

# INTERNATIONAL LACTATION CONSULTANT ASSOCIATION



## *Barriers to and Strategies for Equity in Breastfeeding Report*

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## Introduction

The Crucial and Courageous Conversation session at the International Lactation Consultant Association (ILCA) 2018 Conference was an interactive, engaging session in which members took an intricate look at the inequities that exist within the lactation space. They gained an understanding of implicit bias and how it is a barrier to equity. In addition, they were encouraged to accept diverse perspectives and given tools needed to engage in challenging conversations. Furthermore, they examined research on the inequities that exist in the lactation space; with both an international and national focus, as well as a focus on targeted populations, inclusive of the LGBTQIA+ population and Persons with Disabilities. Through utilization of the Four Agreements of Courageous Conversations and the Crucial Conversation Model, ILCA members learned to and practiced engaging in healthy discourse.

A total of 83 out of approximately 130 ILCA members who attended the session participated in a “Crucial and Courageous Conversation” focused on looking at the barriers to meeting and strategies to address the World Health Organization Breastfeeding Goal:

*Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%...*

Participants self-selected into one of four groups; International with 21 participants, National focus on race with 24 participants, LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual) with 15 participants and Persons with Disabilities with 23 participants. Through the lens of their respective group, participants were asked to respond in written format to and then discuss the following questions:

1. *What are some of the cultural, environment, social factors that have led to inequity in the lactation space?*
2. *What strategies should ILCA put forth to address inequities and meet the WHO 2025 goal?*
3. *What would you suggest be included in a policy that is focused on diversity, equity and inclusion?*

Participants were able to provide multiple responses to each question, and thus, the number of respondents and responses may sometimes be unequal. This data was collected, transcribed verbatim (see Appendix A for full transcription) and utilizing a method of discourse analysis, (“a method of analysis of naturally occurring talk and all types of written text”), analyzed for emergent themes and patterns (<https://research-methodology.net/research-methods/data-analysis/qualitative-data-analysis/>).

ILCA members who were unable to participate in the Crucial and Courageous Conversation at the 2018 Conference were provided with the opportunity to contribute to this conversation by participating in an e-learning experience modeled after the ILCA 2018 Conference workshop and completing an electronic questionnaire developed using the questions asked and responses from the Crucial and Courageous Conversation. An additional twenty-one ILCA members took advantage of the virtual format to contribute to the conversation. Those who participated in the virtual conversation had the option to contribute to the conversation for all demographic groups, whereas the ILCA members who participated in the in-person conversation were only able to choose one demographic group. This report will provide the findings of and recommendations from both the Crucial and Courageous Conversations at the 2018 conference and in the virtual format, based on the authentic voices of the one-hundred and four unique ILCA members. The findings related to lactation equity barriers and strategies to address the issues will be discussed by group. Recommendations on policies related to lactation equity will also be proposed. This data may ultimately inform ILCA’s Diversity, Equity and Inclusion policies, strategies and initiatives related to breastfeeding equity.

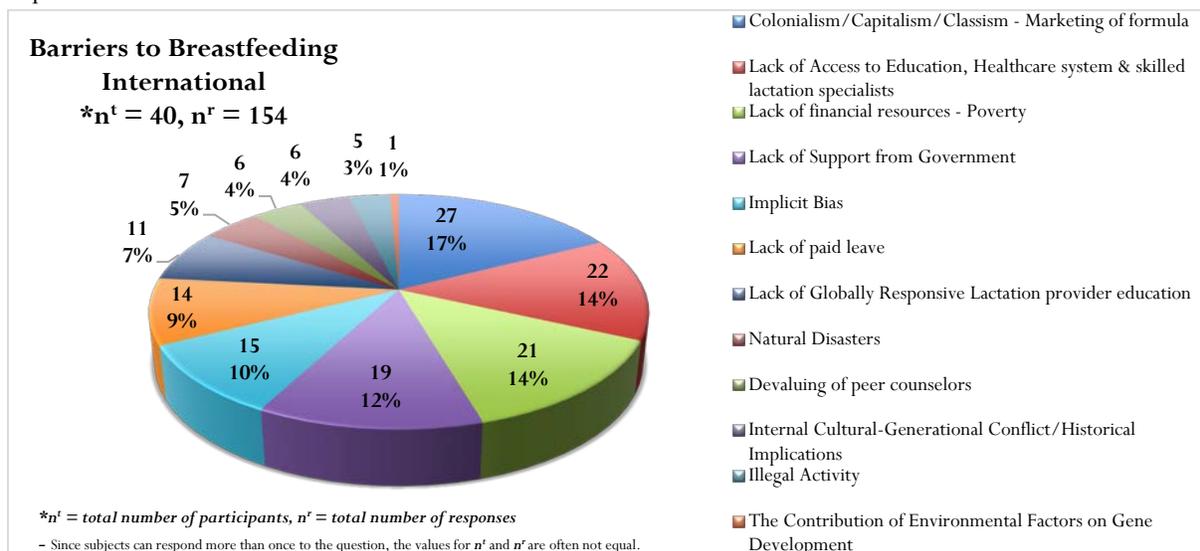
## Findings

### International

Twenty-one ILCA members self-selected in the group to examine inequities in lactation and discuss strategies to promote equity through an International lens. An additional nineteen ILCA members chose to respond virtually. Participants were asked, “*what are some of the cultural, environmental, and social factors that have led to global inequities in lactation*”, generating 154 responses from 40 respondents. The five most significant themes that emerged include (a) colonialism/capitalism/classism, (b) lack of access to healthcare system and skilled lactation consultants, (c) lack of financial resources, (d) lack of support from government, and (e) implicit bias.

The primary theme, colonialism/capitalism/classism, stated by twenty-seven (68%) participants referred to the value placed on marketing formula for profit, in lieu of healthier human lives. In addition, formula has become a status symbol, promoting classism. The secondary theme to emerge was lack of access to education, healthcare and skilled/culturally responsive lactation consultants, reported by twenty-two (55%) participants. They further reported that when there is access to lactation specialists, language barriers often exist. The tertiary theme reported by twenty-one (53%) participants was the lack of financial resources to support the promotion of breastfeeding at individual, institutional and global levels. This potentially affects breastfeeding education programs, continuing education for lactation consultants, implementation of breastfeeding normalization campaigns and other resources needed to support breastfeeding. The next theme to emerge was lack of support from government, suggested by nineteen (48%) participants. Participants suggested the need for stronger lactation legislation and enforcement of the International Code of Marketing of Breastmilk Substitutes (WHO Code). The next theme to emerge was implicit bias, reported by fifteen (38%) participants. They discussed the belief that since women in lower and middle-income countries (LMIC’s) breastfed, the problem is non-existent. Additional themes to emerge included: lack of paid leave, lack of globally responsive lactation provider education, natural disasters, devaluing of peer lactation counselors, internal cultural-generational conflicts with historical implications, illegal activity, and the contribution of environmental factors on gene development.

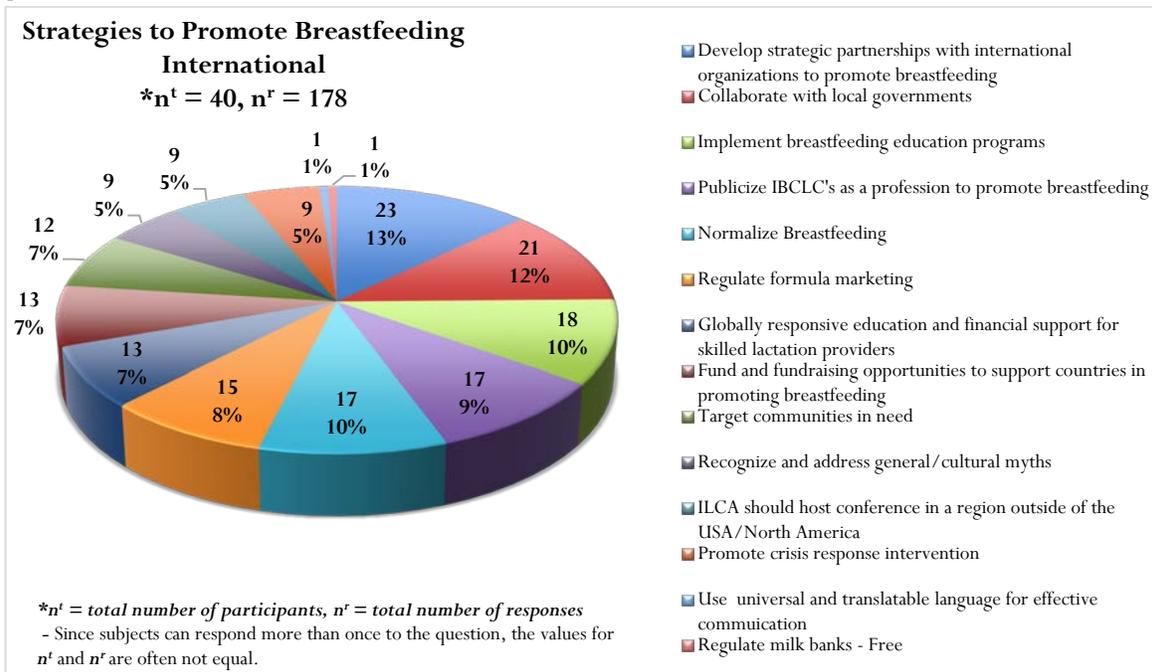
Below is a snapshot of the frequency of responses regarding barriers to equity in lactation from an international perspective:



Participants were asked to discuss “strategies ILCA should put forth to address global inequities and meet the World Health Organization breastfeeding goal”, of which there were 40 respondents and 178 responses. The major themes that emerged include (a) develop strategic partnerships with international organizations to promote breastfeeding, (b) collaborate with local governments, (c) implement breastfeeding education programs, (d) publicize IBCLC’s as a profession to promote breastfeeding, and (e) normalize breastfeeding.

The primary theme that emerged was to develop strategic partnerships with international organizations such as United Nations, World Health Organization, World Bank, Peace Corps and the International Confederation of Midwives, to promote breastfeeding globally, recommended by twenty-three (58%) participants. The secondary theme to emerge was collaborate with local governments, reported by twenty-one (53%) participants. They suggested that the local governments conduct a needs assessment by gathering data on global lactation policies and funding, advocate for paid leave, enforce WHO Code compliance, strengthen WHO Code and expose corruption that impedes the promotion of breastfeeding. The tertiary theme to emerge, reported by eighteen (45%) participants, was implement breastfeeding education programs. They suggested that culturally responsive education programs be implemented for schoolchildren, community members and refugees. The next theme to emerge was publicize International Board Certified Lactation Consultant (IBCLC) as a profession to promote breastfeeding, reported by seventeen (43%) respondents. This will increase the pool of lactation specialists who may be interested in serving globally. The final of the major themes was to normalize breastfeeding by providing diverse images, research and literature in print, visual and social media campaigns, also suggested by seventeen (43%) respondents. Additional themes to emerge included: regulate formula marketing, global responsive education and financial support for skilled lactation providers, fund and fundraising opportunities to support countries in promoting breastfeeding, target communities in need, recognize and address general/cultural myths, ILCA should host conference in a region outside of the USA/North America, promote crisis response intervention for women and babies, use universal and translatable language for effective communication, and regulate milk banks and make them free.

Below a snapshot of the frequency of responses regarding barriers to equity in lactation from an international perspective:



Considering the identified barriers to equity in the international lactation space and the suggested strategies to address these inequities, the following recommendations are put forth:

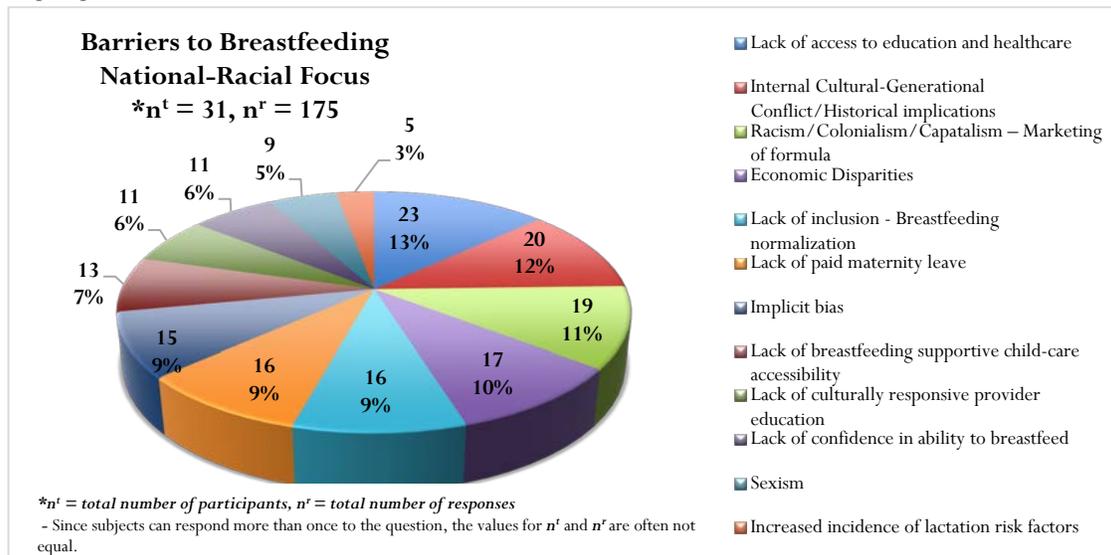
<b>Barrier</b>	<b>Definition</b>	<b>Strategy</b>
<i>Colonialism / Capitalism / Classism</i>	Formula is promoted for profit in lieu of healthier lifestyles.	<ul style="list-style-type: none"> <li>- Regulate marketing of formula.</li> <li>- Enforce WHO Code.</li> <li>- Develop Strategic Partnerships with International Organizations.</li> </ul>
	Use of formula as a status symbol.	
<i>Lack of Access to Education, Healthcare and Skilled Lactation Providers</i>	Few options for affordable lactation education and support.	<ul style="list-style-type: none"> <li>- Prepare IBCLC's and other lactation providers to work with global populations and place in identified communities in need.</li> <li>- Develop Crisis Intervention Protocol for parent and baby safety.</li> </ul>
<i>Lack of Financial Resources</i>	Inequity in funding for breastfeeding education, support, promotion and resources.	<ul style="list-style-type: none"> <li>- Create fund and fundraising opportunities to support breastfeeding initiatives.</li> <li>- Provide free Breastfeeding Education Programs.</li> </ul>
	<ul style="list-style-type: none"> <li>- On the individual, institutional and global levels.</li> </ul>	
<i>Lack of Support from the Government</i>	Weak Breastfeeding Legislation.	Collaborate with local government:
	Lack of WHO Code Enforcement.	<ul style="list-style-type: none"> <li>- Advocate for global recognition of value of breastfeeding, paid leave and WHO code compliance.</li> <li>- Destabilize impact of natural and political disaster.</li> <li>- Gain knowledge of global breastfeeding policies and funding.</li> <li>- Expose corruption.</li> </ul>
<i>Implicit Bias</i>	Lack of cultural competency, assumptions and stereotypes, conflicting religious beliefs.	Provide culturally responsive education to lactation providers.

