



ILLINOIS PHYSICIANS’ STATEMENT *on* BREASTFEEDING

DEVELOPED *by*

Illinois Chapter of the American Academy of Pediatrics

Illinois Academy of Family Physicians

Illinois Section of the American Congress of Obstetricians and Gynecologists

American Academy of Pediatrics
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Illinois Chapter



ILLINOIS ACADEMY OF
FAMILY PHYSICIANS



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Preface

The Physicians' Policy Statement on Breastfeeding for the State of Illinois was developed as a result of a project led by the Illinois Chapter of American Academy of Pediatrics under the auspices of Cook County Department of Public Health, Communities Putting Prevention to Work (CPPW) initiatives. This project is part of an effort to improve breastfeeding practices in suburban Cook County and statewide by enlisting the participation of three major physician provider organizations to draft a policy statement on breastfeeding, ratify it and disseminate it to its membership to provide guidance and baseline evidence-based standards of practice for physicians working with mothers and infants and young children with regard to breastfeeding. The CPPW projects nationwide are being directed by the Center for Disease Control and Prevention (CDC) to lower obesity rates in children. As breastfeeding is recognized as a key strategy to improve health and lower obesity rates in children, it has been recognized as an important component in the endeavor to curtail the escalating obesity rates nationwide.

In addition, the Surgeon General's Call to Action to Support Breastfeeding was published by the U.S. Department of Public Health and Human Services in January of 2011. This document acknowledges the fact that during much of the last century, mothers in America were given "poor advice and were discouraged from breastfeeding, to the point that breastfeeding became an unusual choice in this country." Vice Admiral Regina Benjamin, MD, recognizes support of breastfeeding as an important public health goal and an ethical responsibility of the medical community to "take on a commitment" to enable mothers to breastfeed. Thus, the physician providers of the state of Illinois respond to the call to action with the policy statement outlined below.

Introduction

The critical importance of breastfeeding has been acknowledged and promoted by numerous national and international physician organizations including the American Academy of Pediatrics, the American Academy of Family Physicians, the American Congress of Obstetricians and Gynecologists, and the Academy of Breastfeeding Medicine.^{1,2,3,4} The United States Preventive Services Task Force recommends interventions during pregnancy and after birth to promote and support breastfeeding.⁵ The Surgeon General recently released a call to action to support breastfeeding.⁶

Despite these national recommendations, according to the most recent Centers for Disease Control and Prevention Maternity Practices in Infant Nutrition and Care (mPINC) survey, Illinois ranks 31st among all states in terms of maternity practices related to infant feeding and care.⁷ Additional action is needed within the state of Illinois to advance breastfeeding as the normal feeding practice for infants and young children and to meet the Healthy People 2020 goals for increasing the proportion of infants who are breastfed.⁸

Breastfeeding provides recognized health benefits for both mother and child.⁹ Infants that are formula fed are at risk for increased incidence of numerous infectious childhood diseases, Sudden Infant Death Syndrome (SIDS), type 1 and 2 diabetes, and childhood obesity.¹⁰ For women, breastfeeding reduces the incidence of postpartum bleeding, breast and ovarian cancer, metabolic syndrome, hypertension, diabetes and heart disease.¹ An estimated \$13 billion is expended annually

in the United States due to suboptimal infant feeding practices; thus, breastfeeding delivers significant economic benefits as well.¹¹

Physicians have an ethical responsibility to promote current evidence-based practices and to avoid conflicts of interest.⁴ Physicians play a vital role in guiding infant feeding practices and should encourage breastfeeding by providing evidenced-based knowledge and recommendations to women and families. They need to be aware of conflicts of interest that arise when accepting and distributing branded formula samples or other gifts with logos from companies marketing infant formula (as outlined by the International Code of Marketing of Breastmilk Substitutes). These actions may give the false impression that the physician favors formula feeding over breastfeeding.^{12, 13, 14}

The Continuum and Coordination of Care

A woman's perspective on breastfeeding evolves over time and develops in response to experiences in her life. Although some notions develop prior to pregnancy, once pregnant, the awareness accelerates. Attitudes continue to develop with heightened sensitivity through prenatal care, the hospital care received during labor and delivery, and the postpartum period, extending into the baby's infancy and young childhood. A woman who wants to breastfeed will require assistance and support at every step of the breastfeeding continuum from preconception through the weaning process. A coordinated system of care between the various settings in which a breastfeeding mother is supported – from the physician's office to the hospital and into the community – will increase the likelihood that mothers receive the support they need at each time and place. Multiple levels of support at each stage will also contribute to overall breastfeeding success. The collaboration among family physicians, obstetricians, pediatricians, nurse-midwives, lactation consultants, and other health professionals, as well as doulas and peer counselors, is a key aspect of this continuum. Acknowledging its importance will facilitate maximum support and positive outcomes.

