



# **BREASTFEEDING: The Organic Choice**

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# Disclosures

- The speaker has no financial or other relationships with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in this CME activity.

# Introduction

- Longstanding evidence supporting that breastfeeding is beneficial for both mother and infant.
- The AAP, AAFP and WHO all recommend exclusive breastfeeding for the first six months of life and continuous breastfeeding for at least 12 months of life.

# AAP Recommendation

- “Human milk is the preferred feeding method for all infants, including premature and sick infants, with rare exceptions.”
- Exclusive breastfeeding for the first six 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

# AAFP Recommendation

- All babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for about the first six months of life.
- BF should continue with the addition of complementary foods throughout the second half of the first year.
- BF beyond the first year should continue as long as mutually desired.
- Family physicians should have the knowledge to promote, protect, and support breastfeeding.

# What does ACOG say?

## ACOG COMMITTEE OPINION

Number 361 • February 2007

### Breastfeeding: Maternal and Infant Aspects

**Committee on  
Health Care for  
Underserved  
Women**

**Committee on  
Obstetric Practice**

*The Committees  
would like to thank  
Sharon Mass, MD, for  
her contributions to  
the development of  
this document.*

Reaffirmed 2013

**ABSTRACT:** Evidence continues to mount regarding the value of breastfeeding for both women and their infants. The American College of Obstetricians and Gynecologists strongly supports breastfeeding and calls on its Fellows, other health care professionals caring for women and their infants, hospitals, and employers to support women in choosing to breastfeed their infants. Obstetrician–gynecologists and other health care professionals caring for pregnant women should provide accurate information about breastfeeding to expectant mothers and be prepared to support them should any problems arise while breastfeeding.

Research in the United States and throughout the world indicates that breastfeeding and human milk provide benefits to infants, women, families, and society. In 1971, only 24.7% of mothers left the hospital breast-

Breastfeeding is the preferred method of feeding for newborns and infants. Nearly every woman can breastfeed her child. Exceptions are few and include those women who take street drugs or do not control alco-

# ACOG Recommendation

- "...exclusive breastfeeding be continued until the infant is about six months old. A longer breastfeeding experience is, of course, beneficial..."
- Provide accurate information about BF
- Prepare to support woman if problems arise

[Committee Opinion #361, Breastfeeding: Maternal and Infant Aspects]

# Objectives

- Understand the physiology of milk production.
- Understand the types and composition of human breast milk.
- Understand the health care provider's role in creating environments that foster and encourage breastfeeding.



# Objectives (cont'd)

- Be able to demonstrate effective breastfeeding techniques and recognize the signs of effective breastfeeding.
- Understand the maternal and infant benefits of breastfeeding.
- Be able to recognize barriers and contraindications to breastfeeding.

# Background

# Again...

## AAP & Other Professional Bodies

Recommend:

- Infants be exclusively breastfed
  - Without supplemental foods or liquids
  - First 6 months of life
- Based on research, evidence of significant declines
  - URIs & other common infections among infants who are exclusively breastfed.

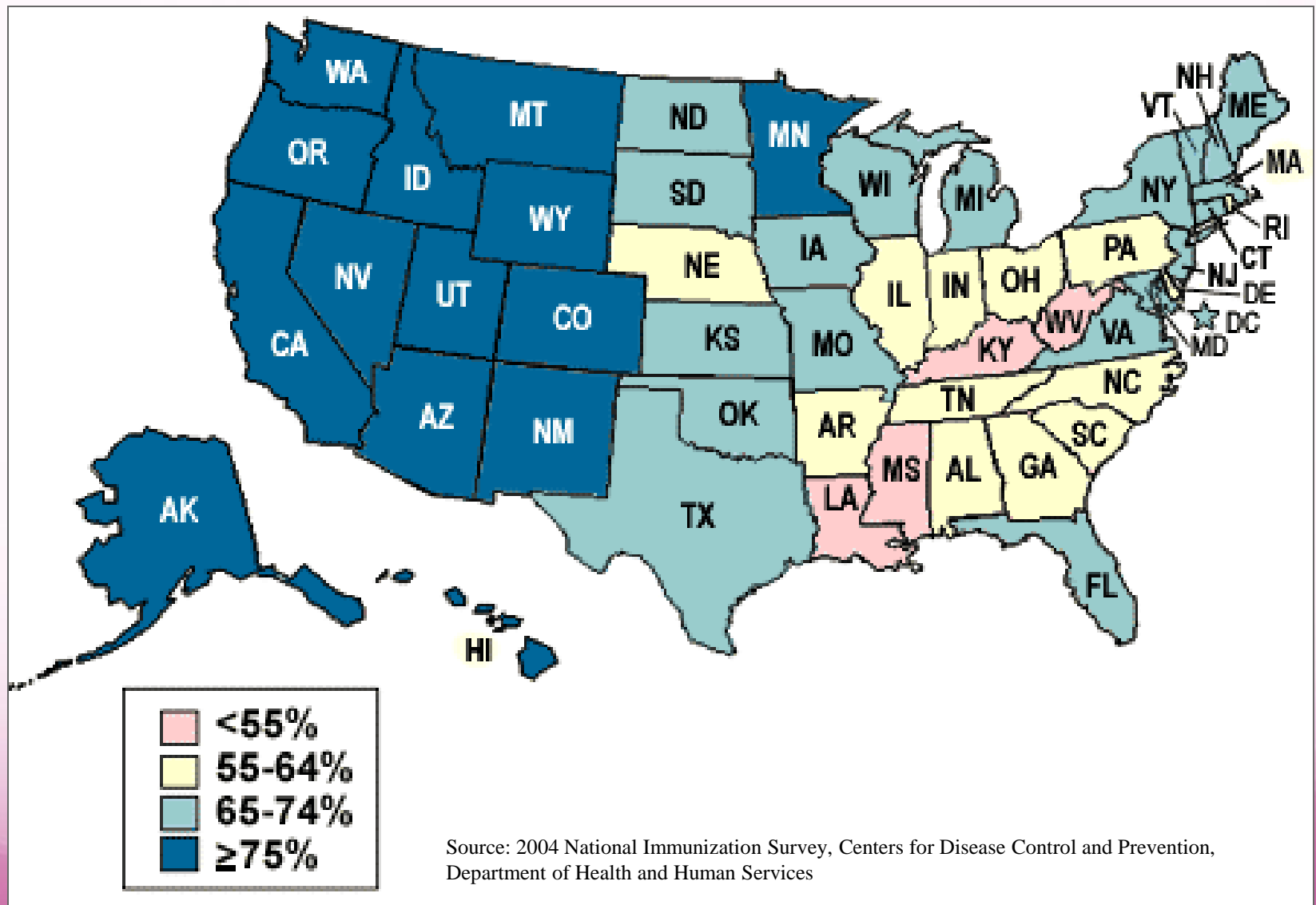
# Healthy People 2010 BF Objectives Outcome Indicators

- 75% Initiated breastfeeding
- 50% Breastfed at 6 months
- 25% Breastfed at 12 months
- 25% Exclusively BF to 6 months