## National – Racial Focus

Twenty-four ILCA members self-selected in the group to examine inequities in lactation and discuss strategies to promote equity through a National lens, with a focus on racial inequities. An additional sixteen of twenty-one ILCA members responded in the virtual platform. Participants responded to the question, “*what are some of the cultural, environmental, and social factors that have led to racial inequities in lactation*”, of which there were total 31 respondents (15 responded from in-person group and sixteen from virtual group), generating 175 responses. The most significant themes to emerge include (a) lack of access to education and healthcare, (b) internal cultural, generational, and historical conflicts, (c) racism/colonialism/capitalism, (d) economic disparities, (e) lack of inclusion and (f) lack of paid maternity leave.

The primary theme, reported by twenty-three (74%) respondents, is lack of access. Respondents suggest there are inequities in breastfeeding education, lactation providers and healthcare. They further mentioned that breastfeeding inequity with Native/American Indian populations often goes ignored. The secondary theme to emerge was internal cultural, generational and historical conflicts, reported by twenty (65%) respondents. Generational myths that formula is healthier because it helps babies gain weight and breastfeeding making children dependent, especially boys, have discouraged breastfeeding. In terms of a cultural/historical conflict, negative feelings related to “wet nursing” during slavery persist and breastfeeding as a symbol of being “poor”, suggesting an intersectional relationship between racism and classism. The tertiary theme to emerge was racism/colonialism/capitalism – marketing of formula, reported by nineteen (61%) respondents. They discussed the promotion of a homogenous culture, leading to cultural erasure. They also discussed marketing formula as healthier for babies. The next theme to emerge was economic disparities, reported by seventeen (55%) respondents. The inequity in funding focused on targeted racial groups and the inability to afford the expertise of a lactation provider was discussed. The next themes to emerge, both reported by sixteen (52%) respondents, include lack of inclusion in literature, images, research and media campaigns that help to normalize breastfeeding and lack of paid maternity leave. Other themes to emerge included: implicit bias, lack of breastfeeding supportive child-care, lack of confidence in breastfeeding ability, sexism, and increased incidence of lactation risk factors.

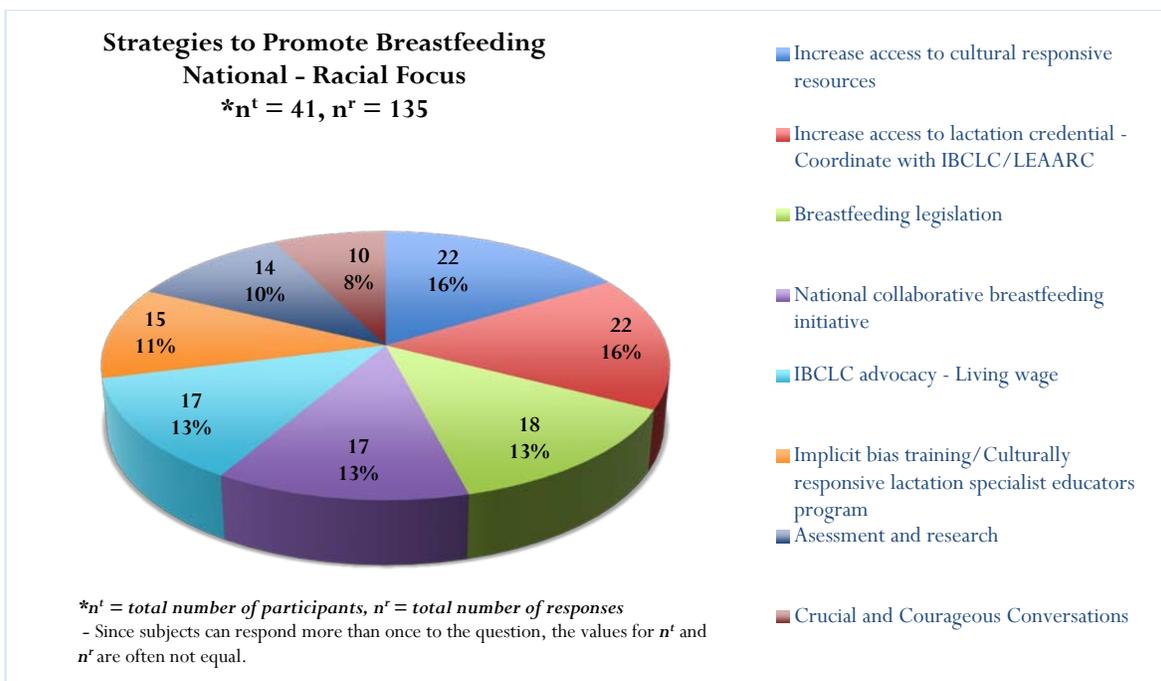
Below is a snapshot of the frequency of responses regarding barriers to equity in lactation from a racially focused, national perspective:



Participants were asked to discuss “strategies ILCA should put forth to address racial inequities on a national level and meet the World Health Organization breastfeeding goal”, of which 41 participants responded, generating 135 responses. The major themes to emerge included (a) increase access to culturally responsive resources, (b) increase access to obtaining the lactation credential, (c) support and promote breastfeeding legislation, (d) create a national collaborative breastfeeding initiative, and (e) IBCLC advocacy for a living wage.

The primary theme, suggested by twenty-two (54%) participants, was to increase access to cultural responsive resources. Participants recommended the implementation of lactation educational campaigns for targeted racial groups and free breastfeeding education to minority mothers. They also mentioned that ILCA should include race specific services and support groups as part of a toolkit. The secondary theme was to increase access for diverse populations to obtain the lactation credential, discussed by twenty-two (54%) participants. They suggested coordinating with IBCLC/LEAARC to increase entry into profession and remove cost barriers associated with continuing certification. In addition, financial incentives should be provided to organizations attempting to be racially inclusive. The tertiary theme to emerge was breastfeeding legislation; including Medicaid coverage for lactation resources and paid leave, suggested by eighteen (44%) respondents. The next theme, indicated by seventeen (41%) participants was the establishment of a coordinated national breastfeeding initiative. This group should regulate breastfeeding education and services, through a collaborative and inclusive approach. The final significant theme to emerge was advocacy for IBCLC’s to receive a living wage also indicated by seventeen (41%) respondents. Additional themes to emerge included: culturally responsive educators program that includes implicit bias training, conduct needs assessment and research best practices and continue to have crucial and courageous conversations.

Below is a snapshot of the frequency of responses regarding barriers to racial equity in lactation from a national perspective:



Considering the identified barriers to racial equity in the national lactation space and the strategies suggested to address those inequities, the following is recommended:

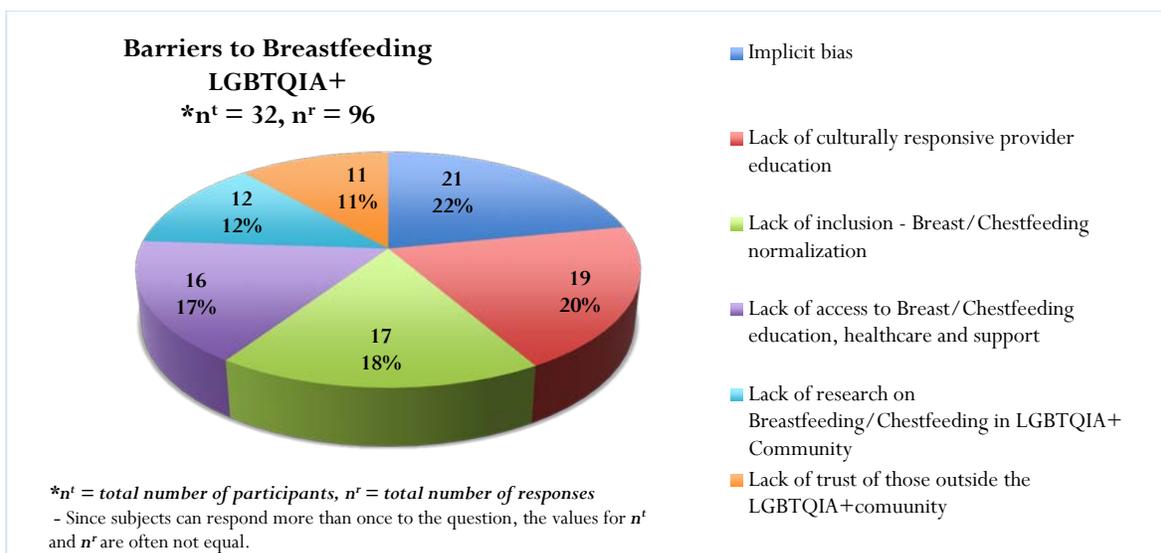
<b>Barrier</b>	<b>Definition</b>	<b>Strategy</b>
<b><i>Lack of Access to Education, Healthcare and Skilled Lactation Providers</i></b>	<p>Inequities in available resources, breastfeeding education, reproductive health, lactation providers and healthcare.</p> <p>Language barriers.</p> <p>Breastfeeding inequity with Native/American Indian populations often goes ignored.</p>	<p>Coordinate national breastfeeding initiative</p> <ul style="list-style-type: none"> <li>- Regulation of breastfeeding education and services, through a collaborative and inclusive approach.</li> </ul>
<b><i>Internal Cultural, Generational, Historical Conflict</i></b>	<p>Generational myths that formula is healthier because it helps babies gain weight.</p> <p>Breastfeeding making children dependent, especially boys, have discouraged breastfeeding.</p> <p>Negative feelings related to “wet nursing” during slavery persist and breastfeeding as a symbol of being “poor”.</p>	<p>Engage in Crucial and Courageous Conversations.</p>
<b><i>Racism / Colonialism Capitalism</i></b>	<p>Promotion of a homogenous culture, leading to cultural erasure.</p> <p>Marketing of formula as healthier for the baby for profit.</p>	<ul style="list-style-type: none"> <li>- Breastfeeding legislation</li> <li>- Assessment and Research</li> </ul>
<b><i>Economic Disparities</i></b>	<p>Inequity in funding for racial groups in need.</p> <p>The inability to afford becoming lactation certified.</p>	<ul style="list-style-type: none"> <li>- National breastfeeding initiative.</li> <li>- Coordinate with IBCLC/LEAARC to increase entry into profession and remove cost barriers associated with continuing certification.</li> <li>- Provide financial incentives to organizations attempting to be racially inclusive.</li> </ul>
<b><i>Lack of Inclusion</i></b>	<p>Lack of diverse racial representation in literature, images, research and media campaigns that help to normalize breastfeeding.</p>	<ul style="list-style-type: none"> <li>- Coordinate diverse national media campaign to promote breastfeeding.</li> <li>- Culturally responsive educators’ program that includes implicit bias training to assist lactation specialists in normalizing breastfeeding in diverse communities.</li> <li>- Conduct racially based needs assessment and research best practices.</li> <li>- Continue to have Crucial and Courageous conversations about race.</li> </ul>
<b><i>Lack of Paid Maternity Leave</i></b>	<p>Lack of paid maternity leave</p>	<ul style="list-style-type: none"> <li>- Breastfeeding legislation</li> </ul>

## LGBTQIA+

Fifteen ILCA members self-selected in the group to examine inequities in lactation and discuss strategies to promote equity through the lens of the LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual) populations. An additional seventeen virtual participants chose to respond in the LGBTQIA+ group. Participants responded to the question, “*what are some of the cultural, environmental, and social factors that have led to inequities in lactation in LGBTQIA+ populations*”, of which there were 32 respondents, generating 96 responses. The themes to emerge include (a) implicit bias, (b) lack of culturally responsive provider education, (c) lack of inclusion - breast/chestfeeding normalization, (d) lack of access, (e) lack of research, and (f) lack of trust.

The first theme to emerge was implicit bias, reported by twenty-one (66%) participants. There were reports of prejudice against the community, negative stigma/perception of mental illness, gender essentialism, assumption that female is carrier of pregnancy, and religious conflicts. The second theme to emerge was lack of culturally responsive provider education, indicated by nineteen (59%) participants. It was suggested that lactation providers are not exposed to or educated about the needs and concerns of the LGBTQIA+ community; “*care providers don't listen, learn, try or have time*”. The third theme to emerge was lack of inclusion, reported by seventeen (53%) participants. They discussed lack of representation in lactation consultants, invisibility in literature, and feelings of unacceptance in groups that are culturally unresponsive, new “mom’s” groups. The fourth theme to emerge was lack of access, reported by sixteen (50%) participants. Respondents suggested there are inequities in culturally responsive resources, breast/chestfeeding education and support, lactation providers and healthcare. They further mentioned that the language of the community is forever evolving, and thus, consistent education is needed. The fifth theme to emerge was lack of research, indicated by twelve (38%) participants. It was suggested that research be conducted on induced lactation and the lactation needs of the LGBTQIA+ community, from their perspective. The final theme to emerge was lack of trust, reported by eleven (34%) participant, who suggested that some members of the LGBTQIA+ population do not trust those outside of the community, as there is active legislation against their rights.

