The Surgeon General's "Blueprint for Action on Breastfeeding"

On October 27, 2000, the U.S. Surgeon General released the first comprehensive blueprint to increase breastfeeding rates. "Low breastfeeding rates documented in the Blueprint for Action is a serious public health challenge, particularly in certain minority communities," said David Satcher, MD, U.S. Surgeon General and Assistant Secretary for Health. "With scientific evidence indicating that breastfeeding can play an important role in an infant's health, the time has come for us to work together to promote optimal breastfeeding practices." The Blueprint for Action, printed below, promotes a plan for breastfeeding based on education, training, awareness, support, and research.

For more information on breastfeeding and breastfeeding resources, visit the website for the U.S. Department of Health and Human Services and the Office on Women's Health (www.4woman.gov) or call 1-800-994-9662.

Blueprint for Action on Breastfeeding

Infants should be *exclusively* breastfed during the first 4 to 6 months of life (Kleinman, 1998), preferably for a full 6 months (American Academy of Pediatrics, 1997; American College of Obstetricians and Gynecologists, 2000). Ideally, breastfeeding should continue through the first year of life (AAP, 1997; ACOG, 2000; Kleinman, 1998). This Blueprint for Action reaffirms the scientific evidence that breastfeeding is the best method for feeding most newborns, and that breastfeeding is beneficial to the infant's and the mother's health. Achieving an increase in the proportion of mothers who breastfeed their babies will require the collaboration of federal agencies,

state and local governments, communities, health professional organizations, advocacy groups, multidisciplinary scientists, industry, health insurers, and the American people. This Blueprint for Action invites all interested stakeholders to forge partnerships for the promotion of breastfeeding. It is also designed to attract broad-based family, community, professional, corporate, and philanthropic participation in order to better focus the public's attention and to motivate actions at the individual and community levels.

Moreover, this Blueprint for Action is directed toward all women and cuts across all racial and ethnic populations, socioeconomic classes, educational groups, and employment arrangements. It concentrates energy in key breastfeeding promotion domains and denotes responsibility for a definitive course of action by the various stakeholders to achieve a greater proportion of breastfeeding mothers in American society.

To achieve the Healthy People 2010 Breastfeeding Objectives for the Nation (see Table 1), the Blueprint for Action recommends that the following steps be taken by the health care system, the workplace, the family, and the community, and identifies several areas of research.

Health Care System

- Train health care professionals who provide maternal and child care on the basics of lactation, breastfeeding counseling, and lactation management during coursework, clinical and in-service training, and continuing education.
- Ensure that breastfeeding mothers have access to comprehensive, up-to-date, and culturally tailored lactation services provided by trained physicians,

Table 1 Racial and Ethnic Disparities in Breastfeeding Rates and Healthy People 2010 Breastfeeding Objectives for the Nation

Objective: Increase the proportion of mothers who breastfeed their babies	1998 Baseline Percent (%)	2010 Target (%)
In early postpartum period		
• All women	64	75
• Black or African American	45	75
• Hispanic or Latino	66	75
• White	68	75
At 6 months		
• All women	29	50
• Black or African American	19	50
• Hispanic or Latino	28	50
• White	31	50
At 1 year		
• All women	16	25
• Black or African American	9	25
• Hispanic or Latino	19	25
• White	17	25

nurses, lactation consultants, and nutritionists/dietitians.

- Establish hospital and maternity center practices that promote breastfeeding, such as the "Ten Steps to Successful Breastfeeding" (see Table 2).
- Develop breastfeeding education for women, their partners, and other significant family members during the prenatal and postnatal visits.

Workplace

- Facilitate breastfeeding or breast milk expression in the workplace by providing private rooms, commercial grade breast pumps, milk storage arrangements, adequate breaks during the day, flexible work schedules, and onsite childcare facilities.
- Establish family and community programs that enable breastfeeding continuation when women return to work in all possible settings.
- Encourage childcare facilities to provide quality breastfeeding support.

Family and Community

- Develop social support and information resources for breastfeeding women such as hotlines, peer counseling, and mother-to-mother support groups.

- Launch and evaluate a public health marketing campaign portraying breastfeeding as normal, desirable, and achievable.
- Encourage the media to portray breastfeeding as normal, desirable, and achievable for women of all cultures and socioeconomic levels.
- Encourage fathers and other family members to be actively involved throughout the breastfeeding experience.

Research

- Conduct research that identifies the social, cultural, economic, and psychological factors that influence infant feeding behaviors, especially among African American and other minority and ethnic groups.
- Improve the understanding of the health benefits of breastfeeding, especially in reducing the risk for chronic childhood diseases among disadvantaged infants and children.
- Monitor trends on the incidence and duration of exclusive, partial, and minimal breastfeeding, including minority and ethnic groups.
- Compare the cost-effectiveness of different programs that promote, protect, and support breastfeeding to ensure optimal use of resources.
- Conduct research to better understand the role of fathers in promoting breastfeeding.
- Evaluate the influence of brief postpartum hospital stays on the initiation and duration of breastfeeding.
- Determine the safety of over-the-counter and prescription products taken by lactating women on infant health.
- Conduct a large, well-designed case-control study on the effects of breast implants on childhood disorders.

Conclusion

Americans in communities nationwide can make a significant difference in promoting and supporting breastfeeding. The recommendations presented in this Blueprint for Action provide an action plan and call for action now. Programs and activities that are implemented and evaluated today will generate additional recommendations for effective breastfeeding promotion initiatives in

Table 2 Practices for Successful Breastfeeding Services at Hospital and Maternity Centers*

- A written breastfeeding policy that is communicated to all health care staff
- Staff training in the skills needed to implement the policy
- Education of pregnant women about the benefits and management of breastfeeding
- Early initiation of breastfeeding
- Education of mothers on how to breastfeed and maintain lactation
- Limited use of any food or drink other than human breast milk
- Rooming-in
- Breastfeeding on demand
- Limited use of pacifiers and artificial nipples
- Fostering of breastfeeding support groups and services

*References:

- Randolph, L., Cooper, L., Fonseca-Becker, F., York, M., McIntosh, M. (1994). *Baby friendly hospital initiative feasibility study: Final report* (Healthy Mothers, Healthy Babies National Coalition Expert Working Group. Internal document). Washington, DC: U.S. Department of Health and Human Services.
- UNICEF/WHO. (1992). *The UNICEF/Baby friendly hospital initiative: Ten steps to successful breastfeeding*. New York: UNICEF.
- World Health Organization [WHO]/UNICEF. (1989). *Protecting, promoting and supporting breastfeeding: The special role of maternity services*. Geneva: World Health Organization [<http://www.unicef.org/newsline/tensteps.htm>].
- World Health Organization. (1998). *Evidence for the ten steps to successful breastfeeding* (Publication No. WHO/CHD 98.9, pp. 1-5) Geneva: WHO.

the future. A collaborative approach is needed to make progress in meeting the Healthy People 2010 breastfeeding goals. The Blueprint for Action is an important step in responding to this major public health challenge of promoting breastfeeding. However, the Healthy People 2010 goals will be realized only when society is supportive of breastfeeding, and only when mothers, especially African American mothers, have been reached with culturally appropriate information and support to breastfeed their infants.

References

- American Academy of Pediatrics [AAP]. (1997). Policy statement: Breastfeeding and the use of human milk (RE9729). *Pediatrics*, 100(6), 1035-1039.
- American College of Obstetricians and Gynecologists [ACOG]. (July 2000). *Breastfeeding: Maternal and infant aspects*. ACOG Educational Bulletin No. 258. Washington, DC: American College of Obstetricians and Gynecologists.
- Kleinman, R. E. (Ed.). (1998). *Pediatric nutrition handbook* (4th ed.). Elk Grove Village, IL: American Academy of Pediatrics, Committee on Nutrition.

Continuing Support from The White House for the Family and Medical Leave Act

THE WHITE HOUSE
Office of the Press Secretary
For Immediate Release January 9, 2001

STATEMENT BY PRESIDENT GEORGE W. BUSH

The first legislation I signed as President was the 1993 Family and Medical Leave Act (FMLA), which allows workers to take up to 12 weeks of unpaid leave to care for a seriously ill child, spouse or parent, a newborn, newly adopted or newly placed child, or for their own serious health problem, without fear of losing their jobs. This law was an important step forward in helping America's working families balance the competing demands of work and family. Since then, I am proud to say that more than 35 million working Americans have taken leave for family and medical reasons since 1993.

In 1996, the bipartisan Commission on Family and Medical Leave issued a report assessing family and medical leave policies. The Commission found that the FMLA was working well for both workers and employers. Today, the U. S. Department of Labor released the results of its new surveys, which updated the Commission's work. Once again, the data show that the Family and Medical Leave Act remains a balanced approach to meeting the needs of workers and employers. We know that when needed most, covered and eligible workers were able to take this benefit—in fact, more than 15 million have done so since January 1999, the period covered by this survey.

FMLA has given millions of workers the ability to care for their seriously ill child, spouse or parent, or stay home with their newborn child, without worrying about whether their job will be there when they return. Our work is not done, however. We must now build on the success of FMLA by giving more workers the protections of the Act and finding new ways to provide paid leave to those workers who need to take off but cannot afford to do so.

30-30-30