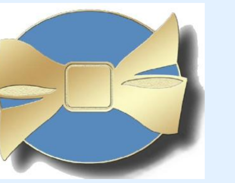
Constraints to Exclusive Breastfeeding: Findings and Recommendations

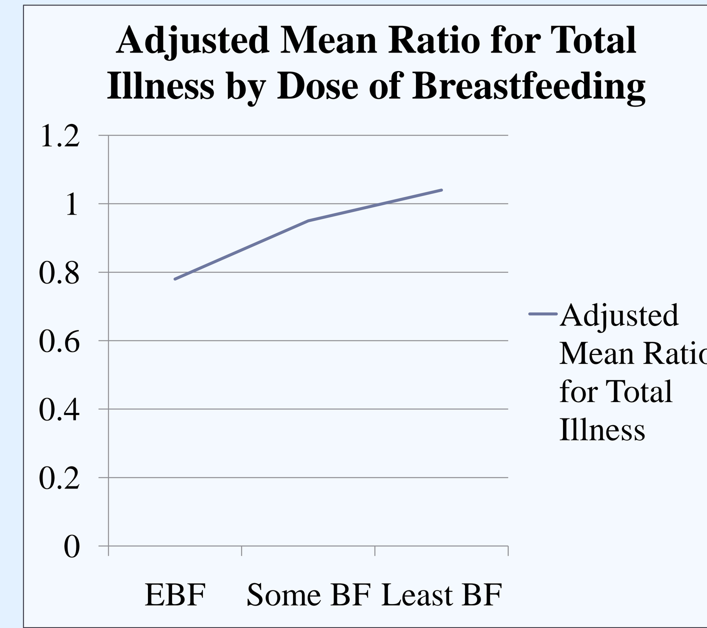
Emily C. Taylor, MPH, CD(DONA), Carolina Breastfeeding Institute, Department of Maternal and Child Health,
Gillings School of Global Public Health, University of North Carolina at Chapel Hill

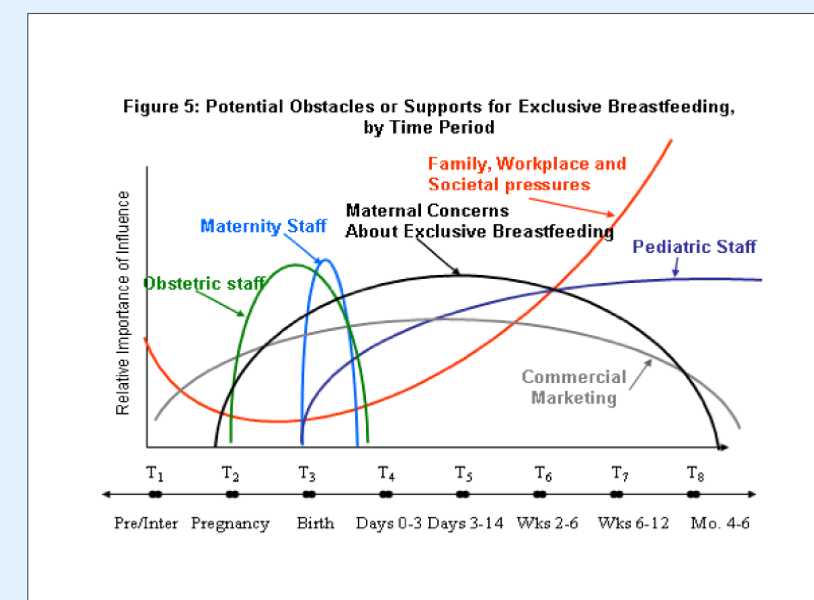
UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