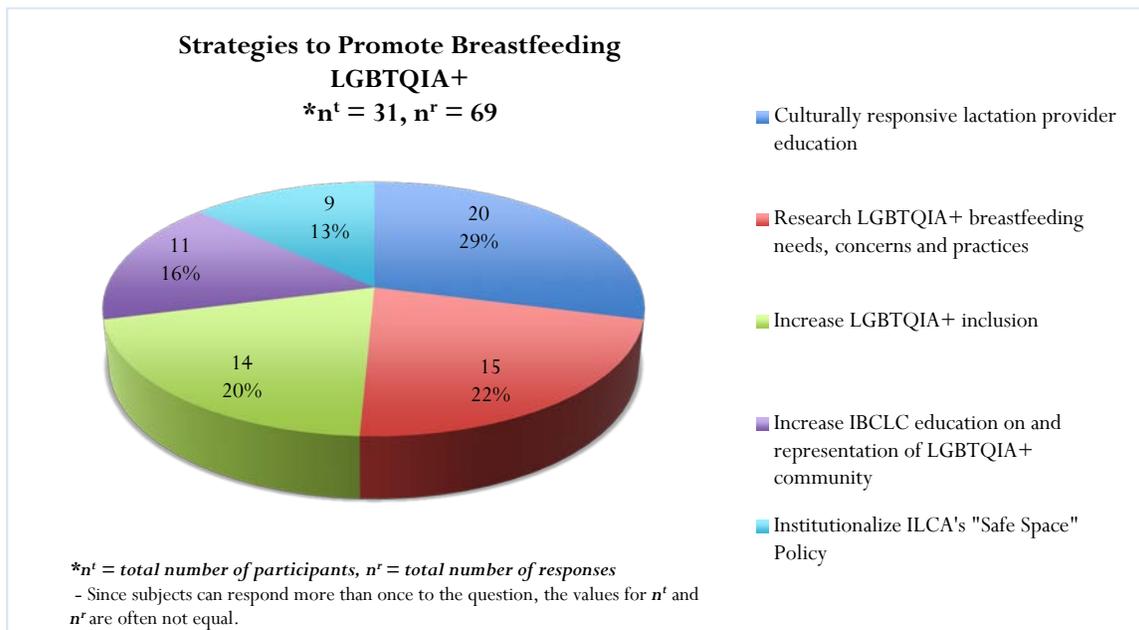
Below is a snapshot of the frequency of responses regarding barriers to equity in lactation for LGBTQIA+ populations:



Participants were asked to discuss “strategies ILCA should put forth to address inequities within the LGBTQIA+ populations and meet the World Health Organization breastfeeding goal”, of which 31 participants responded, generating 69 responses. The major themes to emerge included (a) culturally responsive lactation provider education, (b) increase LGBTQIA+ inclusion, (c) research on LGBTQIA+ culture and lactation needs/concerns, (d) institutionalize ILCA’s “safe space” policy, and (e) increase IBCLC education on and representation of LGBTQIA+ community.

The first emergent theme was culturally responsive lactation provider education, indicated by twenty (65%) participants. They discussed the importance of lactation providers understanding chestfeeding/breastfeeding within the transgender community, protocols to assist chest/breastfeeding with use of testosterone, protocols for chest/breastfeeding in regards to augmentation and how it may be different with a transgender woman, and how to help dysphoria in transgender men who are pregnant. The second emergent theme was conduct research with the LGBTQIA+ community, suggested by fifteen (48%) participants. Some research should be conducted at ILCA conferences and include stories from the LGBTQIA+ populations related to their lactation experiences as well as on the experiences of adoptive parents. The third emergent theme was to increase LGBTQIA+ inclusion, reported by fourteen (45%) participants. This inclusion should lead to the creation of affinity groups in ILCA, focus on normalizing breast/chestfeeding; and occur in decision-making, social media campaigns, marketing, conference speakers and parent nursing groups. The fourth emergent theme was increase IBCLC education on and representation of LGBTQIA+ community, reported by eleven (35%) participants. The final emergent theme was prioritize and institutionalize ILCA's "Safe Space" Policy, reported by nine (29%) participants. This policy should be applicable to members, conference presenters and with individuals in ILCA’s leadership positions. In addition, a statement specific to LGBTQIA+ support should be drafted and proposed.

Below a snapshot of the frequency of responses regarding barriers to equity in lactation for the LGBTQIA+ population:



Considering the identified barriers to equity in the lactation space for LGBTQIA+ populations and the strategies suggested to address these inequities, the following is recommended:

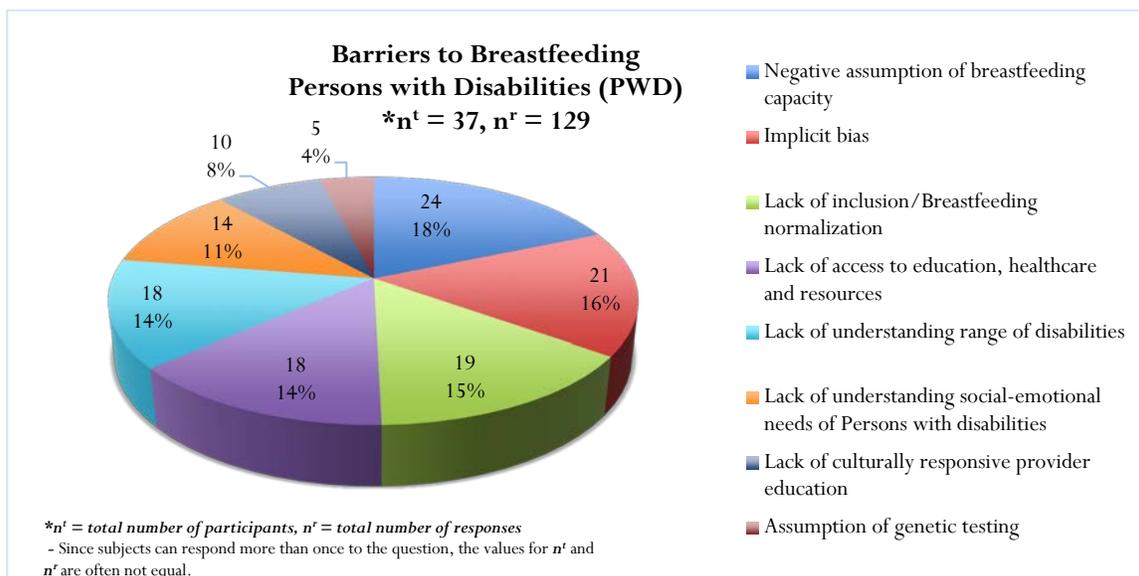
<b>Barrier</b>	<b>Definition</b>	<b>Strategy</b>
<b><i>Implicit Bias</i></b>	Prejudice against community, negative stigma/perception of mental illness, gender essentialism, assumption that female is carrier of pregnancy, and religious constraints.	<ul style="list-style-type: none"> <li>- Implement culturally responsive IBCLC and lactation provider education program.</li> <li>- Increase IBCLC education on and representation of LGBTQIA+ Community.</li> </ul>
<b><i>Lack of Culturally Responsive Lactation Provider Education</i></b>	Lactation providers not exposed to or educated about the needs and concerns of the LGBTQIA+ community.	<ul style="list-style-type: none"> <li>- Culturally responsive lactation provider education program.</li> </ul>
<b><i>Lack of Inclusion – Breast/Chestfeeding Normalization</i></b>	Lack of representation in lactation consultants, invisibility in literature, and feelings of unacceptance in groups that are culturally unresponsive, new “mom’s” groups.	Increase LGBTQIA+ Inclusion <ul style="list-style-type: none"> <li>- Create affinity groups.</li> </ul>
<b><i>Lack of Access to Education, Healthcare and Skilled Lactation Providers</i></b>	Inequities in culturally responsive resources, breast/chestfeeding education and support, lactation providers and healthcare.	<ul style="list-style-type: none"> <li>- Increase IBCLC education on and representation of LGBTQIA+ Community.</li> </ul>
<b><i>Lack of LGBTQIA+ Research</i></b>	Lack of understanding the lactation needs/concerns of the LGBTQIA+ community.  Lack of information on induced lactation and breast/chestfeeding.	<ul style="list-style-type: none"> <li>- Conduct research LGBTQIA+ breast/chest feeding needs, concerns and practices.</li> </ul>
<b><i>Lack of Trust</i></b>	Active legislation against LGBTQIA+ rights	<ul style="list-style-type: none"> <li>- Institutionalize and enforce ILCA's "Safe Space" Policy, applicable to all ILCA constituents and programs</li> </ul>

## Persons with Disabilities

Twenty-three ILCA members self-selected in the group to examine inequities in lactation and discuss strategies to promote equity in Persons with Disabilities (PWD). Eighteen of the twenty-one ILCA members responded in the virtual platform. Participants responded to the question, “*what are some of the cultural, environmental, and social factors that have led to inequities in lactation with persons with disabilities*”, of which there were 37 respondents, generating 129 responses. The five most significant themes to emerge included (a) negative assumption of breastfeeding capacity, (b) implicit bias, (c) lack of inclusion/breastfeeding normalization lack of access, (d) lack of access to education, healthcare and resources, and (e) lack of understanding range of disabilities.

The primary theme to emerge was negative assumptions of breastfeeding capacity of persons with disabilities, reported by twenty-four (65%) participants. It was suggested that assumptions are sometimes made about persons with disabilities inability to breastfeed as a result of perceived physical and psychological capacity. The secondary emergent theme was implicit bias, reported by twenty-one (57%) participants. It was reported that persons with disabilities are negatively stigmatized and sometimes shamed, viewed as asexual, and told not to have children. The tertiary theme to emerge was lack of inclusion/breastfeeding normalization, suggested by nineteen (51%) participants. Those with “invisible” disabilities are typically ignored and literature/promotional materials do not include breastfeeding images of persons with disabilities. The fourth theme to emerge was lack of access, communicated by eighteen (49%) participants. They suggested that persons with disabilities do not have access to sexual/reproductive health education, culturally responsive lactation providers, and adaptive technologies/resources. Socio-economic barriers further compound this inaccessibility. The fifth theme to emerge was lack of understanding the range of disabilities, also reported by eighteen (49%) respondents. There are an array of both invisible and visible disabilities, from those that impact cognition to those that are physical in nature. With such diversity of disabilities, it is sometimes difficult for lactation specialists to be versed in all. Other themes to emerge included: lack of understanding the social-emotional needs of persons with disabilities, lack of culturally responsive provider education and assumption of genetic testing.

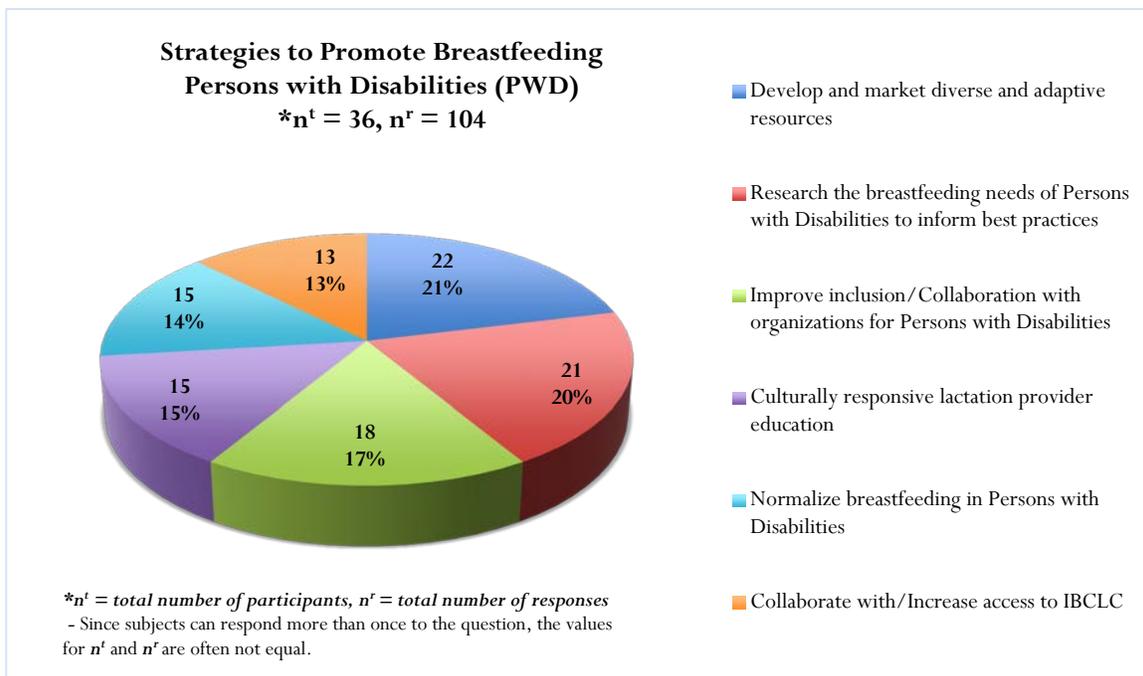
Below is a snapshot of the frequency of responses regarding barriers to equity in lactation related to persons with disabilities:



Participants were asked to discuss “strategies ILCA should put forth to address inequities within the persons with disabilities’ populations and meet the World Health Organization breastfeeding goal”, of which 36 participants responded, generating 104 responses. The major themes to emerge included (a) develop and market culturally responsive and adaptive resources, (b) research the breastfeeding needs of Persons with Disabilities to inform best practices, (c) improve inclusion through collaboration with organizations for Persons with Disabilities, (d) culturally responsive lactation provider education, (e) normalize breastfeeding in Persons with Disabilities, and (f) collaborate with/increase access to IBCLC.

