture are positive images of the moms and babies in their working environment, mom and baby bonding moments, positive images of families who successfully breastfed their children and also images of a tribal council meeting to show that their support is greatly needed as well.

Each of the four moms represent a different tribal organization and the photos will be taken at their respective worksites. Crystal Leonard, Medical Support Assistant for Indian Health Service- Phoenix Indian Medical Center OB Department is able to take pumping breaks so that she is able to continue providing her son the best nutrition possible. Lian Big Horse is employed with the Salt River Pima-Maricopa Indian Community as a Youth Development Specialist and is able to take her daughter to work with her until she is 6 months of age and is allowed continued pumping breaks until the child is one year. Crystalina Corona, Vendor Coordinator for the Inter Tribal Council of Arizona, Inc. WIC Program is allowed to bring her son to work with her until he is 6 months of age and allowed continued pumping breaks until the child is one year old as well. Adeline Koyayesva, a Secretary for the Gila River Indian Community has taken advantage of the tribal breastfeeding policy twice since she has been employed with the Public Information Office. Adeline was able to utilize the policy by bringing in her baby to work for the first few months and is now allowed breaks to pump or time to go to the child care facility to feed him in the on-site nursery. She has breastfed 5 of her 6 children for at least one year. Adeline's oldest daughter is now breastfeeding her 2 month old baby and is also a full-time student. Ena Beach member of the Salt River Pima-Maricopa Indian Community has successfully breastfed all her children and was able to bring two of her children to work with her because of the tribal breastfeeding policy. Her children are school age now, but Ena is still proud of her ability to breastfeed her children while working.

Knowledge gained by coalition members through participation in the HRSA Business Case for Breastfeeding Training, along with the positive images of worksite breastfeeding from this project could help us to be more effective in improving workplace lactation support for breastfeeding women in all tribal communities. This project is an excellent opportunity for us to use emotional techniques rather than fact-based methods to transmit our message. The use of emotional images and the stories of mothers who have successfully breastfed at the worksite will have a stronger impact in tribal communities rather than only using traditional didactic information.