


# A Call to Breastfeed

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**BREASTFEEDING**

**It Rocks!**

# The Surgeon General's Call to Action to Support Breastfeeding

- Who: Surgeon General  
Regina M. Benjamin, M.D., M.B.A.
- When: January 20, 2011
- Where: The George Washington University
- Why: To make breastfeeding easier to improve the health of mothers, infants, and children



# The Surgeon General (job description)

- America's Doctor who provides Americans the best scientific information available on how to improve their health and reduce the risk of illness and injury
- Chair of the National Prevention Council
- Oversees 6500 uniformed health officers
- Appointed by the President with the advice and consent of the US Senate for a 4-year term of office
- Reports to the Assistant Secretary for Health

# A Call to Action - Dr. Benjamin's first Call to Action for 2011

- Prepared by the Centers for Disease Control and Prevention, the Office on Women's Health, and the Office of the Surgeon General
- Comments were solicited from the general public through an open web site from April 1-May 31, 2009
- 2354 comments received which were then categorized by primary subject area
- The number 1 topic with over 500 comments – Maternal and Infant Care Practices: Prenatal, Hospital, and Post-Delivery Care
- [www.surgeongeneral.gov/topics/breastfeeding/index.html](http://www.surgeongeneral.gov/topics/breastfeeding/index.html)

