The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Breastfeeding

Background

- Mounting evidence supports the substantial benefits of breastfeeding for women and their infants. Breastfeeding rates in the United States continue to increase as 81% of infants born after 2013 started to breastfeed and more than one half were breastfed at 6 months. However, studies show disparities in breastfeeding rates in women who are young, low-income, African American, American Indian, or Alaska Native, or Native Hawaiian.
- Adequate evidence indicates that interventions to support breastfeeding increase the duration and rates of breastfeeding, including exclusive breastfeeding.

Recommendations

- Consideration of patient's health history, including but not limited to chronic and pregnancy-related medical conditions, herbal and homeopathic therapies (eg, fenugreek, ginger, and blessed thistle), caffeine and alcohol intake, tobacco use, and nutritional needs, and how these might affect breastfeeding outcomes.
- Review of patient's medications (prescribed, over-the-counter, or borrowed) before delivery and again at discharge to determine compatibility with lactation. The obstetric health care provider should use a reliable database for drugs and lactation such as the National Institute of Medicine's website and smartphone app, LactMed, for the most up-to-date information on individual medications.
- Discussion of contraceptive options, including the Centers for Disease Control and Prevention's statement that advantages of a progestin-only form of contraception (eg, levonorgestrel uterine device, progestin-only pills, and medroxyprogesterone acetate injection) outweigh the risks. However, there are theoretic concerns about the effect on milk production. Postpartum women are recommended to wait 1 month if they are considering the combined forms of contraception (eg, combined contraceptive pills, the ring, and the patch). Another option for contraception is the lactational amenorrhea method. Although breast-feeding without introducing any complementary solids or formula will in most cases prevent ovulation and, thus, pregnancy for up to 6 months postpartum, it will do so only when women are fully or nearly fully breastfeeding and there is continued amenorrhea. Obstetric care providers should discuss these concerns within the context of each woman's desire to breastfeed and her risk of unplanned pregnancy so that she can make an autonomous and informed decision.
- Provision of culturally sensitive care for women who desire to breastfeed, particularly for groups with lower rates of breastfeeding. Studies have shown that support groups, one-on-one support and mentoring in the postpartum period, and social marketing campaigns that promote positive images of breastfeeding may have an effect on particular groups of women, specifically African American women.

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- Referral to lactation support groups in the patient's community, with thoughtful consideration of how the patient identifies across the racial, cultural, gender, religious, peer, and professional spectrum.
- Education for women who choose to supplement with formula should include information regarding types of formula, formula preparation, feeding systems, and water supply.

Recommendations for Policy and Systems

- Policies and practices should enable women to practice exclusive breastfeeding for the first 6 months of life with continued breastfeeding as complementary foods are introduced through the first year of life, or longer as mutually desired by the woman and her infant.
- Obstetric care providers should support women who desire to breastfeed their infants in integrating breastfeeding in their daily lives, in the community, and in the workplace.
- Implementation of the *Ten Steps to Successful Breastfeeding* and the *International Code of Marketing of Breast-Milk Substitutes* developed by global experts as a part of the Baby-Friendly Hospital Initiative endorsed by the World Health Organization and the United Nations' International Children's Emergency Fund (UNICEF).
- The U.S. Preventive Services Task Force (2016) makes the following three recommendations: 1) one-on-one counseling about breastfeeding provided by medical, nursing, or allied professionals at different stages during pregnancy, the hospital and birth center stay, and the postpartum period. This professional support may be conducted in the hospital or a health care facility, in the office, on the phone, or any combination of these. Most successful interventions include multiple sessions and are delivered at more than one point in time; 2) peer support by a layperson who has been trained how to provide support—typically a woman with a successful breastfeeding experience who shares the same background as the patient; 3) formal breastfeeding education throughout the prenatal and postpartum periods through group sessions, print materials or handouts, videos, electronic resources, and telephone support.
- Support of Healthy People 2020 targets to increase lactation programs for employees, reduce formula supplementation for breastfeeding infants in the first 48 hours of life, and increase the proportion of births in facilities that provide support for lactating women and their infants. Support public policies for breastfeeding.
- Health care providers of obstetric patients need knowledge and training on how to best support lactating women by using evidence-based curricula such as the American Academy of Pediatrics' Breastfeeding curriculum.

