



## Improving Lactation Support & Medicaid Integration –Illinois Hospitals - Request for Applications

### Summary Information

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**Purpose:** The Illinois Public Health Institute invites applications from Illinois birthing hospitals and health systems to participate in a 12-month pilot aimed at strengthening lactation support and developing referrals and/or workflows that enable Medicaid reimbursement for lactation services.

**Application due date and time:** Friday, February 13, 2026, 5:00pm CST

**Awardees will be notified by:** Monday, March 2, 2026

**Award value:** \$15,000 per hospital (2 – 3 organizations)

**Project Start:** May 2026-April 2027, 12-months

**Eligibility:** Illinois birthing hospitals and health systems. Priority will be given to sites serving Medicaid populations, rural regions, and populations with lower breastfeeding initiation or duration rates.

**Please send applications and questions to:** Submit completed application as one PDF file via email with subject line “Lactation Integration RFA – Hospital Name” to Norma Narsa at [norma.narsa@iphionline.org](mailto:norma.narsa@iphionline.org)

### Introduction

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#### Purpose

The [Illinois Public Health Institute \(IPHI\)](#) is pleased to announce an opportunity for Illinois hospitals and health systems to participate in a one-year initiative focused on strengthening lactation support systems and integrating billing-eligible lactation and doula services into patient care workflows. This opportunity is intended for hospitals providing obstetric care, with priority given to applicants serving maternity care deserts, communities with low breastfeeding initiation rates, and/or regions with limited access to birthing hospitals, where sustainable lactation infrastructure is most needed. IPHI seeks to support a diverse cohort of hospitals across different regions of the state, recognizing that lactation implementation challenges and opportunities vary by setting. The selected hospitals are expected to include different hospital types, such as rural or critical access hospitals, and large or academic medical centers to ensure shared learning across varied clinical, operational, and community contexts. With the expansion of Medicaid reimbursement pathways for lactation support, hospitals are uniquely positioned to build sustainable structures that improve continuity of care, parent experience, and

breastfeeding outcomes, while advancing equitable access to lactation services statewide.

This funding opportunity builds on IPHI's previous breastfeeding and continuity-of-care initiatives and aligns with interest from the Illinois Perinatal Quality Collaborative (ILPQC) to support hospitals in designing and piloting lactation workflow models that can be adopted and scaled statewide. ILPQC identified breastfeeding support and workflow development as a priority area, creating alignment between this pilot and statewide clinical quality goals. The focus of this Request for Applications (RFA) is to support hospitals in implementing concrete, sustainable process improvements (such as integration of lactation professionals into care teams, postpartum follow-up workflows that support lactation continuity of care, Medicaid billing processes, or inpatient-to-community referral pathways) that address disparities and promote breastfeeding success for Medicaid-eligible and historically oppressed birthing populations.

This award is supported with funding from the Illinois Department of Public Health, Office of Women's Health and Family Services.

## **Background**

Hospitals play a critical role in establishing early lactation success. However, many hospitals face barriers implementing consistent lactation support models, integrating lactation workers across units, and ensuring smooth transitions to outpatient or community-based care. With new Medicaid reimbursement mechanisms emerging in Illinois, there is an opportunity for hospitals to build workflows that enable ongoing access to lactation support during and after birth.

The Illinois Perinatal Quality Collaborative (ILPQC) has expressed interest in strengthening lactation workflow improvement across hospitals statewide, including community-based lactation support models, neonatal-aligned lactation care, and workforce integration approaches.

Through this pilot, selected hospitals will receive funding, technical assistance, access to peer learning, and structured support to develop an action plan, implement workflow changes, and document lessons learned for broader statewide impact.

Illinois' data on breastfeeding initiation and duration show notable gaps, as well as persistent disparities across income levels, race and ethnicity, and rural vs. urban geographies. A 2024 March of Dimes Maternity Care Desert Report also classified 33% of Illinois as maternity care deserts, which are counties where there is limited or no access to birthing hospitals, obstetric care, or obstetric providers. The report recommends strategies to address these gaps, including expanding access to midwives, increasing doula access through Medicaid reimbursement and workforce development, and supporting telehealth

reimbursement among payers. These challenges and opportunities are reinforced in the [Illinois Birth Equity Blueprint](#), which calls for expanded community-based perinatal support, equitable workforce development, and systems-level approaches to improving maternal and infant health.

