

## Breastfeeding: Maternal and Infant Aspects

### Committee on Health Care for Underserved Women

### Committee on Obstetric Practice

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**ABSTRACT:** Evidence continues to mount regarding the value of breastfeeding for both women and their infants. The American College of Obstetricians and Gynecologists strongly supports breastfeeding and calls on its Fellows, other health care professionals caring for women and their infants, hospitals, and employers to support women in choosing to breastfeed their infants. Obstetrician–gynecologists and other health care professionals caring for pregnant women should provide accurate information about breastfeeding to expectant mothers and be prepared to support them should any problems arise while breastfeeding.

Research in the United States and throughout the world indicates that breastfeeding and human milk provide benefits to infants, women, families, and society. In 1971, only 24.7% of mothers left the hospital breastfeeding. Since then, breastfeeding initiation rates have been increasing because of a growing awareness of the advantages of breast milk over formula, but they have not yet reached the goal set by the U.S. Public Health Service for Healthy People 2010 (1). In 2005, 72.9% of new U.S. mothers initiated breastfeeding (2). Although this is close to the target rate of 75% in the early postpartum period, there is still a long way to go to achieve target breastfeeding rates of 50% at 6 months and 25% at 12 months (1). Improvement in breastfeeding initiation rates has been uneven as women attempt to overcome practical obstacles. Women and infants who could benefit most from breastfeeding are often within population groups (geographic, racial, economic, and educational) with low rates of breastfeeding. Education and support services can improve rates among these as well as other women. Breastfeeding education and support are an economical investment for health plans and employers because there are lower rates of illness among infants who are breastfed.

Breastfeeding is the preferred method of feeding for newborns and infants. Nearly every woman can breastfeed her child. Exceptions are few and include those women who take street drugs or do not control alcohol use, have an infant with galactosemia, are infected with human immunodeficiency virus (HIV) or human T-cell lymphotropic virus type I or type II, and have active untreated tuberculosis or varicella or active herpes simplex virus with breast lesions (3, 4).

The American College of Obstetricians and Gynecologists strongly supports breastfeeding and calls upon its Fellows, other health care professionals caring for women and their infants, hospitals, and employers to support women in choosing to breastfeed their infants. All should work to facilitate the continuation of breastfeeding in the workplace and public facilities. Health care professionals have a wide range of opportunities to serve as a primary resource to the public and their patients regarding the benefits of breastfeeding and the knowledge, skills, and support needed for successful breastfeeding (5). In addition to providing supportive clinical care for their own patients, obstetrician–gynecologists should be in the forefront of fostering changes in the public environ-



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ment that will support breastfeeding, whether through change in hospital practices, through community efforts, or through supportive legislation.

The advice and encouragement of the obstetrician–gynecologist during preconception, prenatal, postpartum, and interconception care are critical in making the decision to breastfeed. Good hospital practices surrounding childbirth are significant factors in enabling women to breastfeed. Health care providers should be aware that the giving of gift packs with formula to breastfeeding women is commonly a deterrent to continuation of breastfeeding (4). A professional recommendation of the care and feeding products in the gift pack is implied. For this reason, physicians may conclude that noncommercial educational alternatives or gift packs without health-related items are preferable. After discharge, the obstetrician–gynecologist’s office should be a resource for 24-hour assistance, or provide links to other resources in the community. Breastfeeding problems, including breast and nipple pain, should be evaluated and treated promptly. Clinical breast examinations are recommended for breastfeeding women. If any mass or abnormality is detected, it should be fully evaluated.

Contraception is an important topic for early discussion and follow-up for breastfeeding women. Women should be encouraged to consider their future plans for contraception and childbearing during prenatal care and be given information and services that will help them meet their goals. Options that should be explained in detail include nonhormonal methods, hormonal methods, and the lactational amenorrhea method.

Women should be supported in integrating breastfeeding into their daily lives in the community and in the workplace to enable them to continue breastfeeding as long as possible. Maintaining milk supply depends largely on frequency and adequacy of maternal stimulation through breastfeeding and through pumping when mother and baby are separated. The American College of Obstetricians and Gynecologists recommends that exclusive breastfeeding be continued until the infant is approximately 6 months old. A longer breastfeeding experience is, of course, beneficial. The professional objectives are to encourage and enable as many women as possible to breastfeed and to help them continue as long as possible (3, 4). Physicians’ offices can set the example in encourag-

ing and welcoming breastfeeding through staff training, office environment, awareness and educational materials, and supportive policies (3, 4).

More detailed information on breastfeeding and practical strategies for support can be found in the *ACOG Clinical Review* “Special Report From ACOG, Breastfeeding: Maternal and Infant Aspects” and in the American Academy of Pediatrics and ACOG resource, *Breastfeeding Handbook for Physicians* (3, 4).

## References

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