



EXECUTIVE SUMMARY

Insights from the Improving Breastfeeding Outcomes in the U.S. Southeast Community of Practice

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ABOUT NACCHO

The National Association of County and City Health Officials (NACCHO) has a mission to improve the health of communities by strengthening and advocating for local health departments (LHDs). NACCHO supports LHDs through direct technical assistance and capacity building initiatives related to community health, environmental health, public health preparedness, public health infrastructure and systems, and policy and advocacy. To learn more, visit NACCHO's website at www.naccho.org

Overview

Local health departments (LHDs) play a key role in advancing breastfeeding support, serving as both health leaders and local partners aiming to improve public health outcomes. NACCHO's Continuity of Care in Breastfeeding Support: A Blueprint for Communities (the Blueprint) identifies seven recommendations to strengthen breastfeeding continuity of care, each containing multiple strategies and resources that align with the recommendation. To better conceptualize how these Blueprint recommendations and strategies can best be implemented in the United States' Southeastern region, NACCHO established a Community of Practice (CoP), *Improving Breastfeeding Outcomes in the U.S. Southeastern Region*, and an advisory group, **U.S. Southeast Breastfeeding Advisory Council**, to gather insights and identify opportunities.



15 LOCAL HEALTH DEPARTMENTS

26 COP PARTICIPANTS

3 COP MEETINGS

The red pins on the map represent NACCHO's Southeast Breastfeeding Advisory Council, which guided technical assistance, partnerships, and Continuity of Care efforts. The colored-in states represent the states from which local health departments participated in the Community of Practice.

Process

The objectives of the CoP were to (1) strengthen public health breastfeeding support and early childhood nutrition practices, (2) foster collaboration and encourage innovation, and (3) elevate community partners as leaders and solution-developers. To address low rates of breastfeeding initiation in this region of the U.S., NACCHO identified LHDs in counties that met the following criteria: (1) the county has a 40% Black or African American population, and (2) the state has low rates of breastfeeding, related to ever-breastfed, exclusively breastfed at six months, or breastfed at twelve months.

NACCHO distributed a Request for Information (RFI) form via newsletters and NACCHO's Virtual Communities platform to encourage LHDs to apply for the *Improving Breastfeeding Outcomes in the U.S. Southeast Community of Practice*. Fifteen LHDs were selected to participate in three CoP sessions, with more than twenty-five public health professionals.



To further support the CoP, NACCHO recruited breastfeeding professionals with expertise in policy, community organizing, program development, healthcare, research, and lived/living experience to participate in an advisory council. The objective of this council was to shape the feasibility of implementing findings from the CoP, offering additional insights into how to mobilize regional public health systems and communities to improve the breastfeeding outcomes for families in the U.S. Southeastern region. NACCHO distributed invitations to eight breastfeeding experts and advocates based in the region and hosted three sessions to reflect on the findings of the CoP sessions, provide context, offer questions and guidance for the next CoP session, and share resources.

Altogether, both the CoP and advisory council shared feedback and action steps related to the Blueprint's strategies to strengthen programs, reach populations with low rates of breastfeeding, and sustain long-term community impact and support. LHDs shared critical insights into their program structures, strengths, and challenges, fostering collaboration, peer learning, and a network among LHDs in the U.S. Southeast.

From these conversations, four major themes emerged:

- 1) Gaps in Workforce Capacity and Infrastructure Limit Program Consistency and Reach
- 2) Lack of Community-Reflective and Relationship-Based Support Limits Accessibility
- 3) Peer-Driven Support Systems Are Not Utilized
- 4) Partnerships Are Often Lacking or Underdeveloped

This executive summary aims to review each theme, identify pertinent areas for action, and demonstrate the impact of local, community-driven approaches to improve breastfeeding outcomes.

Overview of Themes

1. Gaps in Workforce Capacity and Infrastructure Limit Program Consistency and Reach

Many LHDs reported challenges in filling the need for the breastfeeding support workforce due to the credentialing requirements of lactation professionals. This ultimately limits the scope of breastfeeding support available, as there are staffing shortages of credentialed lactation professionals in LHDs across the U.S. Southeastern region.