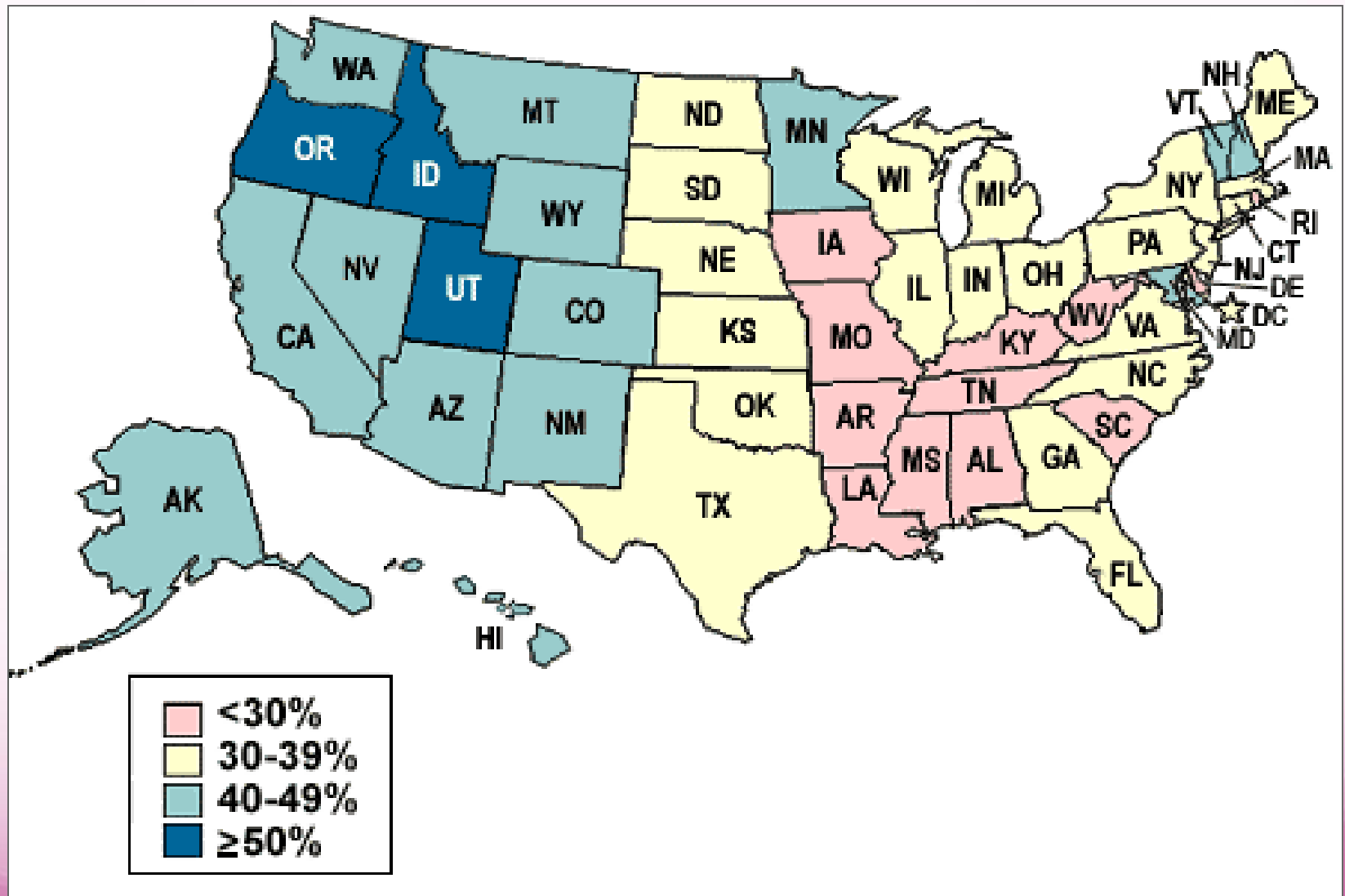
# So how are we doing?

- 2003: 14.2% babies were exclusively breastfed
- 2004: No state met the Healthy People 2010 objectives for exclusive breastfeeding

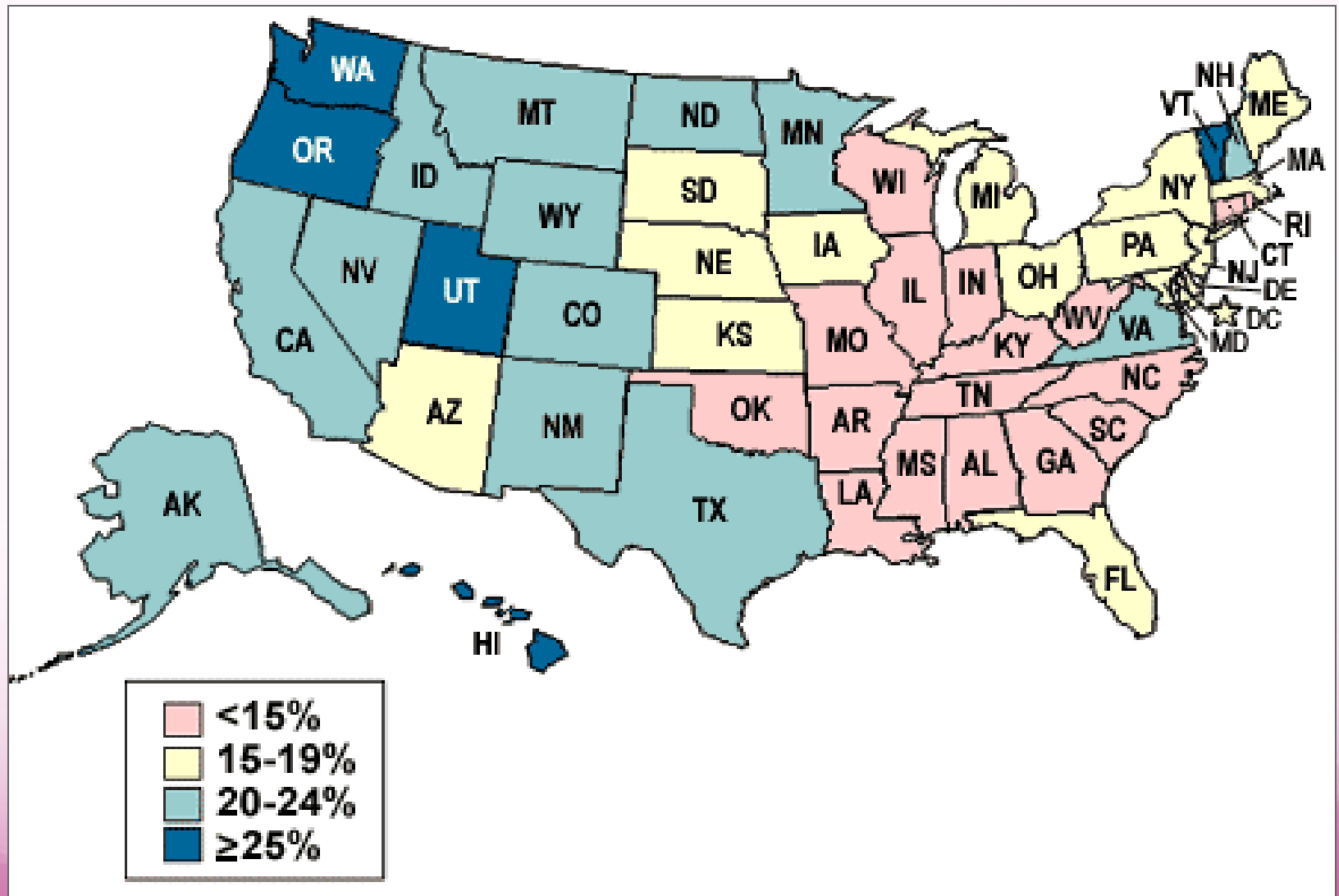
# Children 'Ever Breastfed' by State: 2004



# Children Breastfeeding at 6 Months: 2004



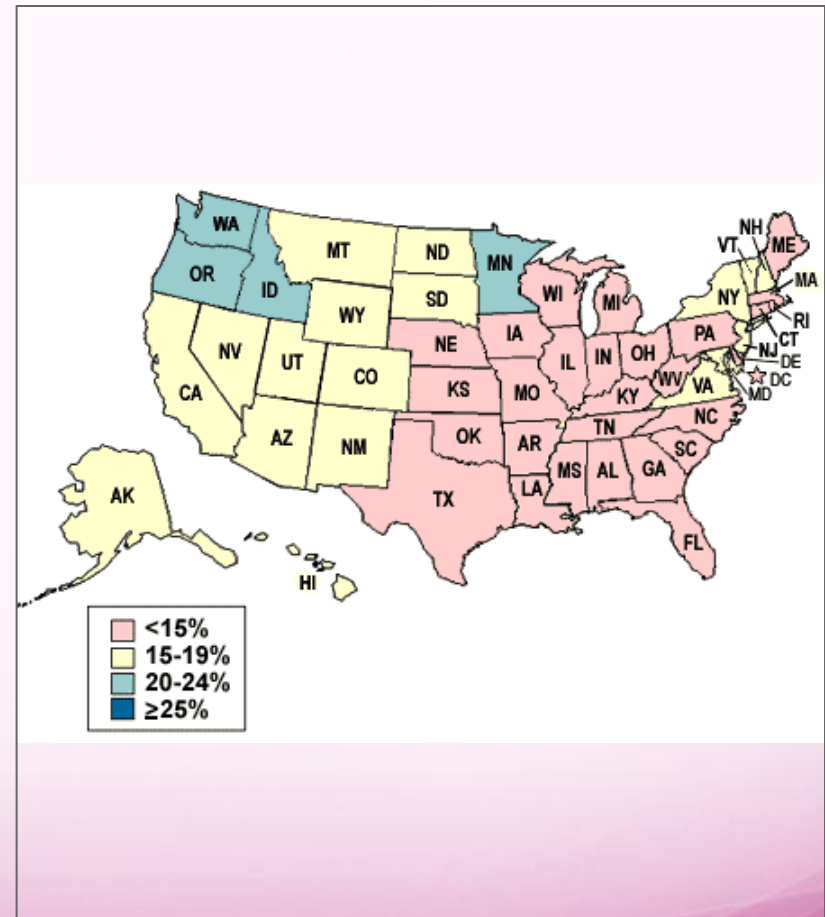
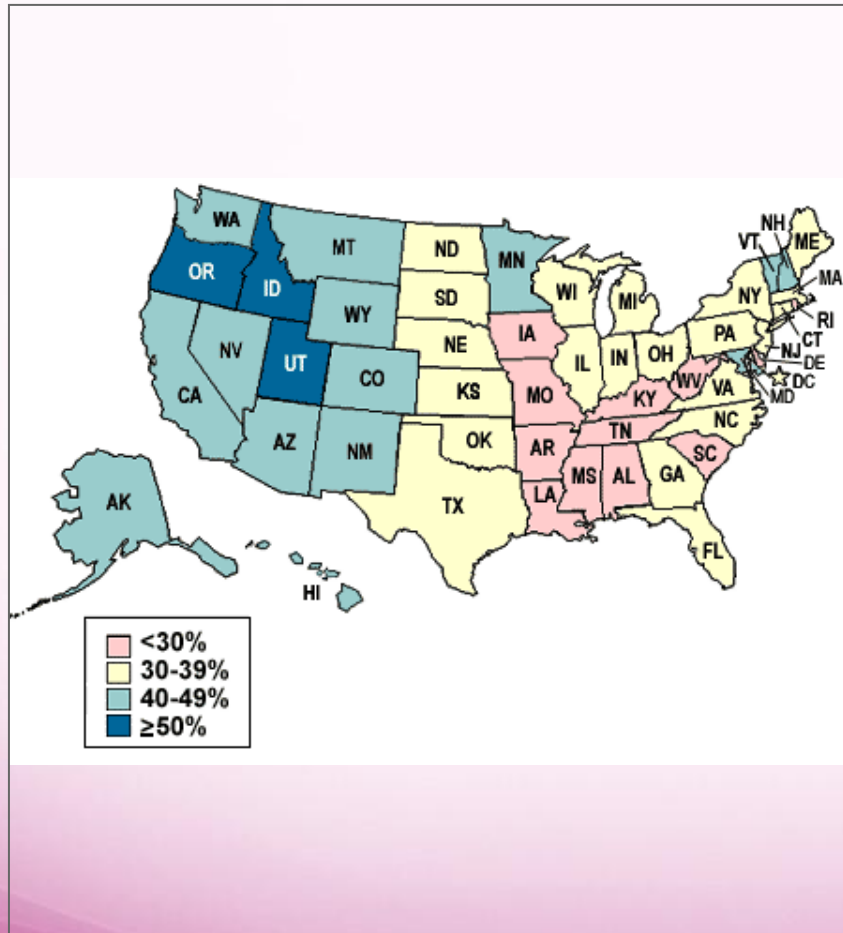
# Children Breastfeeding at 12 Months: 2004







# Children Breastfeeding at 6 Months Ever vs. Exclusively: 2004



# Per HP 2010 BF Indicator

- 75% Initiated breastfeeding (14 States)
- 50% Breastfed at 6 months (5 States)
- 25% Breastfed at 12 months (3 states)
- 25% Exclusively BF to 6 months (No State)
  
- Met All 3 Objectives (Oregon and Utah) (2 States)

# BF Rates by Demographic Factors, 2004

	Breast Feeding Rates (%) in the United States 2004		
Socio-Demographic Factors	Ever 70.3	At 12 Months 17.8	EB at 6 Months 14.1
<b>Ethnicity</b>			
Hispanic	79.2	20.9	15.7
Asian	74.4	22.7	15.2
White	73.6	19.1	14.9
American Indian	65.5	17.7	13.0
African American	53.9	9.5	9.5
<b>Age</b>			
Less than 20 years	47.6	5.0	6.8
30 years & older	75.2	22.2	16.9
<b>Education</b>			
College	83.7	25.5	19.2
High School	62.2	13.5	11.7
<b>Marital Status</b>			
Married	76.5	21.2	16.2
Unmarried	57.2	10.4	9.7
<b>Family Income</b>			
350% Poverty	79.3	21.1	16.4
Below Poverty	63.0	15.6	12.0
WIC Received	64.1	14.0	11.5
WIC Eligible (Not received)	74.0	26.6	21.1

# Take Home Point

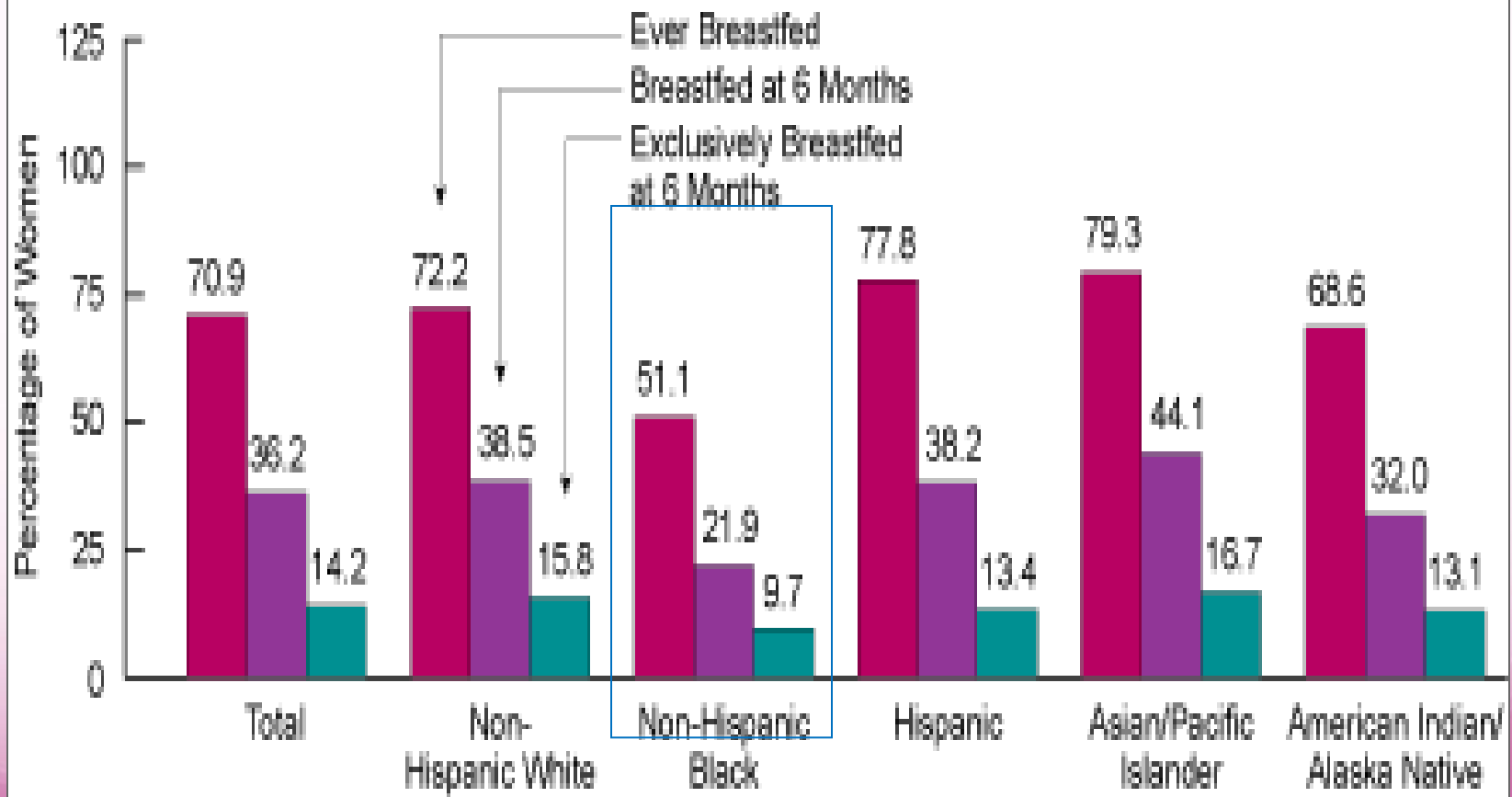
- Evidence shows that
  - Formal education
  - Financial status and
  - Family support

In all ethnic groups has a direct correlation to breastfeeding outcomes.

# Ethnic Disparity in Breastfeeding Rates

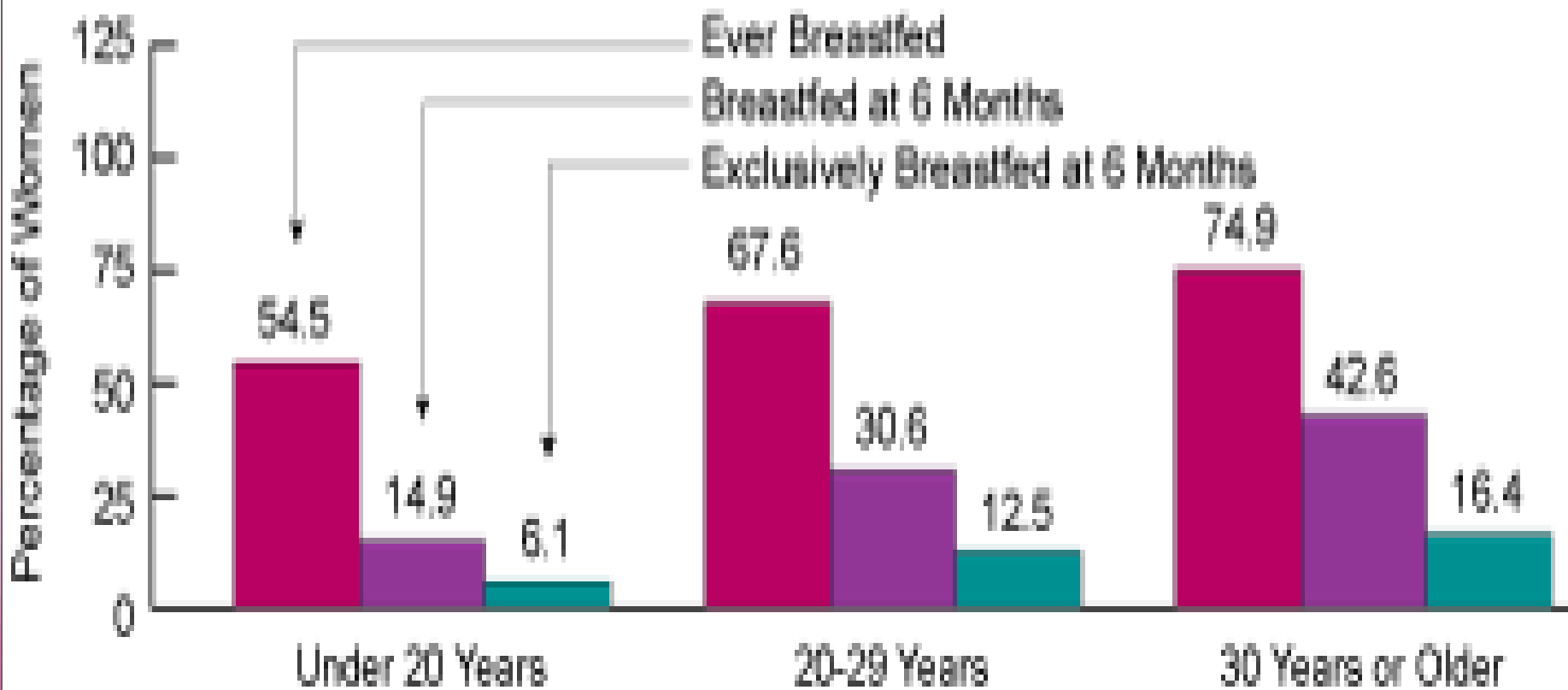
## Breastfeeding Rates by Race/Ethnicity and Duration, 2003

Source (II.20): Centers for Disease Control and Prevention, National Immunization Survey



# Breastfeeding Rates by Maternal Age and Duration, 2003

Source (11.20): Centers for Disease Control and Prevention, National Immunization Survey



# Healthy People 2020 Data

- The goal is to obtain a 81.9% of new mothers initiate breastfeeding.
- Breastfeeding initiation is lower in black women when compared with all other ethnic groups.
- Hispanic and Asian women are currently meeting the Healthy People 2020 goals
- Native American and White women are close to obtaining the goal.



# What About Duration?

- The widest variation in breastfeeding outcomes by ethnic grouping are reflected in the 6 month post partum breastfeeding rate.
- Asian women have the highest rates of breastfeeding duration, while black women have the lowest.



So how are we doing in TN?

# CDC Breastfeeding Report Card – 2011

## 21<sup>st</sup> CENTURY

### Ever Breastfeeding at:

Breastfed                      6 Months                      12 Months

**U.S. National**

74.6

44.3

23.8

**Tennessee**

65.6

35.5

14.8

**1990 Goals**

**75%**

**50%**

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***2020 Goals***

***81.9%***

***60.6%***

***34.1%***

# CDC Breastfeeding Report Card - 2011

Exclusive breast-feeding at:

	<u>3 months</u>	<u>6 months</u>
<b>U.S. National</b>	35.0	14.8
<b>Tennessee</b>	27.9	12.8

1990 Goals

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**2020 Goals**

**46.2% 25.5%**

# How Things Work

# DEFINITION OF BREASTFEEDING

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e., via lactation) not from a baby bottle or other container.

# Benefits of Breastfeeding to Infants

- Essential for optimal physical, emotional and mental development. Breastfed babies are smarter.
- Helps in GI development and function
- Helps in cognitive development of the infant
- Stronger immune system
- Reduced risk of obesity later in life compared to formula fed infants.

# Benefits of Breastfeeding to Infants (cont'd)

- Reduced risk of infection compared to formula fed infants:
  - Otitis media,
  - Respiratory tract infection
  - Diarrheal and inflammatory bowel diseases
  - Allergies / Eczema
  - Meningitis
- Reduced risk of sudden infant death syndrome, Hodgkin's lymphoma Leukemia and Type 1 Diabetes.



# Take Home Point!



Breast fed babies, are healthy babies.

# Benefits of Breastfeeding to Mothers

- Enhance early maternal–infant bond.
- Aids involution of the uterus.
- Weight loss (with long term BF)
- Prolongs anovulation (short-term BC)
- Documented long term effects: reduced risk of breast, ovarian and endometrial cancers.

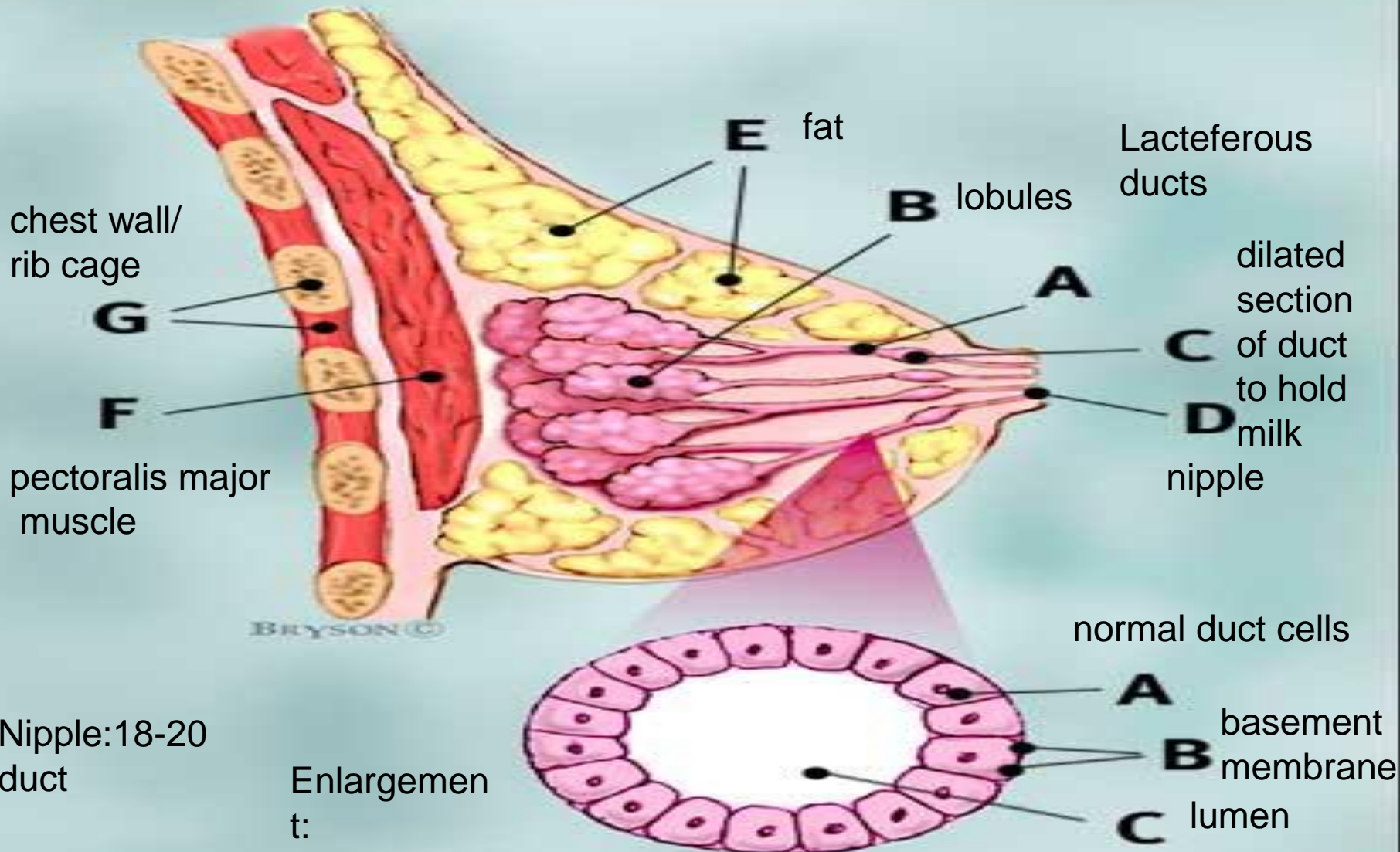
# Socio-economic Benefits of Breastfeeding

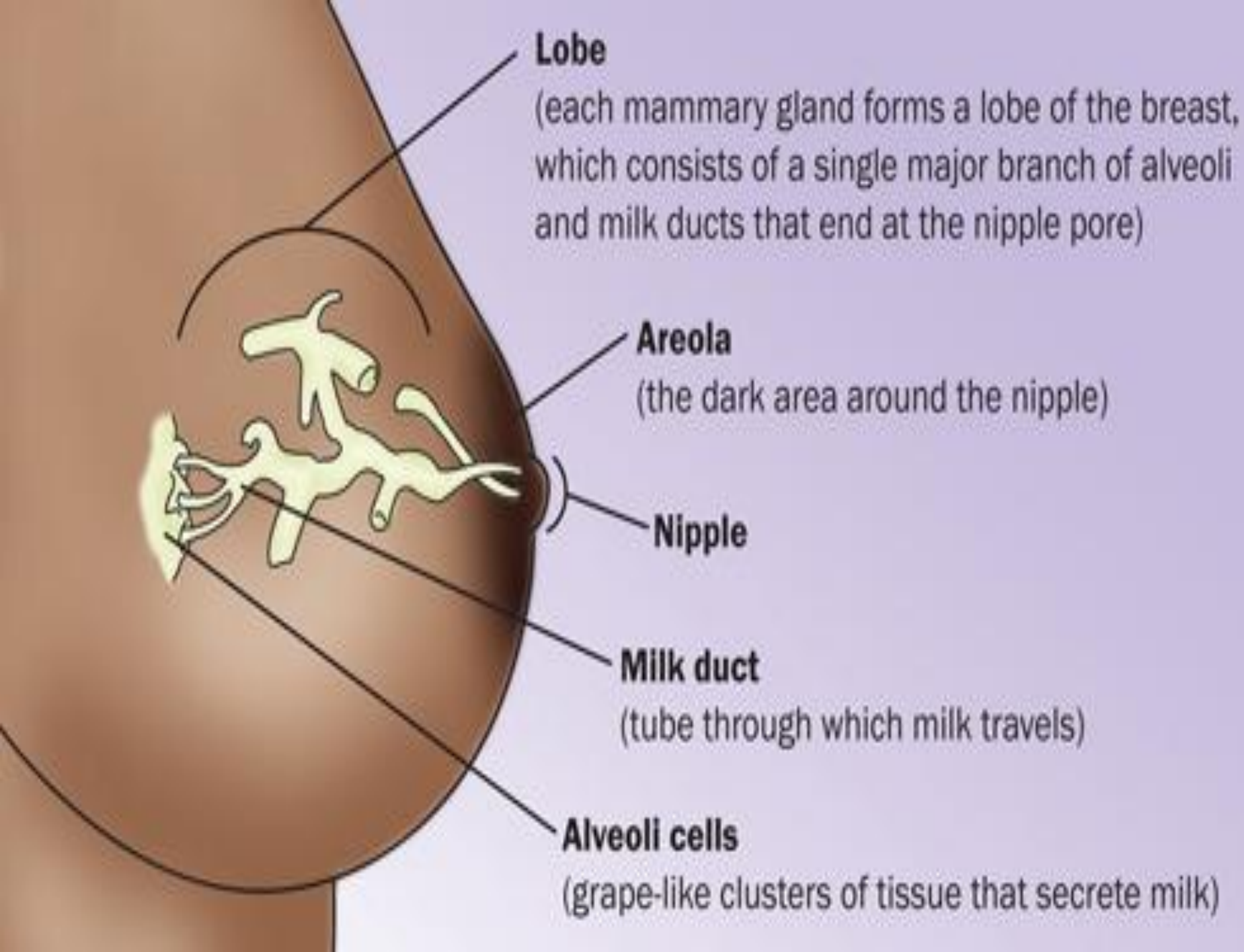
- Income savings – average of \$1000 - \$1200 per infant per year.
- Reduced risk of infections and diseases hence reduced hospital visits and attendant medical cost.
- Mothers are more economically productive since they will spend less time caring for a sick child.

# Contraindications to BF

- Active/Untreated TB
- Illicit drug use
- ETOH abuse
- HIV
- Radioactive/Chemo agents
- HSV lesion on breast
- Infant with inborn error of metabolism (e.g. galactosemia, phenylketonuria)

# ANATOMY AND PHYSIOLOGY OF BREAST





**Lobe**

(each mammary gland forms a lobe of the breast, which consists of a single major branch of alveoli and milk ducts that end at the nipple pore)

**Areola**

(the dark area around the nipple)

**Nipple**

**Milk duct**

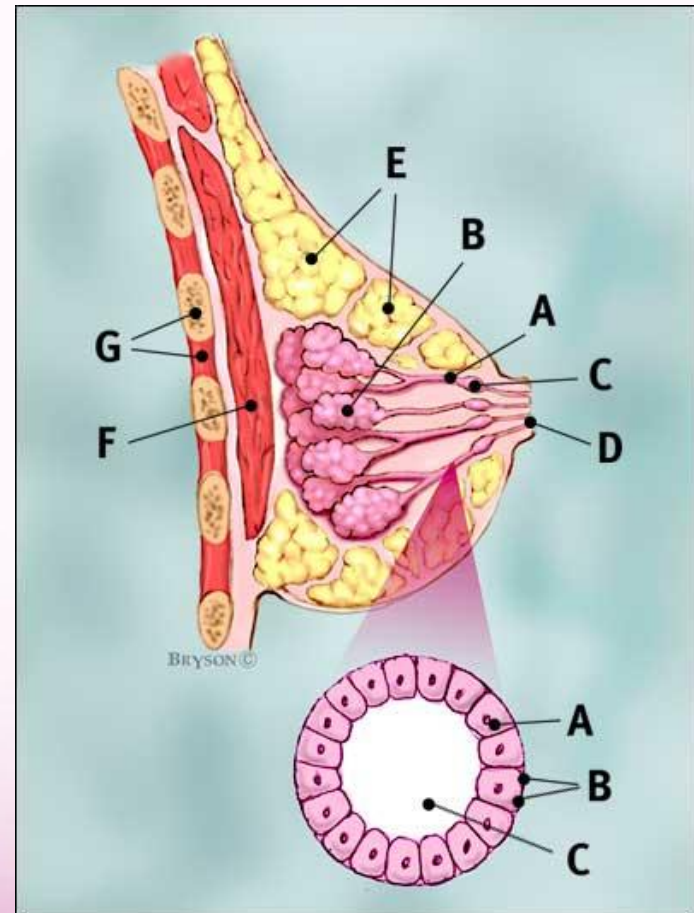
(tube through which milk travels)

