

Breastfeeding Community Resources in Hawai'i: Gaps and Needs

A report for the Hawai'i State Department of Health's
Chronic Disease Prevention and Health Promotion Division

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Executive Summary

Background

The Department of Health's Chronic Disease Prevention and Health Promotion Division's (CDPHPD) efforts in recent years have focused on the Baby Friendly Hawai'i Project, which works with hospitals to improve systems to support breastfeeding. However, CDPHPD recognizes that community supports are important in helping mothers continue breastfeeding after discharge, and efforts to bolster community supports are necessary. The goal of this study was to understand what gaps exist in community breastfeeding resources, what challenges hospitals and organizations face in providing supports for breastfeeding, and what solutions are necessary to overcome these gaps and challenges. The data will be used to inform CDPHPD's future programmatic efforts and grant applications. It will also be shared back with key stakeholders working to improve supports for breastfeeding statewide.

Methods

Interviews and surveys were conducted with 32 key informants at hospitals and community organizations in each county from March-May 2019. Key informants were identified through breastfeeding resource lists and interviewee recommendations. Data were coded for themes across all counties and types of organizations.

Key findings

Throughout the state there are gaps in community and clinical breastfeeding resources and access to those resources. **There are few outpatient lactation clinics, home visiting programs, and peer supports available for breastfeeding mothers.** Gaps in resources are largely a result of poor or lacking reimbursement for lactation support services and challenges with developing the state's International Board Certified Lactation Consultant (IBCLC) infrastructure, including gaps in IBCLC training and job opportunities. Lack of insurance coverage for breastfeeding support services creates cost barriers to accessing services and creates a high demand for the limited free services. Staff capacity, turnover, and funding issues are among the biggest challenges community organizations face in expanding lactation services.

A variety of solutions were suggested to address gaps in access, including working to improve insurance reimbursement for lactation services, offering training opportunities to increase the number of IBCLCs in the state, and creating more grant funding opportunities to help organizations increase staff capacity and provide more services. Key informants also asked for a statewide online resource list to be developed to improve mothers' and physicians' awareness of resources. However, during data collection, we discovered that there are existing resource lists that many of the key informants themselves were not aware of. Creating a network for lactation professionals could improve awareness of current resources and trainings.

Neighbor island and rural communities have the largest gaps in access to breastfeeding resources, as most resources are on O'ahu and in urban areas. These mothers face other access challenges impacting breastfeeding, including few providers able to treat tongue-ties, pediatrician shortages, and lack of breastfeeding supply retailers. For geographically isolated areas, creative solutions

were proposed such as developing telemedicine for lactation services, opening satellite lactation clinics in community buildings, and cross-training home visiting staff, community health workers, and bilingual health aides in breastfeeding counseling to expand home visiting lactation services and peer supports. To improve equitable access to resources statewide, key informants called for more resources in underserved areas and more training opportunities for lactation professionals on neighbor islands.

Lack of education about breastfeeding prenatally and in the hospital was another main gap identified. Some of the factors leading to educational gaps are that physicians are not trained to address breastfeeding challenges, there is a lack of time in physician visits to educate mothers, and not all hospitals have dedicated lactation departments. Key informants wanted to see a more concerted effort to educate mothers prenatally, and felt that physician education is necessary to both improve prenatal breastfeeding education and build physician capacity to help mothers with challenges. They also want hospitals to provide more in-hospital lactation supports and to take responsibility for breastfeeding after discharge.

The lack of community and workplace supports for breastfeeding was another key gap identified. Employers lack awareness of breastfeeding laws and how to support their breastfeeding workers. Despite the laws, some mothers do not have space or time to pump and fear losing their jobs if they ask for accommodations. There is also a lack of community education about breastfeeding and lack of support for mothers who breastfeed. Social norms consider breasts to be sexual and not for nourishment, which makes people uncomfortable with public breastfeeding. Also, breastfeeding is thought of as nice, but not necessary because formula has worked “just fine” for generations. Key informants felt there is a need for more education of mothers, employers, and the public in general and, among other efforts, proposed a social marketing campaign to shift norms and conduct that public education.

Conclusion

Many gaps in community breastfeeding resources were identified throughout the state. In order to begin to increase the availability of and access to community breastfeeding resources, efforts should focus on exploring alternative delivery methods for lactation supports (e.g., telehealth) and making systems and structural changes to facilitate growth in the community resources, especially in rural and neighbor island communities. Additionally, more education is needed to better prepare and support mothers on their journeys to successful breastfeeding.

Background

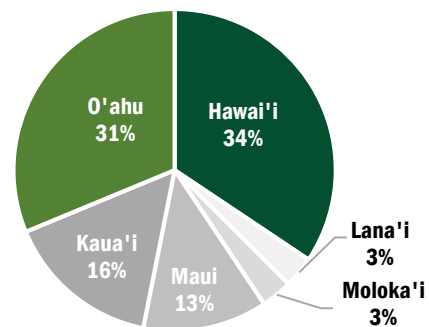
In recent years, the Department of Health's Chronic Disease Prevention and Health Promotion Division (CDPHPD) has focused efforts on helping hospitals make systems changes to support breastfeeding through the Baby Friendly Hawai'i Project, in alignment with Centers for Disease Control (CDC) priorities. However, CDPHPD is aware that community resources play a vital role in helping mothers to successfully breastfeed, and that efforts are needed to ensure resources exist and are accessible. To better understand the landscape of Hawai'i's community breastfeeding resources, they contracted the University of Hawai'i's Healthy Hawai'i Initiative Evaluation Team to conduct the following assessment. The goals of this data collection were to:

- 1) Assess the gaps that exist in community resources to support breastfeeding in Hawai'i,
- 2) Gather key informant perspectives on the challenges that organizations face in providing supports for breastfeeding, and
- 3) Identify solutions that would help to close those gaps and reduce challenges for community organizations that support breastfeeding.

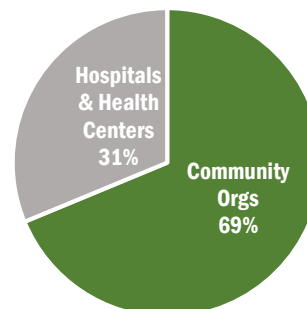
Methodology

Between March 22 and May 28, 2019, the evaluation team conducted interviews and surveys with key informants at 32 organizations and hospitals statewide. Key informants were identified through surveys of hospital partners, lactation support resource lists, and interviewee recommendations. At least 5 organizations and hospitals in each county were interviewed or surveyed. Participants included nurses, doctors, a medical director, a case manager, a community health worker, private lactation consultants, midwives, WIC program coordinators, childbirth educators, La Leche League Leaders, non-profit executive directors, breastfeeding peer counselors, and coalition leaders. Interviews were conducted until there was statewide representation and repetition in themes for gaps, challenges, and needs. Data were coded for themes across all participants and islands. Data collection was approved by the Hawai'i Department of Health's Institutional Review Board.

The majority of interviewees were from Hawai'i and O'ahu, but data included representatives from nearly all islands.