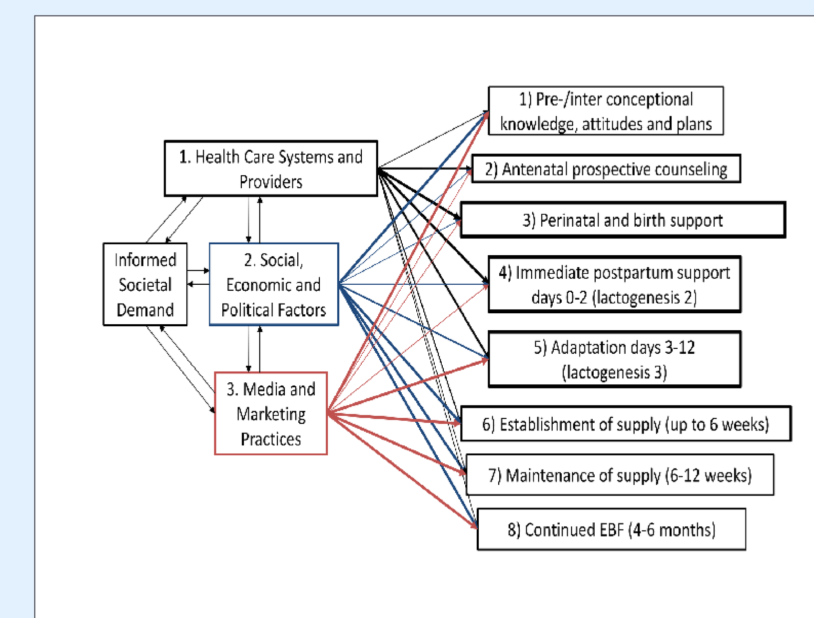
CAROLINA GLOBAL BREASTFEEDING INSTITUTE

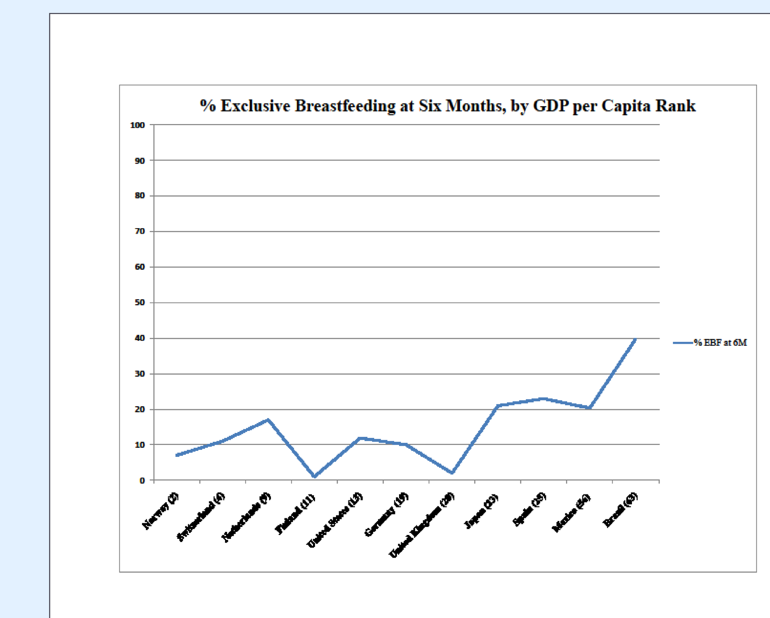
DEPARTMENT OF MATERNAL AND CHILD HEALTH











Background: Benefits of Breastfeeding

For Baby:

- Mother's milk continuously adapts to babies' needs, changing feeding-to-feeding in fat, sugar, water, and protein content, ensuring optimal growth and development.
- Mothers' milk is easier to digest than is formula, which often causer increased diarrhea, malnutrition, and dehydration.
- Human milk contains critical antibodies, so babies are equipped to fight off infection and disease, resulting in decreased healthcare expenditures, and days missed from work and school.
- Direct breast milk feeding is always sterile.
- Breastfed children have decreased risk of ear infections, stomach viruses, diarrhea, respiratory infections, atopic dermatitis, asthma, obesity, type 1 and type 2 diabetes, childhood leukemia, SIDS, NEC.

For Mom:

- Breastfeeding mothers are more likely to burn off fat stores laid down during pregnancy than non-breastfeeding mothers.
- Breastfeeding helps to stop postpartum bleeding and promotes rapid uterine involution following birth.
- Women who breastfed are less likely to develop breast and/or ovarian cancer, and osteoporosis than non-breastfeeders.
- Reduced risk of developing type II diabetes

For Family:

- Breastfeeding is free. Formula costs $1200-2400/yr.
- Lactating women have increased control over birth spacing afforded via Lactational Amenorrhea Method.
- Mother's milk requires NO preparation; infant is unlikely to progress to neurological overload while waiting to be fed.
- Breastfed infants are less likely to be abused and neglected than are non-breastfed babies. Breastfeeding improves bonding.

