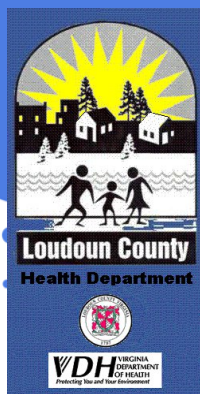


Loudoun County Health Department

BEST PRACTICE
BREASTFEEDING SUPPORT
IMPLEMENTATION GUIDE FOR
THE OUTPATIENT OFFICE SETTING



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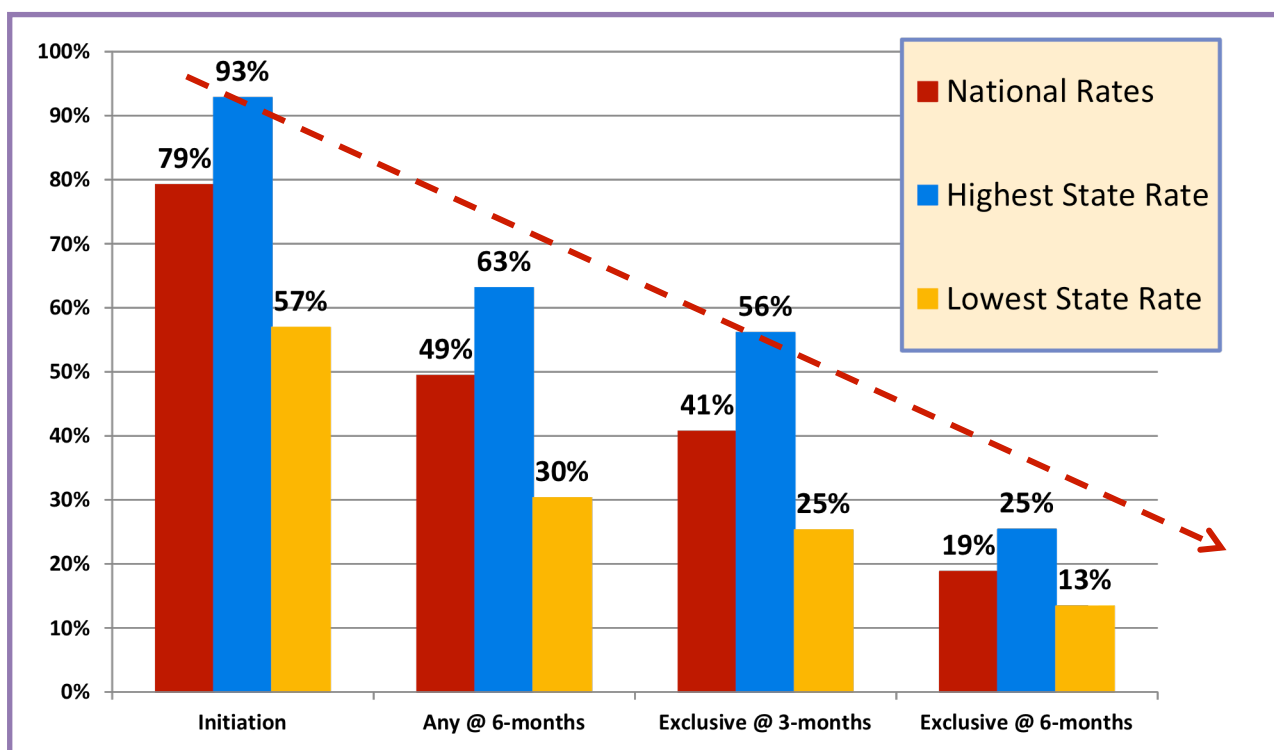
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BACKGROUND: Healthy Babies, Healthy Children, Healthy Families

A. THE IMPORTANCE OF BREASTFEEDING FOR PRIMARY CARE

1. BREASTFEEDING INITIATION AND DURATION RATES¹

The Centers for Disease Control & Prevention (CDC) 2014 Breastfeeding Report Card indicates that while breastfeeding initiation rates are quite high, duration rates at 3 and 6 months drop off significantly.