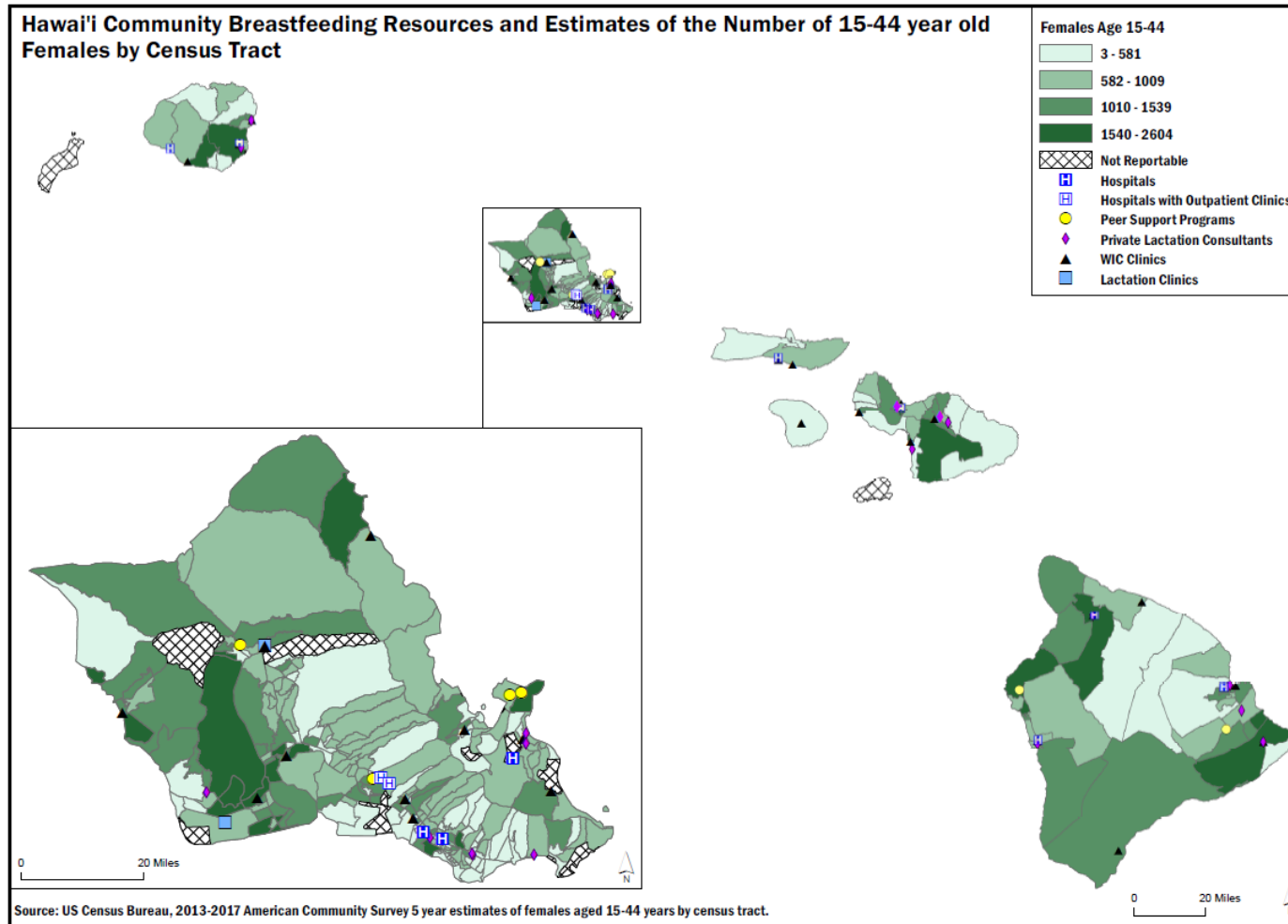
The majority of participants were from organizations in the community.*



*10 out of 12 Maternity Care hospitals in the state were reached

Community Breastfeeding Resources

We learned of over seventy breastfeeding resources statewide (see Appendix), which are mapped below over census data on the number of women of childbearing age in each census tract. The map shows that resources are concentrated in urban areas and on O'ahu, far away from the census tracts with the greatest numbers of women of childbearing age.



Map notes: Due to the small size of the map some resource icons in urban areas are overlapping each other. Also, while we identified many resources through this data collection, we collected information about resources only from the 32 organizations we spoke to, therefore, it is possible that we missed some resources. Also, resources mapped are inclusive of those that have access restrictions (e.g., for those with Kaiser Insurance only, for military families).

During data collection, we discovered that two coalitions have online resources lists of lactation support services in Hawai'i.

Breastfeeding Hawai'i Coalition: <https://bfhawaii.org/index.php/lactation-support/>

Healthy Mothers Healthy Babies Coalition of Hawai'i: <https://www.hmhb-hawaii.org/directory/>

I. Assessment of Gaps in Community Resources

Key informants identified numerous gaps in resources to support breastfeeding that were relevant statewide. Statewide gaps were coded for themes and are organized into three parts: a) gaps in resources and access to those resources, b) educational gaps, and c) other gaps. Key informants also identified gaps specific to neighbor island and rural communities, which are shared in their own section “d” below.

a. Gaps in Resources and in Access to Resources



Lack of Resources

A main gap identified by key informants was the *lack of community and clinical resources* available throughout the state to support mothers when they have challenges with breastfeeding. There are *few outpatient lactation clinics*, and those that exist are available only to patients of those particular facilities (e.g., Tripler Army Medical Center or Kaiser Moanalua) or pediatric groups. *Lack of peer supports*, such as La Leche League and peer counseling programs, and *lack of home visit supports* were also gaps identified. Peer counselors are a valuable resource to help educate mothers because they understand the language, cultural norms, and practices of their peers. However, not all communities and not all ethnic groups within communities have peer educators. Interviewees also spoke of how home visits are necessary to overcome the barriers new moms face in seeking lactation support services, such as lack of transportation, mobility issues while healing from delivery, or post-partum depression, but that there are not enough home visiting services generally, much less focused on breastfeeding support.



Lack of Awareness of Resources

In addition to gaps in resources, many interviewees noted that there is a *lack of awareness of existing resources*. They said that mothers don't know what services and supports are available, so they seek information from sources such as Facebook, which can sometimes result in misinformation. Feeling unsupported and not knowing where to turn for help can also lead to quitting breastfeeding. Community organizations felt that physicians should do a better job of educating mothers prenatally about resources. At the same time, physicians interviewed said they lacked knowledge about what resources exist and have a difficult time in finding out about them. Similarly, some community breastfeeding counselors expressed a lack of awareness of resources beyond their own organizations' services. On many levels, there appears to be a gap in awareness of resources which is limiting mothers' access to lactation support services.



Insurance Reimbursement for Lactation Support Services

Poor or lacking insurance reimbursement is another significant challenge affecting the availability of and access to community breastfeeding supports. Multiple interviewees discussed how lactation services are necessary, but insurers are either not reimbursing, not reimbursing well, or are only reimbursing for lactation support services from specific types of providers (e.g., IBCLCs* who are also physicians or nurse practitioners). Low rates of reimbursement do not adequately compensate for the time it takes to assess the baby's latch and give guidance, which means that it is not financially feasible for IBCLCs to open private lactation consulting businesses. Physicians in small private practices also have challenges with capitation

*IBCLC - International Board Certified Lactation Consultant

fees not being sufficient for the time needed to provide lactation supports. These challenges perpetuate gaps in lactation support services.



Gaps in the State's IBCLC Infrastructure

Multiple organizations talked about the need for additional IBCLCs in the state to improve resources for breastfeeding, but that the lack of clinical training opportunities in Hawai'i hinders those efforts. Those not already employed by an organization that provides direct breastfeeding supports have challenges finding clinical placements. On the neighbor islands, there are even fewer training opportunities. Those interested in the certification would need to travel to O'ahu or Maui to get the required 300+ clinical hours, which creates added logistic and financial barriers. Interviewees also indicated there are few positions for those with an IBCLC certification alone. Positions at WIC and hospitals require a separate degree, such as Registered Dietitian or Registered Nurse. Without clinical placement opportunities, jobs for IBCLCs, or financial benefit to the certification, there is little incentive to become an IBCLC. Lack of continuing education opportunities to maintain certification, especially on the neighbor islands, was another barrier to expanding the IBCLC infrastructure in Hawai'i.



Costs of Available Resources

Due to reimbursement challenges, some private lactation consultants provide a "superbill," which is an itemized list of services, and require mothers to pay for services up front and then submit the superbill to their insurance company, who may or may not reimburse for the services. These out of pocket costs can be a barrier for mothers in seeking services when they are having trouble. Formula can be easier than seeking and paying for help. Interviewees also spoke of how *costs create disparities in access to breastfeeding resources*. They noted that affluent mothers can pay for private services and low-income mothers can get support through WIC, however middle income mothers have few affordable or free options



Lack of Technology Supports

Multiple interviewees spoke of how this generation of mothers seeks information from electronic and online sources as opposed to in-person. However, they felt there was a lack of reputable resources within the technology-based supports that are preferred by mothers. Interviewees also discussed gaps in lactation telephone resources throughout the state for mothers to call whenever they need help. However, this may be due to lack of awareness of existing resources.



