



Boulder County Breastfeeding Coalition

■ Minutes

Date: Sept. 1, 2016

Time: 12-1:30 pm

Location: Boulder

- **COALITION MEETING PURPOSE:** *The Boulder County Breastfeeding Coalition works to create a breastfeeding friendly community by supporting worksites, public venues, childcare providers, and lactation support professionals to meet the needs of breastfeeding mothers and babies.*

- **Facilitator:** Linda Kopecky **Minutes:**

- **Attendees:** Desiree Cornejo, Heather Enos, Sarah Scully, Vickie Marsh, Tori Lee, Liza Patrick, Jane Wilkinson, Diane Heronema (phone), Jill Leary (phone).

Minutes

Introductions

Time: 12-12:10

Agenda Item: Check-in on status of current activities

Time: 12:10-12:20

Presenter: Linda K

Intended Outcome: Inform membership about current status of developing Breastfeeding Friendly worksites, childcare, medical offices and welcoming spaces.

- Discussion:**
- The BCBC works best in teams, and we are making sure members have the opportunity to choose working teams that suit their expertise. Please check Basecamp or contact Linda Kopecky if you'd like to participate on a working team.
 - The criteria for a breastfeeding friendly medical office has gone through several edits and is now ready to be run past our pilot clinic in Niwot. We are waiting on the clinic staff to meet with us for this review. In the meantime, the small team will convene to start developing the toolkit to support the criteria.
 - Kari Waddell mentioned a conversation with her Pediatricians at her medical office and reported there may be confusion between "Baby Friendly Hospitals" and "Breastfeeding Friendly Medical Offices" as far as process and cost. This will be an important distinction to make as we move forward.
 - Jill Healy and Diane Michel provided an update on a recent presentation by Dr. Thomas Hale. He provided an overview of how medications do or don't get into breastmilk and the process of determining the safety for any medications. Dr. Hale will be conducting research in Colorado on marijuana smoking and breastmilk. It will be a double blind study and BCPH will find out more about potential participation.

Action Items: Stay informed on the MJ research project

Person Responsible: Linda K.

Deadline:

Agenda Item: Marijuana and Breastfeeding Conversation

Time: 12:40-1:30

Presenter: Megan Noel

Intended Outcome: Structured conversation on marijuana policies to identify areas of concern and the potential role of BCPH

- Discussion:**
1. Reviewing the data from the short survey administered at the May Breastfeeding Summit; of 60 respondents, the majority did NOT have a marijuana policy, the majority do screen for marijuana in some way, and a very few do report families to Child Protection Service as well as deny lactation services for anyone using marijuana
 2. Reactions to this data include:
 - Question about demographics of participants and relationship to policies
 - Many counties have policies where using moms are automatically reported to CPS
 - Interesting that 3% reported requiring ceasing of marijuana to receive lactation services and 8% will report mothers to CPS
 - Question about CPS referrals – is this from legal obligation or from genuine concern?
 - Apparently there is a wide variety of responses within Housing and Human Services: less strident response if the only risk factor is marijuana use as opposed to multiple risk indicators
 3. What information about marijuana and breastfeeding is "fuzzy"?

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- It seems that clarity is lost after the message: continue breastfeeding and reduce your risk of marijuana use; there seems to be no guidance when risk reduction is NOT working
 - Within childcare, few have actual marijuana use policies, but there are likely many other policies that kick in when a mother is using marijuana
 - What about side stream smoke?
 - At Good Samaritan the grey area is what to tell mothers beyond “it’s not a good idea”; there are no consequences and no way to say “this will/won’t happen”
 - What to do when the baby is hospitalized and the milk provided tests positive for marijuana
 - Hospitals have policies on substance use but perhaps not yet on marijuana
 - In some cases testing mothers can start a frustrating cascade of events that result in automatic referrals to CPS
4. Is testing potentially inconsistent?
 - Anecdotally, screening can be biased (who is screened, in what circumstances)
 - One hospital reports screening is for all admitting marijuana use or use is suspected
 5. Are there disconnects that we can identify?
 - Different hospitals have different treatment/protocols that can definitely affect breastfeeding rates
 - ILCA (International Lactation Consultant Association) doesn’t have a policy guiding lactation consultants
 - Some policies seem very harsh and may not be based on reality or best practices
 - A disconnect in the information flow between medical professionals, risk management, attorneys, and clients
 6. Whereas science may not have caught up with the need to clarify policies, community members are not always aware that marijuana may be harmful or trigger CPS involvement, and providers don’t have easy access to materials to share with clients on the topic, what is the role for BCPH?
 - BCPH can stay on top of all valid, current research
 - Provide the best information possible to primary care providers, dispensaries, and the public
 - Address the need for these materials in English and Spanish
 - Determine if there is a local public health precedent for mandating cautionary language around marijuana use and pregnancy/breastfeeding for products or vendors.

Action Items:	Continue discussion and take these findings back to Public Health	Person Responsible: Linda K. & Megan Noel	Deadline:
Agenda Item:	Sharing and Wrap-Up	Time: 1:25-1:30	Presenter: All

Next Boulder County Breastfeeding Coalition Meetings:
 Thursday, October 6, 2016 12-1:30 Longmont (St Vrain HUB at 515 Coffman, Room 321)