In response, Illinois has enacted legislation requiring Medicaid and other insurers to cover pregnancy and postpartum services provided by doulas, lactation support providers, certified professional midwives, and home visitors, with coverage becoming effective in late 2024. These changes created a critical opportunity to strengthen breastfeeding support across care settings and improve continuity of care during and after birth. Insights from regional focus groups with breastfeeding families across Illinois underscore the need for coordinated continuous support throughout the breastfeeding journey from prenatal care and delivery to the postpartum period. Families reported gaps in access to skilled and culturally responsive lactation support, practical assistance with breastfeeding mechanics (such as latch and milk supply) clear and relevant information, and support navigating workplace and logistical barriers to breastfeeding.

This award seeks to respond to these intersecting challenges by strengthening systems of lactation support, improving care coordination across clinical and community settings, and increasing families' access to timely, high-quality breastfeeding support during critical moments of care.

### Breastfeeding in Illinois

While about 80.5% of babies born in 2020 in Illinois were ever breastfed, only 45.6% of babies were being exclusively breastfed at 12 weeks, with only 26.1% still breastfeeding at 6 months.<sup>6</sup> Disparities in breastfeeding initiation and duration rates persist for low-income women, Black women, and women living in rural areas. According to 2020 data, non-Hispanic Black women have the lowest rates of breastfeeding for 12 weeks or longer, at 43%.<sup>7</sup> Structural racism and implicit bias have historically and continue to play a role in breastfeeding disparities and the decision to breastfeed for Black families.

Through regional focus groups across Illinois, breastfeeding families shared a need for overall support for breastfeeding at the places families visit prenatally, through birth/delivery, and post-partum, and to increase access to support providers and resources to help them overcome challenges with breastfeeding. Families revealed a need for more cultural and societal support for breastfeeding; more support to help with the mechanics of breastfeeding (such as latch, milk supply, etc.); the need for increased access to useful, relevant, and sufficient information about breastfeeding; more support for navigating the logistics of breastfeeding; and more support for going to work while breastfeeding.<sup>5</sup> This award will help to address these concerns by increasing the support families receive throughout the stages of their breastfeeding journey.

## Grant Program Overview

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### Award Components

Selected applicants will receive the below-described support:

- \$15,000 award per hospital site
- Participation in kick-off meeting
- Ongoing technical assistance (TA) and implementation support
- Peer learning engagement with other hospital sites
- Support in identifying tools, strategies, and billing resources
- Opportunity to present outcomes and share lessons learned

### Funding Structure:

Selected hospitals will receive a total award of \$15,000, distributed based on project milestones:

- \$10,000 upon submission of the Action Plan (June 2026)
- \$2,500 upon submission of the Mid-Point Report (October 2026)
- \$2,500 upon submission of the Final Report (April 2027)

*(Hospitals will invoice IPHI for each payment amount after completing the associated deliverable)*

### Award Expectations

The goal of this RFA is to support hospitals – particularly those serving communities with low breastfeeding and lactation rates – in implementing sustainable workflows that integrate lactation support into care systems, with a focus on Medicaid-reimbursable lactation services. Awardees will participate in a kickoff orientation, receive technical assistance, develop and implement an action plan, report on progress, and submit a final success summary.

Questions regarding this RFA may be directed to Norma Narsa at [norma.narsa@iphionline.org](mailto:norma.narsa@iphionline.org).

### Pilot Expectations:

Selected hospitals will be expected to:

- Assemble a core team that includes, at minimum, a clinical or lactation lead, and an administrative or operational leader with decision-making authority.
- Attend a required kick-off session (anticipated May 2026) with participation from both clinical and leadership representatives.

- Participate in at least one planning support session with IPHI following the Kickoff Session to assist with action plan development.
- Submit action plan outlining the proposed workflow or referral pathway improvements by June 25, 2026.
- Engage in check-ins with IPHI during the planning and pilot phases, including one-on-one support and peer-learning opportunities with cohort.
- Submit a Mid-point review (October 2026) summarizing progress, challenges, early data, and any adaptations made during implementation.
- Implement pilot/ action plan (through March 2027)
- Submit a final report + success story (April 2027) documenting pilot activities, outcomes, lessons learned, and sustainability considerations.

### **Examples of Workflow Process Changes:**

Applicants are encouraged to propose workflow, referral, and systems-improvement strategies that strengthen continuity of lactation support within their care settings. Below are example approaches for reference, but not an exhaustive list:

- Embedding lactation providers (IBCLCs, CLC/Ss, doulas) into routine clinical workflows such as postpartum rounds or discharge planning.
- Standardizing referral pathways to community lactation support (WIC, community doulas, home visiting, breastfeeding clinics) using warm handoffs or electronic referral systems.
- Improving documentation workflows within the EHR to ensure lactation consultations, referrals, and patient goals are recorded and visible across care teams.
- Developing or updating lactation support policies, including continuity of care protocols, role clarity across teams, and postpartum follow-up expectations.
  - For more detail and additional strategy examples, review United States Breast Feeding Committee (USBC) [Continuity of Care in Breastfeeding Support Blueprint](#).
- Teams will develop an action plan and implement a pilot to embed lactation providers into care teams and make improvements in lactation support referral systems. An emphasis should be placed on developing systems that support Medicaid billing services.

The meeting schedule is as follows:

- ✓ **Kickoff:** May 2026
  - Estimated time: 2 hours (virtual)
- ✓ **Planning Support Session with IPHI (T/A):** May-June 2026
  - Estimated time: 1 hour
- ✓ **Peer Learning Session and Mid-Point Report:** October 2026
- ✓ **Final Report to IPHI:** April 13, 2027
  - Documenting activities, outcomes, challenges, lessons learned, and sustainability plans.

- Teams will be required to participate in evaluation efforts, including evaluation of the peer-learning community, IPHI technical assistance, and the impact of the work to make sustainable changes in communities. Additionally, participating organizations will be required to report the following information about the populations being served through this award as data is available:
  - Total number of clients served through lactation support services
  - Demographic information of those clients, if available
- Complete a final report on the sustainable changes the hospitals/teams make to support breastfeeding continuity of care and integrate lactation billing workflows into care teams.
- The lead applicant will sign a letter of agreement with IPHI committing to these award components and expectations and enable dispersion of the funds.

## **Application**

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### ***Organization Information***

1. Name of lead applicant organization:

a. Organization address:

b. Primary contact person name:

c. Primary contact person email address:

d. Primary contact person phone number:

### **Team Composition**

2. Please identify the individuals who will make up your project's core team. Core teams should include *at minimum*:

- a. One clinical or lactation lead and
- b. One administrative or operational leader with decision-making authority

Core Team Member 1:

- a. Name
- b. Title/Role:
- c. Email:
- d. Phone:

Core Team Member 2:

- a. Name:
  - b. Title/Role:
  - c. Email:
  - d. Phone:
3. Are there any additional partners that you would like involved? If so, please provide the organization, contact name, and contact email.

***Description of Interest***

4. **Description of Interest (200-300 words):** Briefly describe why your hospital seeks to participate in this pilot and how the program will improve lactation support and equity for your patient population.
5. **Capacity & Readiness to Participate (200-300 words):** Describe your hospital's capacity to participate in this project. Include how your team will ensure dedicated time for planning, implementation, check-ins, and reporting. How will you maintain engagement of core team members, and any anticipated barriers to participation along with strategies to address them.
6. **Proposed Strategy & Workflow Focus (200-400 words):** Describe which strategy area(s) you are considering for this pilot and why they were selected. You may choose from the examples provided in this RFA, or ideas your hospital has already identified. Please describe your hospital's current level of readiness to pursue these strategies, any additional guidance or support you may need to finalize your approach after the Kickoff session, and how your proposed focus will improve lactation workflows for patients insured by Medicaid or otherwise strengthen Medicaid-relevant processes.
7. **Community & Equity Considerations (150-300 words):** Describe the patient populations you serve, breastfeeding disparities present, and how this work will improve access for Medicaid-insured and historically marginalized birthing people.

8. **Medicaid Billing Readiness (150-300 words):** What current billing processes exist for lactation or doula services? What steps would your team need to take to implement or strengthen Medicaid billing workflows for lactation support?
9. **Community or Doula/Lactation Partner Integration (150-300 words):** If using community-based doulas, IBCLCs, or CLC/Ss as part of the pilot, how will you integrate their role into existing workflows?
10. **Plans for Engaging Patient Voice (100-250 words):** Describe how patient feedback, advisory groups, or lived experience will inform both the development of your Action Plan and the implementation of your pilot. Please explain how you will incorporate patient perspectives, insights, or experiences into decision-making, workflow design, and ongoing refinements throughout the project period.
11. **Sustainability & Systems Change Impact (150-250 words):** Describe how your proposed workflow or strategy will continue beyond the grant period. What structures, staffing models, or billing processes will support long-term sustainability?
12. **Please describe how you would use the \$15,000 award.** Funds may be used for personnel/fringe, program supplies, consultants/contractors (e.g. for community partnerships), local travel, and indirect costs as applicable.

## Scoring Criteria

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Applications will be scored by a review team using the criteria below. Each criterion aligns with specific questions in the application to ensure consistency between what is asked and what is scored.

- **Alignment with IPHI Priority Populations & Community Need:**
  - o more points will be given to applicants that serve and support low-income, rural, Black/African American and other historically excluded families. Additionally, priority will be given to projects that serve counties with the lowest breastfeeding initiation rates in the state (below 70% “any breastfeeding” initiation). Reviewers will also consider how well the proposed strategy addresses identified disparities and community needs.

- **Strength and Feasibility of Proposed Strategy:**
  - Priority will be given to applicants proposing clear, feasible improvements to lactation workflow, Medicaid-relevant processes, continuity of care, or workforce integration, and whose selected strategy aligns with hospital needs, readiness, and the examples provided in the RFA.
- **Organizational Capacity:**
  - More points will be given to applicants with capacity that demonstrate strong capacity and commitment to participate fully in the project, including protected team time, leadership support, readiness to develop an Action Plan, and realistic strategies to overcome anticipated barriers.
- **Equitable Impact:**
  - more points will be given to applicants who have demonstrated experience or commitment to strong and diverse community engagement, equity, and inclusion.
- **Sustainability and Systems Change Potential:**
  - Preference will be given to proposals that include clear plans for sustaining workflows beyond the grant period, with supporting structures, staffing models, or billing processes that indicate long-term systems change.

## Commitments

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### ***Project Participation***

Will someone from the lead applicant organization commit to leading internal workflow implementation and participating in project coordination activities? (Yes/No):

### ***Tracking Demographics***

Will someone from the lead applicant organization track basic data related to breastfeeding support activities and patient demographics (as available to support reporting and equity monitoring)? (Yes/No):

### ***Team Participation & Engagement***

Will your core team (clinical lead, administrative/operational lead, and any additional project partners) commit to active participation throughout the project period, including planning sessions, Action Plan development, check-ins, and pilot implementation activities? (Yes/No):

### ***Reporting Requirements***

Will the lead applicant organization commit to submitting brief mid-point updates and a final summary report/success story at project completion? (Yes/No):

### ***Letter of Agreement***

Will the lead applicant organization commit to signing a letter of agreement, committing to award components and expectations as described, with IPHI? Sample letters of agreement available for review upon request. (Yes/No):

### **To Apply**

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Please submit this completed application to Norma Narsa at [norma.narsa@iphionline.org](mailto:norma.narsa@iphionline.org) with subject line “Improving Lactation Support & Medicaid Integration RFA–Illinois Hospitals” by **Friday, February 13, 2026, 5:00pm CST**.