



‘Breastfeeding During COVID-19’

by **Roberta Eaglehorse-Ortiz**

Resource List for Providers, Peer Support & Family Members

[American Academy of Pediatrics: Breastfeeding](#)

[CDC: Coronavirus Disease \(COVID-19\) and Breastfeeding](#)

[CDC: Pregnancy, Breastfeeding and Caring for Newborns](#)

[World Health Organization: Breastfeeding Education for Increased BF Duration](#)

Breastfeeding and Postpartum Support Resources

[Global Health Media \(*Breastfeeding Support Videos*\)](#)

[Indigenous Breastfeeding - Parents as Teachers](#)

[Kookum Josephine King Shares a Lullaby to Soothe Baby](#)

[Nursing Mothers Counsel of Oregon - \[Free\] Peer Counseling Support](#)

[Oregon Women Infant & Children Nutrition Program](#)

[Postpartum Healing Lodge](#)

[U.S. Department of Health & Human Services](#)

[Zaagi'idiwin Traditional Prenatal Classes \[see attachment\]](#)

Breastmilk Composition

Breast milk composition: What's in your breast milk?

Nutrition to increase milk (Galactagogues)

Galactagogue Foods: 23 that Increase Breast Milk

The 6 Best Breastfeeding Tea to Increase Breast Milk Production of 2020

Herbs to Increase Milk Supply: A Guide to Galactagogues

Baby Friendly Resources

Baby Friendly Initiatives

Back to work

IHS Baby Friendly Hospital Initiatives

Donor Milk

Eats on Feets (Safe Milk Sharing)

Northwest Mothers Milk Bank

Breastfeeding Peer Counselor/Community Doula training

Evergreen Perinatal Education (Lactation Educator)

HealthConnect One - Community-based, Peer-to-Peer Support

Traditional Health Care Worker info for Oregon Health Authority Registry

Certification in Human Lactation

OHSU-PSU School of Public Health / Certification of Human Lactation (Oregon)

Bastyr University - Lactation Educator Training (Washington)

International Lactation Consultant Association (ILCA)

Oregon Washington Lactation Association (OWLA)

United States Breastfeeding Committee (USBC)

Racial/Ethnic & Economic Disparities in Breastfeeding

2020 - Breastfeeding Report Card, Centers for Disease Control and Prevention

2015 - Racial & Ethnic Disparities in Breastfeeding, Breastfeeding Medicine

2014 - Breastfeeding, Child Trends

Postpartum Maternal/Newborn Microbiomes

Breastmilk-Saliva Interactions Boost Innate Immunity by Regulating the Oral Microbiome in Early Infancy, PLoS One

The Postpartum Maternal and Newborn Microbiomes, MCN, The American Journal of Maternal Child Nursing

Retrograde Milk Flow (Bio Feedback)

Breast Milk and Baby Spit | Mammals Suck...Milk!

COVID-19 and Breastfeeding

Coronavirus Disease 2019 Pregnancy Outcomes in a Racially and Ethnically Diverse Population, American Journal of Obstetrics & Gynecology MFM

Analysis of SARS-CoV-2 Vertical Transmission During Pregnancy, Nature Communications

Outcomes of Neonates Born to Mothers With Severe Acute Respiratory Syndrome Coronavirus 2 Infection at a Large Medical Center in New York City, JAMA Pediatrics

Coronavirus (COVID-19), Pregnancy, and Breastfeeding: A Message for Patients, American College of Obstetricians and Gynecologists

Placental Pathology in COVID-19, American Journal of Clinical Pathology

Zaagi'idiwin

Full Spectrum Indigenous Doula Training

Introduction:

The Birth of Our Nations (pre-contact)
Colonial interruptions
History of Birth for Indigenous Women
Colonial impacts on families
Oppression Wheel teachings

Historical Trauma
Trauma Informed Care
Harm Reduction
Reproductive Justice

Part 2: Grief & Loss

Traditional Ways of Healing

Part 3: Pregnancy

Basic Anatomy/Physiology
Facilitating connections with care providers
Building a relationship with your client
Working through fears
Creating a care plan
Review of tests in Pregnancy
Common Discomforts in Pregnancy

Part 4: Traditional teaching tools

Dreamcatcher
Dilation rings
Breastfeeding teaching tool
Traditional teas/Medicines
Nipple Cream
Cedar Water Spray

