

ABM Protocols

ABM Clinical Protocol #14: Breastfeeding-Friendly Physician's Office, Part 1: Optimizing Care for Infants and Children

THE ACADEMY OF BREASTFEEDING MEDICINE
PROTOCOL COMMITTEE

A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

DEFINITIONS

BREASTFEEDING-FRIENDLY *physician's office*: A physician's practice that enthusiastically promotes, supports, and protects breastfeeding through a warm office environment and education of health care professionals and families.

Breast milk substitutes: Infant formula, glucose water.

BACKGROUND

Prenatal intention to breastfeed is influenced to a great extent by health care providers' opinion and support.^{1,2} Ongoing parental support through in-person visits and phone contacts with health care providers results in increased breastfeeding duration.³ Pediatric health care providers are in a unique position to contribute to the initial and ongoing support of the breastfeeding dyad.^{4,5} Practices that employ a health care professional trained in lactation have significantly higher breastfeeding initiation and maintenance rates, with mothers ex-

periencing fewer problems related to breastfeeding.^{6,7} The World Health Organization's Baby Friendly Hospital Initiative describes 10 Steps for Successful Breastfeeding.⁸ These 10 steps are based on scientific evidence and the experience of respected authorities. The scientific basis of many of these recommendations can be extended to outpatient pediatric practices.^{5,9} Initiating incremental changes to improving breastfeeding support is of value because there is a dose-response relationship between the number of steps achieved and breastfeeding outcomes.¹⁰

RECOMMENDATIONS

1. Establish a written breastfeeding-friendly office policy.⁸ Collaborate with colleagues and office staff during development. Inform all new staff about policy. Provide copies of your practice's policy to hospitals and physicians covering for you.

2. Encourage breastfeeding mothers to feed newborns only breast milk and avoid offering supplemental formula or glucose water unless medically indicated.¹¹ Instruct mother to not offer bottles or a pacifier until breastfeeding is well established.¹²
3. Offer culturally and ethnically competent care.¹¹ Understand that families may follow cultural practices regarding infant colostrum consumption and maternal diet during lactation. Provide access to a multilingual staff, translators, and ethnically diverse educational material.
4. Offer a prenatal visit and show your commitment to breastfeeding during this visit.¹³ If providing antenatal care to the mother, broach the subject of infant feeding in the first trimester and continue to express your support of breastfeeding throughout the course of the pregnancy. Inquire about a feeding plan and previous breastfeeding experience. Provide educational material that highlights the many ways in which breastfeeding is superior to formula feeding. Direct education and educational material to all family members involved in child care (father, grandparents, etc.).^{1,11,14} Encourage attendance of both parents at prenatal breastfeeding classes before parents decide about feeding plan. Identify patients with lactation risk factors (e.g., flat or inverted nipples, history of breast surgery, no increase in breast size during pregnancy, previous unsuccessful breastfeeding experience).
5. Collaborate with local hospitals and maternity care professionals in the community.¹¹ Convey to delivery rooms and newborn units your office policies on breastfeeding initiation. Leave orders in the hospital not to give formula/sterile water/glucose water to baby without orders and not to dispense commercial discharge bags containing infant formula and/or feeding bottles to mothers.^{15,16} Show support for breastfeeding during hospital rounds. Facilitate breastfeeding within 1 hour of infant's birth. Help mothers initiate and continue breastfeeding. Counsel mothers to follow infant's hunger and satiety cues and ensure that the infant breastfeeds 8 to 12 times in 24 hours. Encourage rooming-in and breastfeeding on demand.
6. Schedule a first follow-up visit for the infant 48 to 72 hours after hospital discharge* or earlier if breastfeeding related problems, such as excessive weight loss (>7%) or jaundice are present at the time of hospital discharge.^{11,13,17} Ensure access to a lactation consultant/educator or other health care professional trained to address breastfeeding questions or concerns during this visit. Provide comfortable seating and a nursing pillow for the breastfeeding dyad to facilitate adequate evaluation. Assess latch and successful and adequate breastfeeding at the early follow-up visit. Identify lactation risk factors and assess infant's weight, hydration, jaundice, feeding activity, and output. Provide medical help for women with sore nipples or other maternal health problems that impact breastfeeding. Begin by asking parents open-ended questions and then focus on their concerns. Take the time to address the many questions that a mother may have, especially if it is her first nursing experience. Provide close follow-up until the infant is doing well with adequate weight gain and parents feel confident.
7. Ensure availability of appropriate educational resources for parents. Educational material should not be commercial and not advertise breast milk substitutes, bottles, or nipples.¹⁸ Educational resources may be in the form of handouts, visual aids, books, and videotapes. Recommended topics for educational material are growth patterns, feeding, and sleep patterns of breastfed babies; management of growth spurts; recognition of hunger and satiety cues; latch-on and positioning; management of sore nipples; mastitis; low supply; blocked ducts; engorgement; reflux; normal stool-

*In cultures or medical situations in which the dyad has remained hospitalized for long enough that weight gain and parental confidence are established prior to hospital discharge, follow-up may be deferred until the initial well child care visit at 1 to 2 weeks of age if otherwise appropriate.