The primary emergent theme is to develop and market culturally responsive and adaptive resources, stated by twenty-two (61%) respondents. This includes physical resources as well as support groups. The second emergent theme is research persons with disabilities to inform best practices, suggested by twenty-one (58%) participants. It was further recommended that the research be inclusive of the voices of those with disabilities to best understand their needs. The third emergent theme was to improve inclusion by collaborating with organizations for persons with disabilities, agreed upon by eighteen (50%) respondents. The next emergent theme, both reported by fifteen (42%) respondents, include normalize breastfeeding in persons with disabilities through images and social media as well as provide culturally responsive lactation provider education that discusses the range of disabilities and assistive technologies. The final emergent theme included collaborate with/increase access to IBCLC, stated by thirteen (36%) participants.

Below is a snapshot of the frequency of responses regarding strategies to address inequities in lactation for persons with disabilities:



Considering the identified barriers to equity in the lactation space for persons with disabilities and the strategies suggested to address these inequities, the following are recommended:

<b>Barrier</b>	<b>Definition</b>	<b>Strategy</b>
<b><i>Negative Assumption of Breastfeeding Capacity</i></b>	Assumptions are sometimes made about persons with disabilities inability to breastfeed as a result of perceived physical and psychological capacity.	- Normalize breastfeeding in differently abled populations.
<b><i>Implicit Bias</i></b>	Persons with disabilities are negatively stigmatized and sometimes shamed, viewed as asexual, and told not to have children.	- Implement culturally responsive lactation provider education program, inclusive of a wide range of disabilities.
<b><i>Lack of Inclusion – Breastfeeding Normalization</i></b>	Those with “invisible” disabilities are typically ignored.  Literature/promotional materials does not include images of persons with disabilities breastfeeding.	- Increase Inclusion of persons with disabilities in breastfeeding literature and social media campaigns <ul style="list-style-type: none"> <li>○ Create support groups</li> </ul> - Develop and market diverse and adaptive resources
<b><i>Lack of Access to Education, Healthcare and Skilled Lactation Providers</i></b>	Persons with disabilities do not have access to sexual/reproductive health education, culturally responsive lactation providers, and adaptive technologies/resources.  - Socio-economic barriers further compound this inaccessibility.	- Increase IBCLC education on and representation of persons with disabilities.  - Develop and market diverse and adaptive resources.
<b><i>Lack of Understanding Range of Disabilities</i></b>	There are an array of both invisible and visible disabilities, from those that impact cognitive functioning to those that are physical in nature; which presents a challenge for lactation specialists to be well-versed in all.	- Implement culturally responsive lactation provider education program that discusses the range of disabilities and assistive technologies  - Normalize breastfeeding in differently abled populations

## Policies

Fifty-seven ILCA members self-selected into the group to examine policy suggestions focused on diversity, equity and inclusion globally and nationally, in an effort to protect, support and promote breastfeeding. Participants responded to the question “*What would you suggest be included in an ILCA policy, focused on diversity, equity and inclusion, globally and nationally, in an effort to protect, support and promote breastfeeding*” of which there were 15 respondents focused on persons with disabilities (PWD); 12 respondents focused on LGBTQIA+; 13 respondents focused on national issues; and 17 respondents focused on international issues. The most significant themes to emerge within each group by category were as follows:

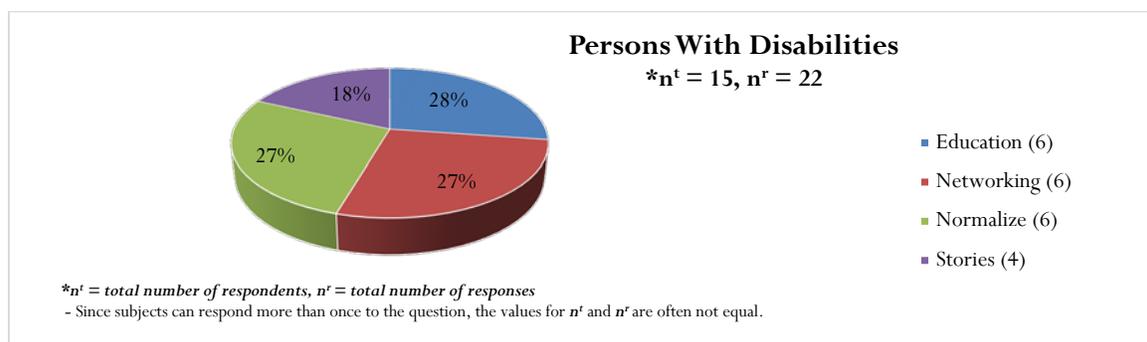
### ***Persons with Disabilities***

**Education/Curriculum** - Participants made six suggestions that involved ILCA engaging in some form of education, awareness building or curriculum development regarding breastfeeding with disabilities. Suggestions included curriculum development and team-teaching with IBCLC plus those with disabilities, promoting education for peer counselors, and supporting research in this area.

**Advocacy/Networking** - Participants made six suggestions that ILCA engage in advocacy, develop a resource database, network with and create partnerships/relationships with other organizations serving PWDs because those organizations are the experts in PWDs and have deep relationships with PWDs, while ILCA is the expert in breastfeeding and has relationships with certified lactation consultants who can share expertise. Therefore, through joint collaboration, ILCA could build capacity in the PWD communities for breastfeeding. Additionally, it was suggested that ILCA bring in a speaker from the PWD community to discuss their needs as it relates to increasing access and awareness.

**Normalize/Language** - Participants made six suggestions that ILCA normalize breastfeeding in the PWD community with a statement regarding the inherent normalcy and expectation of breastfeeding, with language that demonstrates IBCLC humility when dealing with PWDs and acknowledges the different needs of PWDs who desire to breastfeed, being inclusive with language in addressing specific disabilities and using actual wording from the Americans With Disabilities Act. A suggestion was that this involves more than “language” but might also involve signage or other aids to meet needs depending on the ability. The goal is to ensure “physiologic normalcy” for breastfeeding.

**Collecting Stories/Data** - Participants made four other suggestions/comments that ILCA should create a disabled parenting project with Facebook or a website; collect data and great stories, nationally and internationally; and acknowledge the stories and hear the needs of PWDs. A summary of these responses for persons with disabilities is reflected below:



## LGBTQIA+

**Education** – Participants made five suggestions involving the need for education/information such as stating every protected class of identity and mandate education; researching “induced lactation”, and educating about the harms caused to these communities. Other suggestions regarding the need for education were not specific.

**Access** - Participants made three suggestions regarding the need to address access, particularly to “respectful healthcare and support”, and to enable an environment for breastfeeding for all.

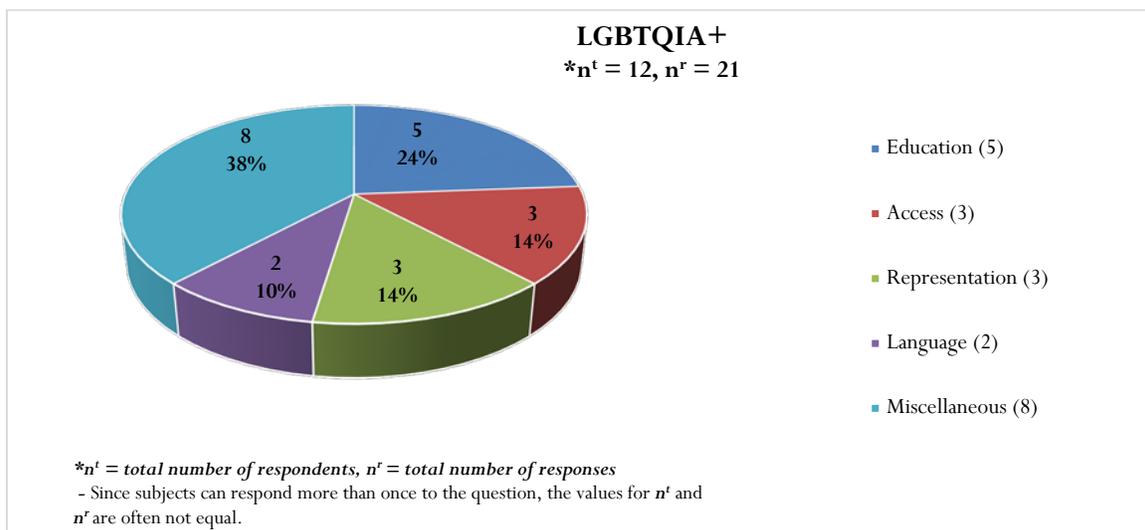
**Representation** – Participants made three suggestions for ILCA to “show diversity” and representation from diverse groups, and to “include LGBT in any diversity discussion”.

**Language** – Participants made two suggestions regarding the need for updated and inclusive language, such as “chestfeeding”.

**Miscellaneous** – Participants made the following additional eight policy suggestions (note that only 1 suggestion for each was made):

- No one who engages in racism be allowed in a position of authority at ILCA
- Create and implement a policy focused on diversity, equity and inclusion, globally and nationally
- Actively work against the harm caused in this community
- Conduct focus groups
- View decisions with diversity, equity and inclusion in mind
- Acceptance and openness (no specifics)
- Definitions (no specifics)
- Change policy (no specifics)

A summary of these responses for LGBTQIA+ is reflected below:



## National

**Inclusive Policy** – Participants made three suggestions regarding the need for an inclusive policy. Additionally, they suggested that ILCA: research indigenous people of everywhere ILCA visits, be strengths-based in dialog, acknowledge variations in support systems, that policy be global rather than U.S. focused and that it include ways to support POC and improve education access from trained community members.

**Resources** – Participants made two suggestions regarding the need for more resources. Specifically, they suggested creating a central directory for ILCA member/groups/clients to access each other and information for support.

**Communication** – Participants made two suggestions that ILCA (and maybe USLCA) promote more communication on a local level regarding the lactation consultants and services available, as well as adapting the communication style to the populations served.

**Funding** – Participants made two suggestions regarding the need to increase funding by perhaps engaging the World Bank and that funding be available for the training and mentorship of lactation consultants.

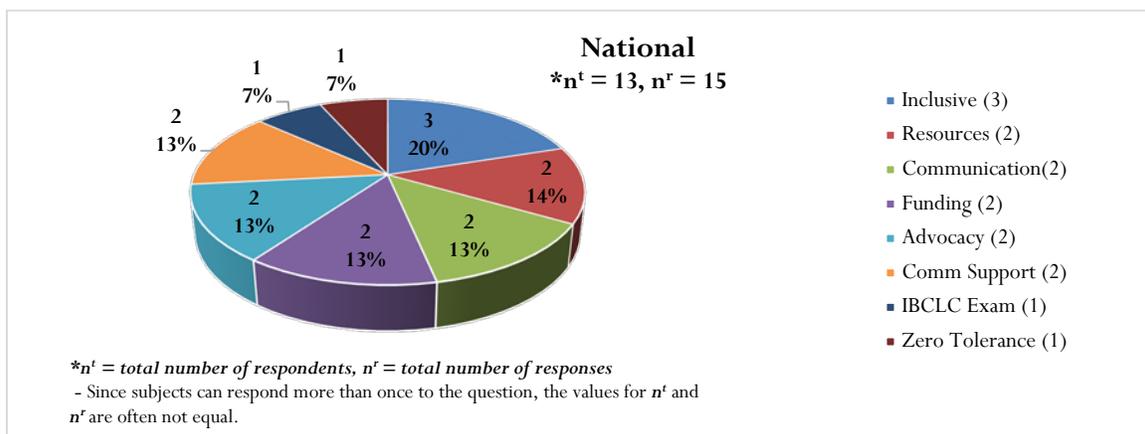
**Advocacy** – Participants made two suggestions regarding the need for advocacy for paid family leave nationally.

**Community Support** – Participants made two suggestions for more accessible support and for needs-based services and using the Healthy Start model and that ILCA recognize and support notion of HOW to pay instead of WHO to pay which will better support community-based breastfeeding care and reimbursement of services to the family and appropriate pay for the caregiver offering the care.

**IBCLC Exam** – Participants made one suggestion that the exam include more on diversity, bias, history and socio-economic issues.

**Zero Tolerance** – Participants made one suggestion that ILCA have a zero tolerance policy for egregious racist behavior and microaggressions at conferences. This suggestion included a request for the commitment of the ILCA board to provide continuous training to ILCA staff and to always have a plenary session on these topics.

A summary of these responses for National is reflected below:



## *International*

**Education** – Participants made three suggestions that ILCA educate midwives and, like China, have posters on clinic walls and videos on waiting room televisions on the importance of and “how to” of breastfeeding. Also suggested that education try to reach not only poor people, but women who can afford formula as well. Education campaigns should be specifically relevant to the geographical region.

**Funding** – Participants made three suggestions regarding funding. The suggestions were that ILCA support community-led support by training and paying local community, government and healthcare institutions (remainder of suggestion unclear); that ILCA donate a percentage of profits to a fund to send IBLCLs to countries where they are needed; and to donate a percentage of hours to policy development [by members? Unclear].

**Advocacy** – Participants made three suggestions regarding advocacy, including the need for significant government funding for breastfeeding advertising with bonus funding for breastfeeding; that ILCA contact the government (presumably state and federal legislators) of each ILCA member; and that ILCA advocate for paid parental leave.

**Global Lens** – Participants made three suggestions calling for a) more global language and representation; b) ILCA to move out of the U.S; and c) ILCA to allow more diverse representatives to serve in leadership.

