AN AI GUIDE FOR

Breastfeeding-Focused Continuity of Care

Practical, Community Specific, Artificial Intelligence Supported Workflows

for Local Health Departments, Community-Based Organizations, and Partners

Modeled After Detroit's Triple Crown Initiative

This tool was developed by the Black Mothers' Breastfeeding Association (BMBFA), based in Detroit, Michigan, with support from the National Association of County and City Health Officials (NACCHO). This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $800,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

ABOUT THIS GUIDE

The **AI Guide for Breastfeeding-Focused Continuity of Care** is a resource developed by the Black Mothers' Breastfeeding Association (BMBFA) to help Local Health Departments (LHDs) strengthen breastfeeding continuity of care using AI-supported workflows.

Generative Artificial Intelligence ("AI"), is a type of artificial intelligence that creates new content, such as text, images, audio, videos, code, and other forms of information, by learning patterns from existing data.

AI is a tool that can be used as a tool to brainstorm ideas, draft and edit content, summarize information, analyze data, create educational materials, develop designs, automate workflows, and support creative and problem-solving tasks.

This guide translates real-world strategies used across BMBFA's Community Based Maternal Support Services (COMMS) workforce into accessible prompts, templates, and workflows that any Local Health Department (LHD), or local breastfeeding program implementor, can adapt to their own neighborhoods, partners, and communities.

This guide is modeled after BMBFA's Detroit's Triple Crown Initiative and the NACCHO's Continuity of Care (CoC) in Breastfeeding Support: A Blueprint for Communities. It equips LHDs with guidance to replicate core elements of Detroit's model — regardless of geography, workforce size, or prior experience with AI.

Who This Guide Is For

- Local Health Department (LHD) staff and leadership
- Doulas, Breastfeeding Peer Counselors (BFPCs), Community Health Workers (CHWs)
- Home visiting program coordinators and prenatal/postpartum care teams
- WIC site staff and clinical lactation collaborators
- Community organizations supporting infant feeding and family wellness

How to Use This Guide

Each section below corresponds to a Recommendation in the CoC Blueprint (NACCHO). For each recommendation you will find:

- A brief description of the challenge LHDs commonly face
- Ready-to-use AI prompts you can copy, customize, and run through any AI tool (such as Claude, ChatGPT, or similar)
- Tips for tailoring prompts to your specific community, population, and partners
- Guidance on privacy-conscious and culturally respectful AI use

Recommendations included in this guide: 1, 2, 3, 5, and 6.

HOW TO USE THE PROMPTS

Copy any prompt below into your preferred AI tool. **Replace bracketed placeholders** like *[your county]* or *[your population]* **with your local information.** Review and refine the AI output before use. You know your community best. Always apply your expertise and knowledge to any AI generated material.

Responsible AI Use in Public Health Settings

Privacy, Ethics & Community Trust

Before using AI tools in your LHD workflows, it is essential to understand what AI can and cannot do responsibly. This section outlines guiding principles for safe, ethical, and culturally respectful AI use.

Core Principles

- Never enter identifiable patient or family data into AI tools. AI is for generating templates, scripts, and messaging and should not be used for analyzing protected health information.
- AI-generated content is a starting point. Always review, edit, and ground outputs in your community's lived experience and context.
- Maintain community trust by being transparent about when and how AI tools support your work.

- Ensure to review AI outputs for biased, exclusionary, or misaligned language before use.
- AI should support the relationship-centered care your COMSS workforce provides without replacing it.

What AI Is Safe to Do

AI CAN Help You	AI SHOULD NOT
Draft outreach messages and scripts	Analyze identifiable client records
Generate referral and handoff templates	Access or store protected health information
Create sample education materials	Make clinical assessments or decisions
Suggest workflow structures	Replace community or cultural expertise
Test messaging for community context	Guarantee accuracy of medical information
Draft training outlines	Automate warm handoffs without human review
Generate family-facing tip sheets	Substitute for lived-experience guidance

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Terms & Abbreviations

Term	Definition
BMBFA	Black Mothers' Breastfeeding Association
NACCHO	The National Association of County and City Health Officials
LHD	Local health department
CBO	Community-based organization
CoC	Continuity of care

BFPC	Breastfeeding Peer Counselor
CHW	Community Health Worker
WIC	Women, Infant and Children program
COMSS	Community Based Maternal Support Services
AI/Generative AI	Artificial intelligence

Before You Paste Into AI Checklist

Ensuring the Information is Ready for AI

Before pasting information into AI platforms, check to ensure that all these prerequisites are met.