2. HEALTH OUTCOMES ASSOCIATED WITH NOT BREASTFEEDING²⁻⁹

According to the U.S. Department of Health and Human Services, the risks associated with not providing breast milk are numerous. Research suggests that breastfed babies have lower risks - often dose dependent - of asthma, childhood leukemia, childhood obesity, ear infections, atopic dermatitis, diarrhea and vomiting, lower respiratory infections, sudden infant death syndrome (SIDS) and type 2 diabetes. Breastfeeding also helps mothers' health with lower risk of type 2 diabetes, and breast and ovarian cancer.

B. BREASTFEEDING GUIDELINES AND POLICIES FOR PRIMARY CARE PROVIDERS

1. CENTERS FOR DISEASE CONTROL & PREVENTION¹⁰

A goal of the CDC is to increase breastfeeding rates in the United States and to promote optimal breastfeeding practices. The CDC supports national breastfeeding policies and objectives aimed to increase breastfeeding rates in the United States as described in the *Surgeon General's Call to Action to Support Breastfeeding* and in *Healthy People 2020* national objectives for breastfeeding from the U.S. Department of Health and Human Services.

<http://www.cdc.gov/breastfeeding/policy/index.htm>

2. U.S. SURGEON GENERAL¹¹

The Surgeon General's Call to Action to Support Breastfeeding (2011):

"Given the importance of breastfeeding for the health and well-being of mothers and children, it is critical that we take action across the country to support breastfeeding. Women who choose to breastfeed face numerous barriers. Only through the support of family members, communities, clinicians, health care systems, and employers will we be able to make breastfeeding become the easy choice, the default choice."

Five of the recommended actions involve primary care providers:

Action 1. Give mothers the support they need to breastfeed their babies.

Action 8. Develop systems to guarantee continuity of skilled support for lactation services between hospitals and health care settings in the community.

Action 9. Provide education and training in breastfeeding for all health professionals who care for women and children.

Action 10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.

Action 11. Ensure access to services provided by International Board Certified Lactation Consultants.

<http://www.surgeongeneral.gov/library/calls/breastfeeding/>

3. AMERICAN ACADEMY OF PEDIATRICS (AAP)

AAP Policy Statement Breastfeeding and the Use of Human Milk (2012)¹²

"Pediatricians have a critical role in their individual practices, communities, and society at large to serve as advocates and supporters of successful breastfeeding."

The role of the pediatrician is to promote breastfeeding as the norm, to become knowledgeable in the management of breastfeeding, to develop the skills for assessing adequacy of breastfeeding, and to coordinate and collaborate with the community to ensure continued breastfeeding support.

<http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552>

AMERICAN ACADEMY OF PEDIATRICS (AAP) CONT...

The first visit for all newborns should include^{12,13}

- *Observation of a breastfeeding session.*
- *Gathering breastfeeding history: infant feeding, sleep and activity patterns, urine and stool output; maternal breastfeeding history, comfort and confidence.*
- *Assessment of infant weight and hydration.*
- *Assessment of the infant's ability to:*
 - *Maintain hydration*
 - *Sustain growth and activity*
 - *Increase and maintain maternal production of breast milk*
- *Examination: infant signs of dehydration, sleepiness and level of jaundice.*
- *Plan for care and follow-up.*

4. ACADEMY OF BREASTFEEDING MEDICINE (ABM)

Breastfeeding Friendly Physician Office: Optimizing Care for Infants and Children
Revised 2013¹⁴

Includes steps that outpatient offices can implement to improve breastfeeding support
(See Appendix A).

http://www.bfmed.org/media/files/protocols/protocol_14_revised_2013.pdf



Including breastfeeding services within the already established primary-care newborn visits can help increase rates of breastfeeding⁵

II. INTEGRATING BREASTFEEDING SERVICES INTO PRACTICE¹²⁻¹⁶

PATHWAY A: THE MEDICAL PROVIDER WITH LIMITED OR NO LACTATION TRAINING

1. Complete modules in one of several available FREE, brief, basic training programs:

- Wellstart's Lactation Management Self-Study Modules, Level 1.
(<http://wellstart.org>)
An online self-administered educational program that provides basic knowledge and can be completed in about 1-2 hours.
- The Breastfeeding Friendly Consortium – Breastfeeding Training Program.
(<http://bfconsortium.org/pages/13>)
Self-administered program is comprehensive with each module taking about 1 hour of time. You have the option to complete one or all of the sections depending on your goals.
 - Registration fee is \$99 but FREE for Virginia residents.
 - The American Board of Pediatrics has approved this training for Maintenance of Certification Part 2 (10 credits) and Part 4 (25 credits) and *AMA PRA Category 1 Credits™* (maximum of 20 PI-CME).