Preconception Care

Breastfeeding should be promoted as normative and conversations about overall breast health ought to include breastfeeding.

In the United States, fifty percent of pregnancies are unplanned¹⁵; therefore, a well-woman or routine health maintenance visit is an opportunity to discuss breastfeeding and any potential problems that may factor into the ability to breastfeed in the future.

Prenatal Care

Obstetricians and family physicians are in a unique position to “counsel mothers about the health impact of breastfeeding and to ensure that mothers and infants receive appropriate, evidence-based care.”¹⁶

- Discuss the infant feeding decision at the first prenatal visit and continue to discuss at every visit throughout the prenatal period.
- Address concerns or misunderstandings regarding breastfeeding. Only a small percentage of women are physiologically unable to breastfeed.^{17,18}
- Provide appropriate education or referrals for education to aid in maternal decision-making. Include the mother's support persons in the education and decision process.
- Elicit any factors in the family medical history that make breastfeeding more important.
 - Strongly encourage breastfeeding for women with a family or personal history of obesity, diabetes, atopic disease, and certain cancers as it has been shown to decrease the incidence of these conditions.¹⁹

- Identify any medical contraindications to breastfeeding as well as risk factors for breastfeeding problems,² including:
 - A history of prior breast procedures or surgeries, which may indicate the need for a prenatal referral for lactation support.
 - A history of infertility, polycystic ovary disease, hypothyroidism, and anatomical issues impacting lactation.
- Perform a complete breast assessment to evaluate the mother’s anatomy and anticipate any difficulties with breastfeeding.
- Encourage the woman and her support persons to attend breastfeeding classes and/or peer support groups.
- Provide women with connections to lactation resources in the community prior to delivery.
 - Referrals for prenatal lactation consultations are especially recommended for women with high-risk pregnancies or anticipated problems with breastfeeding.

In-Hospital Care

Ideally, mothers have made the decision to breastfeed prior to entering the hospital for delivery. In-hospital care should focus on providing support to initiate and refine the techniques of breastfeeding. There are benefits to be gained for all mothers by the high-quality maternity practices outlined by the Baby-Friendly steps as outlined by Baby-Friendly U.S.A.

- Advocate for evidence-based maternal and infant care practices such as the UNICEF/WHO Baby-Friendly Hospital Initiative:²⁰
 - Have a written breastfeeding policy that is routinely communicated to all health care staff.
 - Train all health care staff in skills necessary to implement this policy.
 - Inform all pregnant women about the benefits and management of breastfeeding.
 - Help mothers initiate breastfeeding within one hour of birth.
 - Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
 - Give newborn infants no food or drink other than breast milk, unless medically indicated.
 - Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
 - Encourage breastfeeding on demand.
 - Give no pacifiers or artificial nipples to breastfeeding infants.
 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
- Encourage the use of doulas during labor and birth to decrease the rate of interventions which may impact breastfeeding (early epidurals, medications, C-sections).^{21,22}
- Advocate for adequate staffing for in-hospital lactation support during all shifts. Encourage hospital administrators to include breastfeeding in acuity criteria for staffing. It is recommended that breastfeeding specialists, including lactation consultants and breastfeeding counselors and/or peer counselors, be available to provide lactation support in proportion to the number of deliveries at the hospital as outlined by the Association of Women’s Health, Obstetric and Neonatal Nurses and the International Lactation Consultant Associations (AWHONN).²³
- Implement a peer counselor program if one does not already exist.
- Ensure that all women receive information regarding lactation resources in the community.

- Guarantee sufficient breast pumps are available in the hospital for all lactating women (patients and employees).
- Limit the influence and presence of formula companies in the hospital by minimizing the use of formula and eliminating free gifts to staff and breastfeeding mothers. Encourage hospitals to store formula away from parents' view and out of the cribs or bassinets of babies that are breastfeeding.
- Recognize the special breastfeeding concerns for high-risk pregnancies and births and address them appropriately.¹
 - For all premature and other high-risk infants, recommend breast milk (direct or expressed).
 - If the baby is not breastfeeding, educate mothers about initiating hand expression within two hours, and pumping within six hours after birth.²⁴
 - When indicated, breastmilk-based fortifiers should be utilized.
 - For infants whose mothers are unable to provide their own milk, banked breast milk may be provided.
- Facilitate communication between hospitals and outpatient providers to ensure continuity of breastfeeding-related care for patients.

