



Doctors in Action

A Call to Action from the Surgeon General to Support Breastfeeding



Across the US, most mothers hope to breastfeed; it is an action that mothers can take to protect their infants' and their own health. Support from their families, communities, doctors, nurses, health care leaders, employers, and policymakers makes it possible for mothers to breastfeed their babies.

How to Help Patients Breastfeed

Support mothers' decisions.

Mothers rely on physicians for help and advice on how to feed their babies. Without help, many mothers see breastfeeding as a goal they cannot reach for themselves and their babies. Many mothers do not know the health risks to their babies and themselves when they do not breastfeed. This information is helpful for mothers so that they can decide how to feed their babies.

Doctors can help breastfeeding mothers in all clinical care settings. Doctors can provide care to pregnant women that follows best practice guidelines for breastfeeding support. Also, doctors can provide support to new mothers and their babies.

Avoid serving as advertisers for infant formula.

Giving free samples of formula leaves mothers with the impression that doctors favor formula feeding over breastfeeding. Mothers who are given free formula samples of formula are less likely to breastfeed exclusively.

The *International Code of Marketing of Breast-Milk Substitutes* (the Code) provides guidance to doctors so that they can avoid serving as advertisers for infant formula.

Provide breastfeeding support after hospital discharge.

Breastfeeding mothers need help from hospitals, doctors, and community organizations to connect them to skilled help for breastfeeding such as International Board Certified Lactation Consultants (IBCLC). Without continued support, once mothers return home from the hospital they may stop breastfeeding. Not continuing to breastfeed brings risks to the mothers' and babies' health. Continued support helps new mothers meet their own breastfeeding goals.

Include breastfeeding support as a standard of care.

Clinical care practices can help or hinder mothers' ability to start and keep breastfeeding. For instance, placing healthy, term babies skin-to-skin with their mother immediately after birth can help babies start breastfeeding. Quality breastfeeding care allows doctors to support their patients' intentions and health needs.

Develop skilled lactation care teams.

International Board Certified Lactation Consultants (IBCLC) are health care professionals certified in lactation care. IBCLCs have specific clinical expertise and training in how to manage complex breastfeeding problems. IBCLCs need to be involved as core members of lactation care teams.



Clinical Care Decisions Change Patients' Lives

Changes are needed in clinical care practices.

Doctors need to support patients' intentions to breastfeed as well as health system changes to improve patient satisfaction and breastfeeding outcomes.

Supportive doctors ensure breastfeeding is systematically addressed and supported at every clinical encounter.

Doctors share responsibility to craft standards, implement policies, and display leadership that consistently supports every new mother who chooses to breastfeed her baby.

The Surgeon General has identified key actions that can be taken in clinical care to improve breastfeeding rates. Make a commitment to ensure that breastfeeding support is consistently integrated in clinical care. You can lead the way to improve the health of millions of mothers and babies nationwide.

Read "Key Actions Identified by the Surgeon General to Support Breastfeeding in Clinical Care" on the back of this page.

Key Actions Identified by the Surgeon General to Support Breastfeeding in Clinical Care

Patient Support



Action 1: Give mothers the support they need to breastfeed their babies.

- Help pregnant women to learn about the importance of breastfeeding for their babies and themselves.
- Teach mothers to breastfeed.
- Encourage mothers to talk to their maternity care providers about plans to breastfeed.
- Support mothers to have time and flexibility to breastfeed.
- Encourage mothers to ask for help with breastfeeding when needed.

Formula Marketing



Action 6: Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.

- Hold marketers of infant formula accountable for complying with the *International Code of Marketing of Breast-Milk Substitutes* (the Code).
- Take steps to ensure that claims about formula are truthful and not misleading.
- Ensure that health care clinicians do not serve as advertisers for infant formula.

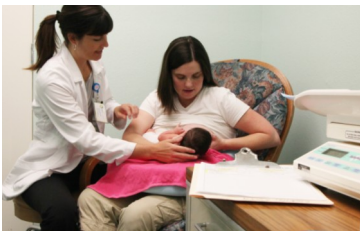
Care Continuity



Action 8: Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.

- Create comprehensive statewide networks for home- or clinic-based follow-up care to be provided to every newborn in the state.
- Establish partnerships for integrated and continuous follow-up care after discharge from the hospital.
- Establish and implement policies and programs to ensure that participants in WIC have services in place before discharge from the hospital.

Clinical Care Quality



Action 10: Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.

- Define standards for clinical practice that will ensure continuity of care for pregnant women and mother-baby pairs in the first four weeks of life.
- Conduct analyses and disseminate their findings regarding the comparative effectiveness of different models for integrating skilled lactation support into settings where midwives, obstetricians, family physicians, nurse practitioners, and pediatricians practice.

Lactation Care Teams

Action 11: Guarantee equitable access to services provided by International Board Certified Lactation Consultants.



- Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children.
- Ensure that reimbursement of IBCLCs is not dependent on their having other professional certification or licensure.
- Work to increase the number of racial and ethnic minority IBCLCs to better mirror the U.S. population.

For more information:
<http://www.surgeongeneral.gov/topics/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

Doctors are central to national breastfeeding efforts. Take a stand and give all breastfeeding mothers the support they need and deserve.