✔ - I have confirmed the task is appropriate for AI assistance
✔ - I have removed names
✔ - I have removed identifying details
✔ - I have included a note about the intended audience
✔ - I plan to fact-check (or I have fact-checked the information)
✔ - I plan to edit the output before sharing (or I have edited the output before preparing to share

Once all prerequisites have been satisfied, then you are prepared to safely paste the information into the AI platform of your choice.

PLEASE NOTE: Be sure to check all information, details, etc. produced by AI for errors. Users should edit AI produced language to retain organizational voice and tone

Recommendation 1: Breastfeeding as a Community Health Improvement Strategy

Promoting, Protecting & Supporting Breastfeeding in Local Communities

LHDs often lack capacity to develop community reflective messaging and environmental materials that reflect the identities of the families they serve. Use these prompts to create materials that make your spaces and communications resonate with their intended audience, and welcome breastfeeding families of many backgrounds, experiences, and traditional practices.

AI Prompts: Building Welcoming Environments

WELCOMING MESSAGE PROMPT: WIC / COMMUNITY CENTER / CLINIC

"*Draft a community-centered affirming breastfeeding welcome message appropriate for my local WIC office, community center, or neighborhood clinic. The families we serve are primarily [describe your population, e.g., Black, Latina, teen parents, refugee families]. Use warm and welcoming language that normalizes all forms of feeding, honors family choice, and reflects community pride.***"**

SIGNAGE OR VERBAL PROMPT: HOME VISITING / PRENATAL INTAKE

"*Generate signage text or a verbal script that normalizes breastfeeding during home visiting or prenatal clinic intake. The language should be reflective of the families my LHD serves in [your jurisdiction]. Keep it brief, affirming, and free from clinical jargon.***"**

SOCIAL MEDIA MESSAGING: COMMUNITY AWARENESS

"*Write three short social media posts (Instagram/Facebook) that celebrate and normalize breastfeeding for families in [your city/county]. Reflect the cultural values and language of [your primary community], and include a call to action encouraging families to connect with local lactation support.***"**

LOBBY OR WAITING ROOM POSTER PROMPT

"*Create text for a waiting room poster that affirms breastfeeding as a community value in [your jurisdiction]. Include one community affirmation, one practical tip for new parents, and information on how to reach a local breastfeeding peer counselor or WIC lactation support.***"**

CUSTOMIZATION TIP: Replace brackets with specific details. The more specific your prompt, the more relevant the output.

Recommendation 2: Breastfeeding Policies, Systems and Environmental Changes

Without intentional policies, organizational accountability, and trained support systems, families may face inconsistent messaging, lack of accommodations, limited access to skilled lactation support, and institutional practices that undermine breastfeeding goals.

AI Prompts: *Building Sustainable Community Systems*

PARTNERSHIP PRIORITIZATION MATRIX

"*Develop a partnership prioritization matrix that helps my Local Health Department determine which organizations should be engaged first when expanding breastfeeding continuity of care services. Include criteria such as community reach, population served, available resources, referral capacity, shared goals, and potential impact.***"**

GRANT NARRATIVE SUPPORT

"Using the following program description, write a grant narrative describing how our Local Health Department and community partners collaborate to strengthen breastfeeding continuity of care. Highlight community partnerships, health equity, culturally responsive services, workforce development, and measurable outcomes while aligning with funder priorities."

Recommendation 3: Transfer of Care Accountability and Referral Systems

Building Continuity-of-Care Loops Across Community Partners

Fragmented referral pathways and inconsistent communication across hospitals, CBOs, WIC sites, home visiting programs, and clinic networks are among the most significant barriers to breastfeeding continuity of care. Use these prompts to create standardized, privacy-conscious templates that strengthen these connections.

