

Surgeon General's Perspectives

THE 25TH ANNIVERSARY OF THE SURGEON GENERAL'S WORKSHOP ON BREASTFEEDING AND HUMAN LACTATION: THE STATUS OF BREASTFEEDING TODAY

Every hour of every day, almost 500 new mothers across the United States¹ face the same decision: how to feed their newborns. A fundamental aspect of the protection and promotion of health is to ensure individuals are able to make informed decisions in supportive environments. We have an ethical responsibility to ensure that mothers are fully aware of the health consequences of their infant feeding decisions. Breast milk is the best source of infant nutrition. When a mother chooses to breastfeed, we also have a responsibility to protect and support her decision by providing an environment that enables her to be successful.

June 2009 marks the 25th anniversary of the Surgeon General's Workshop on Breastfeeding and Human Lactation, held in Rochester, New York, in 1984.² The workshop represented a milestone in efforts to improve maternal and child health, and highlighted breastfeeding as a public health priority. Representatives from major professional and voluntary organizations met to assess the state of breastfeeding and to develop strategies to achieve the 1990 Health Promotion/Disease Prevention breastfeeding objectives.³

The benefits of breastfeeding are well-recognized. In 2007, the Agency for Healthcare Research and Quality (AHRQ) published a summary of systematic reviews and meta-analyses on breastfeeding and maternal and infant health outcomes in developed countries. The benefits of breastfeeding were reaffirmed, including protection against otitis media, gastroenteritis, severe lower respiratory infections, and necrotizing enterocolitis. In addition, the AHRQ report concluded that breastfeeding is associated with lower rates of sudden infant death syndrome, childhood obesity, type 2 diabetes, and leukemia. The maternal health benefits of breastfeeding were also identified, including reduced risk for type 2 diabetes, as well as breast and ovarian cancers.⁴

In light of the important maternal and child health benefits of breastfeeding, health professional organizations, including the American Academy of Pediatrics,⁵ American Academy of Family Physicians,⁶ American



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College of Obstetricians and Gynecologists,⁷ American College of Nurse-Midwives,⁸ American Dietetic Association,⁹ and American Public Health Association,¹⁰ among others, officially recommend that most infants breastfeed for at least 12 months. These organizations also recommend that for about the first six months infants be exclusively breastfed, meaning that they not be given any foods or liquids other than breast milk. Today, more than 50 national health professional, educational, and other nonprofit organizations, as well as federal government agencies, participate in the United States Breastfeeding Committee, whose mission is “to improve the nation's health by working collaboratively to protect, promote, and support breastfeeding.”¹¹

Since the Surgeon General's workshop in 1984, tremendous progress has been made toward better protection, promotion, and support for breastfeeding mothers and children throughout the United States. Whereas 59% of women initiated breastfeeding in 1984,¹² roughly three-quarters of women now start breastfeeding, according to the Centers for Disease Control and Prevention's National Immunization Survey.¹³

National initiatives have been implemented to ensure that training for clinicians includes a focus on breastfeeding. Between June 2004 and April 2006,

the U.S. Department of Health and Human Services (HHS) sponsored a national campaign to increase awareness of the importance and health advantages of breastfeeding. There have been cultural and legal changes, too. In 1984, mothers could be cited for breastfeeding in public, but legislation in almost every state now protects the rights of mothers to breastfeed their children in public.¹⁴

In October 2000, the Office of the Surgeon General (OSG) continued to support breastfeeding as a public health goal by publishing the HHS Blueprint for Action on Breastfeeding,¹⁵ which provided the first comprehensive framework for national action on breastfeeding. Created through a collaboration among the OSG and representatives from medical, business, women's health, and advocacy groups, as well as academic communities, the Blueprint provided specific action steps for the health-care system, researchers, employers, and communities to better protect, promote, and support breastfeeding.

Hospitals and birth centers provide care to nearly all women giving birth in the United States. Recently, the first national survey of breastfeeding-related maternity practices provided baseline data about these practices and identified key opportunities for birth facilities and states to more effectively help new mothers initiate breastfeeding.¹⁶ For example, providing sufficient, evidence-based staff training on breastfeeding is just one step hospitals and birth centers could implement to improve their support of breastfeeding patients.

Despite recent progress, gaps still persist between current breastfeeding practices and national breastfeeding objectives. Rates of exclusive and sustained breastfeeding remain low. Less than one-third of infants are exclusively breastfeeding at 3 months of age, and almost 80% of infants in the United States stop breastfeeding before the recommended minimum of one year. Furthermore, unacceptable racial/ethnic and socioeconomic disparities in breastfeeding persist. Compared with white children, breastfeeding rates are about 50% lower among black children at birth, 6 months of age, and 12 months of age, regardless of the family's income or education status. Compared with middle- and upper-income families, children in low-income families are less likely to be breastfed.¹³

Although worksite support for breastfeeding has improved, much more can be done to ensure that employers understand how and why support for their breastfeeding employees is profitable, important, and feasible. Steps that employers can take to create a worksite that supports breastfeeding employees are outlined in the Business Case for Breastfeeding, a free toolkit available from HHS.¹⁷

Breastfeeding is the optimal form of infant nutrition.⁵ As public health leaders, it is our responsibility to protect, promote, and support breastfeeding mothers and babies. I urge you to consider ways you can be active in promoting and supporting breastfeeding in your environment, including your workplace and your community. These efforts will support a public health movement that not only provides optimal nutrition to infants, but also lessens the occurrence of infectious and chronic diseases, thereby improving the health of our nation.



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Visit <http://ask.hrsa.gov/detail.cfm?PubID=MCH00254> to order The Business Case for Breastfeeding Toolkit. Go to <http://www.cdc.gov/breastfeeding> and <http://4woman.gov/breastfeeding> for information on breastfeeding research and data; and <http://www.usbreastfeeding.org> for information about the United States Breastfeeding Committee.

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