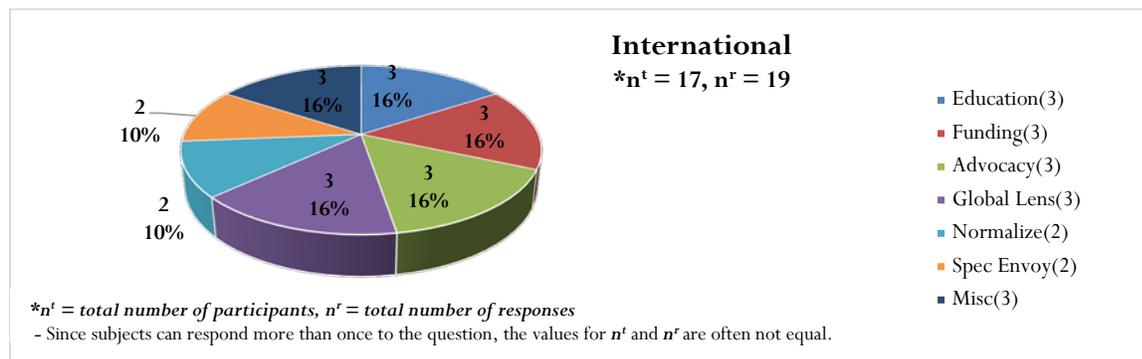
**Normalize** – Participants made two suggestions that the policy normalize breastfeeding by stating all women and babies need the right and means to breastfeed and support all women’s rights to lactation services to meet their own goals.

**Special Envoy** – Participants made two suggestions that ILCA create a UN special envoy for breastfeeding. Used Shea Lewis, envoy for HIV as an example.

**Miscellaneous** – Participants made an additional 3 suggestions (note that only 1 suggestion for each was made):

- Keep having Crucial Conversations with important organizations and influential systems. Have a “lactation matters” crucial conversation or blog.
- Consider creating an app or other lower bandwidth services, instead of heavy websites.
- Create/support a generic/unbranded formula, subsidized by governments to reduce formula industry influence.

A summary of these responses is reflected below:



In addition to the 57 respondents who participated at the 2018 Conference, an additional 8 members responded to the virtual questionnaire and were asked to examine policy suggestions focused on diversity, equity and inclusion globally and nationally, in an effort to protect, support and promote breastfeeding. Participants responded to the question “*What would you suggest be included in an ILCA policy, focused on diversity, equity and inclusion, globally and nationally, in an effort to protect, support and promote breastfeeding*”. These 8 responses were not categorized by group (i.e., persons with disabilities, national, etc), but rather are general for all categories.

**Inclusive** – One virtual participant suggested that the policy should be inclusive of all who want to breastfeed, chestfeed or exclusively pump.

**Comprehensive Assessment** – One participant stated that ILCA should recommend the comprehensive and universal assessment and documentation of breastfeeding status on all babies because breastfeeding won’t count if it’s not counted in the system.

**Free** – A participant suggested that there be free breastfeeding support.

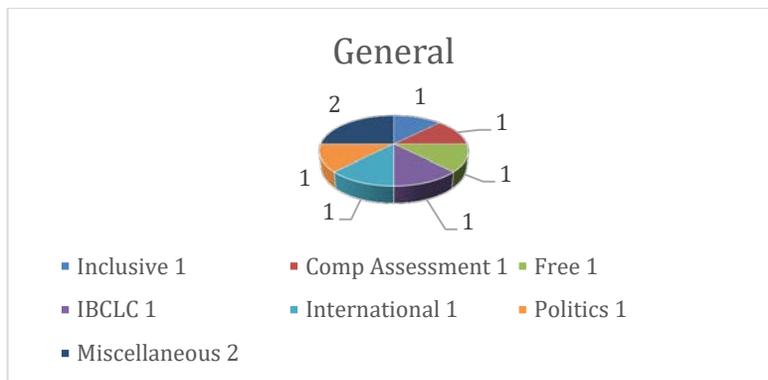
**IBCLC** – One respondent stated that IBCLC should be promoted as the expert in lactation care.

**International & Individuality** – A respondent stated that ILCA should focus on international, not the USA and further, should respect each woman as an individual, not as a part of a race or other group.

**Politics v Science** – One participant suggested that ILCA should proceed with caution regarding this policy as it could cause disillusionment with ILCA leaning too much towards politics and away from science and a choice not to pay dues and to forego membership.

**Miscellaneous** – One participant stated s/he had nothing more to add, while one simply wrote “Acceptance”.

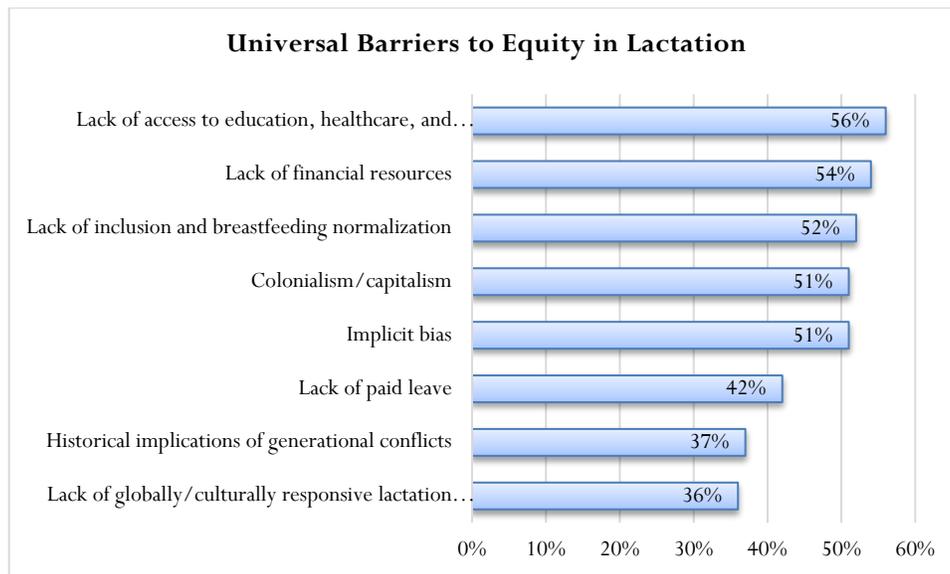
A summary of these responses is reflected below:



## Discussion

Based upon the collective responses of one-hundred and forty respondents, of which one-hundred and four are unique respondents, who self-selected into either the in-person or virtual international, national by race, LGBTQIA+, or persons with disabilities Crucial and Courageous Conversation; on the barriers to equity in lactation, several patterns arose between and across groups. Before we delve into those commonalities, it is important to note that although not a specifically defined theme or pattern, collaborating with, increasing representation in and providing culturally responsive education to IBCLC's were recurring messages. Several patterns arose between the seventy-one respondents in the international and national by race groups including: lack of financial resources, indicated by thirty-eight (54%) respondents; colonialism/capitalism, indicated by thirty-six (51%) respondents; lack of paid leave, indicated by thirty (42%) respondents; and historical implications of generational conflicts, indicated by 26 (37%) respondents. Between the national by race, LGBTQIA+, and persons with disabilities groups, the pattern that arose was lack of inclusion and breastfeeding normalization, indicated by fifty-two (52%) of the one hundred respondents. Intricately examining all groups, the trends that arose include: lack of access to education, healthcare, and skilled lactation providers, indicated by seventy-nine (56%) respondents; implicit bias indicated by seventy-two (51%) respondents; and lack of globally/culturally responsive lactation provider education, indicated by fifty-one (36%) respondents.

Below is a snapshot of the universal barriers to lactation equity:



To contribute to equity in lactation internationally and nationally, for diverse populations; these universal barriers need to be further explored to understand their complexity and then strategically addressed. With that in mind, the “Crucial and Courageous Conversation” at the ILCA 2018 Conference and on the virtual platform did yield some recommendations on strategies and policies to address barriers and move diversity, equity and inclusion work in the lactation space forward. Focusing on the five most significant universal barriers to equity in breastfeeding, the table below represents a proposed strategic plan designed to work towards equity in breastfeeding and meet the World Health Organization goal, to “increase the rate of exclusive breastfeeding in the first 6 months up to at least 50% by 2025”:

## Recommendations

Barriers to Equity	Strategy	Next Steps
<p><i>Lack of Access to Education, Healthcare and Skilled Lactation Providers</i></p>	<ul style="list-style-type: none"> <li>- Coordinate national breastfeeding initiative that: researches needs of diverse groups, regulates and provides breastfeeding education and services, through a collaborative and inclusive approach; develops Crisis Intervention Safety Protocols.</li> <li>- Prepare IBCLC's and other lactation providers to work with global populations in need.</li> <li>- Increase IBCLC/lactation provider education on and representation of diverse racial groups, LGBTQIA+ Community and Persons with Disabilities.</li> </ul>	<p>Building on ILCA's Diversity Statement and the "pillars" of Leadership, Advocacy, Professional Development and Research, convene a diverse and inclusive working group of lactation consultants and potentially non-clinical experienced breastfeeders to develop a policy on diversity, equity and inclusion for the ILCA board's consideration. Based on the suggestions from your members contained in this report, we suggest that ILCA include the following for policy consideration:</p> <ul style="list-style-type: none"> <li>- Research – the purpose is to contribute to the body of knowledge regarding equity in the lactation industry, as well as in related industries.</li> <li>- Education – the purpose is to meet the membership's expressed desires for more practical knowledge about equity issues and solutions</li> <li>- Advocacy—the purpose is to elevate recognition of the value of breastfeeding and to secure industry-favorable legislation.</li> <li>- Resources – the purpose is create or otherwise secure funding for education, advocacy, advertising, etc.</li> <li>- Normalization Campaigns – the purpose is to remove the stigma or mystery and position breastfeeding as the default, especially in underrepresented communities.</li> <li>- Access – the purpose is create a international/national model or collaborative for improving access in underrepresented communities.</li> <li>- Language – the purpose is to be more intentionally inclusive in the lactation community, which is not only verbal, but also includes signage.</li> <li>- Crucial &amp; Courageous Conversations – the purpose is to continuous and progressive professional learning opportunities on bias, equity and related conversations.</li> </ul>
<p><i>Lack of Financial Resources/Economic Disparities</i></p>	<ul style="list-style-type: none"> <li>- Provide free Breastfeeding Education Programs.</li> <li>- Coordinate with IBCLC/LEAARC to increase entry into profession and remove cost barriers associated with continuing certification.</li> <li>- Provide financial incentives to organizations attempting to be racially inclusive.</li> <li>- Create fund and fundraising opportunities to support breastfeeding initiatives.</li> </ul>	
<p><i>Lack of Inclusion</i> - <i>Normalize Breastfeeding</i></p>	<ul style="list-style-type: none"> <li>- Increase inclusion of diverse individuals, globally and nationally, in breastfeeding literature, resources and social media campaigns.</li> <li>- Create support groups.</li> <li>- Create ILCA affinity groups.</li> </ul>	
<p><i>Colonialism /Capitalism</i> - <i>Racism</i> - <i>Classism</i> - <i>Heterosexism</i></p>	<ul style="list-style-type: none"> <li>- Collaborate with local governments and develop strategic partnerships with diverse international and national organizations to promote breastfeeding equity.</li> <li>- Regulate marketing of formula.</li> <li>- Enforce WHO Code.</li> <li>- Assessment of and research about diverse populations.</li> </ul>	
<p><i>Implicit Bias</i></p>	<ul style="list-style-type: none"> <li>- Implement culturally responsive lactation provider education program.</li> <li>- Increase IBCLC education on and representation of diverse communities.</li> </ul>	

## Conclusion

Virtual participants were also asked to consider the following questions: **What are your thoughts about equity and ILCA's focus on diversity, equity and inclusion? Is this the work that ILCA should be engaged in...why or why not? What additional questions do you have? What have you done or will do to contribute to advancing equity in the lactation space?** 11 participants responded as follows (answers are summarized/paraphrased; verbatim answers found in survey, included with this report):

- Treat everyone as you would like to be treated (1)
- Yes, ILCA should be involved. Participant sits on board of statewide coalition that offers full scholarships to eligible persons of color to sit for the IBCLC exam. Also, locally works with NAACP to host some events for Black Breastfeeding Week (1)
- ILCA needs to put most of its energy into increasing support and resources for breastfeeding mothers of colour since they are the largest group of people affected by current breastfeeding inequities (1)
- Working in other countries to increase lactation
- While some work needs to be done, it needs to be done respectfully. Many people are afraid to voice their opinion if it's different and feel left out. How do you know if people feel included? Used to attend many conferences; not anymore. Don't feel included.
- This membership association is leaning too far into politics and away from science and research. Threatens its sustainability as an association for lactation professionals. Respondent brings years of experience of working with all women and primarily women of different cultures and backgrounds than own. Brings genuine self to work and sees content of character as she maintains her own very successfully.
- Anyone who has a baby who needs feeding and has mammary glands should be automatically included in the lactation space and have their individual needs, perspectives and choices taken into serious and committed consideration.
- Respondent thinks it is an important topic and must be addressed as a cultural change. If a mom wants to breastfeed but does not have baseline family/friends support, it can be discouraging. An IBCLC or other medical professional can help provide that encouragement and support. But most helpful change is mindset and breastfeeding knowledge of mom's family/friends.
- Stop focusing on diversity and focus on respect for individuals. Respondent has avoided dividing people into groups based on race, etc.

Based on these comments, there is support for ILCA continuing its diversity, equity and inclusion work; however, there are also some members who are concerned with the work being "political" and potentially making them feel they are not included and driving them members away. Our recommendation is to move forward thoughtfully with this work.

As part of the scope of work for this project, a concluding telephone/Skype conference call is included to discuss this Outcome Report. We look forward to scheduling that conference call with ILCA to answer any questions or clarify any of the research or suggestions and would be delighted to continue to work with you on next steps in the great equity work you have begun. Thank you for the opportunity to participate in your annual conference and to contribute to your diversity, equity and inclusion efforts.

