A Road Map for Change: Ensuring That Women Have Breastfeeding Support

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ABSTRACT

Despite new policy changes and national dialogue about breastfeeding, significant barriers in all sectors of society continue to exist for most women who decide to breastfeed. Breastfeeding rates fall short of current medical recommendations and our nation's own public health goals, resulting in significant health and economic impacts. The launch of *The Surgeon General's Call to Action to Support Breastfeeding* provides an opportunity for a society-wide approach in removing barriers that make it difficult for many women to succeed. Childbirth educators are urged to use these action steps as a springboard to influence lasting change so that all women have the opportunity to breastfeed their children.

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The beginning of 2011 marked a historic opportunity for breastfeeding promotion—the launch of *The Surgeon General's Call to Action to Support Breastfeeding*—which identified breastfeeding as a proven primary prevention strategy for health (U.S. Department of Health and Human Services [USDHHS], 2011). The previous year saw the landmark passage of section 4207 of the Patient Protection and Affordable Care Act of 2010, requiring employers to provide reasonable unpaid break time and a private, nonbathroom place for nonexempt breastfeeding

employees to express milk during the work day (U.S. Department of Labor, Wage and Hour Division, 2010). The groundswell does not end there: In February, the Internal Revenue Service (2011) reversed its decision and now allows breast pumps and supplies as a deductible medical expense, and First Lady Michelle Obama is speaking about breastfeeding as part of her “Let's Move” campaign. Politicians in different camps are talking about breastfeeding, and it seems that everyone has an opinion. Increasingly, breastfeeding is in the news: in major newspapers and magazines, in the blogosphere, or on television as talk show fodder. Even inroads have been made in health care with the addition of exclusive breastmilk feeding as part of the perinatal care core measures from The Joint Commission (2011).

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recent policy changes and unprecedented media attention, however, our nation remains a challenging place for a woman to breastfeed her child because of the many barriers she encounters. This new momentum provides all of us the challenge to take actions that will result in permanent and ongoing change—to reduce the barriers that prevent mothers from achieving their own breastfeeding goals.

BREASTFEEDING RATES AND HEALTH IMPACT

In the United States, 75% of mothers do decide to breastfeed their babies; however, only 13% are exclusively breastfeeding at 6 months and 22% continuing some breastfeeding at 1 year (Centers for Disease Control and Prevention, 2010). Current medical recommendations call for breastfeeding exclusively for 6 months with continued breastfeeding for at least 1 year, and as long as desired by mother and child (American Academy of Family Physicians, 2008; Committee on Health Care for Underserved Women & Committee on Obstetric Practice, 2007; Gartner et al., 2005; World Health Organization & UNICEF, 2003). Our nation's public health priorities identified by *Healthy People 2020* includes targets for breastfeeding initiation at 81.9%, 6 months exclusive breastfeeding at 25.5%, and 34.1% continuing breastfeeding at 1 year (USDHHS, 2010).

Clearly, the United States is not meeting its breastfeeding goals. There remain significant geographic and racial disparities in breastfeeding rates across our nation, especially in the Southeast and among African Americans. Groups with the lowest rates tend to also have the poorest health outcomes. The significant and long-term health benefits of breastfeeding for both infants and their mothers have been elucidated by numerous studies. Not breastfeeding results in an infant's increased risk of otitis media, eczema, gastrointestinal infections, respiratory tract diseases, asthma, childhood obesity, type 2 diabetes mellitus, leukemia, and sudden infant death syndrome, and necrotizing enterocolitis for preterm infants (Ip et al., 2007). Mothers who do not breastfeed are at increased risk for breast and ovarian cancer (Ip et al., 2007). With the current health-care crisis we are experiencing in this country, it makes sense to do everything we can to support women in their decision to breastfeed. A recent cost analysis shows that if 90% of infants met current medical recommendations for breastfeeding, the United States would save \$13 billion per year in health care and other expenses (Bartick & Reinhold, 2010).

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BARRIERS TO BREASTFEEDING

The barriers to breastfeeding are numerous and far reaching, impacting a woman and her child at every critical juncture. From the time she is pregnant until her child's last suckle, intrusions occur that impact a woman's decision to continue or even begin breastfeeding. During pregnancy, it is critical that a woman receive education and guidance, along with family and social support. Although breastfeeding is natural, it is also a learned skill. Mothers need support if they experience lactation problems, and health-care providers need to be responsive and supportive of her breastfeeding needs. When a mother returns to work or school, she needs to be supported in her decision to provide breastmilk for her child. And finally, our society needs to accept and value breastfeeding as the norm rather than an act to be shielded from view, contributing to a mother's embarrassment. Every barrier that a mother encounters ultimately undermines her decision to feed her child in the way she chooses. For too long, breastfeeding has not received the attention it deserves on a national level. In response to this critical need, the Surgeon General, Dr. Regina Benjamin, issued her *Call to Action* to address these barriers.