2. Learn how to bill to insurance¹⁷: Refer to Appendix B for a summary of the AAP guidelines for coding for primary care-based breastfeeding support services.

3. AAP standard of care Initial Newborn Visit to include breastfeeding support:

- Schedule an appointment within 48-72 hours following hospital discharge, or sooner if you have concerns.
- Include breastfeeding assessment as part of the first newborn office visit - See following page for summary and Appendix C for complete BBAT tool.
- Connect with your local Board Certified Lactation Consultant Services (IBCLC) if there are concerns identified - See Appendix D: Loudoun Breastfeeding Coalition Resource Guide.

PATHWAY A: MEDICAL PROVIDER WITH LIMITED OR NO LACTATION TRAINING CONT...

Observe breastfeeding using a validated breastfeeding assessment tool such as the Bristol Breastfeeding Assessment Tool (BBAT) (see Appendix B for complete tool):¹⁸

Positioning: Is the baby well supported tucked against mom's body? Is the baby lying on his side with neck not twisted? Nose to nipple? Does mother appear confident holding her baby?

Attachment: Observe for positive rooting; wide open mouth. Is baby achieving good latch with good amount of breast tissue in mouth? Does baby stay attached with good latch through feeding?

Sucking: Is baby able to establish effective sucking pattern on both breasts (initial rapid sucks then slower sucks with pauses)? Does baby ends feeds?

Swallowing: Do you and the mother hear audible, regular soft swallowing, no clicking?

Elicit history of breastfeeding patterns and teach normal breastfeeding patterns:¹⁹

Milk "Coming In"

- Frequent skin-to-skin helps bring the milk in and activate baby's instincts.
- Milk supply will increase by day 3-4.
- Colostrum feeding occurs during days 1-3; volume for feeds is only 5 cc.
- Volume will increase over the first week to 20-30 cc per feeding.

Frequency of Feedings

- Baby will need to be fed on demand "watch the baby, not the clock."
- Ensure mom knows early signs of hunger: rooting, hands to mouth, quiet alert state; "crying is a LATE sign of hunger."

Duration of Feedings

- Feedings may last 5 to 20 minutes per side.
- Cluster feeding is normal with baby wanting to feed every 1-2 hours, especially in early evening time-frame.

Transfer

- Audible swallowing is a sign of good transfer of milk.
- Stools changing from meconium to seedy.

Assess if establishment of breast milk supply may be threatened:¹⁹

- Mother did not have breast changes during pregnancy – usually increase a cup size.
- Mother does not have leaking of milk or feelings of fullness at day 4.
- Mother has increased or persistently sore nipples.
- Mother having difficulty with latching baby or requiring use of a nipple shield.
- No audible swallowing (or can't tell).
- Feeds last >45 minutes.
- Mother feeling overwhelmed, discouraged, or anxious.
- Mother not reaching breastfeeding goals.
- Baby not satisfied after feeding; still rooting and showing signs of hunger.
- Mother has history of endocrine disorders, breast surgery, stressful labor, severe blood loss, separation from infant in hospital.

PATHWAY B. THE MEDICAL PROVIDER PAIRED WITH AN INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT (IBCLC)

Paired Visit: An ancillary staff member, such as a registered nurse (RN) or a licensed practical nurse (LPN), who has completed the IBCLC certification can be “paired” with a Medical Provider (<http://iblce.org/certify/pathways/>).

Initial Newborn Visit:

- Appointment within 48-72 hours following hospital discharge or sooner if concerns.
- Scheduled with medical provider AND an IBCLC staff member (RN or LPN).
- One-hour focused time with IBCLC followed by medical provider evaluation.

