
Promote Breastfeeding in the Outpatient Setting: It's Easy!



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The numerous benefits for both mother and baby of breastfeeding are evidence-based and well-defined. Breastmilk is the physiologic norm for infant nutrition, offering multiple health benefits and protections for mothers and babies. Although major medical and health organizations, which represent the health of women and children, such as the American Academy of Pediatrics (AAP), American College of Obstetrics and Gynecology (ACOG), American Academy of Family Practice (AAFP), Centers for Disease Control (CDC), UNICEF, the World Health Organization (WHO) and the National Public Health Service (NPHS), all recommend exclusive breastfeeding, few

women meet the recommended goals for duration and exclusivity, despite high initiation rates.

This article will discuss the barriers women face when breastfeeding. Strategies will be discussed on how physicians and health care providers can assist and advocate for their mothers while helping to improve the health of women and children. Physicians/pediatricians can support women and design interventions that can help patients' mothers overcome these challenges.

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What are the barriers women face when breastfeeding? What can physicians and health care providers do to assist and advocate for their mothers while helping to improve the health of women and children?

Breastmilk is the physiologic norm for infant nutrition, offering multiple health benefits and protections for mothers and babies.

Physicians/pediatricians can better support women and design interventions that can help mothers overcome these challenges.

Provider Knowledge, Attitudes, and Beliefs

Despite the evidence, many providers still feel uncomfortable "telling a mother how to feed a baby."⁹

Even though physicians discuss eating habits, smoking cessation and immunizations, many providers fear they will make mothers feel guilty recommending breastfeeding especially if they choose not to breastfeed.^{10,11} However, the manner in which physicians address infant feeding can determine how a mother will feel about the recom-

mendation.¹² Physicians can use techniques to give breastfeeding advice while empowering the mother to breastfeed.¹³

Currently practicing physicians were trained when less than 25% of mothers initiated breastfeeding. While many pediatricians feel that they are confident with breastfeeding counseling, this does not always correlate with their knowledge of breastfeeding. In fact, pediatricians still recommend mothers to discontinue

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TABLE 1.

Resources	Website
Breastfeeding Friendly Consortium	www.bfconsortium.org
AAP Breastfeeding Residency Curriculum	www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/Residency-Curriculum.aspx
Wellstart International	www.wellstart.org
Academy of Breastfeeding Medicine Protocols	www.bfmed.org/resources/protocols.aspx
United States Breastfeeding Coalition Core Competencies	www.usbreastfeeding.org/core-competencies
Health e-Learning Modules	www.health-e-learning.com
Breastfeeding Matters: The Pediatrician's Role	www.shop.aap.org/breastfeeding-matters-the-pediatricians-role/
Breastfeeding and the Law	www.lli.org/law/lawus.html
Breastfeeding and the Use of Human Milk	www.pediatrics.aappublications.org/content/129/3/e827
Organizations	
AAP Section on Breastfeeding	www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Breastfeeding/Pages/Section-on-Breastfeeding.aspx
Academy of Breastfeeding Medicine	www.bfmed.org
United States Breastfeeding Coalition	www.usbreastfeeding.org
La Leche League	www.lli.org/
The American Congress of Obstetricians and Gynecologists	www.acog.org/About-ACOG/ACOG-Departments/Breastfeeding
American Academy of Family Physicians	www.aafp.org/patient-care/public-health/breastfeeding.html

breastfeeding for conditions that are compatible with breastfeeding.¹⁴ Most commonly, this occurs when babies present with jaundice or slow weight gain. Also, mothers are told to discontinue breastfeeding when they are taking medication and/or told to “pump and dump” when given contrast for a radiological exam.

Personal experiences of the provider or provider's family member with breastfeeding can play a big role in a provider's attitude. One study found that over 90% of pediatricians felt their breastfeeding experiences affected their clinical advice to mothers.¹⁵ This study highlights the impact of personal experiences on recommending what's best for our patients.

What can be done? Pediatricians can become more knowledgeable about breastfeeding via numerous resources/CME/training (Table 1). Linking with a lactation consultant and/or having accessibility to a nurse with lactation skills can be helpful as many pediatricians may not have the time to trouble-shoot a lactation issue in a busy office setting. Using evidence-based resources is essential. LACTMED (https://www.nlm.nih.gov/news/lactmed_announce_06.html) is a free online resource and APP that provides information on the compatibility of medication with breastfeeding. This accessibility to information for physicians, regardless of specialty, can avoid the “pump and

dump” advice given to many mothers who are taking/placed on medication while nursing.

In many instances, myths about breastfeeding perpetuate misinformation regarding sleep, diet, and medications. These myths can undermine a woman's informed decision to breast-feed.¹⁶ In addition to common misconceptions about the negative effects on sleep, restrictions on diet, or medication use, many women are nervous about what breastfeeding will physically feel like. Physicians can help dispel these myths by asking open-ended questions about what the patients and families have heard about breastfeeding and then giving them factual, evidence-based information.

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Supplementation

Commonly in the outpatient setting, during the early newborn period, formula supplementation is recommended by the provider for various infant conditions, such as jaundice or slow weight gain in the baby. Many times, this recommendation is made erroneously which, unfortunately, can have negative effects on the breastfeeding relationship within the dyad (Table 2).

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