Today's Learning Objectives

**Identify** sociocultural, political & community impact on breastfeeding

**Develop** at least one strategy to strengthen breastfeeding support in their agency

AAP Policy Statement

Breastfeeding is a public health issue...not a lifestyle choice

Human milk is species-specific, uniquely superior for infant feeding

Direct breastfeeding is best >>> but expressed breast milk, fortified when appropriate for premature infants, is next best

The Joint Commission defines exclusive breast milk feeding as:

“A newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines”

This includes expressed mother’s milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast.

Surgeon General’s Call to Action

In 2011, the U.S. Surgeon General, Dr. Regina M. Benjamin, released The Surgeon General's Call to Action to Support Breastfeeding

“One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed.”

U.S. Surgeon General, Dr. Regina M. Benjamin, 2011

U.S. Surgeon General’s Six major areas of emphasis

Communities
Health care systems
Clinicians
Employers
Families
Leadership

Healthy People 2020 Objectives

**MICH - 21**
- Increase the proportion of infants who are breastfed

**MICH - 22**
- Increase the proportion of employers who provide worksite lactation support

**MICH - 23**
- Reduce the proportion of breastfed newborns receiving formula supplementation the first 2 days of life

Healthy People Maternal, Infant, and Child Health 2020 Objectives:

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Healthy People 2020 Objective

<table>
<thead>
<tr>
<th>MICH - 21</th>
<th>Increase the proportion of infants who are breastfed</th>
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</thead>
<tbody>
<tr>
<td>MICH – 21.1</td>
<td>Ever</td>
</tr>
<tr>
<td>MICH – 21.2</td>
<td>At 6 months</td>
</tr>
<tr>
<td>MICH – 21.3</td>
<td>At 1 year</td>
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<tr>
<td>MICH – 21.4</td>
<td>Exclusively through 3 months</td>
</tr>
<tr>
<td>MICH – 21.5</td>
<td>Exclusively through 6 months</td>
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Healthy People Maternal, Infant, and Child Health 2020 Objectives:

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CDC Breastfeeding Report Card

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Ever Breastfed</td>
<td>68.2</td>
<td>73.5</td>
<td>67.3</td>
<td>76.9</td>
<td>81.9%</td>
</tr>
<tr>
<td>Breastfed 6 months</td>
<td>38.3</td>
<td>35.9</td>
<td>37.0</td>
<td>47.2</td>
<td>60.6%</td>
</tr>
<tr>
<td>Breastfed 12 months</td>
<td>20.8</td>
<td>19.4</td>
<td>19.6</td>
<td>23.5</td>
<td>34.1%</td>
</tr>
<tr>
<td>Exclusivity for 3 months</td>
<td>37.6</td>
<td>28.2</td>
<td>28.1</td>
<td>36.0</td>
<td>46.2%</td>
</tr>
<tr>
<td>Exclusivity for 6 months</td>
<td>15.3</td>
<td>8.7</td>
<td>8.2</td>
<td>16.3</td>
<td>25.5%</td>
</tr>
</tbody>
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http://www.cdc.gov/breastfeeding
In North Carolina

<table>
<thead>
<tr>
<th>Breastfeeding Mothers</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Hispanic mothers</td>
<td>77.2%</td>
</tr>
<tr>
<td>Caucasian mothers</td>
<td>63.3%</td>
</tr>
<tr>
<td>African American mothers</td>
<td>53%</td>
</tr>
</tbody>
</table>


Barriers to breastfeeding among African American women
- Pain
- Nursing in public
- Sexuality
- Work
- Drugs & alcohol
- Time
- Healthcare


Most women would like to breastfeed

Some reasons why these intentions are not achieved include:

Lack of
- Knowledge
- Peri-partum skilled support
- Commitment - enhanced by marketing and media
- Self-efficacy
- Access to skilled support once home
- Models and community examples
- Paid maternity leave
- A place to turn for help in addressing the realities of daily life
Additional reasons include:

1. Need to care for other children
2. Does not like breastfeeding
3. Breast milk alone does not satisfy baby
4. Nipples sore, cracked or bleeding
5. Not producing enough milk
6. Going back to work or school


Proposed CDC Strategies

- Strategy 1: Maternity Care Practices
- Strategy 2: Professional Education
- Strategy 3: Access to Professional Support
- Strategy 4: Peer Support Programs
- Strategy 5: Support for Breastfeeding in the Workplace


Proposed CDC Strategies

- Strategy 6: Support Breastfeeding in Early Care & Education
- Strategy 7: Access to Breastfeeding Education and Information
- Strategy 8: Social Marketing
- Strategy 9: Addressing the Marketing of Infant Formula

Marketing

Infant formula marketing, including TV ads, free samples, coupons, and even some government programs, have been implicated in undermining breastfeeding.