Follow up Lactation Visits:

- Scheduled with medical provider AND an IBCLC staff member (RN or LPN).
- One-hour focused time with IBCLC followed by medical provider evaluation.

Medical Provider Paired with IBCLC Initial Newborn & Follow-up visits

RN or LPN – IBCLC ROLE

- ❖ Gather breastfeeding history, family history and social history
- ❖ Perform breastfeeding assessment
- ❖ Provide direct lactation support
- ❖ Develop plan of care
- ❖ Establish follow up plan
- ❖ Presents case to Medical provider
- ❖ 1 hour visit

MEDICAL PROVIDER ROLE

- ❖ Verify history
- ❖ Interact with IBCLC for breastfeeding assessment and plan
- ❖ Perform physical exam
- ❖ Address any medical issues
- ❖ Provide anticipatory guidance
- ❖ Review and re-iterate follow-up plan established by IBCLC with parents
 - 30 minute visit (initial visit)
 - 15 minute visit (follow up)

PATHWAY B. MEDICAL PROVIDER PAIRED WITH AN INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT (IBCLC) CONT...

STAFF TRAINING

Staff Member (RN or LPN) pathway to IBCLC

- 90 Hours of lactation education (online self-paced programs) and written exam (offered annually).

Supervised clinical experience with breastfeeding mothers.

<http://ibclce.org/certify/pathways/>

OR

- Find a Lactation Consultant in your Area: contract with local IBCLC coordinated with pediatrician office visits to be billed as a paired visit.

Front Office Staff

- Schedule Paired Visits *“All of our newborns are seen by our lactation consultant as part of their first visit. Please try to bring your baby hungry, so a feeding can be done in the office.”*
- Initial newborn appointment schedule
 - One hour with an RN-IBCLC and 30 minutes with medical provider.
- Follow up lactation office visits schedule
 - One hour with an RN-IBCLC and 15 minutes with medical provider.

- ✓ Initial AAP First Newborn Visit and follow up visits – Medical Provider is paired with IBCLC
- ✓ Appointment within 48-72 hours following hospital discharge
- ✓ Scheduled with medical provider AND lactation consultant
- ✓ One-hour focused time with IBCLC followed by medical provider evaluation
- ✓ Billed to insurance as an office visit – See Appendix A

PAIRED VISIT – SAMPLE SCHEDULE

IBCLC Staff Member Schedule		Medical Provider Schedule	
		8:00-9:00	Sick visit
		9:00-9:15	Sick visit
		9:15-9:30	Sick visit
8:00-9:00	Initial newborn visit	9:00-9:30	Initial newborn visit
		9:30-10:00	9 year well check
9:00-10:00	Follow up lactation visit	10:00-10:15	Follow up lactation visit
		10:15-10:30	Sick visit
		10:30-11:00	5 year well check
10:00-11:00	Initial newborn visit	11:00-11:30	Initial newborn visit
		11:30-12:00	15 year well check
11:00-12:00	Follow up lactation visit	12:00-12:15	Follow up lactation visit
		1:30-1:45	Sick visit
		1:45-2:00	Sick visit
1:00-2:00	Initial newborn visit	2:00-2:30	Initial newborn visit
		2:30-3:00	2 year well check
2:00-3:00	Follow up lactation visit	3:00-3:15	Follow up lactation visit
		3:15-3:30	Sick visit
		3:30-3:45	Sick visit
		3:45-4:00	Sick visit
3:00-4:00	Initial newborn visit	4:00-4:30	Initial newborn visit

PATHWAY C. THE MEDICAL PROVIDER WHO IS AN IBCLC, OR WOULD LIKE TO BE AN IBCLC

Complete International Board Certified Lactation Consultant Certification training: This certification process can be completed by medical providers. Details can be found at the International Board of Lactation Consultant Examiners website <http://ibclce.org/>

Learn how to bill to insurance: Refer to Appendix B, Billing for Primary Care-Based Breastfeeding Support.

