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**National and Local Breastfeeding Initiatives: Physicians' Update
September 21, 2011**

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Thank you to the Academy of Pediatrics and to the College of Obstetrics and Gynecology for allowing me to share the stage with you tonight. It's an honor to gather with all these leading health care providers to unveil the updated Physician Statement on Breastfeeding.

I have spent my career working as a family physician in multi-disciplinary practices in underserved communities throughout Chicago. While our organizations don't always agree on every recommendation, my experience has been to work side by side with pediatricians and Ob/Gyns in caring for the same patients in the same settings. So this partnership around this important issue does not come as a surprise to me and I am proud to represent our organization in presenting this document.

Please allow me a moment to thank the Illinois Academy of Family Physicians Task Force members that gave their time to review and help shape this important physician statement:

Dr. Lola Okunade
Dr. Marian Sasseti
Dr. Ashley Nix Allen
Dr. Risha Raven
Dr. Lise Weisberger
Dr. Brenda Fann

And our Public Health Committee Chair Dr. Rashmi Chugh

The American Academy of Family Physicians (AAFP) developed our policy supporting breastfeeding in 2001, with an extensive update in 2008 by the AAFP's Breastfeeding Advisory Committee.

Because family physicians provide prenatal care, deliver babies and care for those babies once they are born, our role is vital in promoting breastfeeding. The AAFP position paper on Breastfeeding details specific education recommendations for medical students in the clinical setting and for family medicine residents in training.

We encourage family physicians to take advantage of CME opportunities with evidence-based practices for breastfeeding support and management of problems that may occur. AAFP is a cooperating organization for the La Leche League International Seminar for Physicians on Breastfeeding, as well the Academy of Breastfeeding Medicine's Annual International Meeting. Breastfeeding is often a topic at AAFP national conferences.

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We know that many of the barriers to advocating for breastfeeding are based on historical myths within our patient communities as well as our own physician communities. We need to overcome these barriers – and make sure our new parents have all the facts and make a fully informed decision.

Family physicians can make a difference in increasing breastfeeding rates, and especially continuation rates, by supporting patients and providing appropriate, evidence-based care. Because breastfeeding is the physiologic norm, we need to stress the risks of not breastfeeding for infants and mothers. We can address it just as we would stress the risks of any other parental decision affecting the health of their baby.

Families need the facts. While formula is an option, and for many a free option through the WIC program, we cannot allow these options to give the false impression that we favor formula over breastfeeding.

We also need to be ready to answer their toughest questions. Questions about medications, about smoking and nursing. Questions about drug and alcohol use. How will a mother's own health issues affect her ability to breastfeed? Mothers need reassurance that they can go back to work and take care of their home and other family members, while breastfeeding their baby those first crucial months. Mothers need to take care of themselves while they take care of that new baby.

In family medicine, we truly believe in coordinated, comprehensive care. We talk about the continuum of care. A successful breastfeeding support network begins at conception, through the prenatal care, into the delivery and recovery rooms. It continues at every follow up appointment for mother and baby. That continuum goes back into the community, where the support must be obvious, and the providers must be available.

As family physicians, it is important to include the baby's father in the breastfeeding discussion. A father's ability to help his baby truly begins at birth. The role of a father has been shown to be one of the most powerful influences on a mother's decision to breastfeed. Whenever we have the opportunity to engage the father and educate him about breastfeeding, we need to do it.

And when the father is not in the picture (and even when he is), we need to work with those other supporters that will be there for mother and baby. Breastfeeding is truly a family matter, not simply a "mommy matter."

I hope that office-based physicians will take these recommendations and make their practices a welcoming place for mothers to breastfeed, no matter who is the patient. I hope they will have the community resources available for any mother who needs help.

Illinois may rank 31st in breastfeeding rates now , but if we use these recommendations as our roadmap, I feel good about our chances to reach our goals set for 2020. With all these forces in the room and the people we represent, I see Illinois moving on up.

Let's use the new Breastfeeding statement to improve the health of Illinois' moms and babies! Today's healthy babies will mean a healthier tomorrow. Let's do our part.

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