Lack of Access or Delayed Access to Breast Pumps:

Other access challenges include lack of access to breast pumps. Although the Affordable Care Act is supposed to create insurance coverage for breast pumps, it is not uniformly adopted by all insurance plans. While most insurers cover basic, non-hospital-grade breast pumps, not all do. Having to pay for a breast pump can be a barrier to breastfeeding. There can also be delays in breast pump access due to prescriptions not being written until the sixth week post-partum appointment or insurers requiring a mother to mail away for the pump to be reimbursed.



Lack of a Milk Bank

Another gap identified was the lack of a Hawai'i milk bank to improve access to donated breastmilk. Interviewees shared that on Maui there is a lot of casual milk sharing occurring. On O'ahu, interviewees shared that the Kapi'olani Neonatal Intensive Care Unit (NICU) uses banked milk from San Jose. However, because of the high costs of getting banked milk from out of state, once the baby reaches a certain age and health status, he is no longer fed banked milk.

b. Education Gaps

Educational gaps were another main theme identified. Educational gaps are organized around five areas: *education for mothers, hospital education gaps, physician education about breastfeeding, employer education about Hawai'i breastfeeding laws, and community education*. Within these themes a number of structural and systems challenges were revealed that contribute to education gaps (e.g., delayed access to prenatal care, language barriers, lack of hospital lactation departments, etc.).



Education for Mothers

Interviewees talked about how there is a *gap in prenatal education about breastfeeding* and where to get support post-discharge. Specifically, interviewees felt that obstetricians (OB) could do more to educate mothers to prepare them for breastfeeding and connect them to resources during pregnancy. They shared that mothers are more likely to successfully breastfeed if they have a plan to breastfeed prenatally. Mothers are also more likely to seek help with challenges if they have engaged with a lactation support person prenatally. However, interviewees recognized that there are challenges to educating mothers about breastfeeding prenatally. Mothers sometimes have *delayed access to prenatal care*, which can mean less time for prenatal breastfeeding education. Also, *delayed access to WIC services* can result in women being ineligible for the extra peer supports from the WIC Breastfeeding Peer Support (BFPC) Program, as Hawai'i WIC limits eligibility for BFPC to women who enroll in services within the first trimester of their pregnancies. They also said that mothers can be so focused on the delivery or think breastfeeding will happen effortlessly and therefore they do not absorb prenatal breastfeeding education. They added that mothers can *lack a basic understanding of newborn sleep and eating cycles* which can lead to frustrations with breastfeeding and quitting. *Language* can be another barrier to education around breastfeeding. Interviewees talked about how they may not speak their clients' language and do not have translated materials to give out.

Postnatally, interviewees identified gaps in mother's education about *how to use their breast pumps effectively*. Mothers may think they are not producing enough milk and as a result quit breastfeeding or supplement with formula. Some mothers *lack an awareness of their rights to pump at work*, or they may know the laws but may not know how to approach their employers for accommodations and have fears about getting fired for doing so.



Hospital Education Gaps

Another gap raised was a lack of education in the hospital before discharge. This can be due to a *lack of dedicated lactation consultant positions or lactation departments within all hospitals*. Floor nurses

have other responsibilities and don't have time to provide lactation education. They may also lack training to assist mothers with breastfeeding challenges. Key informants also spoke of inconsistent breastfeeding messaging between all staff interacting with mothers (doctors, nurses, staff, etc.) which can lead to confusion.



Physician Education about Breastfeeding

One explanation of why physicians are not educating mothers about breastfeeding or supporting them when they have challenges, was that OBs and pediatricians are generally not taught about breastfeeding during medical school and therefore often may not be comfortable helping a mom with breastfeeding challenges. Interviewees said that there is a sense that it is often easier for a doctor to tell the mom to give the baby formula. One physician interviewed also pointed out that even if they are trained and are comfortable with giving guidance for basic lactation issues, most are not IBCLCs with specialty training to assist with complicated breastfeeding issues, and thus need to refer mothers to limited external resources. Another physician said that watching a complete latch and feeding, in order to provide proper guidance, takes a long time. Physicians often don't have this much time in their schedules and/or won't be reimbursed if they take this time. These physicians called for more lactation resources and more awareness of existing services to refer mothers.



Community Education

The lack of community knowledge of the importance and benefits of breastfeeding is another gap impacting successful breastfeeding. Key informants pointed out that social and cultural norms can be unsupportive of breastfeeding. Breasts are seen as sexual, not for nutrition, therefore there is shame and discomfort with public breastfeeding. There is also a cultural and social belief that formula is fine because it is what grandparents used in raising their children, and their children "came out fine." Also, many grandparents care for babies when mothers return to work. Mothers can face pressure from grandparents or family members to give their baby formula because it is easier and socially acceptable in many contexts.



Employer Education about Hawai'i's Breastfeeding Laws

Another gap shared was around *employer education of breastfeeding laws*. Interviewees talked about how employers lack education about providing time and private space for breastfeeding employees, and that women can't be fired or penalized for pumping at work. They also felt that employers don't understand how breastfeeding works and how not pumping regularly can create breastfeeding challenges. Interviewees from across the state agreed that despite the laws, there is a *gap in workplace supports* for breastfeeding. This is particularly true for women who work multiple jobs and in specific industries, such as the hotel industry, fast food industry, or on farms where private rooms to breastfeed are not available and work duties have less flexibility for pumping breaks. Interviewees also felt that there is no one accountable in the state to educating employers about the laws.

c. Other Gaps



Lack of Universal Paid Family Leave

Related to gaps in workplace supports, one major gap identified is the lack of universal paid family leave to keep mothers and newborns together for as long as possible after delivery. Many of the key informants talked about how mothers that need to return to work shortly after delivery, due to financial constraints or fear of losing their jobs, are less likely to initiate breastfeeding, and if they do breastfeed, have challenges maintaining their milk supplies.



Data Gaps

A few key informants brought up data issues, including the fact that the Pregnancy Risk Assessment Monitoring System (PRAMS) data is very delayed and that the Newborn Metabolic Screening program data on exclusive breastfeeding is not a good indicator of successful breastfeeding because it is collected immediately after birth before many mothers face challenges in breastfeeding, which can happen over time and once they leave the hospital. They felt that the data currently available around breastfeeding in the state is at too large of a geographic level to be meaningful because there are vast differences in breastfeeding rates within each island and between communities associated with different hospitals on all islands. They also felt that data is not easily available to communities and partners doing breastfeeding work. A couple of organizations also shared that they lack capacity to run their own data to look at breastfeeding rates at a more local level.

d. Gaps in Neighbor Island and Rural Communities

While interviewees raised many challenges and gaps in community breastfeeding resources throughout the state, they also identified several unique gaps on the neighbor islands and in rural communities.



Equitable Access to Resources

Key informants brought up that there is a *lack of equitable access to the existing resources*. Neighbor island communities have fewer resources, especially free ones, than O'ahu, and resources on all islands tend to be centralized in urban areas. They specifically noted that mothers in rural or geographically isolated communities, such as Ka'u and Oceanside on Hawai'i, Hana and Kula on Maui, and even Wai'anae and the North Shore on O'ahu, have limited access to home visit and private practice breastfeeding supports, even if they can afford them. Mothers living in these rural communities have reported that it is not feasible to take their baby to town to get help, and return if they need additional assistance, due to lack of transportation and challenges with loading a newborn into a car and driving long distances.

There are further disparities in access to post-partum resources depending on the hospital that is in a mother's community or the type of insurance she has. Interviewees reported that some hospitals are better resourced with lactation departments and phone lines, and that they encourage patients to call when they have challenges. Additionally, informants reported that Kaiser members on Kaua'i, Maui, and Hawai'i do not have access to the same hospital and outpatient lactation supports that O'ahu members do.



Physician Shortages

There are also *physician shortages* in general in some communities, which makes getting a pediatric appointment difficult. One pediatrician shared, that while pediatricians may not have specialized training in lactation consulting, they can provide supports for breastfeeding if a mother is able to see them in a timely manner. Pediatrician access is particularly challenging on Hawai'i island for babies who are unvaccinated or born at home, as few physicians are willing to see these patients, which can lead to delays in access to pediatric services and referrals to additional supports, such as those to address tethered-oral tissue or tongue-tie.



Access to Tongue-Tie Treatment

In rural and neighbor island communities it can be difficult to get babies diagnosed and into treatment for tongue-ties due to lack of dentists and physicians to do the procedure. Interviewees reported sending their clients to providers outside their community or off-island for treatment. Additionally, there can also be insurance and cost barriers. Some insurers require a physician referral for treatment which can delay treatment and prolong latch and breastfeeding difficulties. As previously noted, there are additional barriers and delays in getting tongue-ties addressed for unvaccinated or home birth babies. Out-of-pocket costs for the procedure can be high for those who do not want to wait for insurance approvals as well. Accurate diagnosis of tongue-tie is another challenge. Informants reported that when a tongue-tie is the cause of breastfeeding challenges in a first child, and it is not diagnosed and resolved, a mother will be less willing to attempt breastfeeding with future children.



Gaps in Access to Breastfeeding Supply Retailers

On Maui and Hawai'i islands, there are few retailers that sell breastfeeding supplies, such as a latch assists, supplemental feeding systems, and breast pump parts. If a mother needs these supplies, she must order them online, which takes time. Not having necessary supplies to alleviate breastfeeding issues, can be a problem when babies are not getting enough nutrition.



Challenges for Mothers Delivering Off-Island

Specific challenges were brought up by interviewees from islands where mothers need to travel off-island to deliver their babies. On-island providers said there tends to be a gap in supports for patients to prepare them for their return to home after delivery. They felt that mothers who have to fly home need extra guidance and supports around breastfeeding, which they don't currently get before discharge. Interviewees also felt that there tends to be a gap in linkages and communication between the delivery hospitals and mothers' on-island care providers. When mothers have challenges, they call the hospitals for supports and don't follow-up with their on-island providers. Furthermore, delivery hospitals don't share with on-island providers the information that they tell the mothers. On-island providers called for improved communication from hospitals or using telehealth to conduct joint calls with hospitals, patients, and on-island providers. On-island providers can be a valuable support for mothers and hospitals because they can see patients more regularly and can more effectively conduct follow-up care.

II. Challenges in Providing Supports for Breastfeeding

Organizations and hospitals were also asked about the challenges they face in providing supports for breastfeeding. Themes were developed across all key informants and organizations. Many of the gaps raised in the section above were also noted by organizations as challenges they faced in providing breastfeeding supports (e.g., reimbursement issues, lack of incentives to become IBCLCs, lack of training opportunities, etc.). To avoid repetition, only challenges, which supplement those identified in the gaps section of the report, are shared below.



Staff Capacity, Turnover, and Funding Challenges

Staff capacity, turnover, and funding were challenges in providing supports for breastfeeding raised by many of the organizations and hospitals. Staffing shortages and turnover makes it difficult to meet the high demands for services. Some organizations shared that they need IBCLCs to help their mothers with complex issues, but that they lack IBCLCs on staff to provide that help. They also lack funding and training opportunities to get staff trained as IBCLCs. As previously mentioned, when hospitals and clinics do not have dedicated IBCLCs or lactation departments, other job duties limit nurses' capacity to provide lactation supports as well. Turnover is another challenge. Because IBCLCs are so well trained and generally have advanced degrees (e.g., Registered Nurse), it can be difficult for non-profit organizations to pay high salaries to retain staff. Also, inconsistent funding can make it difficult to keep staff and provide services. Funding also limits the ability to expand services to meet high demands. Organizations like the La Leche League do not have any funding for their support services, which limits the telephone and in-person supports they can provide. While grant funding would help organizations sustain and expand their work, some organizations shared they lacked the capacity to write grants and that funding tends to be for new programs, not established ones.



Limited Time to Educate Moms and Address Challenges

Related to staff capacity, organizations talked about how one-on-one consultations can require significant time, which can limit the number of clients that can be seen in a day. Also, high demand for services means that appointment times for services like WIC breastfeeding counseling are limited. In general, counselors shared that there is not enough time in a prenatal visit to cover everything a mother needs to know about their pregnancy, delivery, and breastfeeding.



Low Attendance for Services

Some organizations shared that getting mothers to attend classes and services is a challenge. Working mothers have limited time or competing priorities that make it difficult for them to attend breastfeeding education classes or post-partum support groups. Classes also tend to be held during working hours. Some WIC clinics and La Leche League groups spoke of how their mothers may be less committed to attend classes and support groups because the services are free. Organizations also said lack of transportation and parking costs can deter mothers from attending classes and accessing services.



Cultural & Family Challenges

Organizations shared that they face challenges in educating moms and supporting them in their breastfeeding efforts due to cultural and family factors. As previously mentioned, when mothers lack family supports or face pressure to use formula, it can be difficult to effectively support and educate mothers. It can be also difficult to change behaviors to support breastfeeding due to non-evidence-based, but deeply rooted cultural practices, such as adding cereal to breastmilk to help babies sleep through the night, feeding formula only because “fat babies are healthy babies,” or feeding both formula and breastmilk to “hedge your bets” to prevent infant mortality.



Social Determinants of Health Affect Breastfeeding

Finally, rural and neighbor island organizations talked about how some of the patient populations they serve are high risk, low-income, and underserved. These moms face a variety of financial and life situations that make prioritizing breastfeeding challenging. Women may want to breastfeed, but it may be a low priority on their lists if they are homeless, have financial difficulties, do not have enough food to eat, are in abusive relationships, or have other life challenges. Addressing mothers’ social determinants of health is critical to improving supports for breastfeeding.

III. Solutions to Gaps and Challenges

Interviewees were asked about what would help to alleviate some of the challenges they faced in providing breastfeeding supports and what the DOH's Chronic Disease Prevention and Health Promotion Division (CDPHPD) could do to both support them and address community gaps around breastfeeding. Solutions are organized around a) improving access to resources, b) education solutions, and c) other solutions.

a. Improving Access to Resources



Improve Reimbursement & Funding Supports for Lactation Services

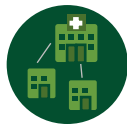
The most frequently discussed solution to addressing both community gaps and organizations' challenges was improving reimbursement of, and funding for, lactation support services. Interviewees want to see breastfeeding support services to be covered by all insurers and suggested legislative action to achieve this. They would also like to get paid adequately, and not be expected to volunteer their time or expand their scope of practice under global fee structures, for the important supports that they provide to improve Hawai'i's breastfeeding rates.

Interviewees also wanted help with grants and funding to improve community access to breastfeeding supports. Grant funding would enable them start more breastfeeding support groups, increase home visiting services, offer more breastfeeding prenatal classes, add staff to their warm lines, and develop text messaging systems. Other interviewees wanted grant funding to *help more providers get trained in tongue-tie release*, to enable more staff to become IBCLCs, to host on-island trainings, and to pay for travel to attend continuing education classes on O'ahu or the continental US. WIC offices also spoke of the need for grant funding to buy incentives to encourage high risk populations to participate in breastfeeding peer support program activities and other services. Finally, a few key informants felt that in general there should be a monetary incentive given to all women who successfully breastfeed until 6 months.



Telemedicine

Interviewees suggested exploring *telemedicine* to improve access to breastfeeding support services for underserved communities and statewide in general. This would create access for mothers in rural and neighbor island communities, where there are few resources, and would reduce transportation and post-partum barriers that prevent all mothers from seeking supports. One organization is exploring technology that enables a mother to talk to an Advanced Practice Registered Nurse (APRN) through FaceTime. This type of technology has high start-up costs and would take time to implement, so they are also exploring partnering with DOH's telehealth initiative. Additional funding supports would help. One hospital uses telemedicine through a smartphone and a program called Vidyio, for some of their Pediatric Intensive Care Unit patients. They suggested implementing such a service for breastfeeding supports but noted that it would require working out things like billing, privacy concerns, and liability coverage. They shared that using telehealth for lactation supports has some risks, like not being able to physically touch a patient limits providers' ability to detect if breast cancer was a cause of breastfeeding challenges. Interviewees also spoke of the need for more warm line services that are accessible statewide so that mothers have somewhere they can call when they need help, no matter where they live or what time it is.