## Appendix A

[ ] = lack of understanding, clarification needed and/or assumption of text

### International, N = 21

*What are some of the cultural, environmental, and social factors that have led to race inequities in lactation, internationally? N = 21*

1. Person 1
  - 1.1. Economics and financial
2. Person 2
  - 2.1. Lack of resources, financial, human
  - 2.2. Cultural practices that interfere
  - 2.3. Lack of education.
  - 2.4. Famine, poverty, etc. Disasters
3. Person 3
  - 3.1. Famine World, Terrorism, Drugs [text omitted], People Smuggling, Poverty and Suffering. Strategist - work for Peace, Settle refugees
4. Person 4
  - 4.1. Extreme Financial Inequities
  - 4.2. Parental leave deficiencies
  - 4.3. Health department systems - totally different
  - 4.4. Wealth in Countries
5. Person 5
  - 5.1. In poor countries, people buy formula and in turn nationals [text omitted] tell me they consider it a sign of status to formula feed
6. Person 6
  - 6.1. Myths, breastfeeding traditions [text omitted]
  - 6.2. Environmental - support from government, social campaigns, school education on breastfeeding, health departments [text omitted]
  - 6.3. First lady breastfeeding i.e. Canada's example for first lady social campaign
7. Person 7
  - 7.1. Commerce - Colonial compositions - values of imposed cultures marketing of products i.e. ABM [academy of breastfeeding medicine]
8. Person 8
  - 8.1. Political upheaval takes away the funding for training an infrastructure for support
  - 8.2. Natural disaster also and funding - but this [water]
  - 8.3. Marketing is sly and crafty
9. Person 9
  - 9.1. Open mind to other communities, religious; government is(are) not awake about the advantages (economics - health) of breastfeeding.

10. Person 10
  - 10.1. Developing countries - rich women use formula to show their status, poor women are identified as breastfeeders
  - 10.2. Developed countries - poor women, less education and more formula; rich women, more education and more breastfeeding
11. Person 11
  - 11.1. Formula was made available to be more affluent people and started to be the trend. Unprivileged people saw and it created the idea that breastfeeding was for poor people.
12. Person 12
  - 12.1. Colonialism - disparity in resources
  - 12.2. Capitalism - industry - formula
  - 12.3. Lack of paid leave
  - 12.4. Lack of access to quality health care
13. Person 13
  - 13.1. Gender roles in care-taking, farming, and other household responsibilities
  - 13.2. Belief that women in LMIC's breastfeed and so things must be fine
  - 13.3. Lack of professional lactation support as part of the healthcare system
14. Person 14
  - 14.1. Globalization, structural violence
15. Person 15
  - 15.1. Lack of education
  - 15.2. Poverty
  - 15.3. Lack of nutrition
  - 15.4. Financial strains
  - 15.5. Cultural norms/myths/misinformation
16. Person 16
  - 16.1. Weak legislation to protect families against formula marketing
  - 16.2. Formula industry strength
17. Person 17
  - 17.1. No access to education
  - 17.2. Lack of funding
  - 17.3. Code, noncompliance and no reinforcement
18. Person 18
  - 18.1. Access to skilled lactation care
  - 18.2. Cultural beliefs
  - 18.3. Potential in Caste social structures [text omitted]
  - 18.4. Safe environment
  - 18.5. Formula companies
19. Person 19
  - 19.1. Language barriers
  - 19.2. Access to education for lactation specialists
  - 19.3. Top-down approach to development of lactation expertise

- 19.4. Lack of cultural competency
  - 19.5. Structures of defining an entire country as wealthy or poor keeps us from recognizing inequities within a country
  - 19.6. Market driven values
  - 19.7. Emphasis on expertise takes away from value of peer counseling
- 20. Person 20
    - 20.1. Capitalism - favoring marketing rights over human rights
    - 20.2. Accessibility to education for HCP [healthcare professional]
    - 20.3. Not reaching out to those not at the table
- 21. Person 21
    - 21.1. Colonization

***Virtual Platform Comments:***

- Breakdown on oral and family traditions on the importance, normality of breastfeeding and how to breastfeed.
- Lack of education for students in nursing programs and medical schools.
- Governmental contracts with formula companies.
- Over use of Tertiary care in OB/Labour and Delivery WIC free formula and too little support for breastfeeding Lack of education about normal breastfeeding knowledge for health care professionals modernization and technology scarce and poorly shared resources Lack of adherence to "The Code" in many countries, especially USA Over focus on breastmilk and pumping and too little focus on the caring work of direct breastfeeding.
- Environmental- plastics - causing IGT increase Thyroid disorders? Environmental MTRFTR GENE MUTATION increased Tongue/lip tie, causing nipple trauma.
- Every country has their unique health care system. Every country might need different support system for breastfeeding mothers. What works in one country might not work in others. Maybe the creation of own lactation consultant's certification is the right answer.
- Cultural norms, lack of family support, specialization of breasts, self-focus/individualism
- Media; racism; Lack of responsible and ethical lactation specific education to care providers; lack of factual and thorough studies on infant sleep; lack of regulations in regards to marketing of formula; lack of factual and thorough information on infant behavior; lack of information on maternal health and physiology
- Routine prescription of formula by providers. Often providers receive incentives from formula companies.
- Marketing of lifestyles incompatible with breastfeeding - baby as a fashion accessory, mother return to pre-pregnancy shape within 2 weeks, baby cared for by someone else (day-care as norm), employment of women/parents that exclude any reference to children, schedules and sleep training so that baby does not impinge on parents' life. Marketing of pumps and equating human milk feeding (provision of food) with the broader aspects of nurturing with breastfeeding.

*What strategies should ILCA put forth to address inequities and meet the WHO 2025 goal? N = 20*

1. Person 1
  - 1.1. Create a special fund and all put \$5 - a fund which would focus on dealing with this issue and create a fund to help developing countries in advancing sustainable goals
2. Person 2
  - 2.1. Increase support for partners working as skilled care providers (lactation assoc.)
  - 2.2. Increase coordination w/ WHO, UN, World Bank, etc.
3. Person 3
  - 3.1. Call for global recognition of worth of breastfeeding
  - 3.2. [text omitted] advertising of formula
  - 3.3. Expose corruption of government and medical professions by bribery
4. Person 4
  - 4.1. Continue to inequities on their agenda
  - 4.2. Continue indirect in education, conferences and dialogues in members and organizations
5. Person 5
  - 5.1. Someone needs to finance the education of people wishing to become L.C. [lactation certified]. However it may difficult for them to find a place to access the hours necessary to qualify for the test
6. Person 6
  - 6.1. Collaborate with government
  - 6.2. Educate school children - Start with girls - positive campaign i.e. Dove self-esteem campaign - Benefits - poster - Facebook - Social media
  - 6.3. Posters of different classes breastfeeding. Many developing countries idea that poor people breastfeed - Dress somebody looks [text omitted] breastfeeding, connecting - not the ones in breastfeeding clothing only - You want to reach the ones who can afford the formula
7. Person 7
  - 7.1. Recognize advantage and privilege
  - 7.2. Desire to give back
  - 7.3. Recognize generational impacts “destabilizing impact of natural and political disaster
8. Person 8
  - 8.1. Continue with simple, inexpensive education [text omitted] for community-led education on breastfeeding
  - 8.2. Work through International community, UN, NGO’s, ILCA and Peace Corp to [text omitted] this education
  - 8.3. Target East Asia, Pacific
  - 8.4. If we are going to get political - [text omitted] on the formula companies
  - 8.5. [text omitted]
9. Person 9
  - 9.1. Knowledge of the different policies about breastfeeding around the world
  - 9.2. Knowledge of the socio-economic situations in countries of each ILCA member

10. Person 10
  - 10.1. Look at providing education in different parts of the world
  - 10.2. Look at developing mentorship on committees for colleagues partnership with other organizations
11. Person 11
  - 11.1. Take a more active role in supporting workforce development in resource poor contexts
  - 11.2. Advocate for paid leave
  - 11.3. Advocate for code compliance
  - 11.4. More action in response to crisis affecting women and children (documenting issues affecting women migrants in ER contexts fleeing violence)
12. Person 12
  - 12.1. Midwifery is the common lactation support profession in LMIC's, perhaps make strategic partnership with ICM [International Confederation of Midwives]
  - 12.2. Invest in making opportunities more available in LMIC's
  - 12.3. Cross learning opportunities
13. Person 13
  - 13.1. Focus on lobbying and action to strengthen the code
  - 13.2. Help members connect with direct fundraising opportunities
14. Person 14
  - 14.1. ILCA as a community should come together and meet in a country/region that has inequities outside of the USA/North America to see what the rest of the world does to address these inequities and find ways to collaborate without bringing personal agendas
15. Person 15
  - 15.1. The scope of practice of the IBCLC is poorly understood - on the issues of protecting breastfeeding. It would be helpful to address this issue of who can provide standard care and provide education on topic
  - 15.2. Apply pressure to government, families [text omitted]to adopt the WHO of breastfeeding substitutes
  - 15.3. Be active on the international stage - WHO, UN, UNICEF. Share what you're doing already on international stage [text omitted]
16. Person 16
  - 16.1. Get grants to send IBCLC in targeted regions
  - 16.2. Create education tools relevant to cultural realities in targeted regions; pairing/fostering with another group
  - 16.3. Help reinforce code
  - 16.4. Publicize IBCLC as profession and thus, promoting breastfeeding abroad
17. Person 17
  - 17.1. Bigger voice at WHO or other international meetings - re CODE - sharing what occurs [text omitted]. Have an IYCFE global workshop meeting
  - 17.2. Support International groups. Consider conference in other parts of the world. IBFAN Code Conference (ILCA sponsored, pairing of KCA partners).
  - 17.3. WHO recommendation - consider plenary at next ILCA conference
18. Person 18
  - 18.1. More translations to other languages, interpretation

19. Person 19
  - 19.1. Special effort to reach out to those without a voice (countries, regions, groups)
  - 19.2. Have other languages
  
20. Person 20
  - 20.1. Strategic partnerships with organizations [text omitted] - build capacity and sustainability and broader perspective
  - 20.2. Toolkit development, TA for countries that face challenges, languages

***Virtual Platform Comments:***

- There is no mention in this survey on the populations of refugees that are in many states which do not speak English. These languages are Kindarwanda- its has many dialects, Somali, Arabic, and other African languages. These refugees are mostly from Africa and that have been in refugee camps- many times communication is difficult. Many times at our facility, we have personal interpreters- for women they have to be women- Video interpreters and phone interpreters (also women) and these are refused for family members to interpret because there is a bias against these interpreters in the community. We have not really gotten a definitive answer on this matter. This were we need to TRAIN in these in the refugee centers on lactation and have peers for these populations that which to bottle feed with formula now in America. The refugees from Arabic countries do get more information and support in the local mosques. Also, of course, there is a large segment of immigrant Spanish speakers that are also in our communities but these moms do not go to WIC which has Spanish speakers. Also many hospitals in our community have HCP that speak Spanish. They also wish to bottlefeed.
- Work to get Breastfeeding universally assessed and documented in health case charts of all babies, because "it doesn't count in our system if it is not counted"! Work to get breastfeeding counted in GNP's Work towards a national paid leave in USA of 6 months!
- Regulate Milk Banks - make them free.
- Why should ILCA do all those things? Education would be helpful, as well as making it affordable. Paying over 600 dollars for IBCLC exam is not realistic in most countries. IBCLC abbreviation cannot even be translated into other languages.
- Awareness and education are the biggest strategies.
- It's important in developing countries that "people of influence and power" promote and protect breastfeeding so that it isn't stigmatized as the option of the poor.
- Put more effort into presenting information, guidance etc. that is globally worded. For example, instead of referring to WIC refer to programs to support low-income families, refer to meeting the needs of diverse groups (broad term) rather than specifying colour, race, sexual orientation, or terms such as minority. Countries vary in the groups that may need particular attention - when a broad term is used it emphasizes the need to be respectful of all and to provide info and support for where that women is at this point. encourage JHL articles to use broad terms.

**National - Focus on Race, N = 24**

*What are some of the cultural, environmental, and social factors that have led to race inequities in lactation, nationally?, N = 15*

1. Person 1
  - 1.1. Killing cultures - homogeneity
  - 1.2. Separation of generations
  - 1.3. Unequal resources
  - 1.4. Lack of self-esteem to feel the importance of what an individual can offer their baby
  
2. Person 2
  - 2.1. Racism is the biggest factor
  
3. Person 3
  - 3.1. Internal cultural barriers - mother and grandmothers who tell their children they WILL NOT breastfeed
  - 3.2. Because it will make their children dependent (clingy, momma's boy)
  - 3.3. Formula is more healthy (lots of myths)
  - 3.4. Babies gain more weight - formula
  - 3.5. Negative feelings left from wet nursing during slavery and in early 1900's "rich women" could afford formula so breastfeeding is for "poor people"
  - 3.6. Few role models in African American community
  
4. Person 4
  - 4.1. Colonist thinking
  - 4.2. Lack of access
  - 4.3. Economic disparity
  - 4.4. Economic need
  
5. Person 5
  - 5.1. Income inequality, lack of access of resources
  
6. Person 6
  - 6.1. Lack access to education and support
  - 6.2. Provider education
  - 6.3. Lack of access to adequate maturing care
  - 6.4. Assumption that women from breastfeeding cultures do not need support
  - 6.5. Lack of respect of family/cultural traditions
  - 6.6. Language issues
  
7. Person 7
  - 7.1. Recognizing the many factors that lead to inequities and respecting everyone's difference
  
8. Person 8
  - 8.1. Poverty levels, work/employment issues, food insecurities, language barriers, education, marketing of infant formula, prenatal education deficits, family traditions, sexism

9. Person 9
  - 9.1. Implicit bias
  - 9.2. Lack of funding to train/mentor a diverse population of lactation consultants
  - 9.3. Paying lactation consultants/educators to train [RIT hours]
  
10. Person 10
  - 10.1. Access to education
  - 10.2. Lack of providers who look like me
  - 10.3. Distrust of healthcare
  - 10.4. Little access to ability to become IBCLC for women of color
  - 10.5. Racism
  
11. Person 11
  - 11.1. Return to work
  - 11.2. Limited research for American Indians - Every tribe is different
  - 11.3. Separation of families/generations
  
12. Person 12
  - 12.1. So many! Racism, no access to support in your community that are from that community to understand the local issues, institutional bias preventing equal access to quality healthcare
  - 12.2. In my community it is access to affordable professional support. Cultural beliefs that need to be changed from someone inside the community.
  