CALL TO ACTION

The *Call to Action* (USDHHS, 2011) identifies roles and responsibilities for everyone to improve support for breastfeeding, identifying 20 key action steps and implementation strategies for six major sectors of society:

1. *Mothers and their families*—emphasizes the need to educate and inform families about the importance of breastfeeding and to provide the ongoing support mothers need to continue.
2. *Communities*—calls on the entire community to support breastfeeding mothers, including the provision of peer counseling support, promotion of breastfeeding through community-based organizations and traditional and new media venues, and the removal of commercial barriers to breastfeeding.
3. *Health care*—urges the health-care system to adopt evidence-based practices as outlined in the Baby-Friendly Hospital Initiative; provides

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To download the United States Breastfeeding Committee's "Toolkit: Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding," go to <http://www.usbreastfeeding.org/HealthCareSystem/HospitalMaternityCenterPractices/ToolkitImplementingTJC-CoreMeasure/tabid/184/Default.aspx>

health-professional education and training; ensures access to skilled, professional lactation care services; and increases availability of banked donor milk.

4. **Employment**—calls for paid maternity leave and worksite and childcare accommodations that support women when they return to work.
5. **Research and surveillance**—emphasizes the need for additional research, especially regarding the most effective ways to address disparities and measure the economic impact of breastfeeding, and calls for a national monitoring system.
6. **Public health infrastructure**—calls for enhanced national leadership, including creation of a federal interagency work group, and increases the capacity of the United States Breastfeeding Committee and affiliated state coalitions.

With this *Call to Action*, Dr. Benjamin aims to motivate all sectors of society to come together in addressing the overwhelming barriers to breastfeeding facing women and their children. She emphasizes, "Rarely are we given the chance to make such a profound and lasting difference in the lives of so many" (USDHHS, 2011, p. v). We have an incredible opportunity to improve the lifelong health of our citizens, but there is much work to be done.

ROLE OF CHILDBIRTH EDUCATORS

Childbirth educators are in a unique position in that they touch the lives of women and their families during the course of pregnancy and early postpartum period, which are critical points for breastfeeding. As advocates of mother-friendly, evidence-based maternity care, childbirth educators have an important role to play in improving breastfeeding outcomes. Healthy birth practices support the opportunity for successful breastfeeding initiation. Not only are childbirth educators instrumental in working to educate mothers as consumers of evidence-based care, but they also can influence providers in the hospitals in which they work to adopt the *Ten Steps to Successful Breastfeeding* of the Baby-Friendly Hospital Initiative (Baby Friendly USA, 2010) and to endorse The Joint Commission (2011) Perinatal Care core measures.

The United States Breastfeeding Committee, in its role to support collaboration among organizations and provide national leadership and advocacy for breastfeeding, has cultivated strong partnerships with breastfeeding coalitions in every state, as well as several territories and tribal nations. Childbirth educators are encouraged to join their state or local breastfeeding coalition to work toward ensuring that mothers and their families get the support they deserve. It will take everyone at the table to not just talk about breastfeeding but to act to build lasting changes in all sectors of our society so that women and their children can do what they are meant to do—breastfeed.

REFERENCES

- American Academy of Family Physicians. (2008). *Breastfeeding, family physicians supporting (position paper)*. Retrieved from <http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html>
- Baby-Friendly USA. (2010). *The ten steps to successful breastfeeding*. Retrieved from <http://www.babyfriendlyusa.org/eng/10steps.html>
- Bartick, M., & Reinhold, A. (2010). The burden of sub-optimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125(5), e1048–e1056.
- Centers for Disease Control and Prevention. (2010, July 27). *Breastfeeding among U. S. children born 1999–2007, CDC National Immunization Survey*. Retrieved from http://www.cdc.gov/breastfeeding/data/NIS_data/
- Committee on Health Care for Underserved Women & Committee on Obstetric Practice. (2007, January–February). Breastfeeding: Maternal and infant aspects. *ACOG Clinical Review*, 12(Suppl. 1). Retrieved from <http://www.acog.org/departments/underserved/clinicalReviewv12i1s.pdf>
- Gartner, L. M., Morton, J., Lawrence, R. A., Naylor, A. J., O'Hare, D., Schanler, R. J., . . . American Academy of Pediatrics Section on Breastfeeding. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115(2), 496–506.
- Internal Revenue Service. (2011, February 28). *Internal Revenue Bulletin: 2011-9. Announcement 2011-14. Lactation expenses as medical expenses*. Retrieved from http://www.irs.gov/irb/2011-09_IRB/ar11.html
- Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVince, D., . . . Lau, J. (2007, April). *Breastfeeding and maternal and infant health outcomes in developed countries. Evidence report/technology assessment number 153* (AHRQ Publication No. 07-E007). Rockville, MD: Agency for Healthcare Research and Quality.
- The Joint Commission. (2011, February 4). *Perinatal care*. Retrieved from http://www.jointcommission.org/perinatal_care/
- U.S. Department of Health and Human Services. (2010). Maternal, infant, and child health objectives. In *Healthy*

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For more information on the Ten Steps to Successful Breastfeeding and the Baby-Friendly Hospital Initiative, go to the Baby-Friendly USA Web site (www.babyfriendlyusa.org/).

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For more information about the United States Breastfeeding Committee, visit the organization's Web site (www.usbreastfeeding.org).

People 2020: Improving the health of Americans. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26>

U.S. Department of Health and Human Services. (2011). *The Surgeon General's call to action to support breastfeeding*. Retrieved from <http://www.surgeongeneral.gov/topics/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

U.S. Department of Labor, Wage and Hour Division. (2010, December). *Fact sheet #73: Break time for nursing mothers under the FLSA*. Retrieved from <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>

World Health Organization & UNICEF. (2003). *Global strategy for infant and young child feeding*. Geneva, Switzerland: World Health Organization.

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