- ing and voiding patterns; maintaining lactation when separated from the infant (e.g., during illness, prematurity, return to work); postpartum depression; maternal medication use; and maternal illness during breastfeeding.
8. Do not interrupt or discourage breastfeeding in the office. Allow and encourage breastfeeding in the waiting room. Display signs in waiting area encouraging mothers to breastfeed. Provide a comfortable private area to breastfeed for those mothers who prefer privacy.¹³
 9. Ensure an office environment that demonstrates breastfeeding promotion and support. Eliminate the practice of distribution of free formula and baby items from formula companies to parents.¹⁸ Store formula supplies out of view of parents. Display posters, pamphlets, pictures, and photographs of breastfeeding mothers in your office.¹³ Do not display images of infants bottle feeding. Do not accept gifts (including writing pads, pens, or calendars) or personal samples from companies manufacturing infant formula, feeding bottles, or pacifiers. Specifically target material to populations with low breastfeeding rates.
 10. Develop and follow telephone triage protocols to address breastfeeding concerns and problems.¹³ Conduct follow-up phone calls to assist breastfeeding mothers. Provide readily accessible resources such as books and protocols to triage nurses.
 11. Commend breastfeeding mothers during each visit for choosing and continuing breastfeeding. Provide breastfeeding anticipatory guidance in routine periodic health maintenance visits. Encourage fathers of infants to accompany mother and baby to office visits.^{14,19}
 12. Encourage mothers to exclusively breastfeed for 6 months and continue breastfeeding with complementary foods until at least 24 months and thereafter as long as mutually desired.²⁰ Discuss introduction of solid food at 6 months of age, emphasizing the need for high-iron solids and assess need for vitamin D supplementation.¹¹
 13. Set an example for your patients and community. Have a written breastfeeding policy and provide a lactation room with supplies for your employees who breastfeed or express breast milk at work.
 14. Acquire or maintain a list of community resources (e.g., breast pump rental locations) and be knowledgeable about referral procedures. Refer expectant and new parents to community support and resource groups. Identify local breastfeeding specialists, know their background and training, and develop working relationships for additional assistance. Support local breastfeeding support groups.²¹
 15. Work with insurance companies to encourage coverage of breast pump costs and lactation support services.¹¹ Bill lactation support codes.²²
 16. Encourage community employers and day-care providers to support breastfeeding.^{11,23} The following website provides material to help motivate and guide employers in providing lactation support in the workplace:²⁴ www.hmhbwa.org/for-prof/materials/BCW_packet.htm.
 17. All clinical physicians should receive education regarding breastfeeding.^{13,25} Areas of suggested education include the benefits of breastfeeding, physiology of lactation, management of common breastfeeding problems, and medical contraindications to breastfeeding. Make educational resources available for quick reference by health care professionals in your practice (books, protocols, etc.). Staff education and training should be provided to the front office staff, nurses, and medical assistants. Identify one or more breastfeeding resource personnel on staff. Consider employing a lactation consultant or nurse trained in lactation.^{6,7}
 18. Volunteer to let medical students and residents rotate in your practice. Participate in medical student and resident physician education.^{25,26} Encourage establishment of formal training programs in lactation for future and current healthcare providers.¹¹
 19. Track breastfeeding initiation and duration rates in your practice and learn about breastfeeding rates in your community.

RECOMMENDATIONS FOR FUTURE RESEARCH

1. There are currently no studies demonstrating the effectiveness of specific educational interventions related to breastfeeding (e.g., distribution of handouts, counseling by the primary care provider, group counseling, counseling by nurse) during pediatric preventative care visits.
2. More studies are needed about specific office practices and their effects on breastfeeding initiation, exclusivity, and maintenance.
3. More studies on the short- and long-term effectiveness of educational programs for physicians would be helpful.
4. Research on specific challenges to providing support in the outpatient setting is needed.
5. Studies regarding the cost-effectiveness of steps related to making an outpatient practice breastfeeding-friendly are needed.