AI Prompts: Referral Coordination & Shared Documentation

REFERRAL SUMMARY TEMPLATE: DOULA / BFPC TO HOSPITAL LACTATION TEAM

"*Create a standardized, sample referral summary that doulas and Breastfeeding Peer Counselors (BFPCs) in [my county/jurisdiction] could use when coordinating with hospital-based lactation teams. The template should include fields for: stage of care (prenatal, birth, postpartum), key breastfeeding goals, any noted concerns or barriers, and recommended follow-up. Use language that is professional but accessible to community-based staff.***"**

SHARED DOCUMENTATION LANGUAGE TEMPLATE

"*Draft a shared documentation language template that my LHD could circulate to community partners — including home visiting programs, CBOs, WIC sites, hospitals, and clinic networks — to ensure consistent messaging about infant feeding practices. Include guidance on: terminology to use and avoid, how to document family preferences, and notes on privacy and confidentiality for community-based workers.***"**

WARM HANDOFF TRACKING LOG

"*Create a simple warm handoff tracking template that doulas, BFPCs, and CHWs in [my county] can use to document referrals made to hospital lactation teams, WIC, home visitors, or other partners. Fields should include: date, type of referral, partner organization, follow-up needed, and outcome. Format it to be easy to use on paper or in a shared spreadsheet.***"**

PARTNER INTRODUCTION LETTER

"*Draft a letter that my LHD could send to community partners introducing our breastfeeding support network and inviting them to join a coordinated warm handoff system. Include a brief description of the types of support available (doulas, BFPCs, CHWs, mental wellness partners), how referrals work, and a contact point for questions.***"**

PRIVACY & ETHICS NOTE: When creating documentation templates for partner use, include a reminder that no identifiable client information should be shared without written consent. Templates should use placeholder fields (e.g., 'Client ID' rather than names) until your LHD has reviewed applicable privacy policies and regulations.

Recommendation 5: Public Health, Allied Health, and Healthcare Workforce Education

Training, Messaging & Workforce Coordination

Many LHDs face challenges in providing consistent breastfeeding support across prenatal, birth, and postpartum settings, particularly when staff roles include doulas, BFPCs, CHWs, and home visitors working across different agencies. Use these prompts to design training plans and messaging that unify this workforce around shared, culturally aligned approaches.

AI Prompts: Training Plans & Consistent Messaging

CROSS-TRAINING PLAN: COMMS WORKFORCE

"*Outline a cross-training plan for doulas, Breastfeeding Peer Counselors (BFPCs), Community Health Workers (CHWs), and home visitors in [my jurisdiction] to ensure they deliver consistent breastfeeding messages across prenatal, birth, and postpartum settings. Include: learning objectives, suggested session topics, duration, format (in-person vs. virtual), and how to evaluate staff readiness. Reflect the realities of a community-based, multi-agency workforce.*

POSTPARTUM MESSAGING: EARLY LATCH CHALLENGES

"*Draft a short, culturally attuned message for families in [your county] who are three days postpartum and experiencing early latch challenges. The message should be warm and encouraging, address common concerns without alarm, offer two or three practical tips, and include a prompt to connect with a local breastfeeding peer*

counselor or lactation support resource. Reflect the cultural identity and preferred communication style of [your primary community]."

WARM HANDOFF SCRIPT — WIC TO PEER COUNSELOR

"*Create a local warm-handoff script connecting a pregnant parent from [your community] to a peer counselor during a WIC appointment or prenatal home visit. The script should: introduce the peer counselor role in plain language, explain the kind of support available, normalize asking for help, and use language appropriate for [your population]. Keep it under one minute to deliver verbally.*"

STAFF TALKING POINTS: UNIFIED BREASTFEEDING MESSAGING

"*Generate a one-page talking points sheet that doulas, BFPCs, CHWs, and home visiting staff in [my county] can use to deliver consistent breastfeeding messages across all prenatal and postpartum touchpoints. Include key messages about initiation, duration, responsive feeding, and seeking help. Avoid clinical jargon and reflect the cultural values of [your primary community].*"

