Strengthening Continuity of Care in Breastfeeding Support

The MILKS Pipeline Implementation Model Field Guide for Health Departments

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A practical, ready-to-use implementation field guide designed to help jurisdictions build, strengthen, and sustain breastfeeding-supportive systems across clinical and community settings. The MILKS Pipeline Implementation Guide provides a step-by-step roadmap for improving continuity of care, strengthening partner communication, and embedding breastfeeding support into routine practice. Central to the guide is systems mapping, which helps partners visualize how families move across prenatal, inpatient, postpartum, WIC, and community settings, identify gaps in support, and redesign workflows to improve coordination and continuity of care. Through standardized workflows, warm handoffs, and cross-sector collaboration, the MILKS Pipeline helps transform fragmented services into a coordinated continuum of breastfeeding support.

Recommendations & Strategies: Recommendations 2, 4, 5, 6.

Audience: Local Health Departments, Clinic, Hospitals, Community Organizations

Key words

- Continuity of Care
- Breastfeeding Support
- Lactation Support
- Maternal and Infant Health
- Breastfeeding Initiation
- Systems-Level Intervention
- Care Coordination
- WIC Integration
- Referral Pathways
- Workflow Integration
- Community–Clinical Linkages
- Scalable Framework

MILKS Pipeline Model

Many communities already offer breastfeeding support across prenatal care, hospitals, WIC, and community based programs. However, these services often operate independently, creating gaps in communication, inconsistent messaging, and missed opportunities for follow up as families move between settings.

The MILKS (Mothers Informed Lactation Knowledge & Support) Pipeline Model provides a systems based framework for connecting existing services into a coordinated, connected pipeline of care

that supports families as they move across clinical and community settings. This approach aligns with the NACCHO Continuity of Care in Breastfeeding Support Blueprint by supporting systems thinking, cross sector collaboration, and continuity of care across settings. It helps jurisdictions operationalize Blueprint recommendations by strengthening coordination, aligning workflows, and improving shared accountability across partners.

Through aligned workflows, partner collaboration, and shared communication pathways, the model supports Blueprint priorities including integrated service delivery, stronger referral systems, workforce capacity building, and sustained coordination across the breastfeeding care continuum. In practice, this shifts systems from disconnected services to a connected pipeline where families move smoothly between supports and providers are better equipped to guide and support families across transitions in care.

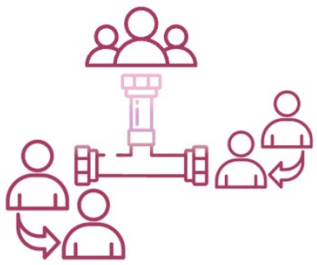
This implementation guide provides practical tools and strategies for operationalizing these approaches and translating the Continuity of Care in Breastfeeding Support Blueprint into coordinated system level practice.

MILKS Pipeline System Design Model

The MILKS Pipeline a systems-building and implementation approach that strengthens how existing services are intentionally connected so families experience continuous, not fragmented, care.

At the center of the MILKS Pipeline is a five-component implementation architecture:

1. **Cross-sector partnership infrastructure** that defines shared roles, accountability, and sustained coordination across clinical, public health, and community systems
2. **Standardized breastfeeding workflows** that align processes across prenatal care, hospital systems, pediatric care, WIC, and community lactation services
3. **Warm handoff referral system** that operationalizes real-time, relational transitions rather than passive referrals
4. **Brief standardized provider training** that builds shared language, consistency, and referral confidence across the workforce
5. **Shared communication and tracking systems** that enable feedback loops, visibility of referral flow, and continuity of information across settings



These components work together to strengthen continuity of care. The goal is not simply to increase referrals, but to redesign how referrals function within a connected system so families experience coordinated, continuous breastfeeding support across settings.

In doing so, jurisdictions can build systems in which care is experienced by families as coordinated, relational, and navigable rather than fragmented, while also enabling replication of a structured implementation model across diverse public health and clinical environments.

The MILKS Pipeline Implementation Framework Guide

The MILKS Pipeline Implementation Framework Guide is a field-ready tool for jurisdictions seeking to strengthen coordination across prenatal care, hospitals, pediatric care, WIC, and community lactation services. Grounded in implementation science and public health, it helps teams assess current workflows, identify gaps in continuity, and design coordinated referral and support pathways that can be adapted across diverse settings.

The MILKS Pipeline Field Guide is designed to be flexible and adaptable to your team's unique needs, priorities, and capacity. You do not need to complete every activity or use every tool included in this guide. Instead, teams are encouraged to "choose their own adventure" jumping into the sections, strategies, and resources that feel most relevant and actionable for their organization and community. Whether your focus is addressing gaps, tackling persistent challenges, strengthening existing systems, or building on what is already working well, this guide is intended to support meaningful progress at your own pace.

What the Guide Helps Teams Do

- Map breastfeeding referral pathways across clinical and community systems
- Identify gaps and breakdowns in continuity of care
- Define partner roles, responsibilities, and referral processes
- Implement warm handoffs and communication protocols
- Integrate WIC and community lactation services into routine workflows
- Adapt implementation strategies to local resources and infrastructure

Tools Included

- Partnership planning guides
- Current- and future-state systems mapping exercises
- Continuity-of-care mapping tools

- Gap analysis
- Warm handoff scripts and communication protocols
- Readiness assessment and implementation planning tools
- Real world examples

Roadmap to Building a Pipeline

Think of this section as a practical roadmap for rebuilding a connected breastfeeding support pipeline.

1. Understand the Current System: A Shared Baseline Systems Mapping

Before changing anything, you first map how referrals currently happen.

Start by convening clinical providers, hospital staff, pediatric teams, and WIC/community partners to map how breastfeeding support currently functions. *(**appendix I**)*

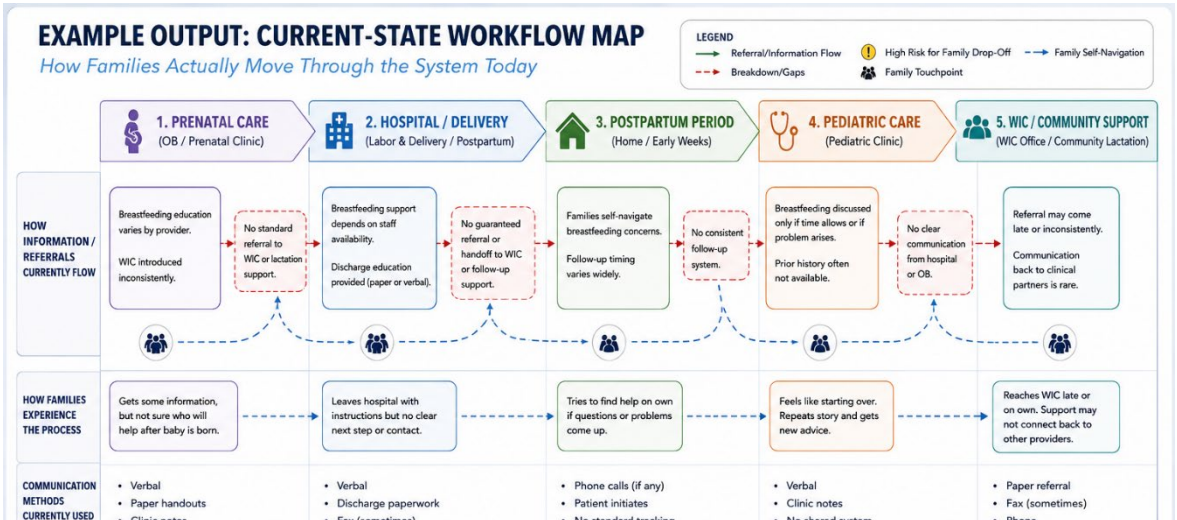
As a group, walk through the full patient experience with a System Mapping Exercise *(**appendix II**)* and identify:

- Where families receive breastfeeding information/education
- How referrals currently occur (if at all)
- Where referrals break down or stall
- Where messaging is inconsistent
- Where families lose connection between settings
- Whether WIC is introduced early or late in care

This step is not about fixing, it is about creating a shared understanding of how the system actually functions today. This is not a solution step—it is a systems visibility step.

Output of this step:

A shared current-state workflow map showing how families actually move through the system.



1.b: Identify Breakdowns in Continuity (Gap Analysis)

Once the system is mapped, identify where families lose connection. *(**appendix III**)*

Common breakdown points:

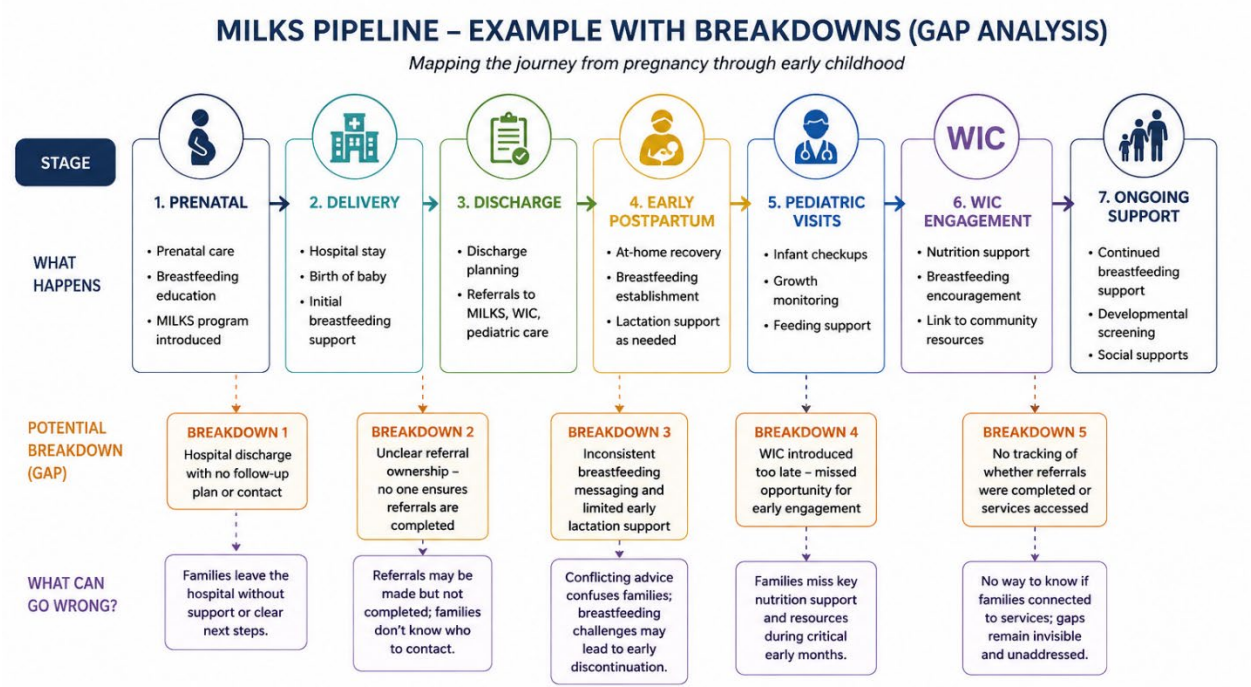
- Hospital discharge with no follow-up
- Unclear referral ownership
- Inconsistent breastfeeding messaging
- WIC introduced too late in care
- No tracking of whether referrals were completed

Ask:

- Where is the first missed opportunity?
- Where does communication stop?
- Where do families fall out of the system?

Output:

A list of priority breakdown points that need redesign.



2. Redesign How Care Connects Across Settings: Future-State System Design Map

Once the current system is mapped, partners design a future-state breastfeeding continuity workflow. *(**appendix IV**)*

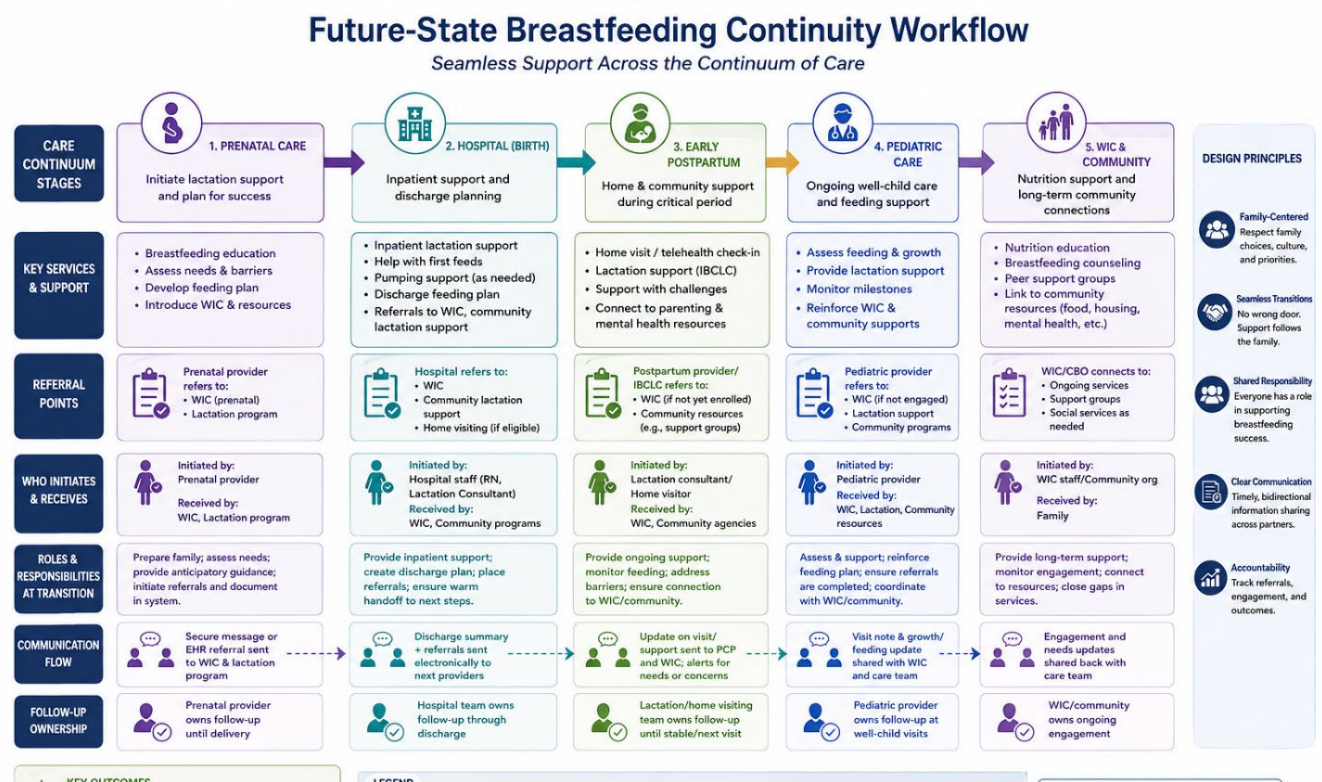
Key design decisions include:

- When breastfeeding support is initiated (prenatal, inpatient, postpartum)
- How referrals move between settings
- How referrals are introduced as part of the care continuum
- How follow-up responsibility is assigned
- How communication flows between partners

Output of this step:

A standardized care pathway map showing:

- Prenatal → Hospital → Pediatric → WIC/community transitions
- Referral points embedded into care stages
- Defined roles at each transition



3. Build Provider Buy In, Confidence and Consistency

Implement brief, standardized lactation training for clinical staff. *(**appendix VI**)*

This supports providers to:

- Respond confidently to breastfeeding concerns
- Deliver consistent messaging across settings
- Understand WIC's role in ongoing support

This step aligns how families are counseled regardless of where they enter the system.

Training focuses on:

- Breastfeeding counseling confidence
- Consistent messaging across clinical settings
- Referral workflow understanding
- Integration of WIC into care planning
- Use of warm handoff language

4. Strengthen Connection to WIC (Relational Implementation Strategy)

Referrals shift from passive information sharing to active connection.

This shift changes the family experience from being referred out to being continuously supported.

*(**appendix V**)*

5. Maintain Alignment Over Time (Continuous Improvement)

Establish regular communication between clinical teams and WIC partners to:

- Review what is working

- Identify where families are still getting lost
- Adjust workflows based on real-world experience
- Strengthen coordination across systems

This step prevents the system from reverting back into silos.

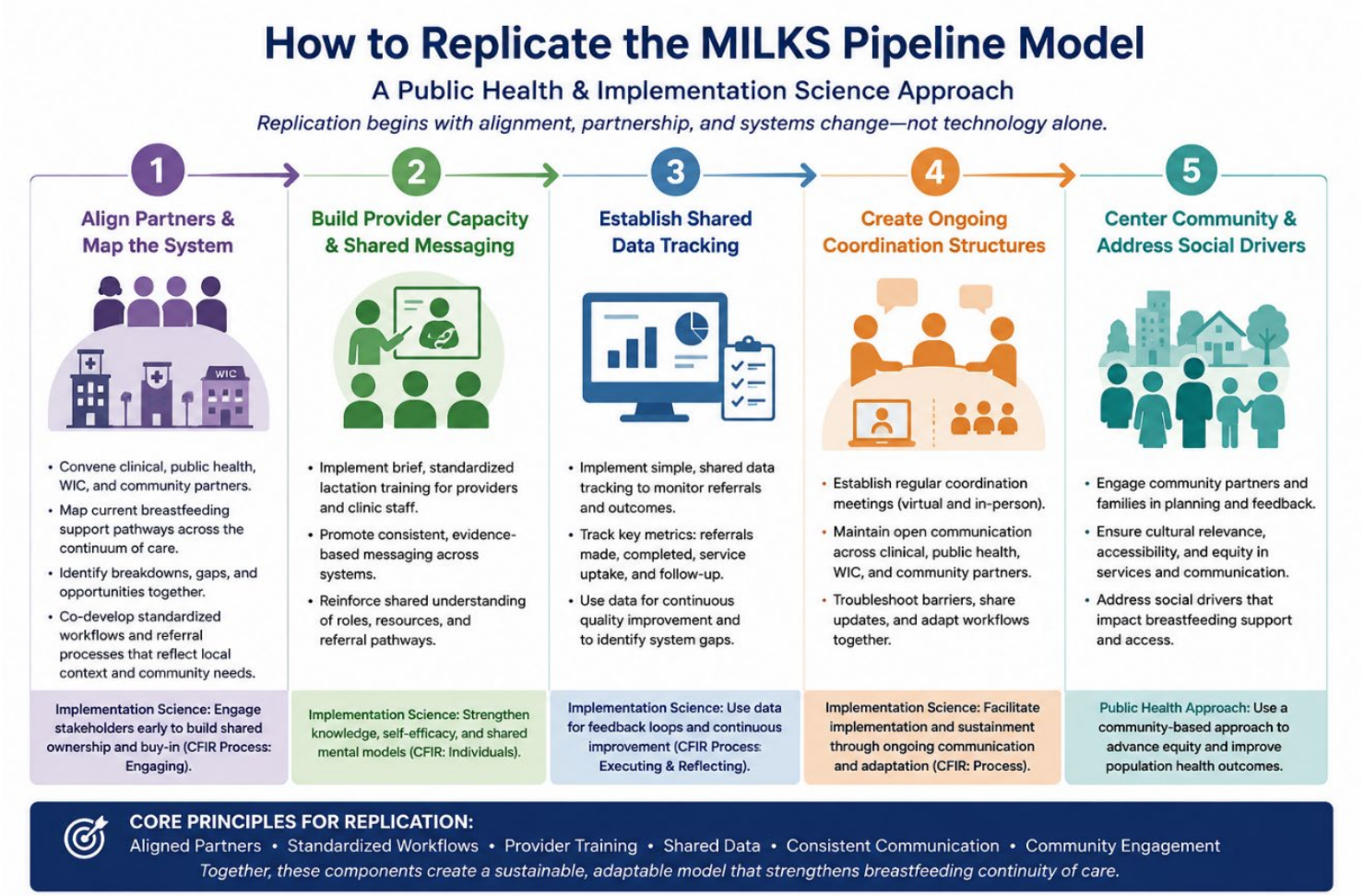


Figure 2. How to Replicate the MILKS Implementation Model
This figure outlines the core implementation components required to replicate MILKS, including cross-sector alignment, standardized breastfeeding workflows, structured referral pathways, provider training, and shared communication systems to strengthen continuity of care between clinical settings and WIC.

