



Prenatal Breastfeeding Promotion and Support

Importance

Breastfeeding is recommended as the optimal way to feed infants. Breast milk (food source for infants) has immunity properties not found in any other food source and has been shown to decrease the incidence and severity of many common infections, including lower respiratory infections, urinary tract infections, otitis media, and bacterial meningitis. Breast milk has also been shown to protect against other conditions such as SIDS, Crohn's Disease, gastroenteritis, ulcerative colitis, and insulin-dependant diabetes.¹ Breastfeeding also plays an important role in maternal child attachment, infant emotional and cognitive development, and in preventing childhood obesity.^{1,2}

Prevalence:

Newborn screening data indicates that 24% of LA County mothers report their intention to exclusively breastfeed their baby in the hospital, compared with 40% of all California mothers.³

Rationale:

Breastfeeding has proven health benefits to mother and infant and can impact the economy of the family and healthcare industry.

If exclusive breastfeeding were practiced for the first 12 weeks of an infant's life⁴:

- \$2.16 billion annually would be saved because of less illness and disease country wide.
- \$3.02 billion annually would be saved from household expenses because of the reduced costs of formula purchasing, family planning benefits and decreased health care expenditures country wide.

If an infant was breastfed for at least 6 months⁴:

- \$205 would be saved per infant by the HMO, representing an almost 10% reduction in health care cost in the first year of life (for the first year of life each breastfed infant costs an HMO \$2,040 vs. \$2,245 for non breastfeeding infants).

Current Recommendations

- **Healthy People 2010 Goals-** Increase the proportion of mothers who breastfeed their babies in the early postpartum period to 75%; at six months to 50% and at 12 months to 25%.
- **American Academy of Pediatrics-** Recommends that babies be breastfed exclusively for the first six months of life, and breastfed with the addition of appropriate complementary foods starting at about six months for at least one year.

Key Principles

- Attitudes and beliefs among the patient, partner, and family regarding breastfeeding can pose barriers to successful breastfeeding. These beliefs should be discussed
- Family support should be evaluated

Key Components of Best Practices*

Provider Level

- At first prenatal visit, perform a comprehensive breastfeeding assessment including:
 - Breastfeeding plans and expectations
 - Personal attitudes, demographic, cultural, medical, behavioral, and social variables that may influence breastfeeding initiation and duration, as well as any past breastfeeding experience if appropriate



- Perform initial breast examination noting: breast growth, evidence of past surgery, and nipple condition
- Provide information to correct any myths expressed about breastfeeding
- Perform subsequent breast exams as needed throughout pregnancy

Offer breastfeeding education, guidance, and encouragement at each prenatal visit

- At 34-36 weeks gestation:
 - Encourage breastfeeding during the first hour following birth, rooming in, avoiding supplementation unless medically indicated, avoiding bottle nipples, pacifiers, etc.
 - Discuss potential obstacles posed by hospital practices and strategies to overcome.
 - Review return to work, breast pumps, child care, family planning, post partum and pediatric care, etc.
- Provide referrals as needed to community resources, breastfeeding classes and lactation consultants. (Small, informal group health education classes have a better impact on increasing breastfeeding initiation rates than breastfeeding literature alone or literature combined with formal, non-interactive methods of teaching.
- Provide personal or telephone contact to assess breastfeeding within one week after birth.

* Adapted from: American Academy of Pediatrics. *Ten Steps to Support Parents' Choice to Breastfeed Their Baby*. Breastfeeding Promotion in Physicians' Office Practices. 5/2003. The AAP and ACOG *Breastfeeding Handbook for Physicians*. 2006, Chapter 5. pp 60-61.

Organizational Level

- Provide a breastfeeding-friendly environment that includes visible support for breastfeeding as a normal process, using posters, pamphlets, and related materials to depict breastfeeding by women and families of diverse backgrounds.
- Eliminate formula feeding promotional materials
- Establish competencies that include provider and staff assessment of breastfeeding attitudes, and require culturally-competent education and skills training necessary to support breastfeeding
- Maintain a written policy regarding breastfeeding promotion, with clear responsibility for implementation
- Identify at least one breastfeeding resource person on staff
- Establish referral options and guidelines for breastfeeding classes, resource centers, and community supports.
- Select educational materials for clients

Tools for Implementation

- Educational materials for providers, staff and clients

Challenges for Perinatal Practice

- Competing priorities for other informational and educational topics to cover

Source Materials & Useful Resources

1. Slusser W, Lange L, Breastfeeding Programs and Support Systems in Los Angeles County: A Needs Assessment. Presented to First 5 LA (formerly the Los Angeles County Children & Families First Proposition 10 Commission) August 2002.
2. al. Increasing prevalence of overweight among US low-income preschool children: The Centers for Disease Control and Prevention Pediatric Nutrition Surveillance, 1983-1995. Pediatrics 1998; 101: Article e 12. Retrieved July 30, 2002 <http://www.peditrics.org/cgi/content/full/101/e12>
3. From The Breastfeeding Taskforce of Greater Los Angeles at www.breastfeedla.org
4. Weimer J. The Economic Benefits of Breastfeeding: A Review and Analysis. Food and rural economics Division, Economic Research Service, U.S. Department of Agriculture. Food Assistance and Nutrition Research Report No. 13. March 2001 accessed from www.breastfeedingtaskforla.org/econ-review-bf2002.pdf
5. Breastfeeding: It's Too Important Not To! First Responders' Workbook, Breastfeeding Taskforce of Greater Los Angeles, June 2005. Shealy, KR, Li R, Benton-Davis, Grummer-Strawn LM.
6. The CDC Guide to Breastfeeding Interventions. Atlanta: U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2005.
7. Ten Steps to Support Parents' Choice to Breastfeed Their Baby, American Academy of Pediatrics, 1999.