STAFF TALKING POINTS: UNIFIED BREASTFEEDING MESSAGING

"*Write a role-play training scenario for a mixed group of doulas, BFPCs, and home visitors in [my county]. The scenario should involve a first-time parent at two weeks postpartum who is struggling with breastfeeding and feeling isolated. Include: the family's background (adapt to [your community's context]), the staff member's role, key skills to practice (e.g., active listening, warm handoff, cultural responsiveness), and debrief questions.*"

Recommendation 6: Family-Centered Care and Community Based Approaches

Tailored Support for Families, Partners & Caregivers

Families need support that reflects their whole lives including the roles of partners, grandparents, and extended family, previous experiences with breastfeeding, and the practices and values that shape how they approach infant feeding. Use these prompts to generate material that is genuinely family-centered and culturally grounded.

AI Prompts: Family-Centered Materials

SUPPORT MESSAGE: GRANDPARENTS & EXTENDED FAMILY

"*Create a supportive message for a grandparent or partner who is helping a new parent navigate early breastfeeding challenges. Acknowledge the important role of family support, address common misconceptions that might arise, and offer two or three specific ways they can help. Use warm, respectful language appropriate for [your community's cultural context].***"**

TIP SHEET: FATHERS & PARTNERS

"*Draft a culturally aligned tip sheet for fathers or partners on how to support breastfeeding during the first week postpartum. Include: emotional support strategies, practical ways to help (feeding prep, night support, household tasks), how to respond if the birthing parent is struggling, and when to encourage reaching out to a peer counselor. Reflect the values and communication style of [your primary community].***"**

STRENGTHS-BASED MESSAGE: PREVIOUS BREASTFEEDING TRAUMA

"*Write a strengths-based message for a parent with previous breastfeeding trauma who is considering nursing again. Acknowledge the courage it takes to try again, validate any fear or grief, highlight the parent's strengths and resilience, and offer hope without pressure. Use trauma-informed, affirming language. Do not minimize past challenges. Reflect the cultural context of [your community].***"**

FAMILY EDUCATION HANDOUT: FIRST TWO WEEKS

"*Create a family education handout for the first two weeks of breastfeeding for families in [your jurisdiction]. Include: what to expect, normal challenges and how to respond, when to reach out for support, and a list of local resources. Use plain language at an 8th grade reading level and adapt the tone and cultural references to resonate with [your primary community].***"**

CONVERSATION GUIDE — INFANT FEEDING PREFERENCES

"*Draft a conversation guide for doulas or home visitors to use when discussing infant feeding preferences with a new or expectant parent who is uncertain about breastfeeding. The guide should: open with affirmation, use open-ended questions, present information without pressure, and close with an offer of support. Reflect*

trauma-informed and culturally responsive approaches appropriate for [your community]."

Recommendation 7: Health Advocacy and the Local Breastfeeding Champion Role

Leading the Way with Community Engagement Partnership Development

By taking on the role of a community champion, organizations can bring together diverse partners, strengthen collaboration across sectors, and promote policies and practices that remove barriers to breastfeeding. Focusing on systems-level change helps create lasting, equitable improvements that expand breastfeeding support throughout the community and improve outcomes for families over time.

AI Prompts: Stakeholder Mapping & Engagement

Stakeholder Identification

"*Act as a community engagement strategist. Create a comprehensive stakeholder map for improving breastfeeding support in [community]. Identify healthcare providers, employers, childcare providers, public health agencies, WIC programs, birth workers, faith organizations, schools, businesses, policymakers, transportation agencies, housing organizations, insurers, and community leaders. For each stakeholder, explain their influence on breastfeeding outcomes, current level of engagement, potential contributions, and recommended engagement strategies.*"

Stakeholder Prioritization

"*Develop a stakeholder prioritization matrix for a community breastfeeding initiative. Categorize stakeholders by their level of influence and interest, identify champions and potential partners, and recommend tailored engagement strategies for each group. Include suggested outreach methods, meeting frequency, and opportunities for collaboration.*"

AI Prompts: Community Barrier Assessment

Community Listening Session & Analysis

"*Design a community listening session toolkit to identify breastfeeding barriers experienced by families. Include discussion questions, facilitator guidance, participant recruitment*

strategies, equity considerations, methods for documenting findings, and recommendations for translating community feedback into systems-level improvements."

