

# BREASTFEEDING AND THE IMPORTANCE OF SUPPORT FROM THE HEALTHCARE SYSTEM

Elizabeth Hilliard, PhD, RDN, IBCLC, LRD



# Objectives:

- Identify how various societal forces have created multiple barriers for women who wish to breastfeed.
- Identify how health care providers attitudes and practices influence breastfeeding duration.

# Before we start, no judgements here!

My personal disclaimer.

**Abby** – 11 years old, fed pumped breastmilk for 4 months, then fed formula.

**Charlie** – 8 years old, fed from the breast and pumped milk for 12 months.

**Rigley** – Schnauzer, 10 years old, not breastfed by me, but probably was by her dog mom!

**Cornelius** - 5 year old tuxedo cat. Also not breastfed by me, but probably was by his cat mom.



THE COST OF SUBOPTIMAL  
BREASTFEEDING IN THE US IN 2014  
DOLLARS IS **\$18.5 BILLION.**  
(BARTICK, ET AL., 2017)

This means if 90% of infants were breastfed according to recommendations, the U.S. would save \$18.5 billion per year.

# Why would we save so much?

## Breastfeeding benefits **EVERYONE!**



Faster recovery from birth  
Decreased rates of breast  
and ovarian cancer  
Delayed time to future  
pregnancies  
Decreased rates of HTN,  
Type II DM  
Bonding with baby

Decreased risk for SIDS  
Decreased otitis media and  
GI illnesses  
Decreased infant mortality  
Decreased risk for children  
to grow up and develop Type  
I DM, obesity, and, asthma  
as adults!

Decreased burden on the  
health care system from  
acute and chronic illness.  
Workforce benefits – more  
moms return to work after  
delivery, are absent less  
often, and cost employers  
less for healthcare.

(AAP, 2012; AAP, 2014 a & b; CDC, 2019b; USDHHS, 2008)

# Definitions

- Ever breastfed: A child who has had at least 1 breastfeeding in his or her lifetime. Usually refers to a child that breastfed immediately after birth, and possibly in the hospital, but was then changed to formula. (OECD, 2009)
- Breastfeeding at 6 and 12 months: a child that takes breast milk at either 6 and 12 months in addition to complementary foods. This child may also be taking juice, water, and/or table foods. (WHO, UNICEF, 2003). In the US, this may also include formula.
- Exclusive breastfeeding at 3 and 6 months: A child who takes only breastmilk. There are no other fluids (formula, juice, water), or foods. A vitamin or medication may be taken, however. (WHO, n.d. b)
- Human milk substitute or breastmilk substitute: "Any food being marketed or otherwise presented as a partial or total replacement for breastmilk, whether or not suitable for that purpose." (WHO, 1981). This can include: infant formula or other animal milks, or any concoction made to replace human milk or breastmilk.
- Complementary foods: "Any food whether manufactured or locally prepared, suitable as a complement to breastmilk or to infant formula, when either become insufficient to satisfy the nutrition requirements of the infant." (WHO, 1981).

# Current Breastfeeding Recommendations:

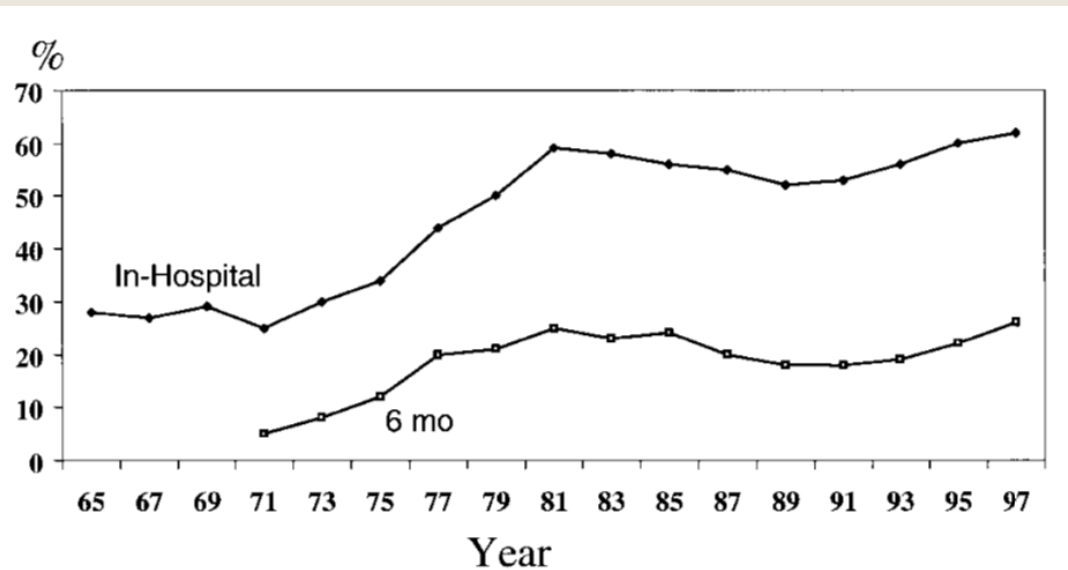
- Exclusive breastfeeding for the first 6 months of life
- At 6 months, continue breastfeeding while adding complementary foods and liquids.
- At 12 months continue to breastfeed as desired by mom and baby while continuing to incorporate table foods.
- WHO recommends breastfeeding for at least 24 months.