Final Reflection

The MILKS Pipeline demonstrates that improving breastfeeding outcomes is less about expanding the number of services available and more about strengthening how existing services are

connected into a functioning system of care in support of a shared goal of improving and sustaining breastfeeding for families.

From a public health perspective this is essential because the goal is not only to deliver individual services but to build systems that consistently support families across settings organizations and stages of care.

Using a pipeline and systems planning approach such as MILKS is fully aligned with implementation of the NACCHO Blueprint. It supports jurisdictions in moving from identifying recommendations to operationalizing them within existing systems of care.

Identifying barriers and gaps in continuity of care aligns with Recommendation 1 which focuses on understanding current systems and where fragmentation occurs. Examining workflows referral pathways tracking processes and provider education reflects Recommendations 2 through 5 which focus on strengthening internal systems standardizing processes building workforce capacity and improving communication and referral structures. Focusing on families WIC integration and community partnerships reflects Recommendations 6 and 7 which emphasize clinical and community alignment and strengthening coordinated family centered support.

The Blueprint defines the essential components of stronger breastfeeding systems. Implementation science provides the approach for how those components are put into practice. The MILKS Pipeline helps translate this into action by supporting systems mapping identification of breakdowns and redesign of workflows that strengthen continuity of care.

In this way pipeline based planning is not separate from Blueprint implementation. It is one way jurisdictions can operationalize the Blueprint by organizing existing services into a more coordinated system of care.

When systems are viewed through this lens the next steps become clearer. Barriers identified in referral pathways can be addressed through workflow redesign. Communication challenges between partners can be improved through shared processes and expectations. Breakdowns in follow up can be strengthened through clearer connection points across clinical and community settings. This shifts the focus from identifying challenges to strengthening system function.

Ultimately MILKS is not a program to replicate. It is an implementation approach that supports jurisdictions in operationalizing the NACCHO Blueprint by strengthening how existing services function together as a coordinated system that better supports breastfeeding families.

Appendix

MILKS Pipeline Field Guide Tools

I. **Breastfeeding Systems Partnership Planning Worksheet……pg 11-17**
A structured tool for identifying, engaging, and strengthening strategic partnerships across clinical and community organizations, with emphasis on shared goals, communication pathways, and sustainability.

II. **Current-State and Future-State Systems Mapping Guide……pg 18-23**
A visual and reflective framework for mapping how breastfeeding support currently functions and designing improved, coordinated systems that strengthen continuity across care transitions.

III. **Breastfeeding Support Implementation Assessment Guide……pg 24-29**
A diagnostic tool to evaluate how breastfeeding support is delivered within and across organizations, identifying gaps in workflows, communication, staff readiness, and system alignment.

IV. **Breastfeeding Workflow Planning Worksheet……pg 30**
A practical planning tool to define, standardize, and improve breastfeeding-related workflows, including referral processes, follow-up systems, and care coordination pathways.

V. **CFIR Facilitation Worksheet for Breastfeeding Referral Pathway……pg 31-37**
An implementation-focused tool to examine breastfeeding referral systems through key domains influencing implementation success, including inner setting, outer setting, individuals, intervention design, and implementation process.

VI. **Provider Communication Guide……pg 38-44**
A set of practical scripts and communication examples to support providers in having consistent, trauma-informed, and patient-centered breastfeeding conversations that emphasize active connection to resources such as WIC, lactation consultants, peer support, and community-based services.

Breastfeeding Systems Partnership Planning Worksheet

A Practical Tool for Building Strong, Sustainable Community Partnerships

Purpose

Designed to help strengthen partnerships that support breastfeeding and maternal-child health across the continuum of care.

This is both:

- An action-oriented planning tool to help organizations move partnerships forward
- A resource guide to support long-term collaboration, communication, and coordinated implementation

Strong breastfeeding initiatives do not happen through one organization alone. Sustainable implementation requires connected systems, shared goals, ongoing communication, and coordinated support for families across services.

The goal is to move beyond isolated referrals and create active, relationship-based partnerships that improve continuity of care and reduce barriers for families.

Step 1: Identify Potential Partners

Think Broadly About Who Supports Families

Potential partners may include:

- Health Departments
- WIC Programs
- FQHCs and Community Health Centers
- OB/GYN Clinics

- Family Medicine Practices
- Pediatric Clinics
- Hospitals and Birthing Centers
- Lactation Consultants
- Peer Counselors
- Doulas and Community Health Workers
- Care Coordinators and Social Workers
- Front Desk and Office Staff
- Community-Based Organizations
- Faith-Based Organizations
- Food and Nutrition Programs
- Maternal Mental Health Programs
- Universities and Training Programs

Action Questions

- Who already interacts with pregnant or postpartum families?
- Who do families trust?
- Who is missing from current conversations?
- Which organizations could strengthen continuity of care?
- Are there nontraditional partners that could support engagement?
- Who are we already connected with that we could work to strengthen the partnership

Step 2: Start with Listening

Conduct Listening Sessions Before Building Workflows

Strong partnerships begin with understanding experiences, barriers, and needs from both families and organizations.

Listening Sessions Help:

- Identify gaps in breastfeeding support

- Understand where families get lost in the system
- Build trust across organizations
- Identify duplication or disconnects
- Ensure implementation reflects real community needs

Discussion Prompts

Use these discussion questions during planning meetings, listening sessions, or partnership development conversations to better understand each organization's role, strengths, capacity, and opportunities for collaboration.

Understanding Organizational Roles

- What services and supports does your organization currently provide to pregnant and postpartum families?
- At what points in the maternal-child journey does your organization interact with families?
- What role do you currently play in breastfeeding education or support?
- How does your organization currently connect families to outside resources or partners?

Identifying Strengths & Assets

- What are your organization's greatest strengths when supporting breastfeeding families?
- What resources, staff, programs, or relationships does your organization bring to this partnership?
- What populations or communities does your organization reach particularly well?
- What approaches or workflows have worked well for your organization?

Identifying Gaps & Challenges

- What challenges or barriers does your organization face in supporting breastfeeding families?
- Where do you feel families are most likely to fall through the cracks?
- What gaps exist in communication, follow-up, or care coordination?
- What support or resources would help your organization better support families?

Exploring Partnerships & Collaboration

- What partnerships are currently working well?
- What makes those partnerships successful?
- Where could collaboration between organizations be strengthened?
- Are there organizations or community groups that should be included but currently are not?
- What opportunities exist for more shared planning, communication, or cross-referrals?

Building Sustainable Systems

- How can organizations better coordinate support across prenatal, hospital, pediatric, WIC, and community settings?
- What would make referrals feel more connected and less transactional for families?
- How can we create stronger continuity of support between visits or transitions in care?
- What communication structures or regular touchpoints would help sustain long-term collaboration?