**Alveoli cells**

(grape-like clusters of tissue that secrete milk)

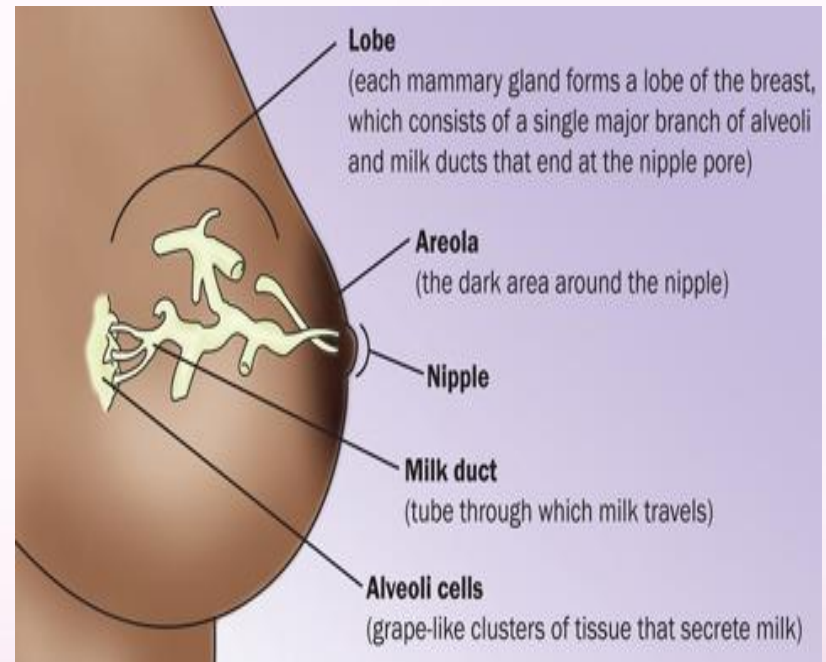
# Structure of the Human Breast

- Modified sweat glands
- Contains adipose and fibrous connective tissue
- Different hormones are responsible for the development of the breast and changes that occur during pregnancy.
- Major hormones of breast development and enlargement are estrogen, progesterone and prolactin.



# Structure of the Human Breast (cont'd)

- Each breast contains about 20 lobes
- Each lobe contains several lobules which at the end have alveolar in which milk is produced.
- Milk production and secretion are responsive to two major hormones – prolactin and oxytocin; and the sucking reflex.
- After production of milk in the alveolus, the milk moves through the ducts and are stored in the lactiferous sinus. When the





# CON'T...

- Nipple and areola enlarge and darken during pregnancy.
- Small bump on areola is called a Montgomery gland.



# The milk ejection reflex

## The Prolactin Reflex



1. (Long arrow) Nerve impulses from sucking go to brain
2. (Short arrow) The pituitary gland releases prolactin into the blood
3. (Breast) This causes the alveolar cells to secrete milk and swells the alveoli



## The Milk Ejection Reflex

1. (Long arrow) Nerve impulses from sucking go to the brain
2. (Short arrow) The pituitary gland releases oxytocin into the bloodstream
3. (Breast) This causes muscles around the alveoli in the breast to squeeze milk to the nipple

# Suckling Reflex Arc

- Hormonal positive feedback mechanism.
- PRL (ant pit) → milk production
- Oxytocin (post pit) → milk let down
- PRL receptors are established within the first 8 days of delivery.
- Suckling at breast increases prolactin levels, so at each feeding, levels rise, hence more milk is produced.

# CON'T...

- Let-down is experienced in numerous ways including:
  - Infant begins to actively suck and swallow.
  - Milk may drip from the opposite breast.
  - Mother may feel a tingling or a full sensation (after the first week of nursing) in breasts or uterine cramping.
  - May feel thirsty.

# Types and Composition of Human Breast Milk

## Types of Breast Milk:

1. Colostrum or Early Milk
2. Transitional Milk
3. Mature Milk

# Composition of HBM

- **Colostrum or Early Milk** is produced in the late stage of pregnancy till 4 days after delivery; and is rich in antibodies.
- **Transitional Milk** produced from day 4-10 is lower in protein in comparison to Colostrum.
- **Mature Milk** is produced from approximately ten days after delivery up until the termination of the breastfeeding.

# Composition of Human Breast Milk (Cont'd)

- **Fat** – The main lipids found in human milk are the triglycerides phospholipids and essential fatty acids
- **Carbohydrate** – Primarily lactose.
- **Leukocytes** – Include neutrophils, macrophages, lymphocytes
- **Non protein nitrogen** – urea, uric acid.
- **Other constituents:** steroid hormones, peptides, insulins, growth factors, minerals, vitamins, lipase.

# Composition of Human Breast Milk (Cont'd)

- **Proteins-** HBM contains 2 types of proteins:
  - Whey (60%)
  - Casein (40%)
- Lactoferrin inhibits the growth of iron-dependent bacteria in the GI tract.
- Secretory IgA and lysozyme also works to protect the infant from viruses and bacteria such as E. coli.



Now...What do I do with all  
this milk?

# Storage of Breast Milk

- Can be stored at:
  - Room temperature for 6-8 hours.
  - Insulated cooler with icepacks x 24 hrs
  - Refrigerator at ~40°F x 5 days
  - Freezer at 0-5°F for up to 2 weeks
  - Deep freezer x 3-12 months
- Breast milk should be stored in BPA (Bisphenol A) free containers.

Place of storage	Temperature	Maximum storage time
In a room	25°C    77°F	Six to eight hours
Insulated thermal bag with ice packs		Up to 24 hours
In a refrigerator	4°C    39°F	Up to five days
Freezer compartment inside a refrigerator	-15°C    5°F	Two weeks
A combined refrigerator and freezer with separate doors	-18°C    0°F	Three to six months
Chest or upright manual defrost deep freezer	-20°C    -4°F	Six to twelve months

# BREAST MILK STORAGE/THAWING:

- Unless being used immediately, refrigerate it within 1 hour.
- Thaw/warm the milk in container of lukewarm water or running water.
- Once milk is thawed, it should be used within 24 hours.
- Once milk is warmed and not used for the feeding, it should be discarded.

# Duration of Feedings

- **Newborns** can nurse for 5 to 10 minute per breast; every 2 to 3 hours. This comes to about 10 to 12 feedings per day. In the beginning, there is only colostrum, and there's not very much of it, so be ready to feed often but for short durations.
- **One month or more:** as baby gets older, his stomach will get larger. He will nurse less frequently but for a longer duration at each feeding session. For example, he may nurse 20 to 40 minute per breast every 3 to 4 hours.
- **By 6 months,** Baby may breastfeed for 20 to 40 minutes per breast; 3 to 5 times per day.

# Achieving Optimal Breastfeeding

- Activities, attitudes and procedures during the delivery and post partum period have an impact on breastfeeding
- Skin-to Skin
  - Well documented evidence that helps body temps
  - Reduce risk of hypoglycemia
  - Enhance oxytocin release
  - Nutritional benefit (colostrum)
- Skin to skin contact should occur for 1-2 hours after delivery. Delay weighing, Vit K, prophylactic abx.





# Give Daddy Some Too!





# Achieving Optimal Breastfeeding (Cont'd)

- BF should be started and fully established before discharge home.
- Physicians and HCP should observe at least 1 feeding and ensure this is done properly and breast milk is produced.
- Lactation specialist for those having difficulty.
- Early follow up after leaving the hospital is required.

How does she/we know that  
her BF is effective?

