Breastfeeding Support

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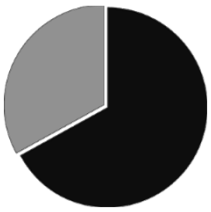
Dr. Mom – My Crash Course in Lactation

Two-thirds of mothers who intend to exclusively breastfeed are not meeting their intended duration.

Among women who prenatally intended to exclusively breastfeed (*n*= 1457), more than 85% intended to do so for 3 months or more; however, only 32.4% of mothers achieved their intended exclusive breastfeeding duration.



How did we get here? Follow the money.

Economics

- **Large- scale dairy farming produced abundant supplies of cow's milk, necessitating a new market. "Markets are not created by God, nature or economic forces, but by businessmen…" Peter Drucker, business and management theoretician**
- **Rise in women's aspirations for commercial employment secondary to agricultural and industrial revolution**
- **Extravagant claims and aggressive marketing for "the most perfect substitute for mother's milk" played on fears for the health of the infant and faith in modern science**
- **Lack of maternity leave, childcare, workplace accommodations**

How did we get here? Follow the money.

Culture

- **Technological advances responded to the assumption that women were/ are too pure and frail or (in the case of the lower classes) too corrupt to breastfeed**
- **Social changes promoting bodily cleanliness led to association of breastmilk with unclean bodily fluids.**
- **Public sanitation efforts expanded faith in "modern science and "modern medicine."**
- **Idea that the breast functions for sexual gratification and should not be exposed in public**

Our healthcare practices, education, and institutions are not immune to the social, political, and economic issues surrounding infant feeding

- **1930-1950s: Hospitalized deliveries with 2week postpartum stays become the norm. Mothers and infants, separated during the stay, result in impaired milk supply and baby accustomed to bottle nipples. (Artificial milk companies designed maternity wards for "free.")**
- **Artificial milk companies market to physicians and hospitals. They advertise in medical journals. They finance medical and nutritional research and conferences. No one wants to bite the hand that feeds them.**

Our healthcare practices, education, and institutions are not immune to the social, political, and economic issues surrounding infant feeding

- **Mother/ baby separation, feeding schedules, and an innate distrust of individual women's milk continues to interfere with 21st c breastfeeding. … pump and dump, supplement just to be sure, give formula to be on the safe side … Have you heard these phrases?**
- **No reimbursement for lactation education, support or treatments. No reimbursement for postpartum care. Minimal reimbursement for prenatal care**

"Rarely are we given the chance to make such a profound and lasting difference in the lives of so many."

Dr. Regina Benjamin, Surgeon General

Formula Feeding Increases Risk for Women

- **Obesity/ Metabolic Syndrome- 10-20% increase risk**
- **Heart Disease- 1.3x increased risk MI**
- **Breast Cancer- 2.4% increase in premenopausal breast cancer**
- **Ovarian Cancer- 1.3-1.5x increased risk**
- **Diabetes II- 1.7x increased risk**
- **Osteoporosis- Dose-response relationship between average duration of breastfeeding per child and risk of hip fracture**
- **Studies also indicate formula feeding as a risk factor for depression and anxiety: PP and Chronic**

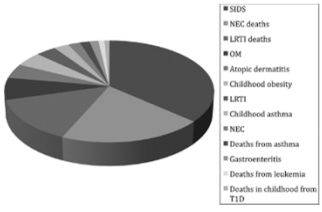
Formula Feeding Increases Risk for Infants and Children

- **Infectious Morbidity: increased risk of H.Flu, S.Pneumo, V.Cholerae, E.Coli, rotavirus, G.Lamblia, GBS, RSV, HSV, and HIV**
- **Otitis Media: 2x increased risk**
- **LRTI: 3.6x increased risk of hospitalization (study controlled for parental smoking)**
- **Diarrhea: 2.8 x increased risk**
- **NEC: Among preterm infants, 2.4x risk with an absolute risk difference of 5%. (The case-fatality rate for NEC is 15%)**
- **Infant Mortality: In the U.S., after adjusting for maternal age, education, smoking status, infant race, gender, birth weight, congenital malformation, birth order, plurality, and WIC status, formula feeding is associated with a 1.3-fold (95% CI, 1.1–1.5) higher risk of infant mortality.**