**This is not always common in the U.S.**

(AAP, 2012; WHO, n.d. a)



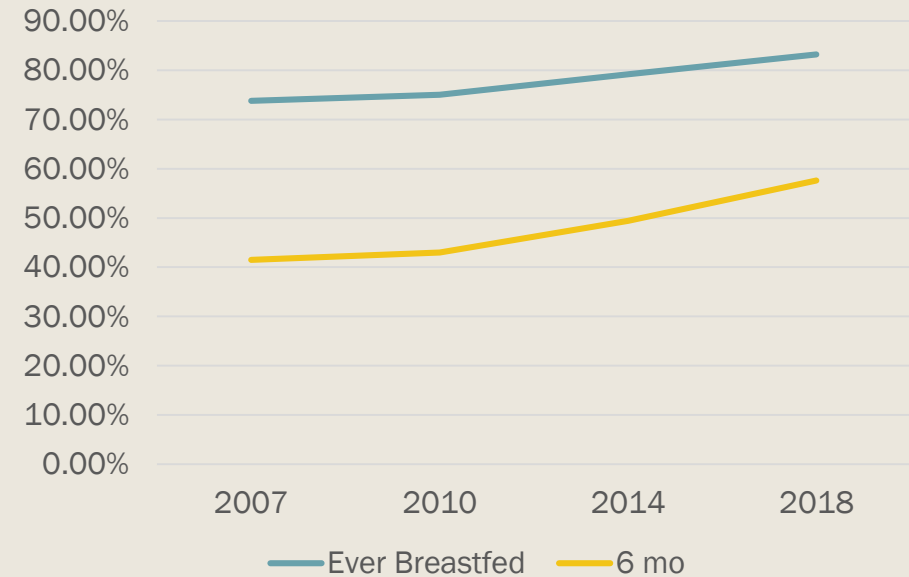
# U.S. National Breastfeeding Rates Through the 20<sup>th</sup> and 21<sup>st</sup> Centuries



**FIGURE 1** U. S. breastfeeding rates of initiation (in hospital) and breastfeeding duration (6 mo) from 1965 to 1997. Data from Ross Mothers' Survey, Ross Laboratories, Columbus, OH.

Image used with permission  
from: Wright & Schanler,  
2001

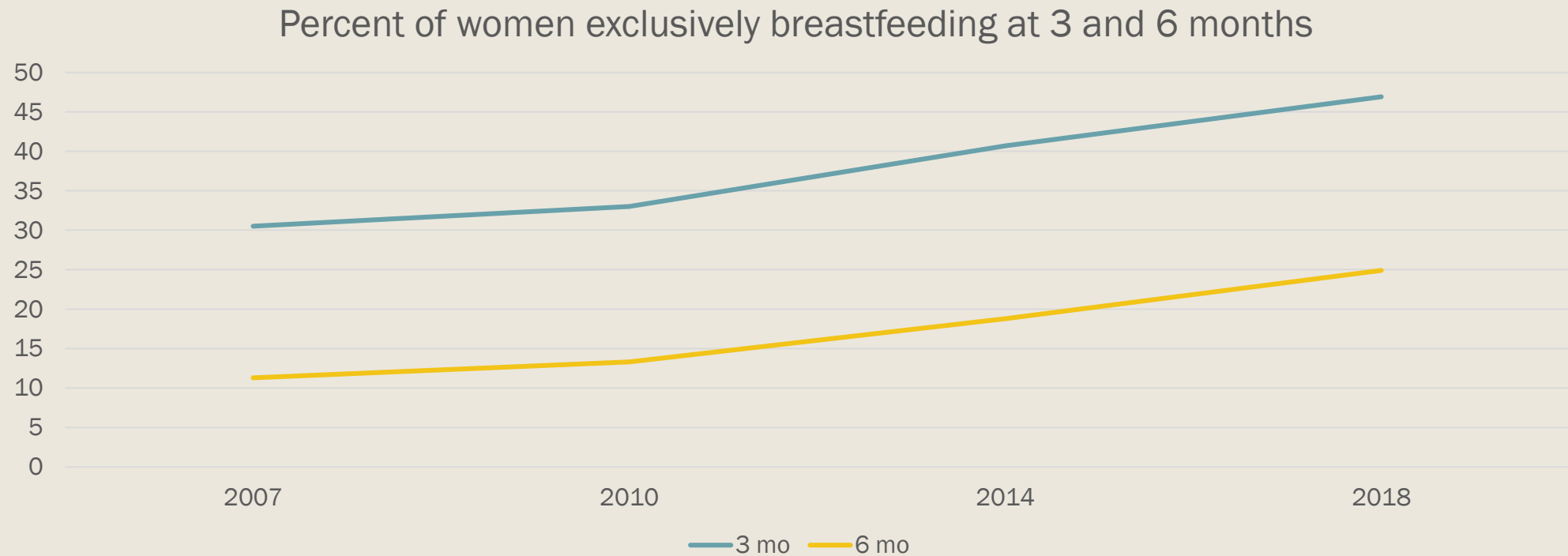
## Percentage of ever breastfed and breastfeeding at 6 months



Summary of CDC Breastfeeding  
Report Cards 2007 - 2018

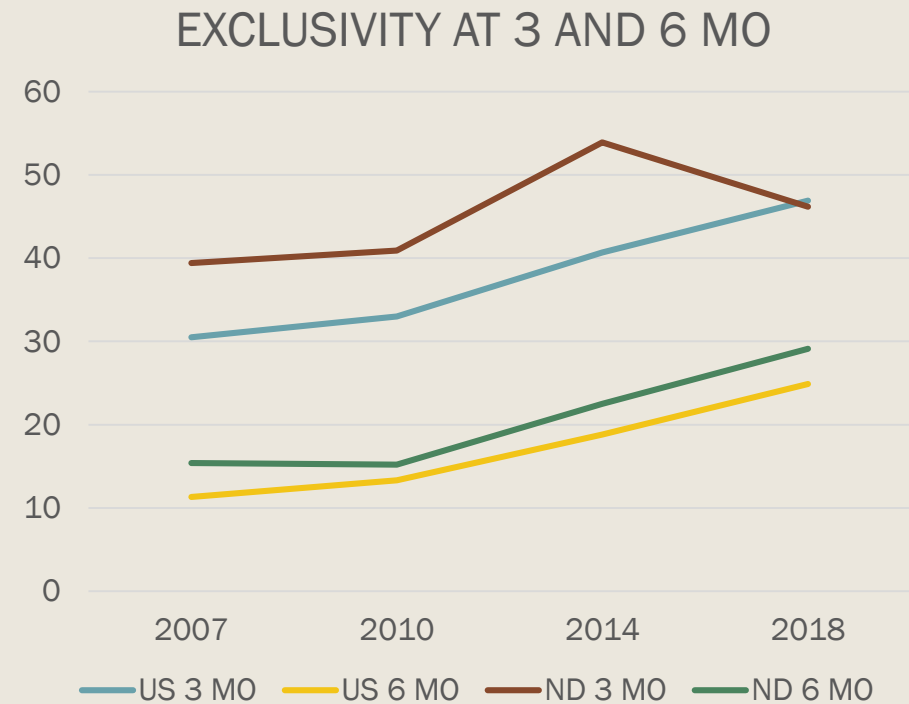
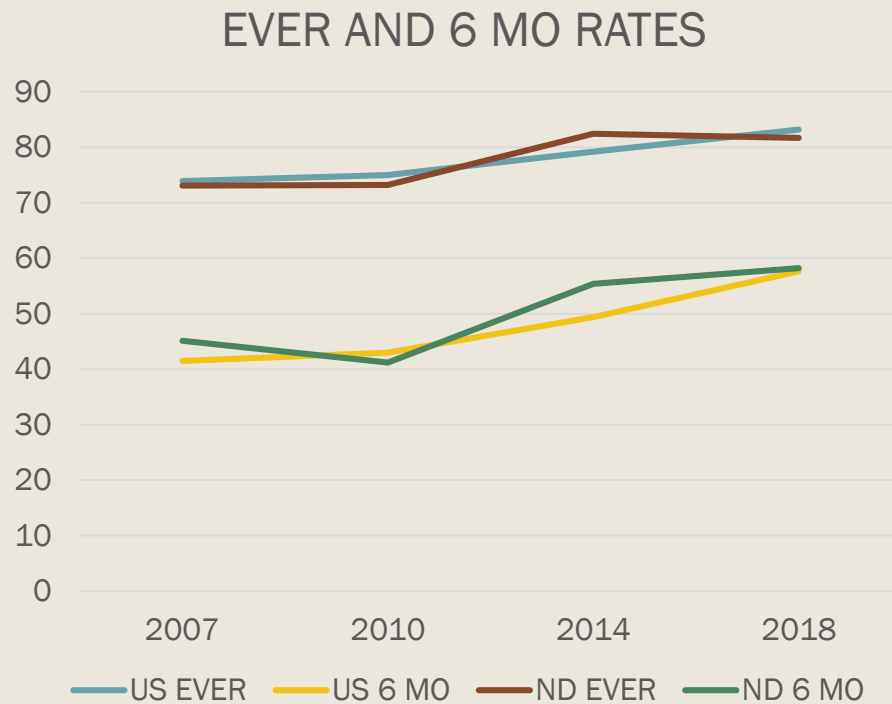


# U.S. National Breastfeeding Exclusivity Rates



Summary of CDC Breastfeeding Report Cards 2007 - 2018

# U.S Rates Compared to North Dakota Rates



Summary of CDC Breastfeeding Report Cards 2007 - 2018

# Why Don't Women Breastfeed?

## Lots of Reasons!

But we will focus on those related to the need for healthcare provider support!

Families are  
geographically  
isolated

Inconsistent  
messages from  
providers due to  
lack of training

Facility policies  
and practices

Lack of role  
models

Lack of societal  
support

Marketing of  
HMS

(Antsy, Coulter, Jevitt, et al., 2017; Barnett, Sienkiewicz, Roholt, 1995; Kuan, Britto, Decolongon, Schoetker, Atherton, Kotugal, 1999; Wolf, 2003; Wright & Schanler, 2001; Humenick, Hill, Speigelberg, 1998)

# Influence of providers and the healthcare system

- Health care provider knowledge, beliefs, and support
  - *Physicians, and many other professionals are not well trained in lactation*
  - *Infant feeding information is provided by formula companies*
  - *Health care provider attitudes toward breastfeeding and formula feeding*
  - *Hospital policies and practices that are set – up without regard for the impact on breastfeeding*
- **Bottom line:** If a mother trusts her provider, and the provider does not support breastfeeding, she may think it is not important to continue or not have the support she NEEDS to continue. In the absence of familial support, healthcare provider support may become more important.

# Impact of Provider Attitudes on Breastfeeding Duration

- Among 2209 health care providers surveyed in North Carolina, those with more than 2 weeks of personal experience with breastfeeding were more likely to have positive or somewhat positive beliefs about breastfeeding than those with <2 weeks of personal experience with breastfeeding (30 and 52% vs. 18 and 51%, respectively,  $p < 0.0005$ ). (Barnett, Sienkiewicz, & Roholt, 1995).
- In a sample of 1585 mothers from the Infant Feeding Practices Survey (IFPS) from 1993 – 1994, mothers were more likely to NOT be breastfeeding at 6 weeks (OR 1.77, 95% CI [1.31, 2.41] if staff at the hospital did not have a preference for what feeding method the mother chose (DiGirolamo, Grummer-Strawn, & Fein, 2003).
- 341 mothers from 10 hospitals in Northern US Rocky Mountain and Northern Mississippi states were followed from delivery until 20 weeks postpartum for their infant feeding practices. Among those women, 7 reported getting negative advice about breastfeeding from a healthcare provider and 86% of those had a decline in breastfeeding frequency, compared with only 31% and 39% of those receiving positive encouragement or mixed encouragement, respectively. (Humenick, Hill, & Spiegelberg, 1998).
- Hospital Education in Lactation Practices study in Boston, MA used a pre and post evaluation of hospital birth records to track breastfeeding initiation rates. After a 1 year education intervention for health care providers in 4 hospitals, breastfeeding initiation rates increased from 58.5 to 64.7% (Grossman, et al., 2009).
- **Bottom Line:** Health care providers with training and education are have more positive attitudes about breastfeeding and are able to provide more support to breastfeeding mothers leading to more successful breastfeeding outcomes.