Facility Spaces for Services & Satellite Clinics

To increase access in underserved communities, interviewees suggested offering lactation support clinic hours in more locations in the community by making use of existing facilities such as libraries, DOH offices, or health centers as satellites for clinic hours. A few different stakeholders wanted to see DOH create outpatient breastfeeding clinics on all islands. They suggested that clinic services could be on a sliding scale based on income. Other organizations like the La Leche League and Breastfeeding Peer Counseling Programs typically hold classes in their communities but said they often struggle to find locations to hold their events. Having support to use existing facilities (e.g., joint use agreements) could improve access to peer supports in underserved areas.



Expand Home Visiting Services

Expanding both public and private home visiting services was another suggestion to improve access in geographically isolated areas where moms have to travel far to get services. One Community Health Worker (CHW) interviewed noted that CHWs who do home visits could be an asset but that training opportunities would be needed so they could do breastfeeding counseling. A collaboration with the WIC Program has provided training to CHWs in the past and may be an option in the future.



Expand Peer Support and Education Programs

Interviewees talked about how mothers of different ethnic groups have different cultural practices and needs, and that peer counselors are critical to effectively educate and provide supports to mothers. Multiple key informants called for the expansion of the Breastfeeding Peer Counseling Program (BFPC) through WIC or the development of other programs, not just for WIC participants, so there is a network of peer counselors who are accessible in different communities and can serve Hawai'i's diverse population. More organizations on the neighbor islands are needed to sponsor BFPC programs in areas that do not currently have them. One person thought that the DOH's bilingual health aides could be cross-trained as Certified Lactation Consultants (CLCs) or breastfeeding counselors in order to provide additional culturally relevant, in-language, breastfeeding services. Another solution to expand access to BFPC programs was for Hawai'i WIC to consider a policy change to allow enrollment in the BFPC program at a later stage of pregnancy, since currently WIC-eligible women need to enroll in the first trimester to be eligible.



Improve Hospital Systems and Supports

Interviewees also spoke of a variety of hospital systems improvements that they would like to see to better support breastfeeding in Hawai'i. They felt that more hospitals need to offer *outpatient lactation clinics* to support their patients post-discharge. They also wanted to see all maternity care hospitals have *dedicated lactation departments and staff time* to provide one-on-one counseling to patients before they are discharged. Key informants proposed that state funded Hawai'i Health Services Corporation hospitals could be legislatively mandated to create IBCLC-RN positions dedicated to providing lactation supports. They also suggested that all hospitals should take *responsibility for breastfeeding rates post-discharge* and that perhaps payment structures could be tied to performance on breastfeeding at 6 months post-partum. One person suggested that hospital lactation

consultant duties should include a follow-up with mothers 2-3 days post-discharge to identify problems and make referrals to additional supports, especially for mothers who had challenges in the hospital. Overall, key informants felt that insurers needed to be engaged to help pay for lactation care and provide payment incentives for hospitals who meet some benchmark of exclusive breastfeeding.

Interviewees also wanted to see continued support for hospitals in becoming Baby Friendly Designated or *adopting Baby Friendly practices and policies*. One person wanted to see legislation to have Hawai'i become a Baby Friendly State by 2025.



Support IBCLC infrastructure in the State

Interviewees wanted to see more efforts to expand the IBCLC infrastructure in the state. They wanted more training opportunities and improvements in financial incentives to become an IBCLC.



Resource Lists and Information

To address the gaps in reputable online resources that are preferred by mothers of this generation, interviewees wanted more online information to be developed (such as a Facebook page with accurate breastfeeding information). They also wanted an online list of breastfeeding resources statewide that could be shared with all mothers, doctors, and referral organizations. They felt that having this list would improve mothers' and doctors' awareness of where women can currently seek help with breastfeeding challenges. However, as previously noted, two Hawai'i coalitions already have online resource lists. Dissemination of any resource list developed is important to ensure it is utilized.



Local Milk Bank

A local milk bank would improve statewide access to donated breastmilk for all mothers who are not producing enough milk and would enable continued access to banked milk for NICU babies once they reach the age in which banked milk is generally stopped. Through this data collection we learned that there is an organization currently working to establish a Hawai'i milk bank with donation centers statewide.

b. Education Solutions



Education for Mothers

The majority of key informants felt that there was a need for a more concerted effort to educate mothers prenatally about breastfeeding. They felt that earlier prenatal education would catch mothers before they have made a decision on whether or not to breastfeed and help them to better prepare for cluster feedings, newborn behavior, and the challenges of breastfeeding. They wanted to see an increase in prenatal community education classes held in evenings and on weekends so working mothers can attend. They also wanted OBs to take more responsibility for educating mothers about breastfeeding. Additionally, to help them better educate mothers who speak different languages, interviewees wanted breastfeeding education materials translated into different languages. Micronesian, Marshallese, and Ilokano were languages specifically requested by key informants.



Education for Physicians

Education for physicians was another solution raised. Physicians need more education on the long-term benefits of breastfeeding for both babies and mothers, so they will be more supportive of breastfeeding. They also need education about how to help mothers with breastfeeding challenges. Interviewees recommended having education come from their peers, be held on Saturdays, and that food and payment be offered to incentivize physician attendance. They also suggested advertising the online breastfeeding education provided by physician groups such as the American Academy of Pediatrics (AAP). A number of key informants wanted the University of Hawai'i's John A. Burns School of Medicine to include breastfeeding as a part of residency training. Because physicians are so influential on patient decisions and success in breastfeeding, interviewees also felt here needs to be more pressure on doctors to take responsibility for their patients' breastfeeding education. Finally, they felt that physicians need to be educated on existing support resources so that they can refer patients to those resources when they have challenges. One physician recommended contacting the AAP Hawai'i Chapter or the Hawai'i Medical Association for email list-servs to share information with doctors.



Training Opportunities for Nurses and Lactation Consultants

Interviewees would like to see more educational opportunities or certificate programs so more people can get trained to provide breastfeeding education and supports to mothers. They specifically wanted to see increased clinical training and educational opportunities to increase the number of IBCLCs in the state. However, they also called for all types of training opportunities so no matter what a person's current certification, they could continue their education and increase their certifications (e.g., from a Certified Lactation Educator (CLE) to a Certified Lactation Consultant (CLC) or from a CLC to an IBCLC). Non-hospital clinic staff talked about how having more of their nurses and staff trained, even with in-service trainings, would improve supports and reduce the burden on physicians' to educate mothers about breastfeeding during short appointments. Interviewees also felt that standardized training is necessary so that all nurses, CLCs, IBCLCs, doctors, WIC breastfeeding counselors, etc., who interact with breastfeeding mothers, are giving mothers the same evidence-based messages about breastfeeding. They noted that continuing education credits are important to incentivize participation and enable people to maintain their certifications.



Employer Education about Hawai'i's Breastfeeding Laws

Key informants wanted to see education campaigns for employers about the breastfeeding laws to improve workplace supports for mothers. They also wanted a state agency to be accountable for educating employers.



Education Campaigns

Multiple interviewees want DOH to develop a social marketing campaign to shift social norms so breastfeeding is considered normal and natural by everyone, and to help the community understand breastfeeding. They called for the use of social media or online platforms to educate millennials and younger mothers about the benefits of breastfeeding. They also suggested developing a campaign to target first time mothers because informants felt that if mothers can successfully breastfeed their first child, they will be more likely to successfully

breastfeed subsequent children. One interviewee felt that there was a need to reframe the dialog to be not about the benefits of breastfeeding but the hazards of not breastfeeding.

c. Other Solutions



Equitable Supports for Neighbor Island and Rural Communities

Interviewees called for more equitable access to supports and lactation services on neighbor islands and in rural communities. They would like efforts to focus on increasing supports in underserved locations.

Neighbor island providers and health care facilities also called for equitable access to resources. They want access to the same trainings, opportunities, and materials that are given to large O'ahu hospitals. They also want those hosting educational opportunities on O'ahu to allocate funding for travel scholarships to help neighbor island lactation consultants, educators, and providers to participate.



Paid Family Leave

Another solution to create equitable access, improve workplace supports, and better support mothers wanting to breastfeed is to enact a policy to enable all families to have paid leave, ideally for 6 months, but at least six weeks. This would enable women to stay with their newborns longer and reduce disparities for mothers in hourly-wage jobs without paid leave.