This bottleneck in the lactation workforce is a result of barriers to credentialing, including the cost, pathways for community members, preferences for hiring across institutions, the ability to demonstrate need for reimbursement, and establishing qualifying pathways for successful billing. Additionally, breastfeeding programs across LHDs vary in their structure, with some programs being centralized, others fragmented, and many reliant on WIC sites that are under-resourced for the populations they serve.



Areas for Action

- **Acknowledge breastfeeding peer counselors (BFPCs) as a part of the community's lactation ecosystem and leverage their skillsets to improve breastfeeding outcomes for families.** BFPCs consistently demonstrate high value and high impact, yet are often working at part-time status and are under-recognized as a part of the larger lactation support ecosystem. Even more, if handled with care and intention, BFPCs are often the best positioned liaisons between community members and LHD breastfeeding programs.
- **Partner with higher institutions to expand pathways to lactation support.** LHDs should formalize partnerships with universities that serve population-based communities, such as Historically Black Colleges and Universities (HBCUs), Minority Serving Institutions (MSIs), and community colleges. Partnerships with academic institutions can create pathways to credentials and train a workforce that “reflects the communities they serve and helps to address regional workforce shortages.”
- **Develop processes to retain and incentivize staff.** Invest in full-time staff and training, improved infrastructure, and representative hiring. Additionally, if providing opportunities for professional growth, incorporate contracted commitments to serve at the LHD for a designated period of time.
- **LHDs should leverage funds to credential staff.** While grant funds might operate on a fixed period, pooling funding resources to improve staff's technical capacity strengthens the holistic programmatic work of LHDs.
- **Find a designated office or job title responsible for championing breastfeeding services among LHD staff.** WIC clinics serve as consistent anchored spaces to receive, coordinate, and distribute breastfeeding services to the community.
- **Develop consistent processes.** Disjointed services and insufficient staffing impact consistency.

2. Lack of Community-Reflective and Relationship-Based Support Limits Accessibility

Black and African American families—particularly in the Southeastern region of the U.S.—continue to experience low breastfeeding rates, reflecting a lack of family-centered, community-reflective care. The Community of Practice participants shared that developing a program based on one population group or community is largely unsuccessful when applied to Black and African American families in this region. Participants reinforced the need for relationship-based care in a one-on-one format that reflects the experiences and realities of each community seeking care. The Advisory Council shared that “breastfeeding peer counselors are often the only community-reflective support that Black and African American families receive,” making their engagement “essential, not supplemental” to improving breastfeeding outcomes.



Areas for Action

- **One-on-one care that is community reflective or congruent is more effective than group education.** While group education has its place, every family faces unique challenges that require and deserve personalized care delivered by someone who understands and appreciates the family's values, traditions, language, and more.
- **Peer counselors listen, affirm, educate, and guide in a way that brings authenticity, empathy, and credibility to their interactions.** As a result, breastfeeding peer counselors are often better positioned to demonstrate decision-making that leads to better health outcomes, ultimately influencing healthier and sustainable feeding decisions and improving breastfeeding outcomes.
- **Engagement will be low when LHDs don't prioritize hiring program staff who reflect the community being served, and when traditional formats of community engagement are used.** Staff should look like the people in their community, reflecting various community backgrounds. Traditional formats of community engagement such as rigid schedules, formal settings, standardized materials, etc. are often not effective or welcoming and can alienate community members before they even have an opportunity to learn more.
- **Take intentional and organic steps to build a responsive breastfeeding support system, including roles of influence and leadership.** Materials and messaging needs to meet people "where they are" by resonating and affirming healthy decisions. Programs that welcome and respect people's health decisions, rather than aiming to make people conform to rigid systems, will promote trust and information and reduce polarization. Some of these decisions need to come from leadership.