# Improving Healthcare Provider Support

- Increased education and training in breastfeeding for all healthcare providers that might work with parents and infants (see Grossman, et al., 2009). This is also promoted by the Academy of Nutrition and Dietetics (AND, 2015).
  - *This is also recommended by Baby Friendly USA (Baby Friendly USA, Inc., 2020) and the WHO (WHO, 1981)*
  - *Health effects of breastfeeding*
  - *Accurate information on successful breastfeeding techniques*
  - *Physiology of breastfeeding*
  - *Knowledge of breastfeeding resources*
  - *Breastfeeding is not the "Gold Standard", it is the biological norm*
- Mindful conversation with patients about feeding choices (might need education on this too!)
  - *Ask open-ended questions about family's infant feeding practices*
  - *Validate parent's concerns*
  - *Provide evidence based information*
  - *Refer (or defer) to trained lactation professionals*
- Avoid inadvertent formula advertising, distributing items to patients with formula logos, or free samples (unless medically indicated).
- Empathy!
- So much **MORE** to know!

*“GIVEN THE IMPORTANCE OF BREASTFEEDING ON THE HEALTH OF MOTHERS AND CHILDREN, IT IS CRITICAL THAT WE TAKE ACTION TO SUPPORT BREASTFEEDING. WOMEN WHO CHOOSE TO BREASTFEED FACE NUMEROUS BARRIERS— ONLY THROUGH THE SUPPORT OF FAMILY, COMMUNITIES, CLINICIANS, HEALTHCARE SYSTEMS, AND EMPLOYERS WILL WE BE ABLE TO MAKE BREASTFEEDING THE EASY CHOICE.”*

Jerome M. Adams, MD, MPH  
U.S. Surgeon General



# WANT TO KNOW MORE?

Join me for another presentation on March 12 from 11 – 12:  
*Incorporating Breastfeeding into Clinical Practice: A Starter's Guide*

# References:

- American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), 598-601. doi:10.1542/peds.2011-3552
- American Academy of Pediatrics. (2014a). Benefits of breastfeeding for mom. Retrieved from <http://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Benefits-of-Breastfeeding-for-Mom.aspx>
- American Academy of Pediatrics. (2014b). Breastfeeding benefits your baby's immune system. Retrieved from <http://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Breastfeeding-Benefits-Your-Baby's-Immune-System.aspx>

# References

- Academy of Nutrition and Dietetics. (2015). Practice paper of the Academy of Nutrition and Dietetics: promoting and supporting breastfeeding. *Journal of the Academy of Nutrition and Dietetics*, 115(3). <https://www.eatrightpro.org/-/media/eatrightpro-files/practice/position-and-practice-papers/practice-papers/practicepaperpromotingandsupportingbreastfeeding.pdf?la=en&hash=39B07DA0E25D1703828C1AAF3ADEC410A8E8141F>
- Antsy, E., Coulter, M., Jevitt, C. et al. (2017). Lactation consultants perceived barriers to providing professional breastfeeding support. *Journal of Human Lactation*, 34(1), 51 – 67.
- Baby Friendly USA, Inc. (2020). The Baby Friendly Hospital Initiative: interim guidelines and evaluation criteria for facilities seeking and sustaining Baby - Friendly Designation. Retrieved Feb. 12, 2020 from <https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/>
- Barnett, E., Sienkiewicz, M., Roholt, S. (1995). Beliefs about breastfeeding: a statewide survey of health professionals. *Birth*, 22(1), 15 – 20.
- Bartick, M.C., Schwarz, E.B., Green, B.D., Jegier, B.J., Reinhold, A.G., Colaizy, T.T., Bogen, D.L., Schaefer, A.J., Stuebe, A.M. (2017). Suboptimal breastfeeding in the United States: maternal and pediatric health outcomes and costs. *Maternal & Child Nutrition*, (13), e12366. Doi:10.1111/mcn.12366 .
- Centers for Disease Control and Prevention. (2019a). CDC's work to support & promote breastfeeding in hospitals, worksites, & communities. Retrieved February 13, 2020 from <https://www.cdc.gov/breastfeeding/pdf/breastfeeding-cdcs-work-508.pdf>
- Centers for Disease Control and Prevention. (2019b). Breastfeeding: why it matters. Retrieved February 19, 2020 from <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>
- Centers for Disease Control and Prevention. (2018). Breastfeeding report card. Retrieved January 7, 2020 from <https://www.cdc.gov/breastfeeding/data/reportcard.htm#archive>
- DiGirolamo, A.M., Grummer-Strawn, L.M., Fein, S.B. (2003). Do perceived attitudes of physicians and hospital staff affect breastfeeding decisions? *Birth*, 30(2), 94 – 100.
- DiGirolam, A.M., Grummer-Strawn, L.M., Fein, S.B. (2006). Effect of maternity care practices on breastfeeding. *Pediatrics*, 122 (supp 2), s43 – s49.