Part 5: Labor & Birth:

Birth is a ceremony
Stages of Labor
Mechanics of Labor
When Survivors give birth
Physiology of Pain Cycle
Pharmacological & Natural methods of Pain Relief
Review of interventions

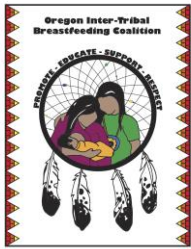
Part 6: Postpartum:

The First Hour
The First Feed: Chest/Breastfeeding
Review of newborn procedures
Creating a circle of support for the new dyad/triad
Postpartum Mood Disorders
Welcoming Song
Cutting the Cord
Naming Ceremony
Welcoming Ceremony
Moss bag/Cradleboard teachings
Rites of Passage

Part 7: Caring for the Caregiver

Journey of a birth worker
Building positive relationships
Building a support system

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The Oregon Inter-Tribal Breastfeeding Coalition (OITBC) is gathering information to assess the infant feeding experiences and needs of the Native community in Oregon, in order to better serve Native families.

This is an anonymous survey. Portland State University students are assisting in offering this survey to the community, If you have any questions please contact us at 503-734-4346 or OITBC.info@gmail.com.

Thank you for participating in this survey!

Please answer the questions in this survey to the best of your ability.
Some questions may not apply to your experience

Gender: Female Male
 Two-Spirit
 Self Identify: _____

Age (current): Under 18 18-24 25-29 30 -39
 40-54 55+

Location where you are taking this survey:

Powwow WIC location Community Event Health Clinic Other location: _____

Please check all the following beliefs you hold about infant feeding and breastfeeding:

- Breastfeeding is healthy for the baby. Breastfeeding requires giving up too many lifestyle habits.
 Breastfeeding is natural. It is embarrassing for women to breastfeed in front of others.
 One year old children should not be breastfed. Breastfeeding helps babies bond with their mothers.
 Breastfeeding helps save money. Women have problems making enough milk for their babies.
 Formula feeding has the same benefits as breastfeeding. Breastfeeding is healthy for the mother.
 Babies should be fed cereal or baby food by three months.
 Breastfeeding is the traditional native way to feed babies

If you have provided support to someone who is breastfeeding or has breastfed in the past, please identify your relationship to the breastfeeder: (Check all that apply)

- Spouse/Partner Mother Father Sister Brother Grandmother Grandfather Aunt
 Uncle Friend Mother-in-Law Health Worker Other: _____

Is breastfeeding considered normal in your family?

Yes No Somewhat

Please briefly list reasons for your answer:

Is breastfeeding considered normal in your community or tribe?

Yes No Somewhat

Please briefly list reasons for your answer:

Is tandem nursing (nursing two children at the same time) something you have seen in your community or family?

Yes No

As far as you know, did anyone besides your mother ever nurse you? Yes No

If yes, for how long? _____

Are you a mother? Yes No

********If you are a mother, please continue onto the next page.********
********If you are NOT a mother, please skip to page 4 (the last page).********

*****If you are a mother, please answer these questions.*****

*****Otherwise, please skip to page 4.*****

Please identify your experience with breastfeeding (check all that apply):

- Currently breastfeeding Have breastfed in the past Never breastfed

During your latest pregnancy, how did you plan to feed your child?

- Only breastmilk Mixed: formula and breastmilk Only formula

How many children have you had total? _____

How many of your children have you breastfed?

_____ At all _____ at least 6 months _____ at least 1 year _____ over 2 years

How many of your children have only received breastmilk? (no formula or other food)

_____ For at least 3 months _____ For at least 6 months

Please mark which kinds of breastfeeding support you have had. (Mark/circle all that apply)

- Information on how to breastfeed Information on the benefits of breastfeeding
 Encouragement and help from family or community Supportive assistance with breastfeeding problems
 Resources providing breast pumps or other equipment Information on your legal rights around breastfeeding
 Other: _____ I did not receive breastfeeding support

Did you participate in classes during (or after) pregnancy? (Check all that apply)

- Childbirth Classes Pre/Post-natal care Breastfeeding/lactation
 Families First Program Other: _____

If you checked any of the boxes above, did you find these classes helpful?