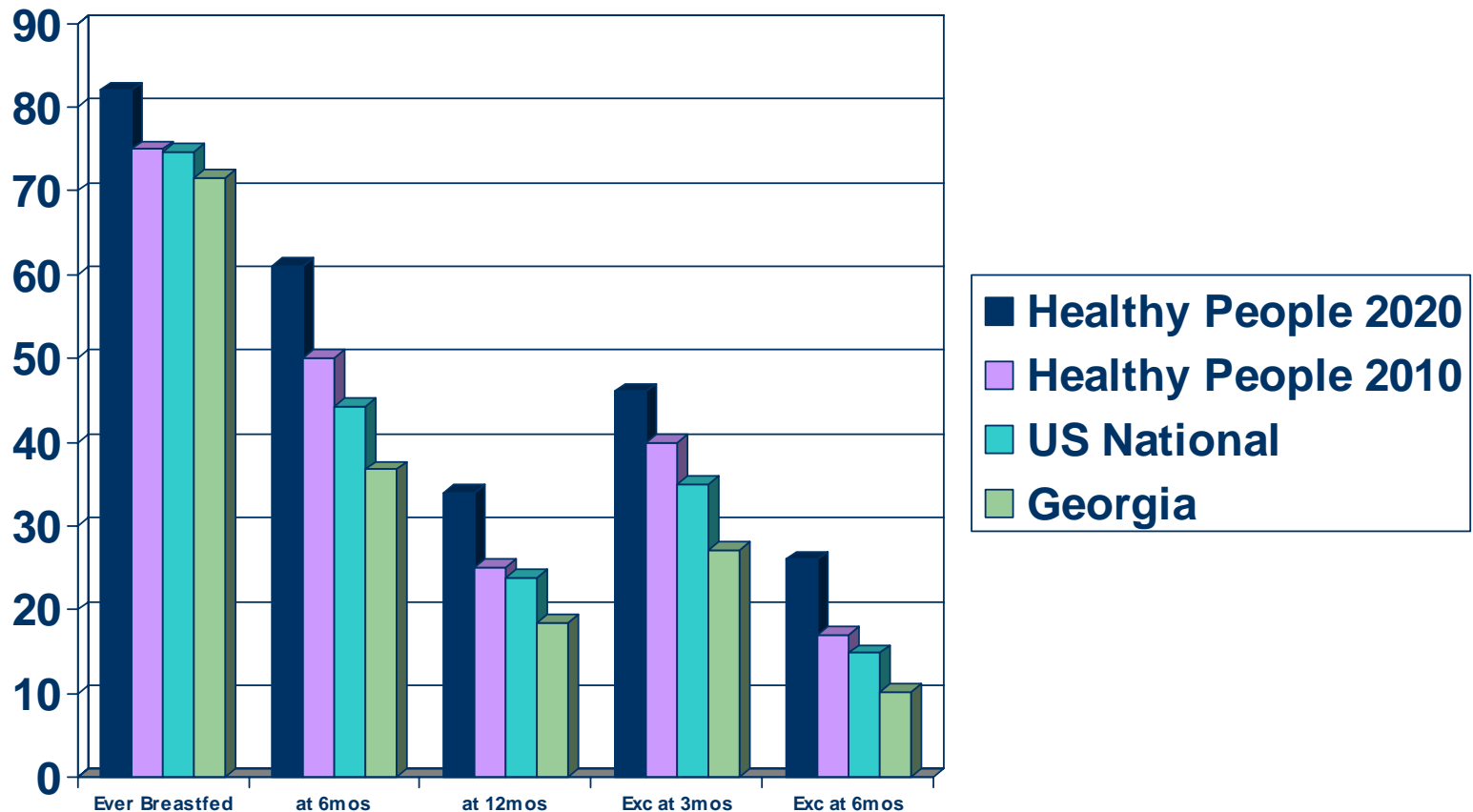


# AAP Breastfeeding Policy Statement 2005

- “Physicians and other health care professionals should recommend human milk for all infants in whom breastfeeding is not specifically contraindicated, and provide parents with complete, current information on the benefits and techniques of breastfeeding to ensure that their feeding decision is a fully informed one.”



# Breastfeeding Rates – Breastfeeding Report Card 2011



# Why Support Breastfeeding?

- There are health, environmental, and economic benefits for infants, children, mothers, families, and all of society

Babies are  
born to  
breastfeed

**Table 1. Excess Health Risks Associated with Not Breastfeeding**

<b>Outcome</b>	<b>Excess Risk* (%)</b>
<b><i>Among full-term infants</i></b>	
Acute ear infection (otitis media)	100
Eczema (atopic dermatitis)	47
Diarrhea and vomiting (gastrointestinal infection)	178
Hospitalization for lower respiratory tract diseases in the first year	257
Asthma, with family history	67
Asthma, no family history	35
Childhood obesity	32
Type 2 diabetes mellitus	64
Acute lymphocytic leukemia	23
Acute myelogenous leukemia	18
Sudden infant death syndrome	56
<b><i>Among preterm infants</i></b>	
Necrotizing enterocolitis	138
<b><i>Among mothers</i></b>	
Breast cancer	4
Ovarian cancer	27

\*The excess risk is approximated by using the odds ratios reported in the referenced studies.



- Food Intolerances -
- High Cholesterol -
- Gastroenteritis -
- Hypertension -
- Constipation -
- Lower IQ -
- UTI's -

***What will you give your baby?***

***Breastfeeding: for optimal health and development.***

# Environmental Benefits

- Less waste
- Less use of nonrenewable resources ie. fuel used to transport materials/formula
- For every 1 million formula fed babies, there are 150 million containers of formula consumed
- Less use of water?

# Economic Benefits



- Year 1 of life = \$1000-\$1500 in formula
- More illnesses = missed work, insurance claims/copays, more prescriptions
- \$13 billion dollars/year = the amount of money saved if 90% of US families would exclusively breastfeed

# Contraindications to breastfeeding

- Maternal HIV/AIDS, untreated active tuberculosis, herpes simplex on breast, human T-cell lymphotropic virus type I- or II- positive
- Maternal illicit drug use or receiving antimetabolite or radioactive agents and a small number of other medicines – refer to Thomas Hale's *Medications and Mothers' Milk* or online resource Lactmed
- Infant galactosemia

# Action 1. Give mothers the support they need to breastfeed their babies

- Help pregnant women to learn about the importance of breastfeeding for their babies and themselves
- Teach mothers to breastfeed
- Encourage mothers to talk to their maternity care providers about plans to breastfeed
- Support mothers to have time and flexibility to breastfeed
- Encourage mothers to ask for help with breastfeeding when needed