Thinking Beyond Traditional Roles

- What creative partnership opportunities could improve family engagement and continuity of care?
- How can organizations "think outside the box" when working together?
- Are there opportunities for shared events, co-located services, group education, or warm handoffs?
- How can community voices and lived experiences be incorporated into partnership planning?

Step 3: Build Strategic, Value-Based Partnerships

Focus on Shared Goals and Mutual Value

Strong partnerships are intentional and collaborative.

Consider:

- What does each partner bring to the table?
- How does this partnership improve family support?
- How does the partnership reduce barriers or fragmentation?

- What value does each organization receive from collaboration?
- Are goals and expectations clearly defined?

Remember:

Partnerships are stronger when organizations see themselves as part of a shared support system rather than separate services.

Step 4: Identify Champions

Champions Help Sustain Momentum

Champions can exist at every level:

- Providers
- Nurses
- WIC staff
- Peer counselors
- Lactation consultants
- Office staff
- Community leaders
- Parents with lived experience

Strong Champions:

- Promote buy-in
- Encourage collaboration
- Help solve implementation barriers
- Strengthen communication
- Keep initiatives moving forward

Action Questions

- Who naturally connects people and organizations?
- Who is passionate about maternal-child health?
- Who can help maintain long-term engagement?

Step 5: Create Strong Communication & Coordination Protocols

Partnerships Require Ongoing Communication

Consider:

- How will organizations communicate with one another?
- Who is responsible for follow-up?
- How will referral loops be closed?
- How often will partners meet?
- How will updates and challenges be shared?

Best Practices

- Schedule regular partnership meetings
- Develop clear referral workflows
- Use warm handoffs whenever possible
- Share contact information across organizations
- Include both clinical and community partners in planning discussions

Step 6: Plan Early and Continue Planning

Strong Partnerships Require Ongoing Support

Implementation should not stop after launch.

Sustainable Partnerships Include:

- Early involvement of partners in planning
- Shared decision-making
- Continued workflow evaluation
- Regular check-ins and feedback
- Ongoing staff training and onboarding
- Flexibility to adapt over time

Reflection Questions

- Are partnerships dependent on one person?
- What happens if staff turnover occurs?
- How will communication continue long term?

- How will organizations revisit goals and challenges together?

Think Outside the Box

Creative Collaboration Strengthens Continuity

Partnerships do not have to operate in separate silos.

Example:

Invite WIC staff, peer counselors, or lactation support teams to participate in prenatal classes, group prenatal care visits, or baby showers.

This can:

- Build trust before delivery
- Normalize breastfeeding support early
- Help families recognize familiar faces
- Reduce barriers to follow-up
- Strengthen continuity between clinic and community settings

Other ideas may include:

- Pediatric participation in prenatal education
- Community health workers embedded in clinics
- Joint breastfeeding support events
- Shared postpartum follow-up systems
- Cross-training between organizations

Final Reflection

Families experience care as one continuous journey.

Strong implementation happens when organizations work together as connected partners — not isolated systems.

This worksheet is intended to help teams move from:

- Referral-based care → Connected support systems
- Short-term collaboration → Sustainable partnerships
- Fragmented services → Coordinated maternal-child health support

The goal is not simply to create partnerships.

The goal is to build lasting systems of support that improve maternal and infant health outcomes through connection, communication, and continuity.

Current-State and Future-State Systems Mapping Guide

Understanding How Breastfeeding Support Functions Across Your System of Care

Purpose

Designed to help clinics, hospitals, health departments, WIC agencies, and community organizations visually map how breastfeeding support currently functions within their system and identify opportunities to strengthen coordination, continuity, and family support.

Systems mapping helps organizations:

- Identify where families experience gaps or delays in support
- Understand how referrals and communication currently function
- Examine how organizations and community partners interact
- Identify breakdowns in workflows, messaging, and care transitions
- Build a more connected, family-centered future-state system

This process is not intended to evaluate individual performance. It is intended to examine how the system itself supports or unintentionally creates barriers for breastfeeding families.

Part 1: Current-State Systems Mapping

"How does breastfeeding support currently function today?"

Step 1: Map the Family Journey

Start by outlining the typical pathway families move through:

Prenatal Care → Labor & Delivery → Postpartum Care → Pediatric Care → WIC → Community Support

As you map the current process, document:

- What happens at each stage
- Who is involved
- What information is shared
- How referrals occur
- How follow-up happens
- Where communication stops

Current-State Mapping Worksheet

Care Stage	What Support Exists?	Who Provides It?	How Are Families Connected?	Where Are Gaps or Breakdowns?
Prenatal Care				
Labor & Delivery				
Postpartum Follow-Up				
Pediatric Care				
WIC				
Community Support				

Current-State Reflection Questions

Family Experience

- Where do families get lost in the system?
- Where are families expected to navigate services on their own?
- Are families receiving consistent breastfeeding messages?
- Do families know who to call when challenges arise?
- Which families experience the greatest barriers?

Communication & Coordination

- Where does communication break down?

- Are referrals active or passive?
- Is information shared across organizations?
- Are there warm handoffs between providers and community partners?
- Does WIC function as part of the care team or as a separate system?

Workflow & Processes

- What happens after a referral is made?
- Is referral completion tracked?
- Are breastfeeding goals documented and shared?
- Is support continued after hospital discharge?
- Are workflows dependent on individual staff members?

Identifying Current-State Gaps

As your team reviews the current system, identify:

Disconnects

- Where are services fragmented?
- Where do families experience delays?
- Where are there duplicate efforts?
- Where are responsibilities unclear?

Barriers

- Transportation
- Scheduling
- Staffing limitations
- Lack of training
- Limited awareness of resources
- Language or cultural barriers
- Technology or communication barriers

Missed Opportunities

- Prenatal education
- Hospital discharge planning
- Pediatric reinforcement
- Community follow-up
- WIC engagement

Part 2: Future-State Systems Mapping

"What would a connected breastfeeding support system look like?"

The future-state map focuses on designing a system where families experience coordinated, continuous support across healthcare and community settings.

The goal is not perfection. The goal is stronger connection, communication, and continuity.

Future-State Mapping Worksheet

Care Stage	What Should Happen?	Who Should Be Involved?	How Should Families Be Connected?	What Systems Need to Change?
Prenatal Care				
Labor & Delivery				
Postpartum Follow-Up				
Pediatric Care				
WIC				
Community Support				

Future-State Reflection Questions

Family-Centered Support

- What would make families feel continuously supported?
- How can referrals feel more connected and less transactional?

- How can families receive support between visits?
- What would reduce the burden on families to coordinate care themselves?

Communication & Partnerships

- How can healthcare and community organizations communicate more effectively?
- What partnerships need strengthening?
- How can referral loops be closed?
- What information should be shared across settings?

Workflow Improvements

- How can breastfeeding support become part of routine workflows?
- What processes need standardization?
- How can warm handoffs be incorporated?
- What systems are needed for follow-up and accountability?