AAP Standard of Care Initial Newborn Visit:

- Appointment within 24-48 hours following hospital discharge.
- Train your administrative staff to instruct parents to “bring their baby hungry” – no feeding within 2 hours of office visit for their first newborn office visit.
- Schedule the first newborn visit with the Medical Provider who is also an IBCLC.
- Billed to insurance using time-based coding up to a Level 99215 office visit if one hour of time was needed.

“Wearing Two Hats” The Medical Provider as the IBCLC

IBCLC ROLE

- ❖ Gather maternal *breastfeeding* history (medical, family and social)
- ❖ Perform breastfeeding assessment
- ❖ Pre and Post feeding weights
- ❖ Provide direct lactation support
- ❖ Develop plan of care
- ❖ Establish follow up plans
- ❖ Up to a 1 hour time prearranged

MEDICAL PROVIDER ROLE

- ❖ Assess hydration, weight, jaundice
- ❖ Perform physical exam
- ❖ Address medical issues
- ❖ Provide anticipatory guidance and follow up plans

APPENDIX A: ABM BREASTFEEDING FRIENDLY OFFICE STEP-BY-STEP¹⁴

ABM Breastfeeding Friendly Office Step-by-Step

- 1. Establish a Written Breastfeeding Office Policy and Inform All New Staff of the Policy:** Form a Lactation Team; include at least one staff member who has completed the requirements to become an International Board Certified Lactation Consultant (IBCLC) to lead the team in the development of an office breastfeeding policy manual. Include a statement of support for breastfeeding families, a work-site breastfeeding policy for employees, guidelines for scheduling breastfeeding visits, the Academy of Breastfeeding Medicine Protocols, and the AAP Primary Care Pediatrician's Guide to Getting Paid.
- 2. Encourage Exclusive Breastfeeding:** Advise all staff to support and encourage mothers to feed only breast milk and avoid supplementing, unless medically necessary. Ask all health care providers to complete a short training program approved by the AAP Center for Breastfeeding to establish basic breastfeeding knowledge.
- 3. Provide Culturally Competent Care:** If possible, have interpreters for prevalent languages available within the office setting. Support cultural norms with regard to feeding practices unless considered unsafe.
- 4. Offer a Prenatal Visit:** Offer a prenatal breastfeeding class. This class should be delivered by an IBCLC Lactation Team Member.
- 5. Collaborate with Local Hospitals and the Community:** Notify the local hospitals, midwives, and obstetricians of your breastfeeding support services. Offer a monthly "meet and greet" and invite community families to meet the health care providers and learn about the breastfeeding services. Identify and connect with local breastfeeding support groups.
- 6. Schedule Follow up Visits within 48-72 hours:** Schedule all newborns for their initial newborn visit and include one hour of time with an IBCLC as part of this visit. Encourage mothers to return for ongoing lactation support as needed.
- 7. Encourage Open Breastfeeding:** Encourage breastfeeding in the waiting room and provide a space for mothers who prefer privacy. Display breastfeeding supplies. Participate in "World Breastfeeding Week" as a venue for promotional activities.

ABM Breastfeeding Friendly Office Step-by-Step

- 8. Provide Telephone Support:** Provide a “warm-line” for mothers who wish to leave a message for telephone support with the promise to return their call within 24 hours. These phone calls should be returned by the IBCLC.
- 9. Commend Breastfeeding:** Train staff to give attention and encouragement to mothers for continued breastfeeding.
- 10. Recommend Breastfeeding to Six Months and up to One Year:** Follow the ABM guideline for breastfeeding up to one year with introduction of complementary foods at six months of age.
- 11. Work Site Lactation Policy:** Provide space within your office that offers privacy and a location for milk storage for all breastfeeding employees. Include a work site policy in the Breastfeeding Policy Manual.
- 12. Community Resources:** Provide a weekly, drop-in new moms support group within your office setting and/or identify information on local resources such as breastfeeding support groups.
- 13. Insurance and Billing:** Utilize the AAP Breastfeeding and Lactation CPT and ICD-10 billing codes. Submit breastfeeding visits to insurance for reimbursement using the guidelines for “Joint visit physician and allied health professional.”
- 14. Workplace Support:** Provide a handout as a resource for mothers to give to their employer, which includes information on benefits to supporting breastfeeding. Provide guidance when mothers are going back to work on pumping and storage of milk.
- 15. Staff Training:** Train all staff specific to their roles. Administrative staff; how to schedule visits (as an example schedulers could say “All of our newborns are also seen by our lactation consultant as part of their first visit, please try to bring your baby hungry so a feeding can be done in the office”). Health care providers; how to work with the IBCLC allied health professional, how to submit to insurance, and require completion of a breastfeeding training program. As an example, the Wellstart International’s Lactation Education Program (LME) can be accessed at www.wellstart.org.
- 16. Mentoring Future Health Care Providers:** Act as preceptors to residents, physician assistants, and nurse practitioners.
- 17. Data Tracking:** If possible keep track of your breastfeeding rates to help keep you apprised of how you are doing.

APPENDIX B: BILLING FOR PRIMARY CARE-BASED BREASTFEEDING SUPPORT

Summarized from: *American Academy of Pediatrics. Supporting breastfeeding and lactation: The primary care pediatrician's guide to getting paid.*¹⁷

<http://www2.aap.org/breastfeeding/files/pdf/coding.pdf>.

Newborn Visit

New Patient: Code as a Health Maintenance plus add 99203 with Mod 25 including AAP recommended ICD-10 breastfeeding-related codes.

Established Patient (seen in hospital by rounding provider): Code as a Health Maintenance plus add 99212-5 with Mod 25 including AAP recommended ICD-10 breastfeeding-related codes.

*Code based on the amount of time the medical provider provided *face-to-face* direct lactation services or by complexity for a paired visit.

Both Initial and Follow Up Visit Example Codes

ICD-10-CM Codes for Baby Care	
Feeding problems/slow feeding	P92.1
Feeding problem, infant (> 28 days)	R63.3
Neonatal jaundice, unspecified	P59.8
Weight loss	R63.4
Underweight	R63.6
Slow weight gain, FTT, infant (>28 days)	R62.51
Excessive crying, infant	R68.11
Infantile colic or intestinal distress	R10.83
Abnormal stools	R19.5
Ankyloglossia	Q38.1
High arched palate	Q38.5

APPENDIX C: BRISTOL BREASTFEEDING ASSESSMENT TOOL¹⁸

	0	1	2	Score
Positioning Is your baby well supported tucked against your body; lying on their side with neck not twisted; nose to nipple; do you feel confident holding your baby	No or few elements achieved Needs advice regarding positioning	Achieving some elements Would like some advice on positioning	Achieving all elements No advice needed	
Attachment Positive Rooting; Wide Open Mouth; Baby achieving good latch with good amount of breast tissue in mouth; Baby staying attached with good latch through feeding	Baby unable to latch onto breast or achieves poor latch Needs to be talked through attachment	Achieving some elements Would like some advice on attachment	Achieving all elements No advice needed	
Sucking Able to establish effective sucking pattern on both breasts (initial rapid sucks then slower sucks with pauses) Baby ends feeds	No effective sucking; No sucking pattern Needs to be talked through sucking patterns	Some effective sucking; no satisfactory pattern; on and off breast Would like some advice	Effective sucking pattern achieved No advice needed	
Swallowing Audible, regular soft swallowing, no clicking	No swallowing heard and/or there are clicking noises	Occasional swallowing heard; some swallows are noisy or clicking	Regular, audible, quiet swallowing No advice needed	

The BBAT is a breastfeeding assessment tool that provides evaluation and helps target breastfeeding advice to mothers. This tool can be given to mother to fill out at the beginning of the initial newborn office visit.

APPENDIX D: LOUDOUN BREASTFEEDING COALITION RESOURCE LIST rev. 7/16

(note: The Loudoun Breastfeeding Coalition is a network of breastfeeding professionals in Loudoun County. Its members are not affiliated with, nor endorsed by, the Loudoun County Health Department)

<p>INOVA Loudoun Lactation Center and Boutique 44055 Riverside Parkway, Suite 109 Leesburg, VA 20176</p> <p>Nurse Manager: Tracy Cross, RN, IBCLC, RLC Email: Tracy.Cross@inova.org (703) 858-8060</p> <p>Jennifer Straub, RN, IBCLC, RLC Email: Jennifer.Straub@inova.org (703) 858-8072</p> <p>Services: In-Patient and out-patient lactation appointments with IBCLCs; weekly drop-in support group</p> <p>INOVA Speech, Physical and Occupational Health Services Inova Loudoun Hospital 44035 Riverside Parkway, Suite 500 Leesburg, VA 20176 (703) 858-6667</p> <p>Contact: Deb Kotin, MS, CCC, BCS-S</p> <p>Services: Evaluation and treatment of mother-infant pairs experiencing feeding difficulty, torticollis, sensory impairment</p> <p>La Leche League Local Leader Contacts: Jessica Sypolt and Maureen Lopina</p> <p>Services: Weekly meetings & coffee groups, telephone support www.lllvawv.org jsypolt@gmail.com</p>	<p>Reston Town Center Pediatrics 1850 Town Center Drive Reston, VA 20191</p> <p>Contact: Mary Bright, IBCLC (703) 435-3636 www.RTCpeds.com</p> <p>Loudoun County Health Department Janine Rethy, MD, MPH, IBCLC Physician Advisor, Obesity and Chronic Disease Prevention Loudoun County Health Department 102 Heritage Way, NE MS 68-A Leesburg, VA 20176 Janine.Rethy@loudoun.gov (703)777-0234</p> <p>Loudoun Pediatric Associates 19500 Sandridge Way, Suite 110, Leesburg, VA 20176 (703) 723-7337 205 East Hirst Road, Suite 302, Purcellville, VA 20132 (540) 338-7065 15 First Street, Berryville, VA 22611 (540) 955-8140</p> <p>Lactation Services Contact: Dawn Giglio, RN, IBCLC</p> <p>Services: Lactation appointments with IBCLC Back to Work Class Outside patients welcomed for “lactation-only” appointments Lactation services are directly billed to insurance www.loudounpeds.com/services/breast-feeding-services/ Facebook Page: Lactation Services of LPA</p>
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<p>Reston Hospital Center for Breastfeeding 1850 Town Center Parkway Reston, VA 20190</p> <p>Contact: Kathy Donovan, IBCLC restonhospital.com/service/lactation-services (703) 689-9085</p> <p>Ankyloglossia (Treatment of Tongue Tie)</p> <p>Ashburn Children’s Dentistry Dr. Lynda Dean-Duru www.kidzsmile.com (703)732-8440</p> <p>Fauquier ENT Consultants Christopher Chang, MD www.fauquierent.net/ (540)347-0505</p> <p>Smile Wonders Dr. Rishita Jaju, DDS www.smilewonders.com (571)350-3663</p> <p>NOVA Pediatric Dentistry and Orthodontics www.novasmilestogether.com/ (703)723-7005</p> <p>WIC Program Breastfeeding Peer Counselors</p> <p>Leesburg: Dina Barahona Email: Dina.Barahona@loudoun.gov (571)246-5386</p> <p>Ashburn: Nancy McMillen Email: Nancy.McMillen@loudoun.gov (571)246-8135</p>	<p>Doula Services (Mother Support)</p> <p>Birth Doula – Celebrated Birth Mari Stutzman Smith www.celebratedbirth.com Mari@celebratedbirth.com (703)408-0911</p> <p>Post-Partum Doula Mothering the Mom www.motheringthemom.com Amber Allgaier amber@motheringthemom.com (703)868-9466</p> <p>Provider Education/Additional Resources</p> <p>Medication Safety: Infant Risk Hotline: www.infantrisk.com/ Lactmed: toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT</p> <p>Academy of Breastfeeding Medicine (Breastfeeding protocols): www.bfmed.org</p> <p>Virginia Breastfeeding Taskforce: www.vabreastfeeding.org/</p> <p>Virginia Department of Health resources and CME: www.bfconsortium.org</p> <p>Loudoun Breastfeeding Coalition: www.facebook.com/LoudounBreastfeedingCoalition</p> <p>Parent Resources www.kellymom.com</p>
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