For Society:

- Widespread breastfeeding decreases national healthcare costs due to hospitalization, pediatric office visits, and drug prescription.
- Employer medical costs are lower, and employee productivity is higher when breastfeeding is the norm.
- Exclusive breastfeeding reduces waste from formula production and distribution contributes to significant environmental waste.

Methods

Literature Review

1) searching the published literature for EBF-specific publications (MEDLINE, PUBMED, ASSIA, and CINAHL with broad-based search terms),
2) assessing the applicability of the evidence to this model and for the industrialized nations,
3) organizing evidence into the conceptual model (above),
4) identifying themes and possible recommendations,
5) seeking review by those with experiential inputs.

Findings and Recommendations: Media and Marketing

BARRIER: Direct-to-Consumer advertising of human milk substitutes decreases breastfeeding initiation, duration and exclusivity.

- Increase awareness of (and adherence to) the International Code of Marketing of Breastmilk Substitutes ("The Code").
- Call upon hospital associations, health professional organizations, and hospital accrediters to restrict direct-to-consumer marketing of breast milk substitutes.
- Encourage State Breastfeeding Coalitions to mobilize "Ban the Bags" campaigns.

FACILITATOR: Breastfeeding-friendly social marketing campaigns increase breastfeeding initiation, duration and exclusivity.

- Encourage the Ad Council and multi-media organizations to self-regulate presentation of EBF in commercial programming and in advertising.
- Create Public Service Announcements to increase maternal self-efficacy and overcome barriers to EBF.

References available in handout.

Findings and Recommendations: Healthcare and Providers

BARRIER: Lack of established curricula for health care providers.

- Develop and mandate curricula for health care workers.
- Increase availability of advanced continuing education on on breastfeeding to all levels of providers, especially for providers working in prenatal, birth and pediatric care.

BARRIER: Lack of provider awareness of differences between any and exclusive breastfeeding, and management of breastfeeding (both normal and problematic).

- Create and disseminate job aids for integration into EMRs, targeting care providers who see patients at critical decision-making time periods (prenatal, birth, and return to work).
- Ensure that breastfeeding-related prenatal care guidance is adequate and made widely available.
- Ensure that professional groups are disseminating optimal guidance re: breast examination and counseling skills.

BARRIER: Labor and delivery practice norms, including clinically unnecessary interventions, often interrupt lactogenesis and normal mother-baby bonding.

- Initiate program improvement efforts (including consumer-driven activities) to decrease the use of interventions without medical indication.
- Ensure adequate training of healthcare staff involved in administering L & D medications, and in providing immediate postpartum breastfeeding support.
- Mandate immediate skin-to-skin contact after birth for all healthy couplets.

FACILITATOR: Hospital-level adherence to The Ten Steps to Successful Breastfeeding.

- Promote step-wise implementation of The Ten Steps.
- Increase related accreditation measures.

FACILITATOR: Optimal IBCLC – Patient Ratios.

- Increase IBCLCs to 1 LC / 1,000 live births / hospital.
- Create third party payment system for LC care.

Findings and Recommendations: Social, Economic, Political

BARRIER: Limited family leave availability, workplace accommodations and associated economic risk.

- Legislate family leave standards that support exclusive breastfeeding for six months.
- Implement the Business Case for Breastfeeding, and/or other interventions designed for the same purpose.
- Improve compatibility of work and EBF by instituting mothers' rooms, scheduled breaks, on-site child care, and increasing flexibility to work from home.

FACILITATOR: Day care providers with high education and positive attitudes toward exclusive breastfeeding.

- Mandate basic breastfeeding education for all day care providers, with a focus on supervisorial staff.
- Mandate (and / incentivize) structural supports for breastfeeding couplets, including quiet, comfortable places to pump or directly feed.

BARRIER: Negative social reaction to breastfeeding (especially when done in public).

- Increase public service announcements to promote and normalize breastfeeding, with special attention to the need for mother-baby pairs to foray to the public sphere within the six months of EBF.
- Initiate public health efforts to increase the confidence and self-efficacy of childbearing women, with special emphasis on peer-to-peer support and community champions.
- Legislate protective regulations regarding public breastfeeding.
- Start social marketing to partners and mothers (of expectant women) to increase support for breastfeeding.
- Work with public spaces and consumer venues to promote their mother-baby friendly status / spaces.