# Prenatal and postnatal counseling and education

- Studies show that prenatal counseling increases initiation and both pre/postnatal counseling increases duration of breastfeeding
- Decreased risk of illnesses and obesity for baby
- Weight loss for mom as well as decreased risk of disease including ovarian and breast cancer
- Mother-infant bonding

# Georgia Laws pertaining to Breastfeeding

- 45 states, the District of Columbia and the Virgin Islands have laws that specifically allow women to breastfeed in any public or private location (+ GA)
- Ga. Code 31-1-9 (1999) states that the breastfeeding of a baby is an important and basic act of nurture which should be encouraged in the interests of maternal and child health and allows a mother to breastfeed her baby in any location where the mother and baby are otherwise authorized to be. (1999 SB 29, Act 304; 2002 SB 221).
- 28 states, the District of Columbia and the Virgin Islands exempt breastfeeding from public indecency laws (- GA)
- Forest Park, GA – “no woman can breastfeed anyone greater than 2 years old in public”

# *Breastfeeding Friendly*



ANYTIME. ANYWHERE.



Health  
Canada

Santé  
Canada



La Leche League Canada

## **Action 2. Develop programs to educate fathers and grandmothers about breastfeeding**

- Launch or establish campaigns for breastfeeding education that target a mother's primary support network, including fathers and grandmothers
- Offer classes on breastfeeding that are convenient for family members to attend

**BLOKES  
BABIES  
BREASTFEEDING**  
**MEN ONLY**



MY WIFE'S TOO  
**LAZY**  
TO  
Bottlefeed



## **Action 3. Strengthen programs that provide mother-to-mother support and peer counseling**

- Create and maintain a sustainable infrastructure for mother-to-mother support groups and for peer counseling programs in hospitals and community health care settings
- Establish peer counseling as a core service available to all women in WIC

# Peer Support

- La Leche League ([www.llli.org](http://www.llli.org))
- African-American Breastfeeding Alliance
- Black Mothers' Breastfeeding Association ([www.blackmothersbreastfeeding.org](http://www.blackmothersbreastfeeding.org))
- Mocha Moms ([www.mochamoms.org](http://www.mochamoms.org))
- If counselors were trained by a WHO/UNICEF program, exclusive breastfeeding was extended significantly
- Having both professional and lay support increased duration of any breastfeeding

## **Action 4. Use community-based organizations to promote and support breastfeeding.**

- Support and fund small nonprofit organizations that promote breastfeeding in communities of color
- Integrate education and support for breastfeeding into public health programs that serve new families
- Ensure around-the-clock access to resources that provide assistance with breastfeeding



## Action 5. Create a national campaign to promote breastfeeding

- Develop and implement a national public health campaign on breastfeeding that relies heavily on social marketing
- Use a variety of media venues to reach young women and their families
- (5 states and Puerto Rico have implemented or encouraged the development of a breastfeeding awareness education campaign - not GA)

# Milk for Thought



# 1<sup>st</sup> Breastfeeding photo on the cover of a fashion magazine?



# The Cut-Out Campaign



## Action 6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding

- Hold marketers of infant formula accountable for complying with the *International Code of Marketing of Breast-milk Substitutes*
- Take steps to ensure that claims about formula are truthful and not misleading
- Ensure that health care clinicians do not serve as advertisers for infant formula

# WHO International Code of Marketing of Breast-Milk Substitutes

- No advertising of breast-milk substitutes directly to the public
- No free samples to mothers
- No promotion of products in health care facilities
- No commercial product representatives to advise mothers
- No gifts or personal samples to health workers
- No words or pictures idealizing artificial feeding, including pictures of infants on the products

**BREAST MILK** 

**THE CHOICE FOR A NEW GENERATION**



THIS PSA WAS BROUGHT TO YOU BY

**BREASTFEEDING OUR OWN BABIES IN EVERY SITUATION .ORG**

## **Action 7. Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding**

- Accelerate implementation of the Baby-Friendly Hospital Initiative
- Establish transparent, accountable public reporting of maternity care practices in the United States
- Establish a new advanced certification program for perinatal patient care
- Establish systems to control the distribution of infant formula in hospitals and ambulatory care facilities