13. Person 13
  - 13.1. Inequitable access to healthcare (in general of reproductive health), lactation support, maternity leave (especially paid/protected), breastfeeding supportive child-care...both current and intergenerational/historical
  - 13.2. Epigenetic and societal factors that may have increased incidence of lactation risk factors such as diabetes in communities of color
  - 13.3. Higher rates of birth among demographic groups prone to high rates of stigma (i.e. teen moms)
  - 13.4. Multiple intersecting social/cultural messages such as breasts are strictly for sexual satisfaction (especially of males), assumption the “they don’t do that” (breastfeeding), babies should be independent (not attached) to be easier for others to care for
  
14. Person 14
  - 14.1. Inadequate diversity among lactation support providers and other healthcare professionals
  - 14.2. Systemic racism
  
15. Person 15
  - 15.1. Lack of providers, education opportunities and supporters in Indian Country (residential, urban and rural)
  - 15.2. Extended racism for Native cultural practices and lack of respect for efforts in living tradition
  - 15.3. Stereotypes of Natives and assumptions on healthcare
  - 15.4. Tokenism of “safe, tame Indian”
  - 15.5. Segregation

***Virtual Platform Comments:***

- Personal beliefs that when in America all children are not breastfed.
- Government contracts with formula and baby food companies.
- Epigenetics of a non-breastfeeding history over several generations and resulting metabolic disease which makes it harder to be successful with breastfeeding.
- Creating a good education for lactation consultants. Need for a great clinical skills education.
- I don't live in the USA
- Lack of factual and thorough studies on infant sleep; lack of regulations in regards to marketing of formula; lack of factual and thorough information on infant behavior; lack of information on maternal health and physiology.
- With insurance often requiring out of pocket payments with complex procedures to file for reimbursement, it makes lactation support unobtainable.
- Continued emphasis on race as a defining factor. As a person living outside the USA the emphasis on race is seen as extraordinary. Most countries work to have people live in harmony not to divide them by race.

*What strategies should ILCA put forth to address inequities and meet the WHO 2025 goal?, N = 23*

1. Person 1
  - 1.1. ILCA needs to fast track lactation educators' programs and reach out to peer counselors
  - 1.2. Have a campaign in the state that's lowest in breastfeeding, i.e. Mississippi that includes trainings to minorities who have low % breastfeeding; offer scholarships to them
2. Person 2
  - 2.1. Bigger involvement with public health in the U.S. Coordinating work in public health arenas to oversee all breastfeeding programs
  - 2.2. Better marketing of what types of lactation support are available
  - 2.3. Network/connections throughout the country missing out on info sharing
  - 2.4. Advocacy for legislation
3. Person 3
  - 3.1. Include more partnerships and funding for WIC trained lactation support
4. Person 4
  - 4.1. Coordination with IBCLC/LEAARC to increase access to education for entry into profession
5. Person 5
  - 5.1. Diversify photos/visuals/marketing
  - 5.2. Identify influencers within different communities
  - 5.3. Promote, advertise educational programs for breastfeeding specialists - harness resources for better access
  - 5.4. Identify influence POC [ plan of care] in our communities to lead advocates
6. Person 6
  - 6.1. Scholarships to support more diverse IBCLC's (especially African American)
7. Person 7
  - 7.1. Increase scholarships
  - 7.2. Increase knowledge of how to get grants/funding
  - 7.3. Help increase trainings for cultural sensitivity/racial class
8. Person 8
  - 8.1. The federal pumping law needs teeth. Employees do not comply and there are no repercussions
  - 8.2. Public transport
  - 8.3. Paid time off - national requirements
  - 8.4. More public stance like Brazil - promotion of program/Breastfeeding
  - 8.5. More home visits - Insurance companies pay for that
9. Person 9
  - 9.1. Pay = for the IBCLC accreditation to make it worth the investment for the education etc. It needs to be a living wage
10. Person 10
  - 10.1. More access to education and support for all. Not sure how this will look, but maybe allowing IBCLC's to work more with doctors during pregnancy and postpartum. IBCLC able to practice and have monetary reimbursement by insurance company

11. Person 11
  - 11.1. Promote and insist on representation of marginalized groups in our field of lactation. Scholarships and stipends not only for people in these underrepresented groups, but monetary incentives for individuals and organizations who provide internship opportunities
12. Person 12
  - 12.1. Address the economic barriers to get certified. And somehow allow IBCLC's to earn a living (a real living) wage without also being an RN.
  - 12.2. No insurance reimbursement means no career path
13. Person 13
  - 13.1. Education - Public Health campaign
  - 13.2. Access
  - 13.3. Research and action to removing boundaries
14. Person 14
  - 14.1. Recruit more women of color to provide lactation support
  - 14.2. Remove requirements to retake certification test every 10 years - creates cost barrier
  - 14.3. Lobby to provide licensure to IBCLC's so they can get third party reimbursement and create opportunity for living wage
15. Person 15
  - 15.1. More conversations
  - 15.2. Lobby for paid maternity leave
16. Person 16
  - 16.1. Develop educational resources, then check in with a cultural liaison to ensure appropriateness, validity and legitimacy
17. Person 17
  - 17.1. Ways to improve, ways POC access to becoming IBCLC's/lactation support persons. Such a shortage of POC in the breastfeeding fields
  - 17.2. I've become aware of lactation training have implicit bias and racism in their programs, this needs to be evaluated and addressed
18. Person 18
  - 18.1. Encourage/support/fund/reward programs focused on training diverse group as IBCLC's
  - 18.2. Research on effective interventions/programs that recognize those factors as barriers, rather than only knowledge transmission
19. Person 19
  - 19.1. Federal coverage under Medicaid for breastfeeding support, pumps and to pay for donor [text omitted] human milk in NICU's [newborn intensive care unit] for cryin' out loud (oh ok explicit bias toward human milk use showing...)
20. Person 20
  - 20.1. Funding/scholarships for Black IBCLC's
  - 20.2. More programs like CBGI is doing to create more minority IBCLC's
  - 20.3. Build IBCLC's into community health worker programs to reach minority populations

21. Person 21
  - 21.1. Native American movement and increase access in peer counseling opportunities
  - 21.2. Help us to take lead in steering cultural inclusion in our reproductive justice along with clinical experiences
  
22. Person 22
  - 22.1. Need for family leave that is paid, to support families to establish breastfeeding
  - 22.2. Policy that is inclusive and acknowledges the variation of support systems
  - 22.3. ILCA: improve the find a IBCLC Tool to include specific services, offer pro bono help, support groups
  
23. Person 23
  - 23.1. Need Help with legislation
  - 23.2. Need help with coordination of public health, breastfeeding type programs nationally to network and have info about what all are doing

***Virtual Platform Comments:***

- We are already being trained and I hope the training continues. Also, US Breastfeeding Committee has excellent webinars, that are free, on Racial Disparities that are fantastic. Advertise this instead of re-inventing the wheel and collaborate.
- Government funding for lactation education especially for communities of colour who have too few lactation professionals.
- Anything to increase awareness and education.
- Further education of community peers to provide lactation services that would allow an appropriate wage to providers. Many peer counselors are knowledgeable but are required to seek other professions because the pay is not adequate to support their families.
- Work with other like-minded organizations instead of competing with one another.
- ILCA is international - so should not have a focus on USA

## LGBTIA+, N = 15

### *What are some of the cultural, environmental, and social factors that have led to lactation inequities in LGBTQIA+ populations?, N = 15*

1. Person 1
  - 1.1. The AIDS crisis put the kibosh on blood banking, milk [text omitted] and in other practices for years. There is a terrible prejudice against the LGBTQIA+ community, as a [text omitted] vector
  - 1.2. Gender essentialism is a huge response that comes from White feminism. If I ever gave a talk, it would be on this. [Gender essentialism is the theory that there are certain universal, innate, biologically- or psychologically-based features of gender (different from sex) that are at the root of observed differences in the behavior of men and women.]
  - 1.3. The consideration that to be LGBTQIA is considered a mental illness, as trying to talk about it, if the doctors believed. But the answers are in the community
2. Person 2
  - 2.1. Non-representative providers, literature
  - 2.2. Underrepresentation in marketing materials
3. Person 3
  - 3.1. Invisibility
  - 3.2. Stigma
  - 3.3. Marginalization
4. Person 4
  - 4.1. Lack of inclusion by default “new moms groups” rarely feel welcoming
  - 4.2. Assumptions that female is carrier of pregnancy
  - 4.3. Lack of solid research into induced lactation
5. Person 5
  - 5.1. Awareness/consistency of education of medical health care professionals
  - 5.2. Societal/cultural bias/social media messaging
  - 5.3. Science over individual people
6. Person 6
  - 6.1. Lack of education in the general population about what the different identities are and what they mean to those who identify with them. Culturally, the shift seems to be toward inclusivity, but with that range definitions is growing (gay/lesbian/straight...LGBT...LGBTQ...LGBTQIA+)
7. Person 7
  - 7.1. Lack of knowledge in the population and so the fear of the unknown - fear of [text omitted] fear
8. Person 8
  - 8.1. Seeing individuals as themselves - helping support individuals’ journeys
  - 8.2. Limited healthcare access for LGBTQIA
9. Person 9
  - 9.1. Lack of information

10. Person 10
  - 10.1. Lack of exposure to LGBTQIA+ populations who want to breastfeed (except lesbian moms. I would love to have more info on the issues. I am open just need some education
  
11. Person 11
  - 11.1. People have fears of those who are different
  - 11.2. Religious constructs make it challenging for people to see outside of themselves
  - 11.3. Healthcare professionals are not educated in these matters and there's inadequate care
  
12. Person 12
  - 12.1. Fear of what we don't understand
  - 12.2. Lack of knowledge, understanding
  - 12.3. Science is changing/evolving quickly - difficult to keep up
  - 12.4. No research studies
  - 12.5. This population has many barriers already, difficult to make those connections
  
13. Person 13
  - 13.1. Lack of availability of education for clinicians
  - 13.2. Lack of advertisement/marketing specifically for queer population/community
  - 13.3. Lack of trust from community
  - 13.4. Active legislation against Q+folks
  - 13.5. Active will to do harm to Q+ folks
  - 13.6. Lack of dollars devoted to community organizations for queer care
  - 13.7. Care providers don't listen/learn/try /have time
  - 13.8. No research, no faith/trust in researchers because of above
  
14. Person 14
  - 14.1. Discrimination
  - 14.2. Lack of support
  - 14.3. Lack of knowledge
  - 14.4. Lack of acceptance
  - 14.5. (Urban dictionary)
  
15. Person 15
  - 15.1. Fear of something different
  - 15.2. Lack of understanding of a trans experience
  - 15.3. Increased rate of discrimination by family = more poverty

***Virtual Platform Comments:***

- Lack of awareness and knowledge of the LGBTQIA+ community.
- Emphasis on LGBTQIA+ as different and needing different care. Respectful of all instead

*What strategies should ILCA put forth to address inequities and meet the WHO 2025 goal? , N = 15*

1. Person 1
  - 1.1. Put teeth into the safe space policy. Refuse to permit any speaker to speak at ILCA who is caught in any social media [text omitted] trolling any marginalized community. Do not allow any person to be in the position of [text omitted] in ILCA
  - 1.2. Create affinity groups in ILCA where members of committees who experience lactation inequities can join forces and offer guidance
2. Person 2
  - 2.1. Make these conversations at the forefront of the ILCA Conferences
3. Person 3
  - 3.1. Increase visibility of LGBTQ+
  - 3.2. Increase voices of decision making level
  - 3.3. IBCLC's in clinical care that hold direct membership in LGBTQ+ communities
4. Person 4
  - 4.1. Fund or advocate for research to impact induced lactation - LGBTQ+ adoptive parents to benefit
  - 4.2. Hold focus groups with parents and people who want to parent
5. Person 5
  - 5.1. Access to LGBTQ+ group to learn from and educate within group
  - 5.2. Continuing education for medical professionals
  - 5.3. Social media campaigns
6. Person 6
  - 6.1. Extend free education regularly about the foundational understanding of the LGBTQIA+ population and other underrepresented populations
  - 6.2. Offer free education in the form of workshops or webinars that educate specifically to language and care of that population
7. Person 7
  - 7.1. More educator [text omitted] on the whole subject and what has changed over the years - early 80's to today.
  - 7.2. Have speakers who represent the population
8. Person 8
  - 8.1. IBCLC's need information about how to help support:
  - 8.2. chestfeeding/breastfeeding within the transgender community
  - 8.3. Protocols to assist chest/breastfeeding with use of testosterone
  - 8.4. Protocols for chest/breastfeeding in regards to augmentation and how it may be different with a transgender woman
  - 8.5. Pregnancy and lactation and how transgender man then decides to become pregnant and how to help dysphoria
9. Person 9
  - 9.1. Provide more information
10. Person 10
  - 10.1. Statement/literature/books compiling LGBTQIA+ stories and ways to help as lactation consultant

11. Person 11
  - 11.1. Facilitate discussions with the LGBTQIA= community to learn more, publish findings, conduct research
  - 11.2. Encourage education of skilled lactation care with community
  
12. Person 12
  - 12.1. A statement
  - 12.2. Visibility - pics of these parents breast/chestfeeding to normalize it
  - 12.3. Help bridge gap between lactation support and medical field (lack of knowledge)
  - 12.4. Be an example
  
13. Person 13
  - 13.1. Competent language
  - 13.2. Education, free, about language
  - 13.3. Focus groups, bring in leaders
  - 13.4. Board members
  
14. Person 14
  - 14.1. Educate and make inclusive with people from LGBTQIA community to speak and build upon communication
  - 14.2. Use appropriate terms
  - 14.3. Parent nursing group
  
15. Person 15
  - 15.1. More research on LGBTQIA+ experience with breastfeeding support

***Virtual Platform Comments:***

- Education, awareness, and normalization.
- Emphasis on LGBTQIA+ as different and needing different care. Respectful of all instead.

## Persons with Disabilities, N = 23

*What are some of the cultural, environmental, and social factors that have led to inequities in lactation related to persons with disabilities?, N = 18*

1. Person 1
  - 1.1. Mental illness and how that impacts breastfeeding. Not just medications.
2. Person 2
  - 2.1. Assumption of genetic testing
  - 2.2. Assumption of capacity
  - 2.3. Understand that some of those with disabilities have a 60% possibility of being victims of abuse, specifically sexual abuse. These people sometimes seen as asexual
3. Person 3
  - 3.1. People not in mainstream. Separated by disability. Assumptions as to ability. Happens internationally
4. Person 4
  - 4.1. Perceived easier to bottle feed by RN staff. Different than normal.
  - 4.2. Don't fit pictures of breastfeeding mothers. No photos of mom in wheelchair, amputation, [breast, ?]
  - 4.3. Assume everyone can read with discharge handouts
5. Person 5
  - 5.1. Increased sexual assault
  - 5.2. Decreased sexual health with reproductive health education
  - 5.3. No inclusion of disability care in medical school
  - 5.4. Assumption of genetic testing
  - 5.5. Assumption of capacity
  - 5.6. No aids/accommodations
  - 5.7. Stigma/shame
6. Person 6
  - 6.1. Lack of inclusion not equal to others
  - 6.2. Historical issues in U.S. schools of deaf, 70's and 80's
  - 6.3. Mainstreaming
  - 6.4. Disabled people told not to have children
  - 6.5. Access to technology/info
7. Person 7
  - 7.1. Lack of breastfeeding counselors who know how to work with various disabilities, Ex. sign language, braille
  - 7.2. Physical barriers to equal healthcare
8. Person 8
  - 8.1. Lack of understanding
  - 8.2. Lack of education
  - 8.3. Lack of Accessibility to lactation

9. Person 9
  - 9.1. Disabilities are not “seen”
  - 9.2. What [symbol omitted] those with disabilities bring to table is not valued
10. Person 10
  - 10.1. Women with disabilities are often thought of as unable to have children or breastfeed, etc.
  - 10.2. Disability is a broad term
  - 10.3. General lack of healthcare
  - 10.4. Lack to positive response to women with disabilities having children
  - 10.5. Lack of tolerance
11. Person 11
  - 11.1. Minority status of persons with disabilities
  - 11.2. Social economic factors
  - 11.3. Healthcare courage related to workplace [text omitted]
  - 11.4. Persons with disabilities unable to pay for care
12. Person 12
  - 12.1. Wide range of disabilities, multifactorial concerns as to how to particular disabilities would affect breastfeeding
  - 12.2. Perceptions of persons with disability has lower intellectual ability
13. Person 13
  - 13.1. Lack of understanding by the abled community of exactly what the limitations as well as abilities are of the person in question
14. Person 14
  - 14.1. Bias. Understanding the wide variety of disabilities
  - 14.2. Misunderstandings of abilities of people with disability
  - 14.3. Lack of adaptive resources
15. Person 15
  - 15.1. Lack of awareness that people with disabilities have babies and can breastfeed
  - 15.2. Teaching materials may be visual or not easily translated for visual impairments, deaf families, etc.
  - 15.3. Perception that disability = incapable - concern, how will the family be able to manage
  - 15.4. Interpreters may not have language or be comfortable translating (e.g. ASL)
16. Person 16
  - 16.1. Historical, cultures cater to the verbal and non-disabled
  - 16.2. Person with minimal attempt to understand
  - 16.3. Not like me, don’t understand - saved
  - 16.4. Fear of asking questions and offending person
17. Person 17
  - 17.1. Lack of awareness
  - 17.2. Assumptions about ability
  - 17.3. Focus on the “basics” of breastfeeding barriers/issues
18. Person 18
  - 18.1. Breastfeeding parenting assumptions and values based on cognitive and physical abilities

19. Person 19

19.1. [symbols omitted] considered able, barriers to assimilation or [text omitted] general culture, [text omitted], shouldn't have children

19.2. Who is reaching and reaching out to?

*Virtual Platform Comments:*

- Challenges to help blind, hearing impaired, physically and mentally impaired mothers. Need Braille handouts, access to interpreters, and community assistance.
- More provider education on how to best support the dyads.
- Lack of support for persons with disabilities.
- Lack of respectful of all people and their varying needs. Most people have some less than perfect aspect - don't need to specifically label people and divide into boxes.

*What strategies should ILCA put forth to address inequities and meet the WHO 2025 goal? - N = 19*

1. Person 1
  - 1.1. Develop these resources and people who have worked with this population
2. Person 2
  - 2.1. ILCA could do a list of resources of individuals who are familiar or have worked with specific disabilities. I.e. reach out to IBCLC's who work in military facilities about working with mothers who are amputees
3. Person 3
  - 3.1. Need pics of amputees breastfeeding in a positive light - Normalization
  - 3.2. Need info on caring for individuals with disabilities
4. Person 4
  - 4.1. Ask the people. Find out about resources before the parents enter your practice
5. Person 5
  - 5.1. Positive photos of diverse women breastfeeding
  - 5.2. Not all women get information in the written form - some can't read, see, etc.
  - 5.3. ILCA community needs to be educated from the community of disability experience
6. Person 6
  - 6.1. Include with intention disability training in education
  - 6.2. Increase accessibility to exam for disabled candidates
  - 6.3. Actively pursue UD goals with [text omitted]
  - 6.4. Strategic partnerships with disabled parent projects
  - 6.5. Strategic presenter invites
7. Person 7
  - 7.1. Outreach to disability groups - deaf, blind, physical, auditory, processing
8. Person 8
  - 8.1. Provide more education through webinars and conference
  - 8.2. Suggest resources for various sources of information and assistance based on specific disabilities
9. Person 9
  - 9.1. More content on [text omitted] with disabilities - education
  - 9.2. More research on classifying and developing resources here
  - 9.3. Guidelines
10. Person 10
  - 10.1. Seek out leaders with disabilities
11. Person 11
  - 11.1. Education - what resources are available - research
  - 11.2. IBCLC's should have specific education related to
12. Person 12
  - 12.1. Set-up resource groups

13. Person 13
  - 13.1. Identify what barriers exist, seek information from persons with disabilities as to what they see as barriers
  - 13.2. Education, occupational therapy to develop compensatory behavior depending on disability
  - 13.3. Resource database
14. Person 14
  - 14.1. Education opportunities to understand disabilities, resources, and strategies to provide support for parents with disabilities
15. Person 15
  - 15.1. Encourage educational materials for families in a variety of formats (e.g. text descriptions of images, etc.)
  - 15.2. Collaborate with agencies that already provide services to folks with disabilities (that is - seek out experts in the field for new connections)
  - 15.3. Center experiences of people with disabilities - survey or study to gather info
16. Person 16
  - 16.1. Compile exercises
  - 16.2. Identify access to population
17. Person 17
  - 17.1. Listening sessions to find out what issues families are facing
  - 17.2. Campaign to make more visual in social media (video/photo story)
  - 17.3. Online resource database for integrating into existing services
18. Person 18
  - 18.1. Identify this population. Ask those who identify as a person with disability. What are these disabilities? Cognitive? Physical? Processing Issues?
19. Person 19
  - 19.1. Discard and promote best practices for persons with disabilities, hearing impaired, sight, limbs, mental ability, emotions health. Outreach to limited ability folks to become coaches

**Statement on form:** ILCA did a great job with this presentation...

**Virtual Platform Comments:**

- Have someone from this organization do a series of presentations or series of webinars on the different disabilities and explained what are the specific needs for each disability in order for IBCLCs to be realistic on how to encourage and give meaningful suggestions to breastfeeding dyads.
- "Disabilities" is a very, very broad term. A well-educated economically affluent mother with a hearing disability is vastly different from a minimally educated mother living in poverty who has a learning disability.

**What would you suggest be included in an ILCA policy, focused on diversity, equity and inclusion, globally and nationally, in an effort to protect, support and promote breastfeeding? N = 57**

**Persons with Disabilities = 15**

- Statement about the normalcy of parents breastfeeding their baby...we believe in the inherent normalcy of breastfeeding a baby. IBCLC's find a way to support their specific situation. Expect they can breastfeed
- Invite speakers - someone who has a disability and successfully breastfeed. Lift up those stories. Opportunity for discussion on strategies to help those specific populations. Review specific language to show IBCLC humility when presented with these scenarios.
- Develop curriculum for team teaching approach - proactive. IBCLC plus someone with visual impairment, cognitive delays.
- Build capacity with the individual communities. Disabled parenting project. Facebook or website - great stories, nationally and internationally
- Create guidelines for each group - how to interact, strategies, find resources, outreach to groups - advocacy or resource database for IBCLC's. Don't default to no communication. Build relationships with these resource organizations. Think translation - not just language, but signs or others based on the ability.
- ILCA should build a network for content experts. IBLCE does not accommodate for disability when giving the IBCLC test.
- Name the intentions. Education modules. Partnered curriculum development. Assure physiologic normalcy for breastfeeding.
- Specific focus on disabilities
- Language that acknowledges the unequal needs of breastfeeding parents with disabilities
- Include the wording of the ADA discrimination
- Connect with agencies that already know/serve a range of populations (e.g. disability advocates) who might not know as much about breastfeeding, but do know about e.g. deafness, people with mobility impairments, etc. Educate families and care providers from other disciplines - collaboration.
- Inclusion of language addressing specific disability language
- Attempts to acknowledge and hear needs
- Identify how do we access this populations. Get stories, collect data
- Even child and mom deserves support in feeding their baby. Particularly needed for those who globally experience extra challenges and barriers to breast/chestfeeding children. Recognize barriers, promote education for peer counselors and support research and suggest

## LGBTQIA+ = 12

- State every protected class of identity and education that none of them are optional. Do not allow any person to be in authority in ILCA if they engage in racism
- Enabled environment for breastfeeding for all. Requires all hands on deck. We need true representation from diverse groups. We need opportunities to seek education about sending those groups [text omitted]
- Include LGBT in any diversity discussion
- Show diversity. Change policy
- [circled ILCA policy, focused on diversity, equity and inclusion, globally and nationally] - Needs to be done
- All humans - no matter their gender identity or sexual orientation deserves respectful healthcare access and support
- Definitions
- Acceptance. Openness. Information.
- Continues to view decision with this in mind
- Actively work against the harm caused to LGBTQIA+ communities, Actively educate against harm causing terms and practices.
- Education. Access. Inclusive language
- Update of language (chestfeeding). Focus groups. Research induced lactation

## National = 13

- More on the exam on diversity, bias, history and socio-economic issues
- Advocacy for paid family leave nationally. Central [directory] for ILCA members/groups/clients and access to info for support
- Focus on more scholarships for IBCLC certification for marginalized populations and more marketing of this program. ILCA or maybe USLCA promoting more communication on a local level of lactation providers and services available
- No tolerance for egregious racist behavior. No tolerance for microaggressions at conferences. Commitment of board of ILCA to provide continuous training to staff of board. Always have a plenary session on this topic.
- Adapting communication style to populations served
- Policy - more active political advocacy to ensure maternal/infant leave - maternity paid. Member involvement
- Increase funding world-wide, engage the world bank
- Scholarships/betta public health services. Funding for training and mentorship of lactation consultants. Needs based services. Healthy start model. When we register - five info RIT treatment and pro bono
- Accessible support in community
- It needs to be a global focus, not I.S. centric. Needs to include ways to support POC[persons of color] becoming lactation support persons. Ways to improve global breastfeeding education access from trained community members
- Recognize and promote notion of HOW to pay, not WHO to pay. Will better support community-based breastfeeding care, reimbursement of services to the family and appropriate pay for the caregiver offering the care.
- Every place ILCA visits, do homework of folks indigenous to the lands period. Be strengths-based in dialog, data movement
- Policy that is inclusive and acknowledges the variation in support systems

## International = 17

- Create and [envoy] (United Nations special envoy, like Shea Lewis for HIV) for Breastfeeding. More ILCA [text omitted]to developing countries
- Significant government funding for breastfeeding advertising and bonus funding to breastfeed
- Keep having crucial conversations with important organizations and influential systems. Share with membership constantly. Have lactation matters crucial conversation or Blog
- Education should be a start. Educate midwives. I liked what I saw in China - posters on [text omitted] clinic walls and videos on the waiting room tv's on the importance of "how-to" of breastfeeding
- Posters of different classes breastfeeding. Many developing countries idea that poor people breastfeed - Dress somebody looks [cooperative] breastfeeding/connecting - not the ones who are dressed in traditional clothing only - You want to reach women who can afford the formula
- Support community-lead support by training and paying local community, government and healthcare institutions value
- The state [merits] we have - all women, all babies need the right and means to breastfeeding their children
- Contact with government of each ILCA member
- Consider App, lower bandwidth [services], instead of big heavy websites
- Paid parental leave as a right. Support all women's rights to lactation services to meet own goals. Create/support generic/unbranded formula that could be available (subsidized by governments) to reduce formula industry influence
- More global language and representation
- Move ILCA out of the U.S. We can't do this work when the U.S. lens is what we look through
- UN special envoy for breastfeeding. ILCA should be allowing more representatives from these communities that are diverse to be in leadership role
- Have campaigns-information/policy in different continents that are pertinent to the geographical region
- Give percentage of profit to a fund for sending IBCLC's in countries needing it
- Language, different languages suggestion was appreciated. Basic
- Percentage of funds/hours dedicated to capacity building. Percentage of hours dedicated to policy development

*Virtual Platform Policy Comments:*

- The policy should be inclusive of ALL of those who wish to breastfeed. chestfeed or exclusively pump.
- ILCA should recommend the comprehensive and universal assessment and documentation of breastfeeding status on all babies! Breastfeeding won't "count" if it is not counted in our system.
- Free Breastfeeding support.
- Policy? ILCA is a membership association. I think we need to proceed with caution regarding policy as those who become disillusioned with this association leaning too much toward politics and away from science chose not to pay dues and forgo membership.
- Promoting the IBCLC as the expert in lactation care.
- Acceptance.
- Don't focus on the USA - ILCA is international. Respect each woman as an individual not as a part of a race, or other group.