“Create an Office Setting that Promotes and Supports Breastfeeding”... EK Chung

All health care providers, whether providing general or specialty care, play a very important role in a family’s decision to initiate and continue breastfeeding.

Mothers often identify support received from health care providers as the most important intervention the health care system could have offered to help them breastfeed.

Slide provided by CDC
Professional Support of Breastfeeding

Professional support has:

- A significant impact on exclusive breastfeeding in the first few months after an infant was born
- A beneficial effect on breastfeeding duration


Opportunities to Promote Breastfeeding

- Give mothers the support they need to breastfeed their babies
- Develop programs to educate fathers and grandmothers about breastfeeding


<table>
<thead>
<tr>
<th>Preconception</th>
<th>Prenatal visits</th>
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<tbody>
<tr>
<td>Early pregnancy</td>
<td>Peripartum/postpartum</td>
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The Breastfeeding Friendly Healthcare Office

- Give encouragement rather than instructions
- Encourage women/staff to breastfeed in the office
- Display pictures of breastfeeding infants
- Avoid distributing infant formula or coupons
- Emphasize there is no one shoe fits all approach
- Display confidence that breastfeeding will work
- Reassure mom that her baby’s actions are normal

At Any Visit:
• Verify success, anticipate challenges and support prolonged breastfeeding
• Refer the mother to a lactation specialist and/or support group whenever needed
• Keep referral information in each exam room
• Discuss return-to-work plans and breast pump options
• Always use commercial-free breastfeeding materials in your office

Be sure to initiate a conversation with the patient
Suggested conversation starters include:
• How is feeding going?
• Do you have any concerns about your breasts or how breastfeeding is going?
• How often is your baby breastfeeding?
• How is the milk flowing?
• Is your baby latching well?

Patient Protection & Affordable Care Act
• Employers must provide reasonable break times and a private, non-bathroom place to express milk
• Applies to non-exempt (hourly) wage earners


How Long to Breastfeed?
• Exclusively for the first 6 months of life
• Continuing for at least the first year of life, with addition of solids
• Thereafter, for as long as mutually desired by mother and child

AAP Pediatrics 2012;129;e827-41
Returning to the Workplace or School

- Continued breastfeeding is feasible and desirable for mother and infant
- Prepare ahead by discussing with the employer or school personnel
- Breaks for feeding/expressing
- Private, clean place to pump
- Refrigerator or cooler with ice packs to store and transport milk

Adolescents and Breastfeeding

- Highly recommended for adolescent mothers
- Prenatal education and postpartum support are essential
- Arrange with school personnel to express milk at school or use on-site child care program, if available
- Maintain healthy diet with adequate calories, 1,300 mg calcium per day, 15 mg iron, and a daily multivitamin

Benefits of Breastfeeding

- Customized - Species specific
- Norm for infant feeding
- Optimal development outcomes
- Promotes appropriate growth pattern
- Promotes mother-infant attachment
- Immune Benefits

### Dose Dependent Benefits

<table>
<thead>
<tr>
<th>Condition</th>
<th>Benefit Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute otitis media</td>
<td>50% less with EBF</td>
<td>&gt; 3-6 months</td>
</tr>
<tr>
<td>Atopic dermatitis</td>
<td>42% less with EBF</td>
<td>&gt; 3 months</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>64% less any BF</td>
<td>vs. none</td>
</tr>
<tr>
<td>Lower respiratory tract disease and hospitalization</td>
<td>72% less with EBF</td>
<td>&gt; 4 months</td>
</tr>
<tr>
<td>Asthma</td>
<td>40% less with BF</td>
<td>&gt; 3 months</td>
</tr>
<tr>
<td>Type 1 DM</td>
<td>30% less with BF</td>
<td>&gt; 3 months</td>
</tr>
<tr>
<td>Type 2 DM</td>
<td>40% less with any BF</td>
<td>vs. None</td>
</tr>
<tr>
<td>SIDS</td>
<td>36% less with any BF</td>
<td>&gt; 1 month</td>
</tr>
</tbody>
</table>