- Yes No

Please explain why or why not:

Did you have access to a lactation consultant after your baby was born? Yes No

If yes, how soon after the birth?

- 2 hours 5 hours 12 hours 24 hours 48 hours Later than 48 hours

Have you participated in any programs that offer breastfeeding support? (Check all that apply)

- WIC La Leche League PHN (Public Health Nurse) Nursing Mothers of Oregon
 Healthy Start Didn't participate in programs that offered support Other: _____

What other kinds of breastfeeding support might have been helpful?

Did any of the following modify or stop your decision to breastfeed?

- Diet Smoking Alcohol Prescription Drugs Illegal Drugs N/A Other: _____

What cultural support did you receive for breastfeeding as a Native woman?

- Elder Support Ceremonial Traditional Healer Midwife No support
 Other: _____

Who do/did you go to with breastfeeding questions, or to get support? (Check all that apply)

- Spouse/Partner Mother Father Sister Brother Grandmother Grandfather Aunt
 Uncle Friends/Neighbors Mother-in-Law Health Care Worker
 Other people: _____ N/A

Have you ever had breast surgery? Yes No

What kinds of support did you receive with the surgery and its possible effects on your breastfeeding experience?

******If you are a mother, please answer these questions.******
******Otherwise, please skip to page 4.******

Did you experience any pain or health problems while breastfeeding? Yes No N/A
If yes, did this cause you to stop breastfeeding? Yes No N/A

Did you get support for these issues from the community or other resources? Yes No N/A
If no, what kind of support do you think might have been helpful?

Have *you* ever nursed someone else's baby for them?
 Yes No N/A
If yes, for how long? _____

Has *anyone else* ever nursed your baby?
 Yes No N/A (I have never given birth)
If yes, for how long? _____

Have you ever used a breast pump? Yes No
If yes, did your health insurance provide the breast pump or the financial support to purchase one? Yes No
What was this experience like for you?

Where were your children born? (Check all that apply)
 Home Hospital Birth Center Other: _____

Did you experience pregnancy or giving birth while incarcerated? Yes No

Was surgery involved in any part of your baby's delivery?
 Yes No
If there was an effect on your milk supply, please explain:

If yes, did you feel that surgery had an effect on your milk supply? Yes No

Did you begin using birth control after your child's birth? Yes No
If yes, please write in why:

If you did start birth control, what kind of birth control did you use?
 Oral/Pill Norplant (implant in the arm) Nuvaring (vaginal ring) Depo Provera (shot)
 IUD (implant in uterus) Other: _____

Is there anything else you would like to share about this experience?

Have you ever lost a pregnancy after 20 weeks? Yes No
Have you ever had a child pass away within the first year of life? Yes No
If yes, was this child breastfed? Yes No N/A

If you were producing milk for this child, did you continue to produce milk for other babies, or dry it up?
 I continued to produce milk for other babies I allowed the milk to dry up naturally
 I never produced any milk Other: _____

If you have had this experience, where did you receive support for it?

What other kinds of support might have been helpful to you?

******Everyone please answer these questions whether you are a mother or not.******

Do you currently work or volunteer to help women with birth or breastfeeding? Yes No

If yes, please provide a brief description of your experience/involvement:

Are you interested in helping women be successful with breastfeeding?

Yes No

If yes, what kind of support would you like to offer? (Please check all that apply)

Volunteer Provide education Breastfeeding Peer Counselor Become a Postpartum Doula

Become a Birth Doula

I would like to offer another kind of support: _____

Number of people in your household (including yourself): _____

Annual household income:

Under \$15,000 \$15,000-24,999 \$25,000-34,999 \$35,000-44,999 \$45,000 or above

Do you receive any of the following benefits or services? (Check all that apply)

SNAP/Food Stamps/Oregon Trail Medicaid Medicare OHP/Healthy Kids SSI/SSD

Unemployment benefits Section Military benefits Other: _____

Which best describes the location of your home:

Urban city/town: _____ Reservation: _____

Rural location: _____ Other: _____

What county do you live in? _____

Please list any tribal affiliations:

Optional:

Additional comments or experiences you would like to share more about: (Feel free to write in any style that expresses your thoughts and experiences, and feel free to draw pictures if that is the way you would like to share your experience.)