# References:

- Grossman, X., Chaudhuri, J., Feldman-Winter, L., Abrams, J., Niles Newton, K., Phillipp, B.L., Merewood, A. (2009). Hospital Education in Lactation Practices (Project HELP): does clinician education affect breastfeeding initiation and exclusivity in the hospital? *Birth*, 36(1), 54 – 59.
- Humenick, S.S., Hill, P.D., Spiegelberg, P.L. (1998). Breastfeeding and health professional encouragement. *Journal of Human Lactation*, 14(4), 305 – 310.
- Hilliard, E., Yakowicz, S. (2019). Registered Dietitian Nutritionists as lactation consultants: the pathways to and importance of this professional role. *Journal of Academy of Nutrition and Dietetics*, 119 (8), 1237 – 1242.
- Kuan, L.W., Britto, M., Decolongon, J., Schoetker, P.J., Atherton, H.D., Kotugal, U.R. (1999). Health system factors contributing to breastfeeding. *Pediatrics*, 104(3). Retrieved from <http://www.pediatrics.org/cgi/content/full/104/3/e28>.
- Organization for Economic Co-Operation and Development. (2009). OECD Social Policy Division, Directorate of Employment, Labour and Social Affairs: CO1.5 Breastfeeding rates. Retrieved Feb. 13, 2020 from <https://www.oecd.org/social/family/43136964.pdf>
- UNICEF. (2005). The Baby-Friendly Hospital Initiative. Retrieved January 9, 2020 from [https://www.unicef.org/nutrition/index\\_24806.html](https://www.unicef.org/nutrition/index_24806.html) .
- UNICEF, WHO. (2018). Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Initiative. Retrieved January 9, 2020 from <https://www.unicef.org/nutrition/files/Baby-friendly-Hospital-Initiative-implementation-2018.pdf> .
- WHO, UNICEF. (2003). Global strategy for infant and young child feeding. Retrieved Feb. 13, 2020 from <https://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf;jsessionid=9E139D274E99923AEA3BC57F78D952FA?sequence=1>
- United States Department of Health and Human Services. (2008). The business case for breastfeeding: steps for creating a breastfeeding friendly worksite. Retrieved from <http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/easy-steps-to-supporting-breastfeeding-employees.pdf>

# References:

- Welch, J. L., Wiehe, S. E., Palmer-Smith, V., & Dankoski, M. E. (2011). Flexibility in faculty work-life policies at medical schools in the Big Ten conference. *Journal of Women's Health*, 20(5), 725-732. doi:10.1089/jwh.2010.2553
- Wolf, JH. (2003). Low breastfeeding rates and public health in the United States. *American Journal of Public Health*, 93(12), 2000 – 2010.
- Wright, A.L., Schanler, R. J. (2001). The resurgence of breastfeeding at the end of the second millennium. *Journal of Nutrition*, 421s – 425s.
- WHO. (1981). International code of marketing of breast-milk substitutes. Retrieved Feb. 13, 2020 from [https://www.who.int/nutrition/publications/code\\_english.pdf](https://www.who.int/nutrition/publications/code_english.pdf)
- WHO. (n.d. a ) Breastfeeding. Retrieved January 10, 2020 from [https://www.who.int/nutrition/topics/exclusive\\_breastfeeding/en/](https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/)
- WHO. (n.d. b). Exclusive breastfeeding for optimal growth, development and health of infants. Retrieved February 13, 2020 from [https://www.who.int/elena/titles/exclusive\\_breastfeeding/en/](https://www.who.int/elena/titles/exclusive_breastfeeding/en/)