# Signs of Effective Breastfeeding

- Content for 1-2 hrs after feeding
- Frequent feedings 8-12 times daily.
- Intermittent episodes of rhythmic sucking with audible swallows should be heard while the infant is nursing. “aka Maggie Simpson”
- Clear dilute urine 6-8 times a day

# Signs of Effective Breastfeeding (cont'd)

- Infant should have minimum of 3-4 bowel movements every 24 hours.
  - Stools ~1 tablespoon or larger
  - After day 3, should be soft/watery and yellow
- Average daily weight gain of 15-30g.
- Infant has regained birth weight after ~2 weeks

# Breastfeeding Techniques

# Good Breastfeeding Techniques

- The baby should be properly positioned to achieve effective latching.
- The mother should wear comfortable apparel, with the breast well exposed for the infant to be able to latch
- The infant's mouth, chin and umbilicus should be lined up with the head in a neutral position.

# Good Breastfeeding Techniques (cont'd)

- Bring infant to the breast, with the nose touching or close to the breast.
- Stimulate the baby mouth to open by touching to nipple.
- Let baby open mouth
- Establish a proper latch

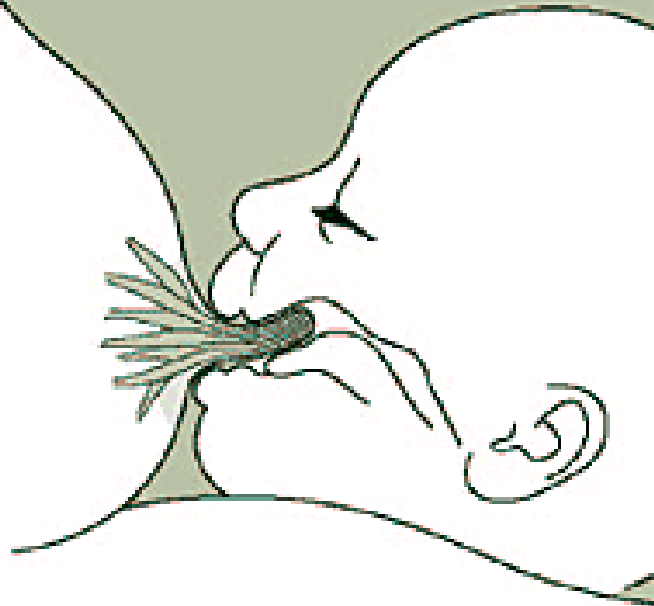
# PROPER LATCH-ON

1. Baby open the mouth wider.
2. The chin touching the breast
3. The cheek looked flatulent.
4. The lip are flanged out.
5. The breast looked full and round
6. Can hear the sound suck and swallow
7. The nipple looks long and round after feeding.





BABY HAS NIPPLE IN MOUTH ONLY  
AND IS UNABLE TO SUCK PROPERLY



*Poor attachment*

BABY HAS NIPPLE AND MOST  
OF AREOLA IN HIS MOUTH



*Optimal attachment*

# DISLATCH BABY AFTER BREASTFEEDING

- Used little finger press on the gum to open the baby mouth to dislatch from the nipple

# Infant Positioning

POP QUIZ!

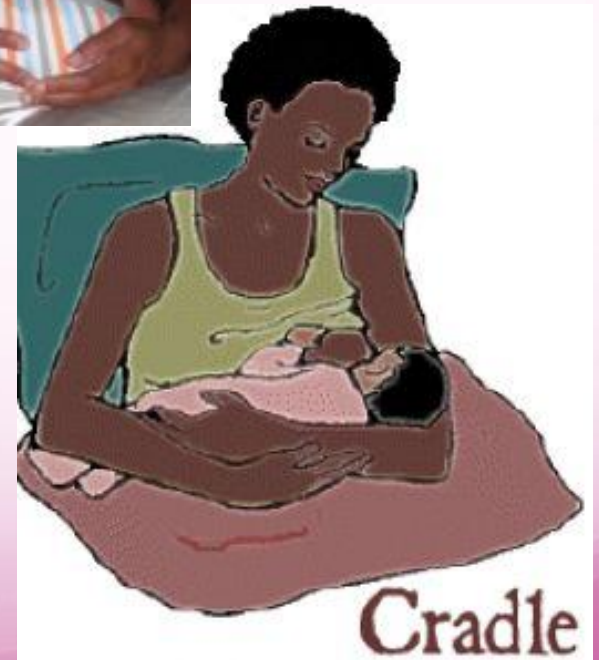
# Guess the position!



# Breastfeeding Positions

## Cradle Hold Position

- Most common position used by mothers
- Infant's head is supported in the elbow, the back and buttock is supported by the arm and lifted to the breast.



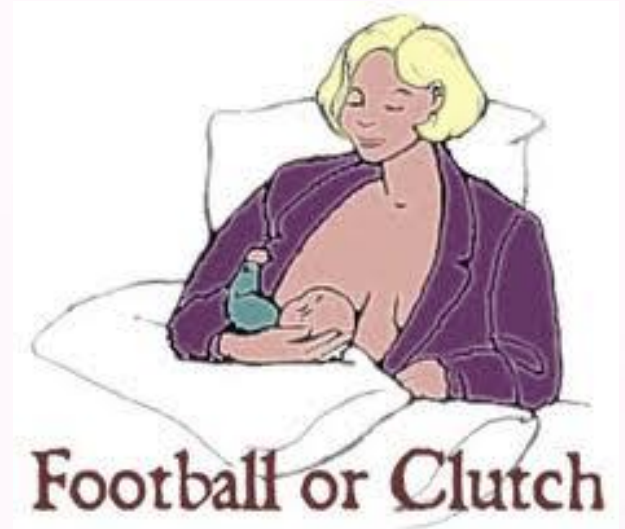
What Position? (hint: Go Titans!)



# Breastfeeding Positions

## Football Hold Position

- Infant is placed under the arm, like a football.
- Baby's body supported with the forearm and the head is supported with the hand.
- Many moms not comfortable with this position.
- Good position after operative procedures.



# Position?





# Breastfeeding Positions

## Side Lying Position

- Mother lies on her side propping up her head and shoulder with pillows.
- Infant lies facing the mother.
- Good position after Cesarean section.
- Allows the new mother some rest.
- Many mothers are scared of crushing the infant.



# What position am I?



# Breastfeeding Positions

## Cross Cradle Hold Position

- Ideal for early breastfeeding.
- Mother holds the baby crosswise in the crook of opposite arm.
- Baby's trunk and head are supported with the forearm and palm.
- The other hand is placed beneath the breast in a U-shaped to guide the baby's mouth to the breast.



Position? (hint: Saddle my horse mate.)



# Breastfeeding Positions

## Australian Hold Position

- This is also called the saddle hold.
- Usually used for older infants.
- Not commonly used by mothers.
- Best used in older infants with runny nose, ear infection.



**BONUS QUESTIONS!**







# Reason for Supplementation

- Birth weight < 1500 g or GA < 32 weeks.
- Severe hypoglycemia.
- Acute water loss.
- Hyperbilirubinemia related to poor intake.
- Delayed bowel movement or dark stools at day 5.
- Delayed milk production.
- Weight loss >8% of birth weight.

How do you counsel her  
about her nutrition?

# Nutrition While BF

- Eat a well-balanced, varied diet
- Burns 500+ cal/day
- Check with MD about possible Iron/MVI supplementation
- Hydrate well (8- 8oz glasses daily)
- Limit caffeine (1-2 drinks daily)
- Limit ETOH (6 oz wine, 12 oz beer) to special occasion only

# Barriers to BF

# Barriers To Effective Breastfeeding

- Lack of confidence in mother.
- Belief that breast milk is not sufficient.
- Lack of adequate support system.
- History of previous breast surgery.
- Breast engorgement, cracked and sore nipples.
- Retractable nipples.
- Embarrassment by mother.
- Jealousy by partner and siblings.
- Chronic illness in mother; psychosis, cancer.

# 21<sup>st</sup> CENTURY

- **Barriers to *INITIATION* of Breastfeeding:**
  - ***LACK of CONFIDENCE***
    - Cultural Influences
    - Lack of role models (“It’s like BC.”)
  - ***EMBARRASSMENT***
    - Media Influences
    - Concern about returning to work/pumping at work

# 21<sup>st</sup> CENTURY

- **Barriers to *INITIATION* of Breastfeeding (Continued):**
  - ***MATERNAL LIFESTYLE CONCERNS***
    - Medications
    - Smoking
    - Alcohol use
    - Illicit drug use

# Complications

- Breast pain
- Biting
- Engorgement
- Mastitis
- Abscess
- Cracked/Sore nipple



# CONT'

## **Sore, Cracked Nipples**

The causes of sore and/or cracked nipples includes :

- Improper latching on by the baby
- Thrush
- Dry skin
- Dermatitis
- Biting



Are these  
barriers different  
for minority  
women?