Follow-up

Before being discharged from the hospital or birth center, women should be provided with contact information for community-based lactation support for follow-up and telephone support information, if available. Women should be encouraged to contact their health plan regarding coverage of comprehensive lactation support and counseling in the postpartum period by a trained health care provider. Office staff should be prepared to triage common breastfeeding concerns and to refer women, as needed, to qualified lactation professionals in the community. Follow up can be done in person or by his can be done also with telehealth visits especially since

we are advocating postpartum following by 3 weeks for normal birth and sooner for problem births. Health care providers should make women aware that federal law requires employers to provide, "reasonable break time for an employee to express milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk." Employers also are required to provide "a place, other than a bathroom, that is shielded from the view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

Resources

American College of Obstetricians and Gynecologists Clinical Guidelines

- Breastfeeding in underserved women: increasing initiation and continuation of breastfeeding. Committee Opinion No. 570. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;122:423–8.

  Through a multidisciplinary approach that involves practitioners, family members, and child care providers, obstetrician–gynecologists can help underserved women overcome obstacles and obtain the benefits of breastfeeding for themselves and their infants.

- Optimizing support for breastfeeding as part of obstetric practice. Committee Opinion No. 658. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e86–92.

  Outlines ways obstetrician–gynecologists can support women in achieving their breastfeeding goals.

Health Care Provider Resources for Patient Care

- American Academy of Pediatrics. Breastfeeding. Welcome to the Breastfeeding Residency Curriculum. Available at: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/Residency-Curriculum.aspx. Retrieved March 1, 2018.

  Designed to help residency program directors and faculty incorporate breastfeeding education into existing curriculum through implementation and evaluation strategies, useful tools, and other trusted resources.

- American College of Obstetricians and Gynecologists. Breastfeeding Resources. Available at: https://www.acog.org/About-ACOG/ACOG-Departments/Breastfeeding. Retrieved March 1, 2018.

- Berens P, Eglash A, Malloy M, Steube AM. ABM clinical protocol #26: persistent pain with breastfeeding. Breastfeed Med 2016;11:46–53.

  Provides evidence-based guidance in the diagnosis, evaluation, and management of breastfeeding women with persistent nipple and breast pain.

- Breastfeeding. J Obstet Gynecol Neonatal Nurs 2015;44:145–50.

  The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) position statement on breastfeeding.

- National Library of Medicine. Drugs and Lactation Database (LactMed). Available at: https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm. Retrieved March 1, 2018.

  Contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. It includes possible adverse effects in the nursing infant as well as suggested alternatives.

- ❖ Rosen-Carole C, Hartman S. ABM Clinical Protocol #19: Breastfeeding promotion in the prenatal setting, revision 2015. Academy of Breastfeeding Medicine. Breastfeed Med 2015;10:451–7.

  Academy of Breastfeeding Medicine protocol on how to improve breastfeeding promotion in the prenatal setting.

- ❖ U.S. Preventive Services Task Force. October 2016. Final Recommendation Statement: Breastfeeding: Primary Care Interventions. Available at: https://www.uspreventiveservicestaskforce.org/Page/Document/final-recommendation-statement154/breastfeeding-primary-care-interventions

  The U.S. Preventive Services Task Force recommends providing interventions during pregnancy and after birth to support breastfeeding.

- ❖ World Health Organization. Breastfeeding. Available at: http://www.who.int/topics/breastfeeding/en/. Retrieved March 1, 2018.

  Breastfeeding resource page including fact sheets, technical resources on breastfeeding, and infographics.

Health Care Provider Resources for Advocacy

- ❖ Jones KM, Power ML, Queenan JT, Schulkin J. Racial and ethnic disparities in breastfeeding. Breastfeed Med 2015;10:186–96.

  The article reviews the literature on racial and ethnic disparities in breastfeeding rates and practices, addresses barriers to breastfeeding among minority women, conducts a systematic review of breastfeeding interventions, and provides obstetrician–gynecologists with recommendations on how they can help increase rates among minority women.

Patient Resources

- ❖ Department of Labor. Fact Sheet #73: Break Time for Nursing Mothers under the FLSA. Available at: https://www.dol.gov/whd/regs/compliance/whdfs73.htm

  Fact sheet provides general information on the break time requirement for nursing mothers in the Patient Protection and Affordable Care Act.

- ❖ La Lech League International. Available at: http://www.llli.org/

  Resources for finding peer counselors. Can help with nonmedical breastfeeding questions and support.

Coding

https://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Breastfeeding-Toolkit/Breastfeeding-Coding

Commonly used codes for breastfeeding.

For more information on supportive workplace policies, see section on Returning to Work and Paid Leave.

For more information on contraception, see section on Reproductive Life Planning, Contraception, and Sexual Health.

For additional resources on newborn care, please see section on Newborn Care.