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REFERENCES

1. Bentley M, Caulfield L, Gross S, et al. Sources of influence on intention to breastfeed among African-American women at entry to WIC. *J Hum Lact* 1999; 15(1):27–34.
2. Lu M. Provider encouragement of breastfeeding: Evidence from a national survey. *Obstet Gynecol* 2001; 97:290–295.
3. U.S. Preventative Services Task Force. *Behavioral Interventions to Promote Breastfeeding: Recommendations and Rationale*. Agency for Healthcare Research and Quality, Rockville, MD, 2003.
4. Sikorski J, Renfrew M, Pindoria S, Wade A. Support for breastfeeding mothers: A systematic review. *Pediatr Perinatal Epidemiol* 2003;17(4):407–417.
5. de Oliveira M, Camacho L, Tedstone A. A method for the evaluation of primary health care units' practice in the promotion, protection, and support of breastfeeding: Results from the state of Rio de Janeiro, Brazil. *J Hum Lact* 2003;19(4):365–373.
6. Lawlor-Smith C, McIntyre E, Bruce J. Effective breastfeeding support in a general practice. *Aust Fam Physician* 1997;26(5):573–575, 578–580.
7. Jones D, West R. Effect of a lactation nurse on the success of breast-feeding: A randomized controlled trial. *J Epidemiol Commun Health* 1986;40(1):45–49.
8. UNICEF Breastfeeding Initiatives Exchange. The Baby Friendly Hospital Initiative. Accessed Nov. 24, 2005. Available at: www.unicef.org/programme/breastfeeding
9. Shariff F, Levitt C, Kaczorowski J, et al. Workshop to implement the baby-friendly office initiative. Effect on community physicians' offices. *Can Fam Physician* 2000;46:1090–1097.
10. DiGirolamo A, Grummer-Strawn L, Fein S. Maternity care practices: Implications for breastfeeding. *Birth* 2001;28(2):94–100.
11. American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics* 2005;115(2):496–506.
12. Howard C, Howard F, Lanphear B, et al. Randomized clinical trial of pacifier use and bottle-feeding or cup feeding and their effect on breastfeeding. *Pediatrics* 2003;111(3):511–518.
13. Section on Breastfeeding. *Ten Steps to Support Parents' Choice to Breastfeed Their Baby*. American Academy of Pediatrics, Elk Grove Village, IL, 2003.
14. Ingram J, Johnson D. A feasibility study of an intervention to enhance family support for breast feeding in a deprived area in Bristol, UK. *Midwifery* 2004;20(4): 367–379.
15. Donnelly A, Snowden H, Renfrew M, Woolridge M. Commercial hospital discharge packs for breastfeeding women. *Cochrane Database Syst Rev* 2000;2:CD002075.
16. Snell B, Krantz M, Keeton R, et al. The association of formula samples given at hospital discharge with the early duration of breastfeeding. *J Hum Lact* 1992;8 67–72(2):67–72.
17. American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Management of Hyperbilirubinemia in the Newborn Infant 35 or more weeks of gestation. *Pediatrics* 2004;114:297–316.
18. Howard C, Howard F, Lawrence R, et al. Office prenatal formula advertising and its effect on breast-feeding patterns. *Obstet Gynecol* 2000;95(2):296–303.
19. Wolfberg A, Michels K, Shields W, et al. Dads as breastfeeding advocates: Results from a randomized controlled trial of an educational intervention. *Am J Obstet Gynecol* 2004;191(3):708–712.
20. World Health Assembly. The global strategy for infant and young child feeding. World Health Organization, Geneva, Switzerland, 2003. Accessed May 13, 2006. Available at www.who.int/nutrition/publications/gi_infant_feeding_text_eng.pdf.
21. Grummer-Strawn L, Rice S, Dugas K, et al. An evaluation of breastfeeding promotion through peer counseling in Mississippi WIC clinics. *Matern Child Health J* 1997;1(1):35–42.
22. American Academy of Pediatrics Section on Breastfeeding and Committee on Coding and Nomenclature. *Supporting Breastfeeding and Lactation: The Primary Care Pediatrician's Guide to Getting Paid*. Accessed February 9, 2006. Available at: www.aap.org/breastfeeding/PDF/coding.pdf

23. Ortiz J, McGilligan K, Kelly P. Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatr Nurs* 2004;30(2):111-119.
24. Healthy Mothers Healthy Babies Coalition of Washington State. *Working and Breastfeeding*. Accessed Nov. 24, 2005. Available at: www.hmhbwa.org/forprof/materials/BCW_packet.htm
25. Freed G, Clark S, Sorenson J, et al. National assessment of physicians' breast-feeding knowledge, attitudes, training, and experience. *JAMA* 1995;273(6):472-476.
26. Hillenbrand K, Larsen P. Effect of an educational intervention about breastfeeding on the knowledge, confidence, and behaviors of pediatric resident physicians. *Pediatrics* 2002;110(5):e59.

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