The Role of the Obstetrical Physician in Promoting and Supporting Breastfeeding and How Baby-Friendly Hospitals Can Improve Your Patient Outcomes

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Personal Disclosure

- Delivered via c-section for breech, 10 day routine post-partum stay
- Formula fed
- Brought home from hospital sitting on my mother’s lap

In 2016, breastfeeding, like infant car seats, should be common sense.
Today’s Agenda

- Review the public health impact of breastfeeding for mother and infant
- Discuss the physiology of lactation
- Describe how the 10 Steps of the BFHI enable mothers to achieve their breastfeeding goals
Breastfeeding is a public health issue
Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease.

Your care directly affects a woman’s breastfeeding success
Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.
Breastfeeding is a public health issue
Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease.

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Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.
### Excess health risks associated with not breastfeeding

<table>
<thead>
<tr>
<th>INFANT</th>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness</td>
<td>OR</td>
</tr>
<tr>
<td>Otitis media</td>
<td>2.0</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>3.6</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2.8</td>
</tr>
<tr>
<td>NEC</td>
<td>2.5</td>
</tr>
<tr>
<td>Obesity</td>
<td>1.3</td>
</tr>
<tr>
<td>Leukemia</td>
<td>1.2</td>
</tr>
<tr>
<td>SIDS</td>
<td>1.6</td>
</tr>
<tr>
<td>Crohn’s Disease</td>
<td>2.2</td>
</tr>
<tr>
<td>Ulcerative Colitis</td>
<td>1.8</td>
</tr>
</tbody>
</table>

AAP and ACOG Recommendations

- Exclusive breastfeeding for about 6 months
  … with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.

ACOG (2016). Optimizing Support for Breastfeeding as Part of Obstetric Practice
Photo: Massachusetts Breastfeeding Coalition
Breastfeeding in 2012

Healthy People 2020 Goals

- Initiation
- 6 months
- 12 months
- Excl 3 months
- Excl 6 months

Oklahoma
US

Goal
NURSE THE BABY
YOUR PROTECTION AGAINST TROUBLE
INFORM YOURSELF THROUGH THE HEALTH BUREAU PUBLICATIONS AND CONSULT YOUR DOCTOR
2 out of 3 women wean earlier than they had intended

How old do you think your baby will be when you completely stop breastfeeding?

How old was your baby when you completely stopped breastfeeding and pumping milk?

Did you breastfeed as long as you wanted to?

Mother’s breastfeeding goals

- Baby friendly maternity care
- Supportive family and friends
- Informed health care providers
- Adequate leave, workplace support

Breastfeeding success
‘...the time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders and to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.’

Regina M. Benjamin, M.D., M.B.A.  
Vice Admiral, U.S. Public Health Service  
Surgeon General
Committee Opinion

Number 658 • February 2016

(Replaces Committee Opinion Number 361, February 2007)

Committee on Obstetric Practice

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists’ Committee on Obstetric Practice and Breastfeeding Expert Work Group. Member contributors included Alison Stuebe, MD. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Optimizing Support for Breastfeeding as Part of Obstetric Practice
Education

- Clinical management of lactation is a core component of reproductive health care.
- Because lactation is an integral part of reproductive physiology, all obstetrician–gynecologists and other obstetric care providers should develop and maintain knowledge and skills in anticipatory guidance, physical assessment and support for normal breastfeeding physiology, and management of common complications of lactation.
The miracle is you and the milk only moms can make. Whether you breastfeed, use donor milk, or neither, finding the right support can make all the difference. Best for Babes will cheer you on and help you navigate the “Booby Traps” — the barriers that keep moms from achieving their personal breastfeeding goals.

www.bestforbabes.org
Breastfeeding is a public health issue
Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease.

Your care directly affects a woman’s breastfeeding success
Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.
Maternity care affects breastfeeding outcomes

Comparison of Proportion of Infants Still Breastfeeding (to Any Degree) During Year of Follow-up

The Ten Steps

1. Have a written breastfeeding policy.
2. Train all health care staff.
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 maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, 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.
Step 3: Inform all pregnant women about the benefits and management of breastfeeding.

Are you planning to breastfeed or bottle feed? What have you heard about breastfeeding?

It sounds like you’re worried that breastfeeding will be painful.

Discuss concrete strategies for getting a comfortable latch, how to get lactation support.
Ready... Set...

What Have You Heard About Infant Feeding?

?  ?  ?  ?

FIND OUT THE FACTS

http://j.mp/CGBI_RSB
What Have You Heard About Infant Feeding?
Have you ever breastfed or do you know any family members or friends who have breastfed?

MAIN MESSAGE
Each one of us has a unique opinion on infant feeding formed from the stories we hear from others and also from our own experiences. As part of your healthcare team, we want you to know the facts.

POINTS TO COVER
• Learning the facts will help you make informed parenting choices so you can do what is best for you and your baby.
• Refer to Pages 4-7 of the patient booklet, “Find Out the Facts!” Allow time for review and discussion.
• Do any of these facts surprise you? Let’s talk about the ones that caught your attention.

TEACHABLE MOMENT
Thank her for sharing what she’s heard about infant feeding. Be sure to validate her experience, do not judge her comments. Let her know the “facts” listed are based on common misbeliefs that many parents have – she is not alone.

TRANSITION TO THE NEXT TOPIC
The rest of the session will focus on topics that you will want to be familiar with before you have your baby. We have learned so much in the last 10 years about the value of breastfeeding. Learning the latest science can help you to make your own feeding decisions.

FIND OUT THE FACTS

http://j.mp/CGBI_RSB
What Have You Heard About Infant Feeding?

Each one of us has a unique opinion about infant feeding that is formed from the stories we hear from others and also from our own experiences. As part of your healthcare team, we want you to know the facts. Learning the facts will help you make informed parenting choices so you can do what is best for your family.

Find Out The Facts!

FACT
Most women breastfeed.
At least 75% of all women in the United States breastfeed. Even among the groups less likely to breastfeed, about 60% or more start breastfeeding. Breastfeeding is now the norm in the United States.

FACT
Breastfeeding should not be painful.
There may be discomfort at first but it should be minimal and should go away in the first week. Pain that continues or is severe is not normal and you should get help from a lactation consultant.

FACT
Breastfeeding does not cause your breasts to sag.
All breasts lose their firmness with age and weight gain/loss.

FACT
No breasts are too large or too small to breastfeed.
Size does not matter. Small breasts can produce a full milk supply, and babies can breastfeed fine on large breasts. If you have widely spaced or very unusual breasts, a history of breast surgery, or are concerned you don’t have enough breast tissue, please contact your health care provider or a lactation consultant for an evaluation.

FACT
There is no perfect nipple shape or size for breastfeeding.
Babies can latch onto many types of breast nipples. If you have concerns about your nipples, please contact your health care provider or a lactation consultant for an evaluation.

FACT
Breastfeeding is a new skill, and it takes practice and support.
Breastfeeding is not easy for every mother and baby. Be patient with yourself as you both learn how to make it work. Get support from friends, family, and your healthcare team. Remember to take it day by day. It gets MUCH easier after the first days and weeks!

FACT
Night waking and night feeding are NORMAL.
Newborns do not know the difference between night and day as adults do. They are growing rapidly, and need the frequent, easily digested feedings that your milk provides. Babies who are breastfed have a decreased chance of death from Sudden Infant Death Syndrome.

FACT
Babies do NOT need water when it’s hot outside.
Your milk, or correctly prepared formula, provides all the water your baby needs.

FACT
Formula is NOT the same as breastmilk.
Breastmilk is a living, constantly changing food that provides everything your baby needs to grow and be healthy. The living parts of your milk cannot be man-made, and many are unique to you.
Patients listen to what their doctors say…

Percent breastfeeding at 6 weeks

Favors breast: Physicians 70, Hospital Staff 73
No preference: Physicians 54, Hospital Staff 41
Favors Formula: Physicians 9, Hospital Staff 35

Health care provider opinion

DiGirolamo et al. Birth 2003;30:94-100
...even when their doctors don’t think they are listening.

Whether to breastfeeding

- 33% Very important
- 67% Somewhat / not important

Only 8% of obstetricians thought their advice on duration of breastfeeding was very important.

How long to breastfeeding

- 39% Very important
- 61% Somewhat / not important

Patient opinion of OB advice:

Families should receive noncommercial, accurate, and unbiased information so that they can make informed decisions about their health care.

Obstetric care providers should be aware that personal experiences with infant feeding may affect their counseling.

In addition, pervasive direct-to-consumer marketing of infant formula adversely affects patient and health care provider perception of the risks and benefits of breastfeeding.

Obstetrician–gynecologists and other obstetric care providers should support each woman’s informed decision about whether to initiate or continue breastfeeding, recognizing that she is uniquely qualified to decide whether exclusive breastfeeding, mixed feeding, or formula feeding is optimal for her and her infant.
Anticipatory guidance: Medications in lactation

The placenta and the breast are not the same organ.

Drugs that are safe in pregnancy may not be safe in breastfeeding, and drugs that are safe in breastfeeding may not be safe in pregnancy.
LactMed
National Library of Medicine

iPhone Screenshots

Looking for information on how drugs or dietary supplements can affect breastfeeding? LactMed has information about maternal and infant drug levels, possible effects on lactation and on breastfed infants, and alternative drugs or supplements to consider.

Drug Name Search
Drug Class Search

No Customer Ratings
Rating: 4+

LINKS
Privacy Policy
Developer Website

© 2011 National Library of Medicine
The Ten Steps

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10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
How does lactation happen?

Hypothalamus

Dopamine (-)

Paraventricular nucleus (+)

Anterior pituitary

Posterior pituitary

Prolactin

Oxytocin

Milk synthesis

Milk secretion

Placenta

Progesterone (-)

(+)

Cortisol

T3, T4

Insulin

Growth hormone

Milk ejection reflex
Breastfeeding Success
Let Down Latch
Moving Milk

Speroff et al. Reproductive Endocrinology and Infertility.
Stress and Milk Volume

Distraction and Milk Volume (g)

Control: 167
Ice water: 69
Math + shock: 114
Toe Pull: 114

saline

oxytocin

Breastfeeding Success

Let Down

Moving Milk

Latch

CORRECT

INCORRECT

Photos © Jane Morton, MD, FAAP
Breastfeeding Success
Let Down
Latch
Moving Milk
The Ten Steps are evidence-based
These practices support normal breastfeeding physiology.

Feed on demand (8), avoid supplements (6), pacifiers (9), teach milk expression (5)

Moving Milk
Breastfeeding Success
Latch
Avoid supplements (6), pacifiers (9)

Let Down

Early initiation, skin-to-skin (4), rooming in (7), outpatient support (10)
Step 4: Help mothers initiate breastfeeding within 1 hour of birth

Skin-to-skin supports normal physiology of breastfeeding

Contact in first hour of life, when infant is awake and alert, is a “critical period” for nursing success
Step 4: Help mothers initiate breastfeeding within one hour of birth.

Bottom line: Mothers who held their infants skin-to-skin breastfed **43 days longer** than mothers who did not.

Babies need Mothers

- Randomized trial of 50 healthy term infants
- Skin to skin at delivery, then cot vs. skin to skin for 90 minutes

<table>
<thead>
<tr>
<th></th>
<th>STS</th>
<th>Cot</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR</td>
<td>136.6 ± 6.9</td>
<td>140.7 ± 9.0</td>
</tr>
<tr>
<td>RR*</td>
<td>44.3 ± 7.9</td>
<td>49.8 ± 10.2</td>
</tr>
<tr>
<td>Glucose*</td>
<td>57.1 ± 12.6</td>
<td>46.1 ± 12.8</td>
</tr>
<tr>
<td>Change in base excess*</td>
<td>3.4 ± 2.7</td>
<td>1.8 ± 2.6</td>
</tr>
</tbody>
</table>

Cumulative proportions of neonates that reached 36·5°C

How is Oklahoma doing?

<table>
<thead>
<tr>
<th>mPINC Care Dimension</th>
<th>OK quality practice Subscore*</th>
<th>Ideal Response to mPINC Survey Question</th>
<th>Percent of OK Facilities with Ideal Response</th>
<th>OK Item Rank†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and Delivery Care</td>
<td>75</td>
<td>Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)</td>
<td>63</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)</td>
<td>62</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial breastfeeding opportunity is w/in 1 hour (vaginal births)</td>
<td>52</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial breastfeeding opportunity is w/in 2 hours (cesarean births)</td>
<td>67</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routine procedures are performed skin-to-skin</td>
<td>17</td>
<td>51</td>
</tr>
</tbody>
</table>
Step 7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
Step 8. Encourage breastfeeding on demand.
Teach staff how to teach cues

Evidence suggests that mothers who understand infant feeding cues are:
- More confident and satisfied with the hospital care they received
- More likely to succeed with breastfeeding
- More able to calm their infants

What are Infant Feeding Cues?
Cues are the infant’s language to let us know what they need. Newborns communicate with easy-to-recognize signs that let you know when they are hungry, full, tired, need to be changed and want quiet time. Learning the infant’s language is a new skill for all parents; let them know that it becomes easier the more they “listen”. You can help facilitate this process by teaching some common infant signs of hunger and fullness, shown in the table.

Feeding according to these cues ensures that infants receive small amounts of colostrum or breastmilk at very frequent intervals. This is exactly what a newborn’s stomach size is able to accommodate without uncomfortable overstretching (see image on reverse side). In addition, frequent feedings (8-12 times per 24 hours) help to prevent jaundice and hypoglycemia. Introducing pacifiers may make it difficult for parents to recognize their baby’s signs of hunger. In general, breastfed infants should not be given a pacifier, unless medically recommended, for the first 3 to 4 weeks.

CONTINUED ON REVERSE...
Teach families how to interpret infant cues

**Baby Feeding Cues (signs)**

**EARLY CUES - “I’m hungry”**
- Stirring
- Mouth opening
- Turning head
- Seeking/rooting

**MID CUES - “I’m really hungry”**
- Stretching
- Increasing physical movement
- Hand to mouth

**LATE CUES - “Calm me, then feed me”**
- Crying
- Agitated body movements
- Colour turning red

**Time to calm crying baby**
- Cuddling
- Skin to Skin on chest
- Talking
- Stroking

http://www.ouhsc.edu/breastfeeding/PatientMaterials.aspx
Step 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated*
Percentage of infants receiving formula by day 2 of life, among infants born in 2012 who were breastfeeding on day 2 of life

<table>
<thead>
<tr>
<th>OK quality practice Subscore*</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding of Breastfed Infants</td>
<td>84</td>
<td>?</td>
</tr>
<tr>
<td>Initial feeding is breast milk (vaginal births)</td>
<td>80</td>
<td>-</td>
</tr>
<tr>
<td>Initial feeding is breast milk (cesarean births)</td>
<td>69</td>
<td>-</td>
</tr>
<tr>
<td>Supplemental feedings to breastfeeding infants are rare</td>
<td>33</td>
<td>-</td>
</tr>
<tr>
<td>Water and glucose water are not used</td>
<td>78</td>
<td>-</td>
</tr>
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</table>

Percent of OK Facilities with Ideal Response

<table>
<thead>
<tr>
<th>OK Item Rank†</th>
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</thead>
<tbody>
<tr>
<td>28</td>
</tr>
<tr>
<td>32</td>
</tr>
<tr>
<td>14</td>
</tr>
<tr>
<td>43</td>
</tr>
</tbody>
</table>
Among women who were uncertain about plans to breastfeed, commercial packs during prenatal care significantly shortened duration of breastfeeding.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Hazard ratio (95% CI)</th>
<th>p</th>
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<tbody>
<tr>
<td>Overall Duration</td>
<td>1.75 (1.16-2.64)</td>
<td>0.005</td>
</tr>
<tr>
<td>Full duration</td>
<td>1.70 (1.18-2.48)</td>
<td>0.005</td>
</tr>
<tr>
<td>Exclusive duration</td>
<td>1.53 (1.06-2.21)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

How industry-sponsored “breastfeeding support” markets formula feeding

### Transitioning from Breastmilk to Formula

<table>
<thead>
<tr>
<th>DAY</th>
<th>Breastfeedings to Bottles of</th>
<th>Brand Name</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2-3</td>
<td><img src="image" alt="Heart" /></td>
<td><img src="image" alt="Heart" /></td>
<td><img src="image" alt="Heart" /></td>
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<tr>
<td>4-5</td>
<td><img src="image" alt="Heart" /></td>
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<td>6-7</td>
<td><img src="image" alt="Heart" /></td>
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<td>8-9</td>
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<td><img src="image" alt="Heart" /></td>
<td><img src="image" alt="Heart" /></td>
<td><img src="image" alt="Heart" /></td>
</tr>
</tbody>
</table>
“Never underestimate the importance of nurses. If they are sold and serviced properly, they can be strong allies. A nurse who supports Ross is like an extra salesperson.”

Abbott Labs v. Segura, 1995

Send a clear message: Keep formula companies, and their materials, out of your practice.
Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
Integrating care

Obstetrician

Pediatrician

Family Physician

Midwife

Lactation consultant

Photo: Denise Both & Kerri Frischknecht, Breastfeeding: An Illustrated Guide to Diagnosis and Treatment © Elsevier 2008
Fostering Community

#PBAP2015 | breastfeeding in real life.
www.SaraDragmanPhotography.com

Copyright 2015 Sara Dragman Photography, LLC www.saradragmanphotography.com/
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</tr>
</thead>
<tbody>
<tr>
<td>Facility Discharge Care</td>
<td>53</td>
<td>Staff provide appropriate discharge planning (referrals &amp; other multi-modal support)</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients</td>
<td>54</td>
<td>41</td>
</tr>
</tbody>
</table>
Breastfeeding is a public health issue
Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease.

Your care directly affects a woman’s breastfeeding success
Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.
FIGURE 1 Among women who initiated breastfeeding and intended to breastfeed for >2 months, percentage who stopped breastfeeding before 6 weeks according to the number of Baby-Friendly Hospital Initiative practices they experienced.

Intrapartum: Maternity care directly affects a woman’s breastfeeding success

Oklahoma’s 2013 Survey Results

71 Oklahoma’s State mPINC Score (out of 100)*
37 Oklahoma’s State mPINC Rank (out of 53)†

Strengths

**Documentation of Mothers’ Feeding Decisions**
Staff at 98% of facilities in Oklahoma consistently ask about and record mothers’ infant feeding decisions.

**Availability of Prenatal Breastfeeding Instruction**
Most facilities (91%) in Oklahoma include breastfeeding education as a routine element of their prenatal classes.

Opportunities for Improvement

**Appropriate Use of Breastfeeding Supplements**
Only 33% of facilities in Oklahoma adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

**Inclusion of Model Breastfeeding Policy Elements**
Only 11% of facilities in Oklahoma have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

**Protection of Patients from Formula Marketing**
Only 54% of facilities in Oklahoma adhere to clinical and public health recommendations against distributing formula company discharge packs.

**Adequate Assessment of Staff Competency**
Only 52% of facilities in Oklahoma annually assess staff competency for basic breastfeeding management and support.
Mother’s breastfeeding goals

- Baby Friendly maternity care
- Supportive family and friends
- Informed health care providers
- Adequate leave, workplace support

Breastfeeding success
Current public health promotion of breastfeeding relies heavily on health messaging and individual behavior change.

Women are told that “breast is best” but too little serious attention is given to addressing the many social, economic, and political factors that combine to limit women’s real choice to breastfeed beyond a few days or weeks.

The result: women’s, infants’, and public health interests are undermined.

http://j.mp/beyond_health
Resources

- Carolina Global Breastfeeding Institute
  http://breastfeeding.sph.unc.edu

- National Women’s Health Information Center
  Business case for breastfeeding, free patient materials
  http://www.womenshealth.gov/breastfeeding/

- InfantRisk Center
  http://www.infantrisk.com

- LactMed

- UNC’s MomBaby.org
  Clinical protocols and patient handouts
  http://www.mombaby.org/breastfeeding
Breastfeeding the hypotonic infant
Guidelines for breastfeeding infants with cleft lip, cleft palate or cleft lip and palate
Use of antidepressants in nursing mothers
Breastfeeding promotion in the prenatal setting
Engorgement
Breastfeeding and the drug-dependant woman
Jaundice
Hypoglycemia

Going home/ discharge
Supplementation
Mastitis
Peripartum BF management
Cosleeping and breastfeeding
Model hospital policy
Human milk storage
Galactogogues
Breastfeeding the near-term infant
Neonatal ankyloglossia
NICU graduate going home
Contraception and breastfeeding
The breastfeeding-friendly physician’s office part 1: Optimizing care for infants and children
Analgesia and anesthesia for the breastfeeding mother

http://j.mp/BFMED_P
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A single hand cannot nurse a child.
- Swahili Proverb