Paid State Coalition Coordinator

One specific request was that DOH create a paid, full-time coordinator position to run the state's breastfeeding coalition and work to address these gaps and challenges around breastfeeding supports. Interviewees talked about how many other state's breastfeeding coalitions have a paid coordinator/president position embedded into the state government agency.



Embed Breastfeeding into All State Agency Work

Interviewees felt that DOH's CDPHPD could work to help other programs in the department or other state agencies to always consider breastfeeding in the work that they do. For example, they said that the Department of Human Services' Home Visiting Program could link families with resources and educate them on breastfeeding as part of their home visit work, that Child Welfare Services can ensure they are protecting breastfeeding when mothers are incarcerated, that the Department of Transportation could do things like add breastfeeding pods to Hawai'i airports when renovating them, and that the Hawai'i Emergency Management Agency's emergency preparedness plans include those for young child feeding during disasters.



Networking and Information Sharing for Lactation Counselors

Some of the interviewees spoke of the need to create a statewide network of lactation professionals, so information about breastfeeding resources for moms, training opportunities, and state level activities could be shared. Also, many of the organizations had very specific needs, such as help in promoting their services, finding educational speakers for peer support groups, and finding locations to hold peer group meetings. A network group could enable

members to reach out to others in the community to share creative solutions and support each other in these needs.



Data and Research Supports

To address data gaps, interviewees called for better data and better access to data around breastfeeding. Interviewees wanted follow-up with mothers longer than 24-48 hours after delivery, to get more accurate breastfeeding rates and to understand why mothers may have quit despite their plans to breastfeed. They expressed a need for data at a more local level than is currently available through the PRAMS and Newborn Metabolic Screening Program data and felt that data should be better shared back with communities and organizations doing the work, in order to celebrate successes and identify further gaps. They also wanted better transparency around hospital exclusive breastfeeding rates. Finally, they wanted support to build their capacity to collect and run their own data on the breastfeeding rates of the clients they serve.

Several research needs were also identified. Interviewees wanted to see the generation of new research to further develop the evidence base that breastfeeding positively impacts lifetime health outcomes and actuarial evidence to support insurance coverage for lactation support services. They also wanted research evidence to inform clinical practices and garner support from leadership of hospitals and other health care organizations to implement those practices.

Conclusions & Recommendations

Representatives statewide identified a variety of gaps in supports for breastfeeding after hospital discharge and challenges in providing community supports for breastfeeding. Themes revolved around gaps in resources and access, and gaps in education. Addressing the structural barriers to increase resources, such as improving reimbursement structures, creating more clinical training opportunities to improve the IBCLC infrastructure, engaging hospitals in providing inpatient and outpatient lactation supports, and enacting a paid family leave policy, would have the greatest impact on increasing physical and financial access to lactation support services. Data also showed that rural and neighbor island communities have additional gaps in supports for breastfeeding. Exploring creative methods such as lactation support telemedicine, opening satellite clinics in communities, and cross-training home visiting health workers, would facilitate more equitable access to resources statewide.

While this data collection revealed many gaps in resources, it also revealed a lack of awareness of existing resources on many levels. Better dissemination of information about existing resources would not only bolster mothers' and doctors' awareness, but would also improve awareness among lactation professionals. During data collection, key informants identified needs that organizations are already providing (e.g., texting support lines, online resource lists, etc.). Key informants called for networking opportunities for lactation support professionals to improve awareness of resources and training opportunities, which may be a valuable and cost-effective effort to address this gap.

Finally, to address gaps in education, efforts should be made to educate physicians so they can better prepare mothers for breastfeeding and provide guidance to mothers when they face challenges. There is also a need for community education and employer education to address gaps in community and workplace supports for breastfeeding. A social marketing campaign could help to shift social norms to be more supportive of breastfeeding and could improve public education about breastfeeding in general.

Limitations

Although we tried to get a thorough statewide perspective by collecting data from each county, including different types of organizations and professionals, and interviewing until themes repeated, our findings are limited. They only represent perspectives from the 32 key informants to whom we were able to speak. There were some key players who did not participate in the study, including representatives from the remaining two maternity care hospitals. As a result, this report is likely missing perspectives from these informants about gaps, challenges, and needs to support breastfeeding.

Acknowledgements

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Appendix B: Breastfeeding Resources by Island*

Hawai'i Island					
Name of Resource	Service offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>Hospital & Clinic Services</i>					
Hilo Medical Center	Breastfeeding class and Lactation Support. Free phone support as well.	1190 Waianuenue Ave Hilo, HI 96720	Breastfeeding class: 1st Monday of month at 5pm in Ground Conference Room		808-932-3371
Kaiser Permanente Hilo Clinic	Lactation support for Kaiser patients.	1292 Waianuenue Ave Hilo, HI 96720	M-F 8:00a-5:00p, by appointment	Darla Bitterman, RN, CLC	808-934-400
Kona Community Hospital	Breastfeeding and lactation support.	79-1019 Haukapila Street Kealahou, HI 96750	M-F, except Wednesdays: 7 am-3 pm for phone consults and in-person appointments with IBCLCs		808-322-4416 (class registration and immediate breastfeeding support); 808-322-4482 (lactation line)
North Hawai'i Community Hospital & Waimea Women's Center	Breastfeeding and lactation support. Free.	67-1125 Mamalahoa Highway Kamuela, HI 96743		Ask for birthing Unit	808-885-4444
<i>Private Lactation Services</i>					
Balancing Birth LLC	Breastfeeding and Breast Pump Counseling. Fee for Service.	Hilo, HI 96720		Sasha Williams, RN, BSN, IBCLC, LCCE	808-936-7532/ sasha@balancingbirth.com
East Hawai'i Midwife Service	Breastfeeding and Breast Pump Counseling			Roxanne Estes, CNM, MSN, APRN-Rx	808-935-0211/midwiferoxy@gmail.com

*Breastfeeding resources were gathered from the Breastfeeding Hawai'i Coalition lactation supports list, the Healthy Mothers Healthy Babies Coalition directory, East Hawai'i Breastfeeding Resource Guide, and hospital resource lists.

Hawai'i Island					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
Family Support Hawai'i - Newborn Enhanced Support Team (NEST) services	Prenatal breastfeeding education; breastfeeding warmline; lactation care provided by text messages and office or home appointments; and lactation supplies. Fee for Service on sliding scale. Free services for qualified individuals.	81-6493 Mamalahoa Hwy Kealakekua, HI 96750		Judy Personius, IBCLC, CBE & Krista Olson, MC-MCH, CH, IBCLC	808-334-4127/nest@familysupporthawaii.org
Lactation Connection, Kenda Jitchaku	Breastfeeding and Breast Pump Counseling. Fee for Service.	Serves from Pahoehoe/Mountain View to Hakalau.		Kendra Jitchaku, RN, BSN, IBCLC	345-7995 kendra.jitchaku@gmail.com
Mother's Milk, LLC	Private lactation services in-office, home or by video. Fee for service.	Kamuela, HI 96743	M-F: 8:00a-4:00p; Saturday by appointment	Elizabeth Kehau Kealoha, RN, IBCLC	808-887-6659/ kehau@mothersmilk.co
The Perfect Pair Lactation Services, LLC	Breastfeeding education and lactation support. Fee for Service.	224 Kamehameha Avenue Suite 201 Hilo, HI 96720	Walk-ins on Saturday 9:00a-12:00p; all others by appointment	Allison Hanley, CLC and Holli Shiro, LLLL, CLC	808-756-9257/ info@perfectpairlactation.com
Trillium Birthing Services & Herbals	Breastfeeding education and support. Fee for Service.	HC2 Box 6019 Kea'au, HI 96749		Trillium Simington, Doula	808-345-4859/ trilliumbutterfly@yahoo.com

Hawai'i Island					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>WIC Services</i>					
Bay Clinic WIC program - Ka'ū	Breastfeeding and Breast Pump Counseling, Education	95-5583 Mamalahoa Hwy. Na'ālehu, HI 96772			808-965-3030 / 808-938-5769
Bay Clinic WIC program - Pāhoa	Breastfeeding and Breast Pump Counseling, Education	15-2866 Pāhoa Village Road Bldg. F, Suite A Pāhoa, HI 96778			808-965-3030 / 808-938-5769
Hilo WIC program - Hilo	Breastfeeding support	88 Kanoelehua Ave, Suite 201 Hilo, HI 96720	M-F 7:45a-4:30p	Helani Scholtz, BS, CLC Honorah Dimizio, RN, CLC	808-974-4270
Hilo WIC program - Honoka'a	Breastfeeding support	44-3380 Mamane St Honokaa, HI 96727	Friday 9:15a-2:30p	Helani Scholtz, BS, CLC Honorah Dimizio, RN, CLC	808-974-4270
Hilo WIC program - Waimea	Breastfeeding Support	67-5189 Kumamalu St Kamuela, HI 96743	9:45a-2:00p	Helani Scholtz, BS, CLC Honorah Dimizio, RN, CLC	808-974-4270
Kona WIC program	Breastfeeding support	81-980 Halekii St Kealakekua, HI 96750		Nancy Roberts, RD, CLC	808-322-4888
<i>Peer Support Programs</i>					
La Leche League International - Big Island - East Hawai'i and Ka'u	Mother to Mother Support	17-4003 Ahuahu Place Mountain View, HI 96771		Holli Shiro (Hilo)	808-265-1416/ holliLLL@yahoo.com
La Leche League International - Big Island - Kona Coast	Mother to Mother Support	73-1001 Ahulani St Kailua-Kona, HI 96740		Rachel Struempf (Kona)	808-990-8025

Maui					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>Hospital & Clinic Services</i>					
Maui Memorial Medical Center	In-patient breastfeeding supports only.	221 Mahalani Street Wailuku, HI 96793			808-244-9056
Kaiser Permanente Wailuku OB/GYN Clinic	Prenatal class for Kaiser Patients only (includes breastfeeding). Class is \$20. Lactation post-partum supports in clinic (free for Kaiser Members)	80 Mahalani Street Wailuku, HI 96793	Call to schedule classes or a lactation support appointment. Classes held every 6 weeks on Wednesdays 4:30-6:30 pm at the Wailuku Clinic Office.	Jaclyn Kirby, RN and Natalie Marcus, RN	808-243-6484
<i>Private Lactation Services</i>					
A Maui Doula & Childbirth Education	Childbirth Education and Doula Services. Includes breastfeeding support.		Birth Preparation Class (4 wks, \$150, covers breastfeeding). Postpartum 101 for moms (1.5-2 hours, \$45, includes basic breastfeeding and newborn care). See website for class times & start dates.	Lara Casco, CD, CBE	808-298-1458 amaidoula@gmail.com
Beautiful Informed Beginnings LLC	In-home Lactation Consultations. Education classes. Fee for Service	P.O. Box 1454 Kihei, HI 96753	LC house calls M-Sat 10 am-4 pm; group or private classes available.	Mary Jane P. Bennett CD(Dona) IBCLC, LCCE, ECE	808-283-7139/ mauidoula@hotmail.com
Mahina Mama Childbirth Education & Doula Services	Childbirth Education and Doula Services. Basic breastfeeding support.		Contact by phone or email	Sonya Niess	808-280-3699 sonyaniess@gmail.com www.mahinamama.com

Maui					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
Valley Isle Childbirth Education, LCC	Lactation support house calls and Breastfeeding classes	2040 Pi'iholo Road Makawao, HI 96768	Group classes: per schedule; Private: Tues-Thurs	Nancy Irvine, CCE, CLC	808-572-5237
<i>WIC Services</i>					
Mālama I Ke ola WIC program	Breastfeeding support & Education class	1881 Nani Street Wailuku, HI 96793	M, W-F: 8 am-5 pm; T: 9 am-5 pm Class: Last Wednesday of every month from 10-11 am on site. Call to reserve a space.	Dionne Woodley	808-872-4034
Lahaina Satellite Clinic	Breastfeeding support	Na Hale O Waine'e Resource Center 15 Ipu Aumakua Lane Lahaina, HI 96761		Dionne Woodley	808-667-7598
Maui WIC	Breastfeeding support	781 Kolu Street, RoomA-1 Wailuku, HI 96793		Lorena Kashiwamura	808-984-8225
Kihei Clinic	Breastfeeding support	Kihei Community & Aquatic Center 303 Lipoa St. Kihei HI 96753		Lorena Kashiwamura	808-984-8225
Pukalani Clinic	Breastfeeding support	Up-Country Community Center 90 Pukalani St. Pukalani HI 96768		Lorena Kashiwamura	808-984-8225
<i>Peer Support Programs</i>					
La Leche League International - Maui	Mother to Mother Support. Free.	80 Mahalani Street Wailuku, HI 96793	4th Thursday 9:30-11:00 am	Mary Jane P. Bennett CD(Dona) IBCLC, LCCE, ECE	808-283-7139/ mauidoula@hotmail.com

Lana'i					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
Lana'i WIC program	Breastfeeding support	333 Sixth Street Lana'i City, HI 96763		Geneva Castro	808-565-6919

Moloka'i					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>Hospital & Clinic Services</i>					
Moloka'i General Hospital - Nau Wale No	Breastfeeding Support and Prenatal Care Support System and Education	280 Home Olu Place Kaunakakai, HI 96748	Groups are scheduled by due date		808-553-3145
<i>WIC Services</i>					
Moloka'i WIC program	Breastfeeding support	30 Oki Place Kaunakakai, HI 96748	7:45am-4:30pm Wednesdays & Thursdays	Shawna Lopez	808-660-2614

O'ahu					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>Hospital & Clinic Services</i>					
Adventist Health Castle	In-patient breastfeeding support. Telephone support post-discharge. Mommy and Me Hui - Free Mother's Support Group. Breastfeeding Class (\$25)	640 Ulukahiki St Kailua, HI 96734	Mommy & Me Hui: 1st Sun. of the month (from 12:30-1:30 pm in the 'Ohana Room) and 3rd Wed. of the month (from 12:30-1:30 pm in the Wellness Center). Breastfeeding class: register online or over the phone.		808-263-5400 Lactation Line: 808-263-5083
Kaiser Permanente Moanalua Medical Center and Lactation Clinic	Breastfeeding support for Kaiser patients in-hospital and in-clinic. Lactation support telephone line.	3288 Moanalua Rd Honolulu, HI 96819	By appointment		808-432-5608 (M-F); 808-432-8518
Kapi'olani Medical Center for Women and Children	Breastfeeding and lactation support in clinic and through telehealth. Breastfeeding support group and breastfeeding class.	1319 Punahou St Honolulu, HI 96826	Clinic Appt: Monday & Friday 9:30 am-12:00 pm; Telehealth Lactation Appt: Tu-Thur & Sat 1:00p-2:00p; Support group: 1st Tuesday of every month; Breastfeeding Class: register online or call (\$25/person)		808-983-6007
The Queen's Medical Center	In-patient & telephone support.	1301 Punchbowl St Honolulu, HI 96813			808-691-4213

O'ahu					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
Tripler Army Medical Center and Outpatient Lactation Clinic	Military family outpatient lactation clinics and breastfeeding classes. Free. Lactation line.	Tripler OB Clinic 4H, Mountain Side, 1 Jarrett White Rd Medical Center, HI 96859	Tripler Outpatient Clinic: Mon/Wed/Fri B Breastfeeding Class: 2nd & 4th Monday (5 - 6:30 pm) Tripler 10th Floor Conference Room.		808-433-2778 Option 3, 7, 1
Schofield Barracks Lactation Clinic & Breastfeeding Class	Military family outpatient lactation clinic and breastfeeding class.	Schofield Barracks, Bldg. 683, Women's Wellness Clinic G, Wahiawa, HI 96786	Clinic: Mondays Breastfeeding Class: 1st & 3rd Monday (5 - 6:30 pm) Schofield Clinic Classroom (Across from Radiology, Clinic I)		808-433-8131 or 808-433-2778 Option 3, 7, 4
Warrior Ohana Lactation Clinic	Military family outpatient lactation clinics	91-1010 Shangrila Street Kapolei, HI 96707	Thursdays		808-433-5420, option 1
<i>Private Lactation Services</i>					
Babies Breast Friend	Private Lactation Consultations. Fee for Service	92-730 Nohopono St. Kapolei, HI 96707		Deborah Dominci, RN, IBCLC, RLC	808-292-4232/ babiesbreastfriend@gmail.com
Hawai'i Mothers' Milk, Inc.	Free breastfeeding counseling & education. Breastfeeding telephone "warm line".	1319 Punahou St Diamond Head Tower, 3rd Floor Honolulu, HI 96826	M-F 9 am - 2 pm		808-949-1723
Jodie Dresel	Lactation consultations in-office. Fee for service.	30 Aulike St, Suite 500 Kailua, HI 96734		Jodie Dresel, RN, IBCLC	808-263-8822

