

AMERICAN ACADEMY OF PEDIATRICS
SECTION ON BREASTFEEDING

Ten Steps to Support Parents' Choice to Breastfeed Their Baby

Breastfeeding
Promotion in
Physicians'
Office
Practices



See also

WHO, UNICEF. *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. A joint WHO/UNICEF statement. Geneva, Switzerland: World Health Organization; 1989
Wellstart International. *Ten Steps for On-going Breastfeeding Success*. San Diego, CA: Wellstart International; 1996

Additional Reading

American Academy of Pediatrics Task Force on Breastfeeding. *Breastfeeding and the use of human milk*. Pediatrics. 1997;191:1035–1039
American Academy of Pediatrics Committee on Nutrition. *Pediatric Nutrition Handbook*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 1998
American Academy of Pediatrics. *A Woman's Guide to Breastfeeding*. Elk Grove Village, IL: American Academy of Pediatrics; 1998
American Academy of Pediatrics, American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002
American Academy of Pediatrics Committee on Practice and Ambulatory Medicine. *Recommendations for Preventive Pediatric Health Care*. Pediatrics. 2000;105:645–646
Meek JY, Tippins S. *New Mother's Guide to Breastfeeding*. New York, NY: Bantam Books; 2002

Ten Steps to Support Parents' Choice to Breastfeed Their Baby

This practice enthusiastically supports parents' plans to breastfeed their baby. We believe that breastfeeding ensures the best possible health, development, and psychosocial outcomes for your baby. In support of this commitment, we

Make a commitment to the importance of breastfeeding.

- Learn the health benefits associated with breastfeeding, particularly exclusive breastfeeding for about the first 6 months of an infant's life.
- Endorse breastfeeding as an important preventive health care strategy.
- Understand that breastfeeding functions as a baby's first and ongoing immunization.
- Acknowledge that professional education and skills that encourage, protect, and sustain breastfeeding are an integral aspect of primary health care.
- Collect data on breastfeeding initiation and duration in the practice.
- Refer to and encourage the collection of community data on breastfeeding to identify opportunities for collaboration.
- Work toward achieving the Healthy People 2010 national breastfeeding goals.
- Determine how to access community resources to gain insight and knowledge of cultural practices related to breastfeeding.

Train all staff in skills necessary to support breastfeeding.

- Ensure that office staff is educated on all aspects of providing breastfeeding support.
- Demonstrate breastfeeding as the normative behavior, using visual images and pro breastfeeding slogans; ensure that posters, pamphlets, and related materials depict breastfeeding by women and families of diverse backgrounds.
- Develop skill and comfort in evaluating breastfeeding through culturally relevant history and physical assessment.
- Develop knowledge and skills in the management of common breastfeeding problems.
- Know the medical contraindications to breastfeeding.
- Develop and implement telephone triage protocols compatible with breastfeeding and consistent with current breastfeeding practices and science.
- Identify at least one breastfeeding resource person on staff and facilitate the acquisition of advanced breastfeeding management skills by enabling attendance at educational programs and clinical preceptorships.
- Make information available to staff on community resources and office referral guidelines.

Inform women and families about the benefits and management of breastfeeding.

- Encourage the development of prenatal breastfeeding classes and encourage expectant parents to attend the class before deciding about infant feeding.
- Offer prenatal visits for expectant parents and discuss infant feeding practices, promoting the advantages of breastfeeding.
- Work with maternity care professionals in the area to ensure promotion of breastfeeding during the prenatal period.
- Work with maternity care professionals in the area to identify patients with potential lactation risk factors (eg, flat or inverted nipples, previous breast surgery, no change in breast size during pregnancy), recommend appropriate interventions, and encourage early follow-up after delivery.
- Provide current breastfeeding educational resources to expectant parents.
- Make breastfeeding resources available to high school child development teachers.

Assess infants during early follow-up visits.

- Schedule early follow-up visits for all newborns.
- Ensure that a trained professional observes each mother breastfeeding the newborn.
- Evaluate for successful breastfeeding and adequacy, including overabundance, of milk supply.
- Evaluate newborn's state of hydration.
- Evaluate newborn for jaundice.
- Educate parents about the normal stool and urine patterns of a breastfed newborn.
- Gather historical information about feeding activity since birth.
- Encourage mother and newborn to remain together with minimal interruption until mother's milk supply and breastfeeding are well established.
- Encourage skin-to-skin contact for the newborn even after the family goes home from the hospital.
- Discourage use of artificial nipples and pacifiers until breastfeeding is well established at about 1 month of age.
- Inform parents of the importance of feeding a newborn who indicates a desire to suck.
- If supplements are medically necessary, consider feeding methods that will interfere least with the establishment of successful breastfeeding.

Encourage mothers to breastfeed on demand.

- Teach infant feeding cues to breastfeeding mothers.
- Explain the importance of frequent feedings (including nighttime feedings) to help establish and maintain an adequate milk supply.
- Recognize and work with cultural beliefs, practices, and values regarding lactation, colostrum consumption, let-down techniques, and maternal food preferences.
- Ensure that office practices promote breastfeeding, and do not interrupt or discourage feeding when the infant is in the office.