# The Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within one hour of birth
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated
7. Practice “rooming in” – allow mothers and infants to remain together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no pacifiers or artificial nipples to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

I am a **BREASTFED  
BABY**



**please do not  
feed me formula**

[www.lactivist.co.uk](http://www.lactivist.co.uk)

## **Action 8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community**

- Create comprehensive statewide networks for home- or clinic- based follow-up care to be provided to every newborn in the state
- Establish partnerships for integrated and continuous follow-up care after discharge from the hospital
- Establish and implement policies and programs to ensure that participants in WIC have services in place before discharge from the hospital

# Standardizing Care

- AAP's Safe and Healthy Beginnings Newborn Discharge: A readiness checklist
- Started as an improvement project to address revised hyperbilirubinemia guidelines in 2004 by evaluating
  1. Assessment of risk for severe hyperbilirubinemia prior to hospital discharge
  2. Breastfeeding support
  3. Care coordination between the nursery and primary care provider

## **Action 9. Provide education and training in breastfeeding for all health professionals who care for women and children**

- Improve the breastfeeding content in undergraduate and graduate education and training for health professionals
- Establish and incorporate minimum requirements for competency in lactation care into health professional credentialing, licensing, and certification processes
- Increase opportunities for continuing education on the management of lactation to ensure the maintenance of minimum competencies and skills

# Education

- Residency Core Objectives
- Medical Student class requirement
- EPIC – GA AAP Chapter – free to healthcare providers
- Include topics on breastfeeding at more CME events as well as workshops



## **Action 10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians**

- Define standards for clinical practice that will ensure continuity of care for pregnant women and mother-baby pairs in the first four weeks of life
- Conduct analyses and disseminate their findings on the comparative effectiveness of different models for integrating skilled lactation support into settings where midwives, obstetricians, family physicians, nurse practitioners, and pediatricians practice

## **Action 11. Ensure access to services provided by International Board Certified Lactation Consultants**

- Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children
- Provide reimbursement for IBCLCs independent of their having other professional certification or licensure
- Work to increase the number of racial and ethnic minority IBCLCs to better mirror the US population

# IBCLCs

- Breastfeeding rates are higher among women who delivered at hospitals with IBCLCs on staff
- One study suggests a need for 8.6 IBCLCs per 1000 live births to ensure comprehensive care for mother-infant pairs



## **Action 12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants**

- Conduct a systematic review of the current evidence on the safety and efficacy of donor milk
- Establish evidence-based clinical guidelines for the use of banked donor milk
- Convene a study on federal regulation and support of donor milk banks

# Donor Milk

- 12 donor milk banks in the US and Canada (1 commercial and 11 nonprofit)
- Guidelines developed by the Human Milk Banking Association of North America to address milk collection, processing, pasteurization, storage, and dispensing; health history screening, and serum screening – adherence required for membership but not enforced by FDA
- 9 million ounces would be needed to meet the demand for infants born <1500g – in 2008, only 1.4 million ounces distributed by the 11 nonprofit milk banks
- CA, NY, and TX have laws related to procurement, processing, distribution or use of human milk

**For human consumption only!**



## **Action 13. Work toward establishing paid maternity leave for all employed mothers**

- Add maternity leave to the categories of paid leave for federal civil servants
- Develop and implement programs in states to establish a funding mechanism for paid maternity leave

# Employment



- >70% of women of childbearing age worked as part of the civilian labor force in 2004
- Employed mothers were more likely to have lower initiation rates and shorter duration of breastfeeding
- Longer maternity leave, working part-time, and workplace breastfeeding support groups were more likely to have higher initiation and duration of breastfeeding
- The US is 1 of only 4 countries out of 173 without a national policy requiring paid maternity leave
- FMLA of 1993 provides unpaid, job-protected maternity leave for up to 12 weeks
- International Labor Organization recommends minimum of 18 weeks paid maternity leave
- Canada provides partially paid maternity and parental leave for up to 50 weeks

