Lactation and Infant Feeding-Friendly Environments Program

Guidance for Step 1a: Have a written infant feeding policy that is routinely communicated to staff and parents *with a trauma informed, health equity lens*.

life

Lactation and Infant
Feeding-Friendly Environment

"A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."[1]

The intent of Step 1a is to ensure compassionate, holistic care that meet the diverse needs of the communities you serve. This document is a guide for how to implement Step 1a in your hospital.

What is trauma-informed care?

What is a health equity lens?

How does trauma-informed care relate to lactation and perinatal care?

What do trauma-informed infant feeding policies and perinatal care policies look like?

FAQ

[1] SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

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Please note that while the Washington State Department of Health remains committed to using gender inclusive language, some of the affiliated links may contain gendered language.

What is trauma-informed care?

A trauma-informed approach to care acknowledges the hardships that all human beings experience and rather than place shame on those experiences and how they manifest in behaviors or health outcomes, it recognizes the resiliency that traumatic events can create and holds space for the ways resiliency can manifest with compassion.

A trauma-informed approach is the "how" in our delivery of perinatal support, ensuring that pregnant and lactating people are seen and interacted with in context of their life experiences, assuming the best rather than the worst. Dr. Isaiah Pickens, Ph.D., an expert on cultivating trauma-informed approach through research, practitioners, families, mental health, and the juvenile justice system, explains more:

To learn more, visit Washington's Health Care Authority Trauma-Informed Approach program

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What is a health equity lens?

Using a health equity lens in perinatal care and infant feeding policies holds space for the diversity of needs that pregnant and lactating people have in Washington State. Rather than assuming a "one size fits all" approach to care it reflects the diversity of the community your hospital serves. This includes but isn't limited to:

- Using language, images, and resource materials that are accessible and meaningful to the communities you serve
- Tailoring interventions and communications based on the unique circumstances of different populations
- Understanding and accepting that some families may not follow your recommendations due to their cultural norms, beliefs, or practices
- Considering how structural barriers (present and historical) influence health outcomes or behaviors
    - E.g., who is most often denied pain medication, talked down to, or supplemented with formula
- Not assuming your way is the best way and giving families options rather than one-sided intervention
- Understanding that the lack of community representation among perinatal care staff may exacerbate disconnect or distrust
- Asking the pregnant or lactating person for their pronouns and understanding that transgender men and non-binary people can and do become pregnant

Resource guides:

CDC'S Health Equity Guiding Principles for Inclusive Communication

Resources & Style Guides for Framing Health Equity & Avoiding Stigmatizing Language

How does trauma-informed care relate to perinatal care and lactation?

In a trauma-informed birthing hospital, everyone – from the leaders who set policy and procedures, to the nursing staff interacting with families and administrative staff at the front desk:

- Is aware of the role that trauma can play in people's lives
- Understand that symptoms and difficult behaviors are often coping strategies
- Works collaboratively to create a safe and empowering environment for breastfeeding or chestfeeding parents and babies receiving services

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Community reports, focus groups and patient advocacy groups in Washington State have revealed disparities in how pregnant and lactating people are treated during their birth experiences, including:

- Condescending, belittling comments or assumptions toward the parents include microaggressions targeting non-white families
- Having Child Protective Services called on the parent for advocating for their birth plans and being labeled as non-compliant or aggressive
- Perinatal care staff and lactation consultants violating personal space and grabbing at their breast or chests without receiving permission to touch them
- Feeling judged based on assumptions perinatal care staff hold or misinterpretation that the parent is labeled as "acting odd", typically associated with cultural differences
- Comments around their weight or body size, assumptions about their health and assumptions about how they are as parents

Using a trauma-informed approach helps minimize the impacts of implicit bias and reduce unnecessary birth trauma through a communication shift by assuming the best and holding space for how trauma might manifest in the birth experience.

Post-trauma resiliency in the perinatal care setting can look like:

- Active substance use disorder and self-medicating
- Hypervigilant anxiety that's misinterpreted as non-compliance or refusal of care
- Avoiding feeding their baby directly at the breast or chest to protect their physical autonomy
- Defensive, self-protecting communication misinterpreted as hostility or aggression
- Disordered eating and fixation on their "prebaby body" or losing weight through breast/chest feeding
- Disengaged, silent parents misinterpreted as suspicious or not loving their baby

The examples listed above are coping tools - whether or not they're considered "healthy"- that pregnant and lactating people have used to survive after trauma.

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What do trauma-informed infant feeding policies and perinatal care policies look like?

The LIFE program defines a policy as any written guidance or declaration of how staff and the organization provide services. The intent of a policy is to have expectations documented in writing that can be used to hold the organization or staff accountable, since it's a traceable document that can be used for reference.

The infant feeding and perinatal care policies may include:

- All staff emails with memos declaring guidance or expectations that have clear expectations for staff to read and review
- Hospital policies and procedures that have been formally adopted by administration
- Web pages or hand out brochures that encompass trauma-informed approaches.

Although it is ideal and best practice to have all policies and procedures adopted by the organization for sustainability, we recognize there are many barriers in developing and passing new policies given the large scope of care hospitals provide.

If formally updating policies isn't an option, distributing written guidance is acceptable for this step and must include clearly stated expectations of staff to review and adopt a trauma-informed approach. Management will need to ensure that this guidance is given to new staff being onboarded and will be re-distributed as frequently as staff annually review policies and procedures.

How can our hospital meet this step?

Implement Step 1a.8 and distribute the educational readings for staff to review, which includes information on trauma-informed care and health equity implications.

A Practitioner's Guide for Advancing Health Equity (CDC)

Caring for Patients Who Have Experienced Trauma (ACOG)

Trauma-Informed Care Resources Guide

Racial Bias (ACOG)

Implicit Bias in Pediatrics (AAP)

Eradicating Racism from Maternity Care- Addressing Implicit Bias

Note: Distributing these for Step 1a.8 counts as providing written guidance, if there are clearly stated expectations of staff to review and adopt a trauma-

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informed approach. You will need to ensure that this guidance is re-distributed as frequently as they are policies and procedures are re-reviewed annually.

Review your facilities policies, procedures or communications to see if they include:

- Guidance for how to screen parents for anxiety and risk for post-partum depression, ask parents about their birth plan and infant feeding goals.
- Guidance for how staff are trained to interact with families including asking permission to touch someone's breasts, chest, or nipples.
- Guidance for how staff are trained to understand the community populations they serve (including racial/ethnic and socioeconomic status) and how staff will receive regularly occurring implicit bias training (at least one hour) as it pertains to perinatal care, the Ten Steps, and breastfeeding/chestfeeding support.
- Statements that states the importance of giving compassionate care with dignity and cultural humility acknowledge your hospital's commitment to breast/chest feeding support and acknowledges the negative health impacts that implicit bias has on lactation and maternal infant health outcomes. Statements that commit your hospital to providing equitable care to all families with cultural humility and dignity regardless of race, color, gender, disability, body size, veteran, military status, religion, age, creed, national origin, sexual identity or expression, sexual orientation, marital status, genetic information, or any other basis protected by local, state, or federal law.

Below are trainings and guidelines that encompass trauma-informed care. They also meet the bias training requirement for Step 2 and can be used for continuing education credits.

- ☐ Dignity in Pregnancy and Childbirth Training (free)
- ☐ Racism and Implicit Bias in Breastfeeding (free)
- ☐ DEI Trainings – United States Lactation Consultant Association (free)
- ☐ Variety of lactation and bias focused trainings (free)
- ☐ March of Dimes "Breaking Through Implicit Bias in Maternal Healthcare"

FAQ

Why is this important?

Families have better birth outcomes and success in meeting their breast/chest feeding goals when they are supported with individualized, compassionate care. Learning how to nurse a baby has a learning curve that requires vulnerability of the parent and can feel high stakes; if

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someone has experienced trauma they may need tailored support when navigating this stressful time.

How do I prove I have done Step 1a?

Supporting documentation can include: screen shots of read receipts in emailed communications to staff and a copy of the communications sent to staff, copies of attendance rosters for training, social media posts or written articles with public facing statements and copies of your hospital's policy. Please reach out to LIFEprogram@doh.wa.gov if you have more questions.

How do I prove staff took training?

Provide a link or copy of the training they received, and evidence staff took the training, such as a copy of a roster list with signatures (electronic or wet) confirming the training was complete. Please reach out to LIFEprogram@doh.wa.gov if you have more questions.

Do I have to include gender inclusive language?

Yes. Asking parents their pronouns and preferred titles allows the perinatal support team to provide tailored care.

Humans come in all shapes, sizes and genders. People who don't identify with the gender they were assigned at birth are considered transgender or non-binary, while people who identify with the gender they were assigned at birth are called cisgender. Transmasculine individuals and non-binary people with uteruses can become pregnant and lactate and each gender has unique medical needs and methods of providing lactation support. The way a cisgender woman is supported with initiating lactation is different than how a transgender or non-binary parent is supported. Using inclusive language increases the accuracy of standard care and doesn't erase women from the birth experience.

If gender inclusive language is a barrier to include in policy or patient resources, distributing a memo and discussing with staff the importance of honoring pronouns and asking parents what they would like to be called rather than assume is acceptable. It is strongly encouraged to note in a patient's chart their gender if your hospital's electronic health record system has only two gender options.

Are parents being too sensitive?

Pregnancy, labor, delivery, and the postpartum period are sensitive, deeply important, and transformative times in a person's life when

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healthcare professionals have the opportunity to make an impact—positive and negative—with their words, actions, and attitudes. There is strong evidence through community needs assessments and statewide community input, that negative experiences in the perinatal care setting have prevented people from reaching out for lactation support and reaching their infant feeding goals. Black, Indigenous and People of Color (BIPOC) and families who come from marginalized communities have reported more negative experiences in the childbirth setting with lactation support and perinatal care than non-BIPOC families.

Trauma-informed care isn't about us or our feelings.

The reality is, compassion fatigue, implicit bias and jaded perspectives happen to everyone. Mistakes may happen and self-judgement, shame and guilt aren't helpful for nurses or providers in the learning process.

Inward reflection and self-assessment of how we interact with families doesn't mean we are bad people; self-assessment and learning a variety of ways to communicate needs to be neutrally reframed as the assessment of skills, knowledge and tools to effectively work in the perinatal care setting with diverse communities.

To learn more about Washington and U.S. based experiences:

- Research by perinatal nurse in WA: Examination of Factors That Contribute to Breastfeeding Disparities and Inequities for Black Women in the US
- Statement from WA IBCLC: Racial Inequities in Breastfeeding
- Press Release, 2021: Social inequities perpetuate breastfeeding disparities for Black women
- CDC Report, 2021: Racial and Ethnic Disparities in Breastfeeding Initiation (CDC)
- Medpage, 2022: The Lactation Gap: Disparities in Maternal Health

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