O'ahu					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
Mahinaona Pediatrics, LLC	Lactation consultations in-office, in-hospital, or via telehealth. Fee for service and accepts insurance.	3465 Wai'alaie Avenue, Suite 270 Honolulu, HI 96816		Lisa Kahikina, MD, IBCLC	808-737-4675
Maternal Blessings	Lactation consultations in-home. Fee for service.	Honolulu, HI 96814		Victoria A. Roselli, BS, IBCLC, LCCE, NCS	847-624-2467/victoria@maternalblessings.com
Native Nursing	Lactation consultations in-office and in-home. Fee for service.	Kailua, HI 96734		Janel Takasaki, BSN, RN, IBCLC	808-358-5205
Ohana Breastfeeding & Nutrition, LLC	Lactation consultations	Honolulu, HI 96816	M-F 8:30 am -5:00 pm	Mihoko Yacavone, MS, RD, IBCLC	808-427-3355/mihoko@ohanabreastfeeding.com
Julee Portner, MS, CCC-SLP, IBCLC	Breastfeeding education class and lactation consultation. Fee for service.	Honolulu, HI 96821		Julee Portner, MS, CCC-SLP, IBCLC	808-222-8410

O'ahu					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>WIC Services</i>					
Kalihi-Palama WIC program	Breastfeeding support	710 North King Street Honolulu, HI 96817	M-F 7:30 am-4:00 pm	Ginny Coe	808-841-0011
Kapi'olani WIC and Breastfeeding Peer Counselor (BFPC) Program	Breastfeeding support and peer counselor program.	1319 Punahou St, Diamond Head Tower, 3rd Floor Honolulu, HI 96826	M-F 7:30 am-4:00 pm; Sat by appointment	Darcey Tuskamoto	808-983-8531
Kokua Kalihi Valley WIC and BFPC Program	Breastfeeding support and peer counselor program.	2239 N. School St. Honolulu, HI 96819	M-Th 8:15 am-3:30 pm; F 9:00 am-3:30 pm; Sat by appt	Gordean (Kauai) Asing	808-791-9444
Leeward WIC program	Breastfeeding support	94-275 Mokuola St, Room 200-A Waipahu, HI 96797	M-F 8:00 am - 4:30 pm	Jean Kanda	808-675-0365
Wahiawa WIC program	Breastfeeding support	830 California Avenue, Bldg. 2 Wahiawa, HI 96786	M-F 7:30 am-4:30 pm	Laura Morihara & Sally Greene, MS, IBCLC	808-622-6458
Wai'anae Coast Comprehensive Health Center WIC and BFPC Program	Breastfeeding support and peer counselor program.	86-260 Farrington Highway Wai'anae, HI 96792	M, Tu, Th: 7:45 am - 4:00 pm, W: 7:45 am - 7:00 pm, F: 7:45 am-12:30 pm	Teo Kuakin	808-697-3504
Ewa Beach WIC Satellite	Breastfeeding support	91-1258 Renton Rd Ewa, HI 96706	M: 8:15 am - 4:00 pm; W: 8:15 am - 5 pm	Teo Kuakin	808-697-3504
Waimānalo WIC and BFPC Program	Breastfeeding support and peer counselor program.	41-1347 Kalaniana'ole Hwy. Waimānalo, HI 96795	M-F 7:30 am -5:00 pm, Sat 8:00 am-12:00 pm	Valerie Rose	808-259-7940
Windward WIC and BFPC Program	Breastfeeding support and peer counselor program.	45-691 Kea'ahala Road Kaneohe, HI 96744-3569	M-F 7:45 am - 4:30 pm	Jessica Dixson	808-233-5470
Hau'ula WIC Satellite Clinic	Breastfeeding support	54-010 Kukuna Road Hau'ula HI 96717	T: 9:00 am - 2 pm	Jessica Dixson	808-233-5470
Kaneohe Marine Corp Base WIC Satellite Clinic	Breastfeeding support	Cushman Avenue Bldg #6677, Rm 303	M: 9:00 am - 2 pm	Jessica Dixson	808-233-5470

O'ahu					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>Peer Support Programs</i>					
AMR Families & Breastfeeders of Oahu	Military Moms & Breastfeeding Support Group	182 Kauhini Road Honolulu, HI 96818	Friday 10-11:45 am		808-275-3850; Facebook: AMR Families & Breastfeeders of Oahu
Lactation Support Group-Schofield Area & Breastfeeders of O'ahu	Military Moms & Breastfeeding Support Group	1301 McCornack Road Wahiawa, HI 96857	Monday 10-11:45 am		808-275-3770; Facebook: Lactation Support Group-Schofield Area & Breastfeeders of Oahu
Mothers Support Group MCBH Breastfeeding Support Group	Military Moms & Breastfeeding Support Group	MCBH Kaneohe Chapel, Toddler Room Kailua, HI 96734	Thursdays 10 am-12 pm		Facebook: MCBH Breastfeeding Support Group
New Parent Support Program (KBay NPSP Ohana)	Breastfeeding education & support group (military)	KMCB CAARE Center, Building 216 Kailua, HI 96734	Thursdays 10:00 am		808-257-8803; Facebook: KBay NPSP Ohana

Kaua'i					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>Hospital & Clinic Services</i>					
Kaua'i Veterans War Memorial Hospital	In-patient breastfeeding supports only.	4643 Waimea Canyon Dr Waimea, HI 96796			
Wilcox Medical Center	Lactation outpatient support services. Childbirth & Parent Education 4 week class. Breastfeeding Hui (mothers group).	3-3420 Kuhio Hwy Līhu'e, HI 96766	LC services by phone or appt. Parent education class: T: 6:00p-8:30p Breastfeeding Hui: 1st and 3rd Friday of the Month Childbirth Classroom Maka'i Building outside Hospital by Medical Records		808-245-1441 or 808-652-8102
<i>Private Lactation Services</i>					
Breastfeeding Kaua'i	Breastfeeding and childbirth classes; Lactation consultations. Fee for Service.			Sammee Albano, RN, IBCLC	808-652-1458/ Sammeealbano@gmail.com
Hua Moon Women's Health	Mother Support	4-1558 Kuhio Highway Kapa'a, HI 96746	M-F 9:00 am-4:30 pm, except Wednesdays	Colleen Bass, CLC, CNM, WHNP Sharon Offley CNM	808-631-2682

Kaua'i					
Name of Resource	Service Offered	Address	Dates & Time	Contact Name	Contact #/Email
<i>WIC Services</i>					
Kaua'i WIC Program - Main Office	Breastfeeding support	Kukui Grove Executive Center III 4370 Kukui Grove St., Suite 3-213 Līhu'e, HI 96766	7:45 am-4:30 pm; M, W, F	Krisztina Geczi, RD, CLC	808-241-3080
Kaua'i WIC Program - Hanapēpē Satellite	Breastfeeding support	Hanapēpē Health Center 1-3756 Kamuali'i Highway Hanapēpē, HI 96716	7:45 am-4:30 pm; 1st, 3rd & 4th Tuesday	Krisztina Geczi, RD, CLC	808-355-8403
Kaua'i WIC Program - Kapa'a Satellite	Breastfeeding support	Kapa'a Neighborhood Center 4491 Ko'u Street Kapa'a, HI 96746	7:45 am-4:30 pm; 1st, 2nd & 4th Thursday	Krisztina Geczi, RD, CLC	808-821-2748