## **Action 14. Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees**

- Develop resources to help employers comply with federal law that requires employers to provide the time and a place for nursing mothers to express breast milk
- Design and disseminate materials to educate employers about the benefits of providing more comprehensive, high-quality support for breastfeeding employees
- Develop and share innovative solutions to the obstacles to breastfeeding that women face when returning to work in non-office settings
- Promote comprehensive, high-quality lactation support programs as part of a basic employee benefits package

# **Patient Protection and Affordable Care Act – March 23, 2010 (applies to businesses subject to the Fair Labor Standards Act)**

- Employers are required to provide “reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth”
- And to provide “ a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.”
- 24 states, the District of Columbia and Puerto Rico have laws related to breastfeeding in the workplace
- Ga. Code 34-1-6 (1999) allows employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location, other than toilet stall, in close proximity to the workplace for this activity. The employer is not required to provide break time if to do so would unduly disrupt the workplace operations

## **Action 15. Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies**

- Create incentive or recognition programs for businesses that establish, subsidize, and support child care centers at or near the business site
- Identify and promote innovative programs that allow mothers to directly breastfeed their babies after they return to work
- (12 states and Puerto Rico exempt breastfeeding mothers from jury duty - not GA)

## **Action 16. Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants**

- Promote adoption of the breastfeeding standards in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*

# Child Care Standards and Breastfeeding

- Approximately 2/3 infants are cared for in a child care setting
- At least 2 states have laws related to child care facilities and breastfeeding – Louisiana and Mississippi
- Improve lactation support by meeting best-practice standards as set by the 3<sup>rd</sup> edition of *Caring for Our Children*

## **Action 17. Increase funding of high-quality research on breastfeeding**

- Methods to increase rates of breastfeeding among populations with current low rates
- The economic impact of breastfeeding in the United States
- Ways to better manage lactation and breastfeeding
- Designate additional research funding for studies on how to increase breastfeeding rates, the economics of breastfeeding, and management of lactation


## **Action 18. Strengthen existing capacity and develop future capacity for conducting research on breastfeeding**

- Develop a national consortium on breastfeeding research
- Enhance the training of scientists in basic and applied research on lactation, breastfeeding, and women's and children's health

**Breast milk**

**SATISFIES**

CHILD DEPARTMENT OF HEALTH

  
Help me grow.



## **Action 19. Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding**

- Enhance the CDC Breastfeeding Report Card by including a broader array of process indicators and showing trends over time
- Collect data in all states on the initiation of breastfeeding and in-hospital supplementation with formula through the US Standard Certificate of Live Birth
- Develop systems to collect key information on policy and environmental supports for breastfeeding

# Breastfeeding Report Card – United States, 2011

	Average mPINC score	% of live births occurring at Baby-Friendly Hospitals	% breastfed infants receiving formula <2 days of age	No. of La Leche Leaders per 1000 live births	No. of IBCLCs per 1000 live births	No. state health department FTEs dedicated to breastfeeding	State Child Care Center regulation supports lactation
US	65	4.53	24.5	0.99	2.67	125.06	6 optimal
GA	59	0	32.5	0.62	2.26	2.0	Less optimal

## **Action 20. Improve national leadership on the promotion and support of breastfeeding**

- Create a federal interagency work group on breastfeeding
- Increase the capacity of the United States Breastfeeding Committee and affiliated state coalitions to support breastfeeding

# Breastfeeding Coalitions in Georgia

- Georgia Breastfeeding Coalition
- North Georgia Breastfeeding Coalition
- Northwest Georgia Breastfeeding Coalition
- CSRA Breastfeeding Coalition
- Northeast Georgia Breastfeeding Coalition
- Southwest Georgia Breastfeeding Coalition

# From the Surgeon General

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- “Everyone can help make Breastfeeding easier”
- “No mother should be made to feel guilty if she cannot or chooses not to breastfeed”

# Questions?

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