Post-Discharge Care

Post-discharge care is critical to the maintenance of breastfeeding. Many mothers initiate breastfeeding but do not continue for the recommended duration of exclusive breastfeeding for six months and continued breastfeeding for two years. Education and support during the first two weeks can increase duration and exclusivity, preventing premature discontinuation of breastfeeding.^{25,26}

- Ensure that mother and infant are evaluated soon after discharge. At a minimum, arrange follow-up with a qualified health care professional when the infant is three to five days old and again at two to three weeks of age.¹
 - Address breastfeeding issues that arise during these early assessment times directly by the provider or refer promptly for outside lactation support services.
- Refer mothers to peer support groups as identified prenatally.
- Obtain and share lists of referral resources with lactating mothers.
- Ensure that mothers who qualify have access to free or reduced-cost breast pumps.
- Provide continuing support for breast milk pumping and storage once the mother returns to work.

Education and Support in the Clinic/Office Setting

- Create an environment which promotes breastfeeding as normative.
- Establish a breastfeeding friendly clinic:¹⁵
 - Provide educational materials and videos in waiting and examination rooms.
 - Offer seating for women with infants that keeps breastfeeding in mind.
 - Offer a call-in telephone number where mothers can receive lactation advice.
 - Have breast pumps available and a designated pumping room or space that is not a bathroom for patients and employees to use.
- Avoid conflicts of interest by declining free formula samples and removing products with formula company branding.⁴
- Promote physician education through self-directed learning and CME courses related to breastfeeding.
- Identify resources that can improve reimbursement for lactation support.

- Learn about local community support and resources for lactating mothers, such as resource lists (frequently offered by hospitals and local breastfeeding coalitions) and websites such as the International Lactation Consultant Association (see Appendix 1).
- Be supportive of all family members and others that are assisting the breastfeeding mother.

Advocacy

- Advocate that third party payers reimburse for inpatient and outpatient breastfeeding support services.
- Work with communities and schools to develop programs which educate young girls on the health benefits and normalcy of breastfeeding.
- Encourage breastfeeding-friendly settings, such child care centers and schools.
- Advocate for breastfeeding-friendly worksites, including sufficient maternity and paternity leave from work, lactation support programs, an on-site lactation room, and compliance with federal and state laws.²⁷⁻³³
- Understand the federal laws that affect a mother's ability to breastfeed and that require employer action.
 - Breastfeeding has been acknowledged by the U.S. Supreme Court as a protected constitutional right for women.²⁷
 - The Patient Protection and Affordable Care Act of 2010 included an amendment to the Fair Labor Standards Act which requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday for one year after the child's birth.²⁸
- Know the Illinois laws regarding breastfeeding:²⁹
 - Breastfeeding in Public:
 - A mother may breastfeed in any location, public or private, where the mother is otherwise authorized to be. A woman who has been denied the right to breastfeed by the owner or manager of a public or private location may bring a court action and may be awarded reasonable expenses of litigation.³⁰
 - Breastfeeding of infants is not an act of public indecency.³¹
 - Workplace Accommodations:
 - An employer shall provide reasonable unpaid break time each day to an employee who needs to express breast milk for her infant child. An employer shall make reasonable efforts to provide a room or other location, in close proximity to the work area, other than a toilet stall, where an employee can express her milk in privacy.³²
 - Jury Duty:
 - Any mother nursing her child shall, upon request, be excused from jury service.³³

Appendix 1 - Breastfeeding Resources

Chicago Area Breastfeeding Coalition

www.chicagoareabfc.org

Offers a directory of local lactation consultants.

Chicago Region Breastfeeding Task Force

www.freewebs.com/chicagobreastfeeds

International Lactation Consultant Association

www.ilca.org

Offers a searchable directory of credentialed lactation consultants by zip code.

La Leche League of Illinois

www.llofil.org

Offers local group meetings and peer support. Also educates health care professionals about lactation management.

Illinois WIC

Local offices offer peer breastfeeding support.

Information about WIC (general): www.dhs.state.il.us/page.aspx?item=30513

Information about WIC's Breastfeeding Peer Counselor Program:

www.dhs.state.il.us/page.aspx?item=36299

Illinois State Breastfeeding Taskforce: Illinois Breastfeeding Laws

www.illinoisbreastfeeding.org/21901.html

Northern Illinois Lactation Consultants Association - NILCA

www.northernillinoislca.org

United States Breastfeeding Committee: Workplace Support in Federal Law

www.usbreastfeeding.org/Workplace/WorkplaceSupport/WorkplaceSupportinFederalLaw/tabid/175/Default.aspx

Acknowledgements

We would like to acknowledge the following individuals for contributing their expertise, vision, and foresight to the formation of this statement:

Mary Elsner, JD

Alyssa Flanagan, MD

Vince Keenan, CAE

Maura Quinlan, MD, FACOG

Krystal Revai, MD, MPH, FAAP

Julie Shaffner, MS, MPH

Lise Weisberg, MD

Catherine Willows, RN, IBCLC

We would also like to thank the many breastfeeding stakeholders who have contributed to the creation of this document.

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- ³³ Amendment to the Jury Act: Illinois Public Act 094-0391, effective 2006.