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

# COMMITTEE OPINION

Number 570 • August 2013

## Committee on Health Care for Underserved Women

*This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

## Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding

**ABSTRACT:** Maternal and infant benefits from breastfeeding are well documented and are especially important to underserved women. Underserved women are disproportionately likely to experience adverse health outcomes that may improve with breastfeeding. They face unique barriers and have low rates of initiation and continuation of breastfeeding. Through a multidisciplinary approach that involves practitioners, family members, and child care providers, obstetrician–gynecologists can help underserved women overcome obstacles and obtain the benefits of breastfeeding for themselves and their infants.

The American College of Obstetricians and Gynecologists (the College) strongly supports breastfeeding as the preferred method of feeding for newborns and infants and recommends exclusive breastfeeding until the infant is approximately 6 months of age. A longer breastfeeding experience, with gradual introduction of iron-enriched solid foods in the second half of the first year of life, is beneficial. The College calls on its Fellows, other health care professionals who provide care for women and their infants, hospitals, and employers to support women in choosing to breastfeed their infants. All should work to facilitate continuation of breastfeeding in the workplace and public facilities, and advocate for changes to the public environment that support breastfeeding locally and nationally. Although most women can breastfeed, some women will choose not to breastfeed or cannot breastfeed. Health care providers should be sensitive to the needs of women, regardless of whether or not they choose to breastfeed. Health care providers should aim to support women in the vulnerable postpartum period and encourage and assist women who choose to breastfeed and accept the decision of women who choose not to breastfeed. Additionally, health care providers should help women recognize when their newborns are getting enough nutrition and hydration through breast milk so they can confidently continue exclusive breastfeeding or seek assistance if there is a concern.

According to the 2012 Breastfeeding Report Card, 76.9% of infants in the United States were ever breastfed. However, 47.2% of infants were breastfed at 6 months, which decreased to 25.5% at 12 months (1). Although breastfeeding rates have increased over the past several years, Healthy People 2020 goals include increasing the rate of continued breastfeeding as well as improving the rate of exclusive breastfeeding (see [Box 1](#)).

Maternal and infant benefits from breastfeeding include protection from infections (2), biologic signals for promoting cellular growth and differentiation (2), decrease in maternal postpartum blood loss (3), and a reduction in the risk of ovarian and breast cancer (4–6). Despite the benefits of breastfeeding, cultural and societal barriers to breastfeeding exist at all levels; from hospitals to the workplace. Underserved women, those who are unable to obtain quality health care by virtue of poverty, cultural differences, race and ethnicity, geographic region, or other factors that contribute to health care disparities, may face greater barriers in the initiation and continuation of breastfeeding.

Overall, national estimates for breastfeeding initiation meet the Healthy People 2010 target of 75%. However, significant disparities exist with breastfeeding initiation among African American women and women in the Special Supplemental Program for Women, Infants and Children (WIC); 58.9% and 66.1% respectively (7, 8).

What can we do as HCPs?

# 10 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 half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.

# CONT...

6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

# Role of the Womens Care Physician/Provider

- Provide education about breastfeeding at first prenatal visit.
- Physical exam should include breast exam.
- Ensure rooming-in after delivery.
- Ensure breastfeeding is started and established before discharge after delivery.
- Observe at least a session of breastfeeding to ensure it is done correctly.

# Role of HCP (cont'd)

- Office should be breastfeeding friendly
- Staff should be well trained and willing to answer questions mothers might have.
- Prenatal package should have literatures and patient hand out that outlines benefit of breast feeding.
- Prenatal records should have a checklist that ensure all question s are addressed.



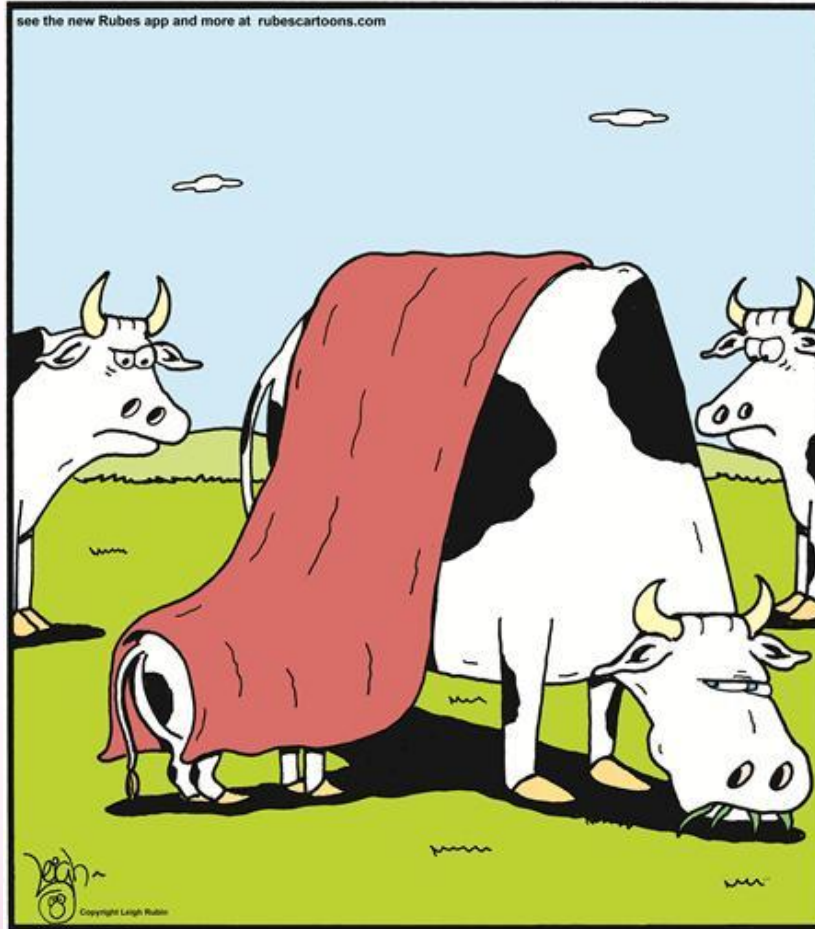
# Role of HCP (cont'd) <sup>21<sup>st</sup></sup> CENTURY

- Addressing Barriers to *INITIATION* of Breastfeeding:
  - ***PROMOTION of BREASTFEEDING***
    - Obstetricians, Family Physicians and Pediatricians
    - Government Agencies: NIH, CDC, WIC, Local HDs
    - Media – Internet, Television, Radio, Billboards, Print Media
  - ***PROTECTION of BREASTFEEDING***
    - Laws supporting paid Maternity Leave
    - Laws protecting Breastfeeding in Public
    - Encouraging Employers to provide private, clean, safe places for Mothers to express their milk (NOT Restrooms)

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**By Leigh Rubin**

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**Even when practiced discreetly, raised eyebrows and disapproving glances still meet with those who dare to udder-feed in public.**

# What have we tried?

- Peer counseling
- Professional support
- Breastfeeding team (peer and professional)
- Breastfeeding specific appointments
- Group prenatal education
- Enhanced breastfeeding programs

# What has worked?

- Peer Counseling
- Group care in the form of Centering Pregnancy
- Professional teams
  - Staff RN and Lactation Consultant

# Conclusion

- Breastfeeding is the best source of nutrition for a healthy term infant.
- AAP, AAFP and WHO recommends exclusive breastfeeding for the first six month of life and for at least twelve month of life.
- ACOG recommends exclusive BF for 6 months and thereafter as long as possible.
- Human milk is human specific and contains nutrients that are essential for the proper growth and development of the newborn.
- Breast feeding is beneficial to both infant and mother.

# Conclusions (cont'd)

- Proper technique ensures adequate BF.
- There are absolute contraindications to breastfeeding, these include HIV, 1 and 11, HTLV 1 and 11, active TB and active herpes simplex lesions on the breast.
- There are many obstacles to BF.
- African-American and women of lower SES appear to be most affected.
- OB-GYNs and other womens HCP have a significant role helping overcome these barriers and in promoting BF.

# Last Word...





Thank you