3. Peer-Driven Support Systems Are Not Utilized

Breastfeeding journeys are unique to each family, and one that does not end when a family leaves the birth center or hospital. The transition from clinical care to community support is marked by gaps and missed opportunities that public health professionals seek to address through sustained, practical, family-centered, and continued care experience.



Peer support has demonstrated consistency in improving breastfeeding outcomes, where the one-on-one encouragement from a peer builds trust and makes a profound difference. When paired with the proper support tools, including breastfeeding pumps, educational resources, text reminders, housing drop-in sessions, local partner organizations, etc., and followed up with consistent check-ins, breastfeeding initiation can be increased, and parents can overcome early challenges and navigate feeding decisions with confidence.

Areas for Action

- **Establish structured and consistent tracking systems to monitor family progress and identify needs.** Families can face additional barriers due to their socioeconomic background, geography, income, etc.
- **Invest in peer support as a core component of breastfeeding care.** Funding peer counselor programs, equipping them with the appropriate tools, and integrating peer counselors beyond hospital settings is essential to improving family experiences and outcomes, ultimately reducing gaps in post-hospital discharge and follow-up.

4. Partnerships Are Often Lacking or Underdeveloped

For many families, their networks of support are fragmented or missing altogether. LHDs work hard to bridge these networks through partnerships with hospitals, community organizations, and other key stakeholders. Unfortunately, most LHDs in the CoP reported a lack of formal partnerships, despite commitment from teams to coordinate care across institutions. As a result, families often experience isolated services that don't reflect the full spectrum of their needs.



Areas of Action

- **Dedicate infrastructure to support partnership building and reduce the community’s barrier to collaboration.** Staffing shortages, time constraints, and physical separation of LHDs from other health services make connections and partnerships difficult to sustain. One advisory council member recommended that organizations should “allocate dedicated staff time and funding for partnership and coordination by designating staff hours, funding lines, and/or shared coordinator roles to sustain long-term collaboration.” By formalizing coordination, fewer families receive conflicting guidance or miss out on follow-up support.
- **Memorandums of Understanding (MOUs), commissions, and regional collaborations show promise.** Formal agreements can help clarify roles, streamline referrals, and ensure that families receive consistent and high-quality care across settings.
- **National organizations including NACCHO are vital to convening local partners,** sharing best practices, and helping local teams build the workforce and infrastructure needed to support the community.



Next Steps Based on Advisory Council Considerations

1. **Prioritize** funding for staffing, breastfeeding peer counselor certification, and infrastructure.
2. **Support** community reflective workforce development.
3. **Facilitate** partnership-building among LHDs and hospitals.
4. **Strengthen** partnerships with higher education institutions to expand lactation training pathways.
5. **Distribute** and expand access to adaptable, population-based, and community-relevant resources, training, and technical assistance to strengthen continuity and visibility.

Summary

Local health departments across the Southeastern U.S. share a clear and urgent need for strengthened workforce capacity, community-responsive engagement, and integrated systems of care to advance breastfeeding continuity. Persistent gaps in staffing and training—especially in the recruitment and retention of full-time Breastfeeding Peer Counselors (BFPCs)—continue to limit the reach and consistency of effective breastfeeding services. To address these challenges, sustained investment in professional development, credentialing pathways, and hiring practices that reflect the community are necessary facilitators of continuity of care in breastfeeding support.

Equally critical is the expansion of community-based, relationship-based care that fosters trust and delivers affirming, relevant support to families. A robust breastfeeding support ecosystem depends on intentional partnerships and seamless coordination. Formal mechanisms such as Memorandums of Understanding (MOUs), shared referral directories, and joint convenings among health departments, hospitals, and community organizations can reduce fragmentation, enhance continuity, and build redundant systems of care for families.

Finally, practical tools—including postpartum tracking systems, streamlined referral workflows, and access to essential supplies—are foundational to ensuring families remain supported beyond the clinical encounter. Together, these strategies lay the groundwork for community-informed and data-driven breastfeeding support services to be accessible to all in the community and across the Southeastern region of the U.S.



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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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