AI Prompts: Coalition & Partnership Development

Partnership Opportunities

"Identify opportunities for cross-sector partnerships that can improve breastfeeding support in [community]. Recommend collaborative initiatives involving healthcare systems, employers, schools, childcare providers, transportation agencies, businesses, libraries, faith communities, and local government. Describe how each partnership could reduce barriers and improve breastfeeding outcomes."

AI Prompts: Community Advocacy & Systems Change

Policy Opportunity Scan

"Conduct a policy opportunity assessment for improving breastfeeding support within [community]. Identify existing local policies, organizational policies, and community practices that create barriers or opportunities. Recommend policy changes, responsible stakeholders, and implementation strategies."

Public Awareness Campaign

"Design a year-long public awareness campaign highlighting community-wide responsibility for breastfeeding support. Include campaign themes, monthly topics, social media ideas, community events, partner engagement activities, and calls to action for different stakeholder groups."

AI Prompts: Monitoring & Evaluation

Community Scorecard

"Design a community breastfeeding systems scorecard that measures progress in reducing barriers across healthcare, workplaces, childcare settings, public spaces, and community organizations. Include suggested indicators, data sources, reporting frequency, and visualization ideas for communicating progress to stakeholders."

Putting It All Together

Implementation Readiness & Adaptation for Your LHD

This guide provides prompts and templates, but lasting impact comes from adapting these tools to your local context, workforce, and community. Use the steps below to begin integrating AI-supported workflows into your LHD's continuity-of-care approach.

Implementation Steps

1. **Identify Your Starting Point.** Choose one section of this guide that addresses your LHD's most immediate gap — whether that's referral coordination, family messaging, or staff training.
2. **Customize Your Prompts.** Fill in the bracketed placeholders with your jurisdiction, community, and partner details. The more specific, the better the output.
3. **Pilot with Your Team.** Share AI-generated drafts with doulas, BFPCs, CHWs, and community members for review. Gather feedback on alignment, tone, and accuracy.
4. **Refine and Adopt.** Edit drafts based on team input. Build the finalized materials into your existing workflows, training sessions, and partner communications.
5. **Document and Share.** Track what works. Share effective prompts and templates with your community partners to build a shared resource library.
6. **Evaluate Impact.** Use pre/post surveys, implementation-readiness activities, and 30-day follow-up to measure adoption and outcomes. Use Wisdom Circles or listening sessions to capture qualitative feedback from your community.

Evaluation Framework

BMBFA recommends a multipronged evaluation strategy aligned with the specific gaps this guide addresses:

Evaluation Activity	What It Measures
Pre-session survey	Measure baseline confidence in CoC practices

Post-session survey	Capture changes in readiness to implement warm handoffs, aligned messaging, and workflows
Implementation readiness activity	Assess ability to apply Detroit's model to local context
30-day follow-up survey	Measure early adoption of AI-generated scripts, COMSS workflows, and culturally grounded messaging
Wisdom Circles (qualitative)	Capture insights on cultural relevance, usability, and refinement needs

References & Resources

Key References

- CDC. (2022). Breastfeeding Report Card. Centers for Disease Control and Prevention.
- CDC. (2023a). Supporting Breastfeeding in the Workplace and Beyond. Centers for Disease Control and Prevention.
- Gingerich, A., et al. (2022). Systems-Level Lactation Support: A Framework for Community-Based Continuity of Care.
- NACCHO. (2020). Local Health Department Workforce and Financing Study. National Association of County and City Health Officials.
- Key Concepts of the CoC Blueprint (Key-Concepts-of-Blueprint.pdf)
- NACCHO Guidance on AI (coming soon)