Show mothers how to breastfeed and how to maintain lactation when they will be away from their babies.

- Develop skill in explaining optimal breastfeeding practices and demonstrating correct breastfeeding technique to mothers and families.
- Provide current, culturally appropriate breastfeeding educational resources to breastfeeding mothers (eg, videotapes, books, pamphlets).
- Use sample breastfeeding aids (eg, infant slings, nursing footstools, nursing pillows, breast shells, breast pumps) when instructing new mothers.
- Provide instruction about expression and storage of breastmilk for mothers when they will be separated from their babies.
- Distribute patient information sheets about expressing and storing breastmilk and about alternative methods of offering expressed breastmilk.
- Recognize and make modifications and/or adjustments to meet the literacy and language needs of mothers.

Use appropriate anticipatory guidance that supports exclusive breastfeeding until infants are about 6 months old,* and encourage the continuation of breastfeeding as long as mutually desired by the mother and baby.

- Provide anticipatory guidance and age-appropriate breastfeeding intervention as part of every routine, periodic, maternal, and infant health screening visit.
- Share information in the prenatal period to facilitate optimal breastfeeding.
- Facilitate breastfeeding practices that optimize the infant's ability to effectively remove milk from the mother's breast.
- Evaluate the adequacy of the mother's milk supply at any given time after delivery.
- Learn interventions for stimulating the supply of breastmilk.
- Learn normal variation in the growth patterns of breastfed infants.
- Explain to parents the occurrence of growth spurts and the need to increase breastfeeding frequency during those periods.
- Counsel families about the normal sleep patterns and behaviors of a breastfed baby.
- Instruct parents in alternative soothing activities for fussy infants to avoid early use of pacifiers.
- Discuss the importance of delaying the introduction of solid foods until the infant is approximately 6 months of age and shows signs of readiness.
- Counsel parents about appropriate introduction of solid foods and when use of vitamin and mineral supplements might be recommended.
- Manage common illnesses in breastfed infants to avoid unnecessary interruptions or disruptions of breastfeeding.
- Educate parents about the normal nursing behaviors of the older breastfeeding baby or toddler.
- Provide appropriate instruction about oral hygiene for infants.
- Encourage the employers in our community to adopt workplace practices that are supportive of breastfeeding.
- Commend breastfeeding mothers at every office visit for continuing to nurse their babies.

Support breastfeeding by providing accurate information about maternal issues.

- Develop skills for evaluating the well-being of the breastfeeding mother and be able to provide or refer for appropriate care.
- Consider professional and community resources that are available to refer mothers for postpartum depression.
- Provide current information about breastfeeding and the effect of maternal medications found in the 2001 American Academy of Pediatrics statement, "Transfer of Drugs and Other Chemicals Into Human Milk."
- Counsel mothers on the contraindications of illicit drug use and breastfeeding.
- Provide basic nutritional counseling and guidelines to the breastfeeding mother.
- Screen for maternal nutritional problems and refer mothers for nutritional counseling when indicated.
- Pay special attention to mothers on special diets, mothers who have had rapid weight loss, or mothers who desire to lose weight.
- Provide current information about adequate maternal fluid intake and diet (respecting cultural food preferences) and the relationship to the fussy breastfed infant.
- Provide mothers and other health care professionals with current information about the continuation of breastfeeding during maternal illness and when planning to undergo medical or dental procedures.
- Counsel mothers about ways to overcome negative social pressures related to breastfeeding.

*There is a difference of opinion among Academy experts on this matter. The Section on Breastfeeding acknowledges that the Committee on Nutrition supports introduction of complementary foods between 4 and 6 months of age where safe and nutritious complementary foods are available.



Communicate support for breastfeeding in the office environment.

- Promote breastfeeding in the office by displaying posters and other visual images that support breastfeeding, ensuring that they appropriately reflect images of the diverse cultural and ethnic groups being served.
- Provide noncommercial educational materials on breastfeeding.
- Remove commercial logos and other indirect formula endorsements (eg, note pads and pens with brand names, decorative logos, calendars), and store formula supplies out of view.
- Post signs in the waiting area encouraging breastfeeding mothers to feel free to nurse their babies wherever they are comfortable and whenever they desire.
- Provide a private place in the office for mothers to breastfeed. If possible, create a breastfeeding area in the office that might contain a rocking chair, pillows, a screen, water fountain, music...whatever is needed to create a warm and supportive environment.

Expand the network of support for breastfeeding.

- Work with local hospitals to implement effective breastfeeding support practices and policies.
- Encourage hospitals to provide discharge packages that do not contain formula, but rather care packages that are conducive to breastfeeding.
- Refer expectant and new parents to counselors for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and to breastfeeding support groups such as La Leche League.
- Identify local breastfeeding specialists and become knowledgeable about their background and training for the purpose of client referral for extra assistance with breastfeeding difficulties.
- Develop and nurture reciprocal working relationships with local lactation specialists.
- Provide in-kind and financial support for local breastfeeding support groups.
- Be knowledgeable about and post contact information for other community organizations and resources for parents and refer appropriately.

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