THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS
AAP News

AAP Clinical Report, News Articles, Breastfeeding

How to establish a breastfeeding-friendly pediatric office

by Joan Younger Meek M.D., M.S., FAAP

Breastfeeding initiation rates in the U.S. are the highest in decades at 81%, yet less than a quarter of infants are breastfed exclusively at 6 months. In addition, there are significant disparities based on race, ethnicity, education and socioeconomic status, according to the Centers for Disease Control and Prevention (CDC).

Pediatricians are positioned to play a pivotal role in supporting breastfeeding families in the office practice. Recommendations on creating a breastfeeding-supportive environment are highlighted in a new clinical report *The Breastfeeding-Friendly Pediatric Office Practice* from the AAP Section on Breastfeeding. The report is available at https://doi.org/10.1542/peds.2017-0647 and will be published in the May issue of *Pediatrics*.

The Academy has long supported breastfeeding as the optimal infant nutrition. It recommends exclusive breastfeeding for about six months and continued breastfeeding for at least one year. Among its many benefits, breastfeeding helps prevent acute infectious disease and development of chronic disease, reduces risk of sudden infant death syndrome, and promotes optimal outcomes for both mothers and children. The Academy advocates that breastfeeding should be considered a public health imperative and not merely a lifestyle choice.

Why is office support important?

Pediatric care professionals see healthy infants frequently in the office during the first year of life, giving them many opportunities to provide anticipatory guidance that supports and encourages breastfeeding.

Pediatricians must be trained to assess breastfeeding adequacy in the mother-baby pair, troubleshoot problems and refer mothers to community resources, as needed. Pediatricians also must be knowledgeable about how over-the-counter and prescription drugs may affect the breastfeeding infant (see resources).

It is important that breastfeeding be evaluated formally with observation during the first office visit, when any issues can be identified early. Mothers who note difficulty with latch, pain or milk supply need timely intervention, as do infants with inadequate weight gain.

Pediatricians should advise mothers on breastfeeding after returning to work and refer to community-based support personnel such as lactation consultants, nutrition staff from the Special Supplemental Nutrition Program for *Women, Infants and Children,* peer counselors and support groups.

A culture of breastfeeding support in the pediatric office begins with a welcoming environment that encourages mothers to breastfeed in the waiting room or separate area, if privacy is desired.

All staff must understand the practice's support of breastfeeding mothers and babies, and clinical staff should be trained in breastfeeding support and telephone triage guidelines. At least one person trained in lactation support, such as a nurse or other staff member, should routinely provide breastfeeding support under the guidance of the pediatrician. If possible, consider employing a board-certified lactation consultant in the office.

Pediatricians should make sure that formula is not being advertised through posters, publications and other materials in the office, and should not distribute free formula or coupons for formula.

Federal initiatives support breastfeeding

In 2011, then-Surgeon General Regina M. Benjamin, M.D., M.B.A., issued the first Call to Action to support breastfeeding, urging greater support for breastfeeding women; education and training for all health care providers; and systems to ensure continuity of care between the hospital and community settings.

THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS
AAP News

AAP Clinical Report, News Articles, Breastfeeding

The CDC supports breastfeeding by providing tools for providers and families, collecting statistics and promoting population health measures.

The CDC monitors hospital maternity care practices and provides funding to improve these practices through assistance to facilities in implementing the WHO/UNICEF Ten Steps to Successful Breastfeeding. The number of births in hospitals that have implemented the Ten Steps and become designated as Baby-Friendly Hospitals increased from 2.9% in 2007 to 20.1% as of January 2017, according to Baby-Friendly USA.

Due to the impact of federal programs, as well as state and local initiatives, many newborns leave the hospital breastfeeding after their brief postpartum stays.

Most mothers want to breastfeed, but many do not meet their personal breastfeeding goals. The breastfeeding-friendly pediatric office practice is well-suited to provide the support that women need to meet their goals and to improve the health outcomes of their pediatric patients. It even can be a way to grow and market the practice to new mothers.

Recommendations

- Have a written breastfeeding-friendly office policy.
- Train staff in breastfeeding support skills.
- Discuss breastfeeding during prenatal visits and at each well-child visit.
- Encourage exclusive breastfeeding for about six months and provide anticipatory guidance that supports the continuation of breastfeeding as long as desired.
- Incorporate breastfeeding observation into routine care.
- Educate mothers on breast milk expression and return to work.
- Provide noncommercial breastfeeding educational resources for parents.
- Encourage breastfeeding in the waiting room, but provide private space on request.
- Eliminate distribution of free formula.
- Train staff to follow telephone triage protocols to address breastfeeding concerns.
- Collaborate with the local hospital or birthing center and obstetric community regarding breastfeeding-friendly care.
- Link with breastfeeding community resources.
- Monitor breastfeeding rates in the practice.

Dr. Meek is co-author of the clinical report and chair of the AAP Section on Breastfeeding Executive Committee.

Resources

- LactMed, federal database on medications and breastfeeding
- Coding and billing information from AAP Section on Breastfeeding
- Health professional resources