### Child Health Benefits

Decreased rates of:
- Celiac disease
- Inflammatory bowel disease
- Hypertension
- Hypercholesterolemia

- Reduces the risk of obesity by 4% for each month of breastfeeding
- Reduces the risk of obesity by 6% for each month of exclusive breastfeeding


### Cognitive Benefits

**Human milk fat**
- Provides essential fatty acids to enhance neural and retinal development
- Enables child to reach full developmental potential

Breastfeeding for Premature Infants
Lower rates of
• Sepsis
• Necrotizing enterocolitis
• Retinopathy of prematurity
• Metabolic syndrome
• Blood pressure
• Low-density lipoprotein levels
Improved
• Leptin and insulin metabolism

Maternal Health Benefits
• Decreased postpartum bleeding
• More rapid uterine involution
• Decreased menstrual blood loss
• Increased child spacing
Reduced rates of
• Type 2 diabetes mellitus
• Pre-menopausal breast cancer
• Ovarian
• Postpartum depression

The Burden of Suboptimal Breastfeeding Rates in the U.S.
• If 90% of US families could comply with recommendations to breastfeed exclusively for 6 months, the U.S. would save $13 billion per year
• Conclusion: Current US breastfeeding rates are suboptimal and result in significant excess costs and preventable infant deaths
Community Benefits

Breastfeeding is convenient, saves money, and is “green”
- Reduces health care costs
- Convenient and cost effective
- Environmentally friendly
- Decreased energy demands for production and transport of infant formula

http://www.ahrq.gov/clinic/tp/brfouttp.htm

- You can lead the way to improve the health of millions of mothers and babies nationwide
- Make a commitment to ensure that breastfeeding support is consistently available at your agency, for every mom and baby
Where Can Women Find Help?

**General Health Care**
- Dietitians
- Family Physicians
- Midwives
- Nurses
- Nurse Practitioners
- Obstetricians
- Pediatricians
- Physician's Assistants

**Lactation Specific**
- IBCLC (International Board Certified Lactation Consultants)
- CLC (Certified Lactation Counselor)
- LE (Lactation Educators)
- (NC) Health Care Professionals who have attended the NCLETP*

**WIC peer counselors** (limited scope)

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**WIC Breastfeeding Promotion and Support**

- Direct/Core Services
- Mandated policies
- Peer Counseling
- Food Package
- Training
- Grant funded projects

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**NC Blueprint for Action**
Resources

Community Support
- Knowledgeable practitioners
- International Board Certified Lactation Consultants (IBCLC)
- Hospital support groups
- La Leche League International
- WIC programs

Ensure access for all women to culturally competent, balanced information about breastfeeding

Resources

CDC Guide to Breastfeeding Interventions

U.S. Department of Health and Human Services Publications
1. Your Guide to Breastfeeding
2. Lactanicia
   - These guides can be ordered or downloaded from: [http://www.womenshealth.gov/pub/bf.cfm](http://www.womenshealth.gov/pub/bf.cfm)

Breastfeeding Resource Guide for Health Professionals
- [http://www2.aap.org/breastfeeding/index.html](http://www2.aap.org/breastfeeding/index.html)

Resources

NIH U.S. National Library of Medicine Toxicology Data Network (LactMed Database)

Center for Disease Control And Prevention
- [http://www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding)

American Academy of Pediatrics
- [http://www2.aap.org/breastfeeding/index.html](http://www2.aap.org/breastfeeding/index.html)

American College of Nurse-Midwives
Resources

U.S. Department of Health and Human Services
• http://www.womenshealth.gov/breastfeeding/

International Lactation Consultant Association
• http://www.ilca.org

National Breastfeeding Helpline:
• 1-800-994-9662

Academy of Breastfeeding Medicine
• http://www.bfmed.org/

World Alliance for Breastfeeding Action
• http://www.waba.org.

N. C. State Breastfeeding Coordinator

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Thank You!