Moving from Passive Referral to Active Connection

Current-State Example

"Here is WIC's phone number."

Future-State Example

"I'm connecting you with the WIC breastfeeding team today because they are part of your support system and will continue supporting you between visits."

Key Future-State Goals

A strong breastfeeding support system should aim to:

- Provide consistent breastfeeding messaging across settings
- Create seamless transitions between care environments

- Build strong partnerships between healthcare and community organizations
- Reduce fragmentation and duplication
- Support active referrals and warm handoffs
- Ensure families know where and how to access help
- Promote equitable access to breastfeeding resources
- Sustain support beyond a single visit or organization

Action Planning

After completing the mapping process, identify:

Immediate Priorities

- What gaps need urgent attention?
- What breakdowns most impact families?

Partnership Opportunities

- Which organizations should collaborate more closely?
- What referral pathways need strengthening?

Workflow Changes

- What processes could improve continuity of care?
- What systems need redesign?

Training & Support Needs

- What knowledge or skill gaps exist among staff?
- What additional breastfeeding or community resource training is needed?

Final Reflection

Families experience breastfeeding support as one journey even when services are spread across multiple organizations.

Systems mapping helps organizations move from fragmented services toward coordinated, connected care that supports families throughout pregnancy, postpartum, and early infancy.

Breastfeeding Support Implementation Assessment Guide

A Diagnostic Tool for Clinics, Health Departments, and Community Partners

Purpose

Designed to help evaluate how breastfeeding support is currently functioning across systems of care.

The goal is not to identify blame. The goal is to identify where implementation succeeds, where it breaks down, and what conditions may be preventing families from receiving continuous breastfeeding support.

This is a diagnostic tool. It helps organizations understand:

- Where families experience barriers or disconnection
- Where workflows or communication systems fail
- Where staff may need additional training or support
- Where partnerships between organizations are weak or unclear
- Where opportunities exist to strengthen continuity of care

Breastfeeding support is not a single encounter. It is a coordinated process that spans prenatal care, hospital delivery, postpartum care, pediatric care, WIC services, and community-based support systems.

Step 1: Map the Family Journey

Walk through the breastfeeding support journey in your setting:

Prenatal Care → Hospital/Delivery → Postpartum Follow-Up → Pediatric Care → WIC → Community Support

As you review this process, ask:

- Where do families get lost?
- Where does messaging change?
- Where do referrals fail?
- Where does communication break down?
- Where are families expected to navigate systems on their own?
- Where are supports disconnected from one another?
- Where are there delays in follow-up or access to services?

Reflection Questions

- Is breastfeeding discussed prenatally in a consistent way?
- Are feeding goals documented and communicated across settings?
- Does lactation support continue after hospital discharge?
- Are referrals "passive" or "active"?
- Do providers know what community resources actually exist?
- Do families understand who to contact when challenges arise?
- Does WIC feel integrated into care or like a completely separate system?
- Are pediatric providers reinforcing breastfeeding support messages?
- Are there populations experiencing greater barriers to support?

Step 2: Assess the Conditions Affecting Implementation

1. Outer Setting

Understanding Family Context and Community Conditions

This looks at what families are experiencing outside of the organization.

Questions to Consider

- What barriers do families face in accessing breastfeeding support?
- Are transportation, internet access, childcare, language, or work schedules affecting follow-up?
- Are families aware of available breastfeeding resources?
- Do families trust the healthcare system?
- Are there cultural or community beliefs influencing feeding decisions?

- Are families able to access WIC, peer counselors, or lactation services easily?
- Are there gaps in services for rural or underserved populations?

Signs of Potential Gaps

- Low follow-up after referrals
- Missed appointments
- Families unsure where to seek help
- Delayed breastfeeding support after discharge
- Limited awareness of community resources

2. Inner Setting

Understanding Organizational Workflows, Communication, and Culture

This looks at how organizations function internally.

Questions to Consider

- Is breastfeeding support built into routine workflows?
- Are staff roles clearly defined?
- Is there communication between OB, pediatrics, lactation, WIC, and community programs?
- Are referrals tracked or simply handed to families?
- Is breastfeeding seen as everyone's responsibility or only lactation staff's responsibility?
- Are there consistent breastfeeding messages across departments?
- Are partnerships with community organizations active and ongoing?

Signs of Potential Gaps

- Inconsistent education or messaging
- Duplicate work or unclear responsibilities
- Referral processes that rely entirely on the patient
- Limited coordination between departments
- Breastfeeding support dependent on one staff member

3. Individuals

Understanding Staff Knowledge, Confidence, and Buy-In

This looks at the people responsible for implementation.

Questions to Consider

- Do staff feel confident discussing breastfeeding?
- Do staff know how to connect families with resources?
- Are providers comfortable having culturally responsive and trauma-informed conversations?
- Do staff understand local breastfeeding support systems?
- Do providers believe breastfeeding support is part of their role?
- Are staff trained on active referrals and coordinated care approaches?

Signs of Potential Gaps

- Staff uncertainty about resources
- Inconsistent counseling practices
- Limited confidence addressing breastfeeding concerns
- Reliance on printed handouts without follow-up
- Variation in support depending on provider

4. Intervention

Understanding Existing Tools, Resources, and Processes

This looks at what systems and supports currently exist.

Questions to Consider

- Are breastfeeding protocols standardized?
- Are referral systems easy to use?
- Are educational materials culturally responsive and accessible?
- Are there systems for warm handoffs or direct referrals?
- Are families connected to support before discharge?
- Are there tools for tracking referral completion or follow-up?

- Are workflows designed to support continuity of care?

Signs of Potential Gaps

- Referral systems without follow-up
- Lack of standardized education
- Limited breastfeeding materials or resources
- No process for closing referral loops
- Support ending after discharge

5. Process

Understanding How Change Happens

This looks at how implementation and improvement efforts occur.

Questions to Consider

- How are breastfeeding initiatives introduced and sustained?
- Who is responsible for implementation oversight?
- Are staff included in planning and feedback?
- Are community partners included in implementation discussions?
- Are families asked about their experiences?
- Is data being used to improve systems?
- Are organizations regularly evaluating gaps in care coordination?

Signs of Potential Gaps

- New initiatives fading over time
- Lack of accountability
- No ongoing evaluation process
- Limited staff engagement
- Weak communication between partners

Step 3: Identify Priority Areas for Improvement

After completing the assessment, identify:

Current Strengths

- What is working well?
- Where are families successfully staying connected?
- What partnerships are effective?
- Which workflows support continuity?

Priority Gaps

- Where are the biggest breakdowns occurring?
- Which populations are most affected?
- What barriers appear most common?
- Which gaps are most urgent to address?

Opportunities for Action

- What systems could be strengthened?
- What partnerships could be expanded?
- What workflows need redesign?
- What staff training may be needed?
- How can referrals become more active and connected?

Key Reflection

Families should not have to navigate breastfeeding support systems alone.

Strong implementation happens when healthcare systems, WIC programs, lactation support, pediatric providers, and community organizations function as a connected network rather than separate services.

The goal is not simply to provide information.

The goal is to create coordinated systems of support where families remain connected, supported, and engaged throughout their breastfeeding journey.

Breastfeeding Workflow Planning Worksheet

Section I: Screening & Early Identification

- Where is breastfeeding assessed? (Prenatal, newborn, 2-week, 6-week, sick visits)
- What standardized screening questions are used?
- Who is responsible for screening?
- What defines a positive screen?

Section II: Risk Stratification

Identify high-risk maternal and infant criteria.

- Are high-risk dyads automatically referred?
- Section III: Referral Process
- What lactation services are available (IBCLC, telehealth, community, WIC)?
- Who places referrals?
- Expected time to appointment?
- Define routine vs urgent vs same-day referral.

Section IV: Follow-Up & Closed Loop

- How is referral completion confirmed?
- Who reviews referrals monthly?
- What breastfeeding metrics are tracked?
- Section V: Social & Structural Barriers
- Do you assess return-to-work timing, pump access, transportation, mood, nutrition insecurity?

Section VI: Education Standardization

- Is messaging consistent across staff?
- Are materials literacy appropriate and culturally responsive?

- Section VII: Process Gaps & Action Items
- List top 3 gaps and next steps.

CFIR Facilitation Worksheet:

Breastfeeding Referral Pathway

This helps implementation teams identify the factors that may support or hinder breastfeeding system improvement efforts. Rather than focusing only on individual programs or activities, this framework encourages teams to examine the broader system and understand where barriers to implementation may exist.

The activity is organized around the 5 CFIR (Consolidated Framework for Implementation Research) domains:

- Outer Setting – The experiences, needs, and barriers families face, as well as the external factors that influence care.
- Inner Setting – Organizational workflows, communication processes, culture, leadership, and readiness for change.
- Individuals – Staff knowledge, skills, confidence, beliefs, and engagement in breastfeeding support efforts.
- Intervention – Existing tools, protocols, referral pathways, training resources, and support processes.
- Process – The activities and steps used to plan, implement, evaluate, and sustain change.

By working through each domain, teams can identify strengths, uncover barriers, and prioritize opportunities for improvement. The goal is not to complete an academic assessment, but to facilitate meaningful discussion about where challenges exist and what actions may be needed to strengthen continuity of breastfeeding support across settings.

1. Families & Community (Outer Setting)

What barriers do families face when accessing breastfeeding support?

Notes:

What factors make it difficult for families to follow through with referrals or connect to services?

Are there community, policy, transportation, insurance, language, or resource barriers that affect access to support?

Notes:

What would improve it immediately?

Notes:

2. Organizations & Workflows (Inner Setting)

Where does the breastfeeding referral process occur within existing workflows?

Notes:

_____
_____

Who is responsible for initiating, receiving, and following up on referrals? Where do communication breakdowns or referral gaps occur?

Notes:

_____
_____
_____
_____

How ready is your organization to improve breastfeeding referral pathways and continuity of care?

Notes:

_____
_____
_____
_____

3. Staff & Providers (Individuals)

How confident are staff in discussing breastfeeding and making referrals?

Notes:

_____
_____
_____
_____

Do staff understand their role within the referral pathway?

Notes:

What training, resources, or support would increase staff confidence and engagement?

Notes:

4. Tools & Referral Systems (Intervention)

Describe your current breastfeeding referral process.

Notes:

What referral tools, protocols, workflows, or resources are currently in place?

Notes:

What parts of the referral process work well? What makes the process difficult, confusing, or inefficient?

Notes:

_____
_____
_____
_____

5. Implementation & Sustainability (Process)

How are referrals tracked and monitored?

Notes:

_____
_____
_____
_____

Is there a feedback loop between referral partners?

Notes:

_____
_____
_____
_____

How do partners know whether referrals were completed successfully?

What will help sustain improvements over time?

Could this process continue without ongoing oversight from a project team or champion? Why or why not?

Notes:

_____
_____

_____
_____

6. Optional Quantitative Estimates

Monthly referral volume:

Notes:

_____
_____
_____
_____

Completion rate (%):

Notes:

_____
_____
_____
_____

Avg days to contact:

Notes:

_____
_____
_____
_____

% contacted within 3 days:

Notes:

_____
_____
_____
_____

Use the table below to reflect on each CFIR domain and identify strengths, challenges, and priorities for improvement within your breastfeeding support system.

CFIR Domain	What Is Working Well?	Barriers or Challenges	Priority for Improvement
			🟢 Low 🟡 Medium 🔴 High
			🟢 Low 🟡 Medium 🔴 High
			🟢 Low 🟡 Medium 🔴 High
			🟢 Low 🟡 Medium 🔴 High
			🟢 Low 🟡 Medium 🔴 High

Key Reflection Question: Which CFIR domain creates the greatest barriers to continuity of care within your system?

Provider Communication Guide:

Breastfeeding Conversations Through the MILKS Pipeline

Using Active Connection, Care Coordination, and Health Promotion Approaches

This Provider Communication Guide was created to help healthcare teams have supportive, patient-centered conversations about breastfeeding throughout pregnancy and postpartum care. The goal is to move beyond simply providing information and help moms feel connected to ongoing support systems both inside and outside of the healthcare setting.

As part of the MILKS Pipeline approach, this guide also serves as a provider training tool to strengthen breastfeeding continuity of care. By building provider confidence, supporting consistent messaging, and increasing awareness of referral resources, organizations can strengthen their capacity to support families across the breastfeeding journey. The guide is designed to complement existing workflows by offering practical language and referral strategies that can be easily integrated into routine care.

Breastfeeding support works best when moms receive consistent encouragement, education, and access to resources across clinical and community settings. Providers play an important role not only in discussing breastfeeding, but also in connecting moms to services such as WIC, lactation consultants, peer counselors, support groups, doulas, and other community-based resources that extend support between visits.

This guide promotes a shift from passive referrals to active connection. Rather than saying:

"Here is WIC's phone number,"

providers can instead say:

"I'm connecting you with the WIC breastfeeding team because they are part of your support system and will continue working with you between visits."

These small communication shifts can strengthen patient engagement, improve referral follow-through, and reinforce the provider’s role within a broader coordinated breastfeeding support

system. The scenarios included in this guide offer examples of supportive, trauma-informed, and culturally responsive communication strategies that can be adapted across clinical settings.

Provider Buy-In Tips

- Frame this as part of care delivery, not extra work
- Use warm handoffs to save time and improve follow-up
- Start small—one connection per visit is meaningful
- Reinforce that community partners extend the care team
- Keep messaging consistent across all staff

Prenatal Stage — Building Trust and Early Connection

Scenario: Introducing Breastfeeding During a Prenatal Visit

Question: "Have you thought about how you would like to feed your baby?"

Responses:

"Breastfeeding is one option that can support both your health and your baby's health, and my role is to help you feel informed and supported throughout the process."

"Our goal is not just to talk about breastfeeding today, but to make sure you have ongoing support throughout pregnancy and after delivery."

"I'm going to connect you with our WIC breastfeeding support partners so they can continue supporting you between visits."

"The WIC team, lactation counselors, and breastfeeding support groups are part of your support system — we work together to help families meet their feeding goals."

Prenatal Stage — Addressing Uncertainty and Building Confidence

Scenario: Mom is Unsure or Nervous About Breastfeeding

Question: "How are you feeling about breastfeeding?"

Responses:

"It is completely normal to feel uncertain, especially if this is your first baby or if you have not had much breastfeeding support around you."

"You do not have to figure this out alone. Breastfeeding is a learned process for both mom and baby."

"One of the most important things we can do early is make sure you are connected to support before challenges happen."

“I’d like to connect you with a breastfeeding peer counselor and community lactation resources now so you already have people you know and trust before delivery.”

“Families are more successful when support continues outside of clinic visits, which is why we work closely with WIC, lactation specialists, and community breastfeeding programs.”

“Our goal is to create a continuous support network around you — not just provide information during appointments.”

Prenatal Stage — Discussing Breastfeeding Benefits Through a Public Health Lens

Scenario: Discussing Breastfeeding Benefits

Question: “Why is breastfeeding recommended?”

Responses:

“Breastfeeding supports infant nutrition, immune protection, bonding, and long-term health outcomes for both mom and baby.”

“Breastfeeding can help reduce risks of infections, chronic disease, and Sudden Infant Death Syndrome for babies, while also supporting postpartum recovery and reducing certain health risks for mothers.”

“We know families are more likely to meet their feeding goals when they have early education, ongoing encouragement, and easy access to support services.”

“That is why our clinic partners with WIC, lactation support programs, and community organizations to create ongoing support beyond the healthcare setting.”

“I’m going to help connect you directly with those services so support continues between visits.”

Scenario: Mom Plans to Formula Feed

Question: “What are your thoughts about feeding your baby?”

Responses:

“Thank you for sharing your plans with me. My goal is to support you and provide information so you can make the best decision for your family.”

“If you would like, we can still discuss breastfeeding benefits and available support in case you decide you may want to try it later.”

“Some moms choose combination feeding or decide to breastfeed after delivery. We can continue the conversation whenever you are ready.”

“If you are interested, WIC and community lactation programs can provide education and support without pressure or judgment so you can explore your options.”

Trauma-Informed Breastfeeding Conversations

Scenario: Mom Shares a History of Trauma or Abuse

Question: “Are there any concerns that might affect how you feel about breastfeeding?”

Responses:

“Thank you for trusting me enough to share that information.”

“Your comfort and sense of safety are important. We can discuss feeding options in a way that respects your experiences and boundaries.”

“You deserve support without pressure or judgment.”

Labor and Delivery / Immediate Postpartum- Supporting Early Implementation

Scenario: Preparing for Delivery

Question: “What are your feeding goals after delivery?”

Responses:

“If breastfeeding is part of your goal, we want to support early skin-to-skin contact and breastfeeding initiation as soon as medically appropriate.”

“Breastfeeding support does not stop at discharge. Which is why we will help connect you with outpatient lactation services, WIC breastfeeding support, and community resources.”

“We want families to leave the hospital already connected to ongoing support systems rather than trying to navigate resources alone afterward.”

“The goal is coordinated care across hospital, clinic, and community settings.”

Postpartum — Addressing Challenges Through Coordinated Support

Scenario: Mom Reports Breastfeeding Pain or Difficulty

Question: “How is breastfeeding going so far?”

Responses:

“Many moms experience challenges early on, and needing support is very common.”

“You are not expected to manage breastfeeding difficulties by yourself.”

“I’m going to place a referral directly to our lactation support partners and WIC breastfeeding team so they can follow up with you.”

“Having multiple layers of support improves breastfeeding success and helps families feel less isolated.”

Scenario: Concerns About Milk Supply

Question: “Do you feel like your baby is getting enough milk?”

Responses:

“Many moms worry about milk supply, especially in the first few days.”

“We look at several signs together, including diaper output, feeding behavior, and weight gain.”

“Frequent feeding in the newborn period is normal and helps establish milk production.”

“If concerns continue, we can work together to develop a feeding plan that supports both you and your baby.”

“We can also help connect you with outpatient lactation support, breastfeeding hotlines, WIC counselors, and local breastfeeding groups for ongoing encouragement.”

Pediatric and Follow-Up Visits — Reinforcing Continuity of Care

Scenario: Follow-Up Feeding Check-In

Question: “How are feedings going at home?”

Responses:

“Breastfeeding needs often change over time, so it is normal for new questions to come up.”

“Our goal is to continue supporting both you and your baby throughout the postpartum period.”

“I’d like to reconnect you with community breastfeeding support resources so you continue to have help between appointments.”

“We use a coordinated approach because we know moms do better when healthcare systems and community programs work together.”

Returning to Work or School — Sustaining Breastfeeding Goals

Scenario: Preparing to Return to Work or School

Question: “How can we support your breastfeeding goals when you return to work or school?”

Responses:

“Planning ahead can help make the transition less stressful.”

“I’d also like to connect you with community lactation resources and WIC support programs that help families navigate returning to work while continuing breastfeeding.”

“Our goal is to make sure support remains accessible even as your daily routines change.”

Addressing Family or Cultural Concerns

Scenario: Family Members Discourage Breastfeeding

Question: “My family says formula feeding is easier and that breastfeeding is unnecessary.”

Responses:

“Family opinions can strongly influence feeding decisions, and those conversations are not always easy.”

“If you would like, we can also provide breastfeeding education materials for partners or family members.”

“Some moms find it helpful to attend breastfeeding classes or community support groups with their partner or family members so everyone can learn together.”

Scenario: Breastfeeding in Public Concerns

Question: “I feel uncomfortable breastfeeding in public.”

Responses:

“Many moms feel nervous about breastfeeding in public at first.”

“You have the legal right to breastfeed your baby in places where you and your baby are allowed to be.”

“Breastfeeding support groups and peer counselors can also help moms build confidence and share practical tips for breastfeeding outside the home.”

Closing the Conversation — Reinforcing Partnership and Support

Scenario: Ending a Breastfeeding Discussion

Responses:

“You do not have to manage this journey alone.”

“I’m not just giving you a phone number today. I’m going to help connect you with a support system that will continue working alongside you between visits.”

“Our goal is to make sure every family has access to education, encouragement, and coordinated breastfeeding support throughout their journey.”

For more information on the MILKS breastfeeding support curriculum, including the breastfeeding workbook, peer counselor training, and support person toolkit, contact the MILKS team at jplueger@augusta.edu or mvernon@augusta.edu.