Formula Feeding Increases Risk for Infants and Children

- **Obesity- 1.3x risk**
- **DM II- 1.6x risk**
- **SIDS- 2x risk of death from SIDS**
- **Asthma- 1.3-1.7x risk regardless of FH**
- **Atopic Dermatitis- 1.7x risk**
- **DM I- dose- response relationship with BF in high- risk infants**
- **Childhood Cancer- 1.3x risk ALL, 1.2x risk AML**
- **Breast Cancer- Baby girls who are breastfed have a 25% risk reduction!**

Formula Feeding is Expensive for the Health Care System



Excess costs resulting from pediatric disease at current breastfeeding rates compared with projected costs if 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months (total: $12.97 billion [2007 dollars]).

- With 80% compliance, the U.S. would save $10.5 Billion and prevent 741 deaths
- Kaiser (N.C.)– cost of treating formula fed infants in first year of life: $1400 more per infant

Formula Feeding is Expensive for Families and Communities

- Approx 150 cans of artificial milk in first 6m of feeding (20-25$/ can of Similac) $3000.
- Direct cost to WIC of supporting mothers who never BF is twice as much. WIC spends $600 million on formula per year
- If a parent misses 2h per year of work for excess illness attributable to formula feeding, 1 year of employment is lost per 1000 never-breastfed infants
- The U.S. spends $2 million a year on 110 billion BTUs of energy used for processing, packaging, and transporting infant milks – even more to dispose or recycle the containers.
- CIGNA established a corporate lactation program resulting in BF rates of 72%@6m and 36%@12m. The company saved 240K in healthcare costs, 62%fewer prescriptions for BF children. 74% fewer absences saved the company $60K.

So, what can we do during prenatal care?

- Adjust phrases and questions. Have you thought about breastfeeding? Instead of perpetuating the false equivalency of Breast or Bottle?
- Consider bias in your counseling and approach – in school, we learned that fewer black women breastfeed. Do we approach our black patients differently because we learned these stats?
- Replace formula swag with breastfeeding information.
- Include pictures of breastfeeding dyads (including dyads of color) in your office décor
- Group prenatal care (supported by MoD) or a group class can be a more efficient way to provide in depth breastfeeding education and preparation – doulas may be willing to do this for you

How about on L&D?

- Skin to Skin – STS increases the duration of any and exclusive breastfeeding
- Place healthy newborns directly STS until after first feeding. Drying, apgar scores and initial assessment can all be done while infant is STS.
- Delay procedures such as weighing, measuring, VitK, erythromycin ointment until after first feed
- Delay bath

On PP?

- Encourage feeding on demand and following hunger cues.
- Change question from how much did baby take? To how many times did baby feed? Document diapers and meconium rather than “cc’s in”

Don’t think of formula as the “safe and easy out.” Look it up!

- Don’t advise “pump and dump without a good reason (i.e. chemotherapy or radiation)
- Identify community lactation resources – Facebook groups, la leche league, community CLCs or peer counselors

Don't think of formula as the "safe and easy out." Look it up!

- LactMed: http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT
- Dr. Hale – www.infantrisk.com
- ACR: www.acr.org acr manual on contrast media is online
- ABM protocols: www.BFMed.org
- For mothers: Facebook: mom's best-for breastfeeding (12K members with 1.5K members in Birmingham)
- For mothers: www.kellymom.com
- For both docs and moms: Dr. Jack Newman's protocols and videos www.breastfeedinginc.ca

Encourage Your Facility to Go For It: Ten Steps to Baby Friendly

The Ten Steps To Successful Breastfeeding

- **1 - Have a written breastfeeding policy that is routinely communicated to all health care staff.**
- **2 - Train all health care staff in skills necessary to implement this policy.**
- **3 - Inform all pregnant women about the benefits and management of breastfeeding.**
- **4 - Help mothers initiate breastfeeding within one hour of birth.**
- **5 - Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.**

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The Ten Steps To Successful Breastfeeding

- **6 - Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.**
- **7 - Practice "rooming in"– allow mothers and infants to remain together 24 hours a day.**
- **8 - Encourage breastfeeding on demand.**
- **9 - Give no pacifiers or artificial nipples to breastfeeding infants.**
- **10 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic**