

Guatemala, and Costa Rica. The San Diego Lactation Program is proud to be participating in this American export.

#### Summary and Conclusions

This report has described the San Diego Lactation Program, a teaching-hospital-based program in operation since September 1977. The Program functions as an academic subspecialty and is co-directed by a pediatrician and a pediatric nurse practitioner. Though important services are provided for breastfeeding families, the Lactation Program is primarily a teaching resource for health care students and postgraduate trainees from the perinatally oriented disciplines.

If breastfeeding is to be seriously promoted in this country and if infants of families from all walks of life are to receive the many benefits of human milk and breastfeeding, then skilled services from knowledgeable health professionals are essential. In order to assure the availability of such professionals, clinical learning opportunities concerning lactation and breastfeeding must become an unquestioned, standard unit of medical and nursing education and of postgraduate training in the perinatal specialties.

Because of the complexity of both the physiology of mother and infant and their interactive behavior, such clinical training deserves the same degree of attention, support, and careful direction as given to any other complex subspecialty. It should be under the direction of knowledgeable and experienced medical faculty with primary training in one of the perinatal specialties. Teaching-hospital-based lactation programs such as this can provide ideal clinical learning opportunities for health professionals and can add a major contribution to the successful promotion of breastfeeding for all infants and mothers.

## BREASTFEEDING: NEW YORK STATE'S INFANT HEALTH STRATEGY

David Axelrod, M.D.

I bring greetings from Governor Cuomo and his wife, Matilda, both of whom are very interested in the subject of maternal and child health. The Governor is a strong proponent of initiatives to improve the health of infants, children, and lactating women, as exemplified by his successful support of the addition of \$15 million to this year's budget for nutritional assistance to high-risk populations, many of whom are young mothers and their children. Mrs. Cuomo has been a tireless worker on behalf of child health programs in both the public and voluntary sectors.

Our society needs to do more to promote child health, particularly among the poor, the racial minorities, and adolescent mothers. Ours is a time and an environment that seems to have turned its back on the needs of children. We need greater understanding in the White House, in Congress, and in statehouses throughout this country that the future of our nation is dependent on the physical health and development of our children. Their needs *cannot* be made to wait.

I believe a nation which fails to commit itself to protect the health and development of its children and the women who bear them is a nation flirting with social disaster, a nation which has no sense of destiny in weighing the true determinants of national strength and purpose. It is neither cliché-ridden nor simplistic to say that children are our most precious national resource. And it is time we directed our national and local resources in such a way to prove that we are truly committed to serve the future of our country.

Our best defense as a nation lies not in weaponry, but in a strong, healthy, and resilient society, which we cannot have unless we do a better job of bearing, rearing, and educating our young. And so we cannot do, unless we address the problem of unwanted adolescent pregnancy, unless we recognize that many mothers, their unborn fetuses, and their newborn infants are being inadequately nourished; and unless we recognize that, despite all our scientific advances, we still have a long way to go to achieve our goals in reducing perinatal mortality and morbidity.

Seventy years ago, one of every ten infants born in this country died before age one. Last year, the infant mortality rate in the U.S. was the lowest ever achieved—just over one death per 100 live births. But, before letting out a loud cheer to celebrate this accomplishment, we should not forget that the infant mortality rate of Blacks is almost twice that of Whites in our country. In some ghetto areas, the infant mortality rate is equivalent to that of some Third World countries.

Nearly two-thirds of the infants who die before their first birthday have one thing in common, low birthweight, which makes them more susceptible to disease and developmental defects. All too commonly, low

birthweight babies are born to immature, poorly nourished, unwed adolescent mothers. These mothers and their children, if they survive their common ordeal, usually end up on the welfare rolls, with little prospect of ever leading independent lives.

I cite these issues because I believe they are critical to our common goal of encouraging more mothers to breastfeed their young. A glance at the data on breastfeeding rates gives a rosy picture—between 1971 and 1981, the percentage of postpartum women discharged from U.S. hospitals who were breastfeeding their children increased more than twofold, from about 25% to over 57%. Indeed, a survey of breastfeeding practices by mothers discharged from hospitals in most areas of New York State mirrors the national experience. Here in Rochester, for example, 60% of the maternity patients at Strong Memorial Hospital reportedly breastfeed their infants.

But it is when we look to hospitals serving poor, minority clientele that we discover a different picture. In these hospitals, the hospitals of the Health and Hospitals Corporation in New York City, hospitals serving the Crown Point and Bedford-Stuyvesant neighborhoods of Brooklyn, and hospitals in Harlem or the South Bronx, one discovers that the percentage of mothers breastfeeding their infants is more likely to be 10% or 15%. In the case of the Harlem Hospital Center, only 5% of mothers breastfeed.

Our misbegotten marriage with medical technology is not always consistent with our goals for more breastfeeding mothers. Let me point out that some of our leading medical centers are not doing an adequate job of promoting breastfeeding practices for mothers who come under their care. Their statistics in this regard are little better than those of the public hospitals in New York City.

Obviously, we need to do more than simply encourage and educate mothers to breastfeed their young; we need to inculcate belief in the advantages of breastfeeding among our doctors, nurses, and hospital administrators.

While we are still gathering evidence for the population being served by the federal WIC program, early returns are not encouraging. Only about 15% of this high-risk population are breastfeeders. This evidence suggests failure to reach the audience that stands to benefit the most from breastfeeding their young.

We in New York State have decided to do something to remedy this gap in our infant health strategy. We have discovered that despite extensive documentation of the physical and psychological benefits of breastfeeding for both mothers and infants, health-care providers in New York State are not being appropriately informative or helpful to those who stand to gain the most from breastfeeding. Indeed, if anything, the approach in many hospitals has been to encourage artificial feeding methods at the expense of breastfeeding promotion.

In order to turn this situation around, we in the State Health Department, in addition to supporting model legislation to require hospitals to inform patients properly of the infant feeding options available to

them—including breastfeeding—have drafted new regulations governing the responsibilities of hospitals with respect to maternity patients who wish to breastfeed their infants. We anticipate that these regulations will be adopted later this month by the State Hospital Review and Planning Council.\*

Under these proposed new regulations, hospitals will be required to provide instruction and assistance to each maternity patient who either chooses to breastfeed or is undecided about the feeding method for her infant. Each hospital with a maternity service will be required to designate at least one person who is thoroughly trained in breastfeeding physiology and management to be responsible for presentation of an effective breastfeeding instruction program. Among the other policies and procedures that the hospitals will be required to carry out are:

1. prohibition of the application of standing orders for antilactation drugs;
2. positioning of the infant for breastfeeding immediately following delivery, unless contraindicated;
3. provision for the infant to be fed on demand;
4. restriction of supplemental feedings to those indicated by the medical condition of the infant or the mother; and
5. restriction of distribution of discharge packs of infant formula to an individual order by the attending physician or at the request of the mother.

The education program, which is to be presented as soon after admission as possible, must include information on:

1. the nutritional and physiological aspects of human milk;
2. lactation, including care of breasts, frequency of feeding, problems associated with breastfeeding;
3. dietary requirements for breastfeeding;
4. sanitary procedures to follow in collecting and storing human milk; and
5. sources for advice available to the mother following discharge.

In order to facilitate implementation of these new regulations, we in the Health Department intend to develop a curriculum to enhance the skills and knowledge of maternity staffs in those hospitals that do not currently have supportive programs for breastfeeding mothers.

These regulations also call for the modification of existing standards that emphasize procedures and allocation of space for hospital preparation of infant formulas and for the deletion of regulations that require bacteriologic monitoring of the feeding unit associated with prepackaged, presterilized, commercially-prepared formulas. Hospitals should realize some cost savings as a result of these two changes.

We believe these proposed regulations are indicative of our commitment to increase the number of mothers who provide their infants with the immunologic, bonding, and other benefits associated with breastfeeding.

We look upon these regulations as an integral part of our strategy to improve maternal and child health in New York State and to continue

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\* These regulations were adopted in June 1984.

our progress in reducing infant mortality and developmental disability. In a state where the chief executive has tied his entire political philosophy to the concept of Family, we are sworn to the belief that nothing is more essential to the promotion of close ties between mother and child than breastfeeding.

## THE LAY VOLUNTEER IN THE MOTHER-TO-MOTHER PROGRAM OF LA LECHE LEAGUE

Viola Lennon

One of the most interesting aspects of La Leche League is we never meant to found it. We were all busy young mothers in 1956 and never dreamed of starting a worldwide organization. None of us had the vision to see an organization now in 44 countries, having 14,000 qualified leaders in these 27 years.

It all started with a phone call from an old friend, Edwina Froehlich—a person who was a great help to me with breastfeeding of my children. She invited me to a meeting to discuss breastfeeding and mothering. If she had not mentioned mothering, I would never have accepted her invitation. I had little trouble with breastfeeding, thanks to the support and information she had given me. However, mothering interested me. I wasn't sure just what it really meant.

In our first meeting we shared our ideas about breastfeeding, its importance, some of the problems in getting started with lactation, and our real joys in the breastfeeding relationship.

One meeting led to others and mothers came. They wanted to know more about breastfeeding and mothering, and we soon found we had started reviving the lost art of breastfeeding. When we grew into too large a group, we broke into several groups. Soon, I was leading a meeting in Chicago.

We then developed an outline for our organization and started to write a short version of what would eventually be *The Womanly Art of*

*Breastfeeding.* I remember not being very enthusiastic about writing a book. Who needs a book?

When an article appeared in the *Readers Digest* entitled "They Teach the Joys of Breastfeeding," we received hundreds of letters. I was called and asked to answer a few letters and agreed. Soon we were receiving letters by the stack.

In time, I remember one of the husbands suggesting a national conference. Imagine having mothers and babies travel to a convention! The idea seemed radical to me, but it happened. Eight hundred people arrived for the conference.

We continued to grow because we had uncovered a natural need. I will always believe that most mothers want what is best for their children, and they knew intuitively breastfeeding was best and would lead them most quickly to a discovery of mothering and all it entails. We had the help of several doctors and other professionals who made suggestions, stimulated our thinking, and lent us their expertise. Just as at these meetings, we need each other—professionals and mothers—to give each mother the solid base she will need.

The discussion in this Workshop about the indecent exposure issue reminds me of an incident that happened to one of my daughters. The girls have earned some of their college expenses by waitressing. One day, one of the other waitresses approached my daughter with the statement, "You will never guess what the lady in station 17 is doing."

My daughter knew what the woman was doing. The waitress continued, "Wouldn't you think she would nurse the baby in the bathroom?" My daughter confided to me that years ago she would have said nothing. In those early days the children had problems describing their mother's involvement. Now, breastfeeding has come out of the closet, and my daughter responded, "No one else in this restaurant is eating lunch in the bathroom."

Now back to the story. We just kept on growing and soon we had a few State meetings and a State Coordinator. Then Canada and New Zealand joined us, and we changed to areas.

The usual followed—starting to employ a few people, setting up an official office, writing a constitution. Many of you in the voluntary sector know the steps.

We started out as a breastfeeding support system. Like all of you who have your vision focused on the ultimate health and happiness of families, we made startling discoveries. Breastfeeding is important. A positive birthing experience adds immeasurable support to a mother's confidence, but she needs all this and more to complete her education as a parent for the lifelong job of raising a family. We together must give parents this belief in themselves. That whole process is what La Leche League is all about.

La Leche League is a much broader organization than we, the founders, first anticipated. La Leche League is first a breastfeeding information and support network, usually based on the mother-to-mother approach.

La Leche League is really the only organization that speaks to the needs of the baby and is a spokesperson for the baby.

La Leche League International is a witness to the importance of

motherhood, a model for mothering. LLLI is also a comfortable place to grow in mothering. The mother who becomes attentive to the real needs of her infant and is sensitive to the rhythm of a little body soon learns real discipline is loving guidance. The mother who sees growth in her infant through her own milk soon begins to take a real interest in her own and her family's diet.

La Leche League International is becoming a worldwide resource for minority, employed, and professional mothers.

The ingenuity displayed by employed mothers will always fascinate me. Their determination to breastfeed makes me pause in respectful admiration. They come home for lunch for two. They pump their milk on coffee breaks. By prior arrangement, some mothers bring their babies to work.

The WIC program and La Leche League are cooperating in offering breastfeeding information and support to the clinic mother. We had often wondered if our mother-to-mother approach and our materials would work for this group of mothers. Happily it does work, if our leaders develop a real sensitivity to cultural differences in any group. In Chicago we have had several seminars on Black culture to sharpen our own insights. We also offer many of our materials in Spanish. In the Watts district in California, our inner city program is thriving and our membership has real interest in other cultures.

For the pregnant professional, we are planning a series of lectures on breastfeeding complete with a package of information and an appropriate charge. This scheme is a departure from our meeting series, but we realize that some women will not attend a La Leche League Series meeting. We are not locked into any one format. Our philosophy is paramount. The eighties present new life-styles, and we mean to be as supportive as possible—always depending on you good professionals for guidance and cooperation.

We need you, but you need us. When a new mother is confronted by a crying, seemingly unmanageable infant, she doesn't need a diagram of the construction of the breast. She needs an experienced nursing mother. When there is a medical problem, the diagram may point to the solution, and a doctor's experience is vital. We never give medical advice.

The following story is true and says what we really are. One day an overwrought and tired new mother called me. She was having problems with breastfeeding. Since she lived close by, I suggested that she drop in. She did—and started asking questions. Martin Lennon was 3 months old and behaving just his age. I nursed him and we talked. I put him on my lap, then I put him on a blanket on the floor as I made some coffee. Finally I noticed my visitor was not paying any attention to my answers. She was watching and finally blurted out, "Do you think that child is normal?" Remember, this was my son! I said "yes" and she seemed to smile and relax. "I guess I don't have any problems. I just didn't know!"

There it is: La Leche League.

## BREASTFEEDING AND THE MEDIA

Robert Bazell, NBC News

After I was asked to speak at this conference of distinguished participants, I read a press release that said I would be talking about what television is doing to promote breastfeeding. I then went to our computer to see what NBC News has done on the subject of breastfeeding. In researching the 7 years since tape has replaced film as the primary video storage element, I found that NBC News had done 7 pieces on breastfeeding, 3 of them in a period of a few days in 1981. Using these pieces as a framework, I would like to talk about how news is made, and why something becomes newsworthy. Breastfeeding, although it involves crucial health issues, is unfortunately "old hat." It is not news. It is true that the news media certainly stresses educating the public, but we in the media don't always function as if that were our primary role.

Let me enumerate the NBC News stories on breastfeeding in chronological order. The first was aired on June 8, 1977. There was a report of a Senate hearing in which some environmentalists showed that toxic substances had been found in human milk. How will such a story be treated? We must remember that the network evening news program is 22 minutes and 40 seconds long after the commercials. Frequently a story is sandwiched between a commercial touting a headache remedy and another selling a hemorrhoid remedy, and conveying health information in that perspective is difficult. Furthermore, a typical story on the evening news is 90 seconds long, including the sound bites (the 15-18 second quotation from the subject of the story) as well as the 1¼ minutes of reporter's commentary. This amount of space/time doesn't allow for much of a balanced perspective on two sides of a complicated issue. There is usually time for only one impression to be conveyed in this visual medium, and in the story in point, probably the one idea that came across was that there was something dangerous in mother's milk. The public takes away the idea that there is something to worry about.

Why did we do that story? It was startling, and therefore it was news—and viewers paid attention. Breastfeeding was suddenly suspected as potentially harmful to children; thus it became newsworthy.

The decisions concerning news content are made by relatively few people and almost all of them are men. Certain subjects simply evoke squeamishness. A story on the benefits of breastfeeding unfortunately seems to be considered by some as unfit material for the evening news. The subject is a visual one, and showing a picture of a woman nursing her baby, no matter how tastefully done, makes some people nervous. Those who decide what will be shown seem to prefer to do a story on another health topic—almost any other.

The second story aired by NBC in this 7-year period was in January 1978. Jane Pauley on the "Today Show" interviewed Dr. Jean Lockhart of the American Academy of Pediatrics. The Academy had just come



out with a recommendation strongly in favor of breastfeeding. The presentation was a one-on-one interview and did not involve showing pictures. This type of presentation, 4 to 6 minutes long, does give more of an opportunity for questions and answers and explanations. I believe such a format is better for conveying information, and I am surprised that there have not been more presentations of this kind. There is the conviction that health issues are important, and breastfeeding is certainly one of these issues. This interview also reinforced the concept of the voice of authority. The physician or the medical organization will make us pay attention to an issue—in this case, breastfeeding. When the American Academy of Pediatrics highlights an issue, people listen. Even so, the press and the public are ambivalent toward physicians and the medical establishment as authority figures. On one hand, we look to them as experts with all knowledge; on the other, there is enormous skepticism running through the country. In this context, breastfeeding, or the return to breastfeeding, first started as a popular movement and then received the establishment's blessing through scientific research. There are both the popular and the establishment currents at work, and we in the media always wonder which current we should swim with.

The next story to appear on NBC was on the nightly news on January 26, 1979, and I am sure it is familiar to you. Linda Eaton, a fire fighter in Iowa City, was dismissed from the fire department because she insisted on the right to nurse her baby in the firehouse. Now a story like this one gets on the news because it's quirky, and in fact it does raise some very crucial issues like the questions of breastfeeding and women working and women's rights. Even though this case was regarded as bizarre, it could have been a focus to discuss those issues. I think that one of the reasons it got so much attention was that she was a fire fighter. If she had been a secretary and had been fired for insisting on bringing her child to the office, there would have been a small paragraph in a newspaper someplace. It was only because she was a fire fighter, a job which obviously is commonly male, that the story received so much attention. That is the reason some stories become news. I hope that some people go beyond seeing it as more than just a weird story about a woman in a firehouse, and see the real issue. But certainly when I look back over the way the scripts were written, or even the way newspapers (which have much more space) treated it, I don't think it was treated in a way to bring out the substantive issue.

The next time that a story about breastfeeding appeared on NBC was two years later in May 1981. There were three stories in a period of a few days. Officials in the Agency for International Development threatened to resign because the Reagan administration did not support the World Health Organization's infant formula code. Television news covered the issue very quickly and then just dismissed it. If I am listing the faults of television, this is the area where we fail the most. Middle-class women and men who make decisions about breastfeeding don't need a lengthy discussion on the "Today Show." If they are educated or if they will consult their doctors for the right information, they will get the information. But the issue of infant formula sales in Third-World countries

and formula promotion in poverty areas of the United States is a crucial news issue, and it is one that has been almost ignored by both newspapers and television. It only came up in this one instance because two men threatened to resign. It happened, and then it was just forgotten. There was never an in-depth report. There was never a "why is it so important?" The reasons are astounding in terms of the implications for nutrition, the implications for birth control in those countries, and all those things which you know so well. We should have done 20 news stories or documentaries about breastfeeding, because the issue really matters. But it was not done. We did not cover it because American television would much rather cover a story about the sex life of gorillas.

The last story on the list illustrates another reason why things get on the air. On December 6, 1982, in Boston, 150 women donated breastmilk to save the life of an infant whose mother couldn't produce enough. That's wonderful! That is a nice heartwarming story, and got on the air for that reason . . . not because it instructs people about anything, not because it informs us about the issues, but because it is a "Gee whiz, aren't those people nice" story.

There you have the limitation of our coverage. I think it should be different.

One of the fascinating things on the subject of breastfeeding is its lack of media history. I always associate breastfeeding with bricking up the fireplace. After World War II, many people bricked up their fireplaces because why in the world would you want to have a fireplace in your living room anymore with all the new technology? Who would want to see an old-fashioned thing burning? Now we are rediscovering that it is a good thing.

## REFLECTION ON BREASTFEEDING

Rabbi Judea B. Miller

Some participants asked if there were any references in the Bible to nursing and lactation. I want to point out that aside from the most obvious bonding and nurturing references to the mother mentioned in one portion of the service, Moses is described as a nursing father. He carried Israel through the desert like a nursing father. And when I see the young fathers today holding their children and sharing in the nurturing and raising of children (as in my generation they did not do), I can understand what was meant by Moses as a nursing father.

In Jewish tradition, a woman is not ordained (according to our Orthodox brethren), not because she is unworthy of ordination, but just the opposite. There is a hierarchy of values, and from those *mitzvot* or commandments that have to do with time and place, a woman is automatically exempt. She can take them on, but she is exempt from the responsibility of fulfilling them. Because of a higher order of priorities, her responsibility is to be available to nurse and nurture the children. Of course, women don't nurse children all their lives. After they finish their nursing responsibilities, they can become rabbis or priests, or anything else they care to be.

A Jewish child, like every other, is introduced to the world with a whack. That is quite an introduction, but at least we grow up knowing that there are loving, nurturing arms and breasts to receive us into a world that is sympathetic and hospitable. Let me recall to those of you who know Hebrew that one of the words for God in the Bible is *El Shaddai*. The word *shaddai* has the same root as *shaddayim*, which means breasts. God is compared to a nurturing, nourishing mother, taking care of believer and unbeliever alike.

One last thought is that according to the laws of *kashrut*, you shall not boil the kid in its mother's milk. And from that law, the rabbinical tradition builds up our whole system separating milk from meat. The thought behind it is not merely one of taboo, but (long before the days of Freudian psychology) one of symbolism and of metaphor. It seems insensitive and brutal to eat flesh and then immediately to drink milk that was given out of love. The giving of the milk is the height of human compassion. In Jewish thinking the highest order of priorities for a woman and for a man, like the nurturing father Moses, is the care and nurture of the young. God could not be everywhere. That is why God created mothers; that is why God created parents.



# **WORK GROUP RECOMMENDATIONS**

## **INTRODUCTION TO WORK GROUPS**

Each interdisciplinary work group of approximately 12 persons was assigned to examine in detail one of 8 specific issues related to human lactation and breastfeeding. Each work group included participants with special knowledge of the issue being addressed as well as participants with unique perspectives on the issue by virtue of their discipline, work setting, cultural and ethnic orientation, and organizational affiliation. Each work group had as its core a nurse/nurse-midwife, a nutritionist/dietitian, a pediatrician, and an obstetrician. Each work group focused on a different topic that was well delineated. The tasks of the work groups were to identify issues, prioritize and discuss them, and then to generate recommendations and develop strategies to address them.

Although the broad scope of information and the range of views and perspectives exchanged in the work groups cannot be covered adequately in this document, some of the more urgent issues, needs, and strategies are synthesized and presented in capsule form. To provide a convenient framework for follow-up discussion and action, the deliberations and recommendations were categorized into common themes and are reported under the following 6 headings:

1. World of Work
2. Public Education
3. Professional Education
4. Health-Care System
5. Support Services
6. Research

## **CATEGORY 1: WORLD OF WORK**

**A national breastfeeding promotion initiative directed to all those who influence the breastfeeding decisions and opportunities of women involved in school, job training, professional education, and employment is needed.**

## DEFINITION OF THE ISSUE

Many barriers currently exist at work and school which can negatively influence a woman's decision to breastfeed and/or her breastfeeding experience. These barriers include:

- Lack of information on the part of the lay public (including women themselves), employers, health providers, and other support persons to whom the mother may turn for assistance and/or advice.
- Logistic elements such as how, when, how often, and where to nurse her baby or to empty her breasts when separated from the baby and to store milk for later use.
- A social, psychological, and political climate which significantly separates the worlds of work and home and their related roles. The working breastfeeding mother often receives negative messages about her efforts, specifically, that she is attempting to combine mutually incompatible roles and threatening the decisions others have made to keep the worlds of work and home separate and unrelated to one another.

In addition, adequate data necessary to direct effective promotional efforts to working women and to those who influence them are not available. Also lacking are the appropriate support systems, e.g., prenatal care, paid maternity leave, and flexible work arrangements, which are essential for the success of programs designed to promote breastfeeding by working mothers.

## SUGGESTED STRATEGIES

1. Develop a Public Health Service initiative which would help to insure the rights of all mothers to make and implement an informed choice about infant feeding. This effort should be targeted (but not limited) to employers, unions, educational institutions, health care providers, and social service agencies. Particular attention should be directed to employers of certain job categories, e.g., domestic employees, in which minority and low-income women are often over-represented. The initiative should include at least the following:
  - a. Development and distribution of informational packets for prospective breastfeeding mothers, major employer groups, health professionals, and agencies serving women and infants. These packets should specifically address logistical and support elements relating to employment/school and breastfeeding.
  - b. Collection and dissemination of current information about existing programs for employed breastfeeding mothers.
  - c. Allocation of funds for:
    - data collection on populations potentially affected;
    - studies of employed breastfeeding women;

- evaluation of program components;
  - projects to demonstrate how to facilitate breastfeeding for working women, including some with emphasis on minority and low-income women.
- d. Exploration of legislation related to federal, state, and local tax incentives for those who successfully implement breastfeeding programs in work/school settings.
  2. Examine institutional policies which interfere with culturally appropriate choices of infant feeding in work/school and other institutional settings.
  3. Encourage the development and/or accessibility of appropriate support services in the world of work, e.g., prenatal care, social and nutritional services, paid maternity leave, child care, and alternate types of work arrangements such as flexitime and job sharing.

## CATEGORY 2: PUBLIC EDUCATION

**Public education and promotional efforts should be undertaken through the education system and the media. Such efforts should recognize the diversity of the audience; should target various economic, cultural, and ethnic groups; and should be coordinated with professional education.**

### DEFINITION OF THE ISSUE

Information and education about lactation and breastfeeding as a normal process, a part of everyday life, and the preferred method of infant feeding are not universally available. In those instances where educational programs do exist, they frequently lack sensitivity to cultural differences, life styles, and socioeconomic levels. Often messages and information about breastfeeding and lactation conveyed to women, families, care providers, community officials, and the public are conflicting and not based on fact. The resulting confusion often leads to the perpetuation of myths, attitudes, laws/regulations, and other barriers which impact negatively on the initiation and/or continuation of breastfeeding.

## SUGGESTED STRATEGIES

1. Issue to the national media a Surgeon General's public policy message emphasizing the positive aspects of breastfeeding and reporting the annual progress made toward the 1990 national objective related to breastfeeding.
2. Develop, implement, and evaluate a public-education campaign to encourage the development of attitudes and behaviors which support breastfeeding. Such a campaign should target women of child-bearing age, their supporters, and the community at large, with highest priority given to lower-income/less-educated women. Important elements include:
  - a. An on-going media campaign which utilizes public service announcements, features, display ads, posters, printed materials, and role modeling to portray breastfeeding as a community norm and a part of everyday life.
  - b. A mechanism to exchange and share educational materials developed in various parts of the country.
  - c. A coordinated effort of organizations concerned with prenatal care to achieve the universal provision of education and counseling on breastfeeding and other goals of the public education campaign.
  - d. Materials developed and tested for applicability to specific target groups.
3. Develop an educational campaign for public officials to identify and address community attitudes and to remove and prevent laws restricting the practice of breastfeeding in public (e.g., public nudity, indecent exposure). Organizations of elected officials (e.g., national associations of attorneys general) and legislators should be utilized.
4. Integrate breastfeeding information early and throughout the educational system through a cooperative effort of State Departments of Health and State Departments of Education. Such an effort should include:
  - a. Development of model education curricula and materials;
  - b. Integration of breastfeeding information into existing curricula for science, family life education, home economics, and health.
5. Use the Healthy Mothers/Healthy Babies Coalition as a clearinghouse for educational materials related to breastfeeding.
6. Encourage community support for breastfeeding by health-care systems, businesses, religious organizations, volunteer organizations, and the media. These efforts should focus on:
  - a. Removal of physical and attitudinal barriers to breastfeeding, e.g., providing an appropriate place and fos-



- tering positive public attitudes by provision of educational materials;
- b. Development of support systems to nurture nursing mothers such as support groups, telephone hotlines, and the utilization of existing community resources, e.g., churches, sororities, and ethnic community organizations.
7. Collect information and data to monitor changes in attitudes and behavior related to breastfeeding.

### **CATEGORY 3: PROFESSIONAL EDUCATION**

**It is imperative for all health care professionals to receive adequate didactic and clinical training in lactation and breastfeeding and to develop skills in patient education and the management of breastfeeding.**

#### **DEFINITION OF THE ISSUE**

Education of professionals in this important aspect of maternal and child health care is too often inadequate, ineffective, and—in some situations—unavailable. A national plan for the education of professionals in lactation and breastfeeding does not exist. Current concerns are related to the following aspects and issues of educational programs:

- The need for appropriate curricula which recognize the diversity of sociocultural and economic groups in the population as well as the roles/responsibilities of various health professionals;
- The inadequate funding for the preparation of faculty to direct and provide training related to lactation and breastfeeding;
- The unavailability of educational programs and resources, including faculty and funds, to support the education of practicing professionals;
- The lack of appropriate involvement of accreditation and standard-setting bodies to assure the competence of health professionals and others involved in education and counseling related to lactation and breastfeeding.

## SUGGESTED STRATEGIES

1. Charge the Healthy Mothers/Healthy Babies Coalition to establish an interdisciplinary sub-committee to develop strategies for the education of professionals regarding lactation and breastfeeding; provide the Coalition with the necessary funding and administrative support.
2. Encourage the federal Maternal and Child Health agency to provide leadership for education of professionals, including guidelines for curriculum, evaluation, and accreditation.
3. Encourage state, county, and municipal health departments to include breastfeeding and lactation in in-service training programs.
4. Encourage local health professional societies, universities, and perinatal outreach programs to give priority to continuing education regarding breastfeeding and lactation to practicing professionals.
5. Request the Department of Health and Human Services and non-profit foundations to provide additional funding for programs for faculty development and for education of health professionals in breastfeeding and lactation.
6. Include training modules on breastfeeding in curricula of health care professional students (particularly in medicine, nursing, and nutrition) to cover contemporary scientific knowledge, influence of social factors, practical techniques, and roles in multi-channeled promotion programs.
7. Stimulate national professional societies to educate their members regarding breastfeeding and lactation through policy statements, articles published in their journals, and continuing education programs.
8. Encourage editorial boards of professional journals to accept for publication appropriate articles dealing with scientific knowledge, influence of social factors, and practical techniques regarding breastfeeding and lactation.
9. Include questions on breastfeeding/lactation on certification exams for health professionals serving families in the perinatal period, e.g., nurses, nurse-midwives, dietitians, nutritionists, physicians.
10. Develop guidelines concerning training and accreditation of lay lactation advisors in relation to selection criteria of trainees; details of practical and theoretical training; examination system; nomenclature.
11. Develop accreditation guidelines for health care facilities that specifically include a requirement of staff education in lactation and breastfeeding.

## CATEGORY 4: HEALTH-CARE SYSTEM

**The health-care system needs to be better informed and more clearly supportive of lactation and breastfeeding.**

### DEFINITION OF THE ISSUE

How best to support and encourage lactation and breastfeeding as the natural and preferred method of infant feeding is a major overall issue of the health-care system. Concern for lactation and the promotion of breastfeeding are not always reflected in the practices of the health-care team and in the policies of health-care institutions. Support for breastfeeding needs to be conspicuous in primary care, prenatal care, and postpartum care provided in a wide variety of ambulatory-care settings as well as labor, delivery, postpartum, and infant care provided in hospital settings. The current organization and delivery of maternal and child health services and attitudes of health-care team members frequently negate support for breastfeeding. The problem is compounded by the significant numbers of health-care providers who are not adequately educated about the process and advantages of lactation in human reproduction and in infant health.

Achievement of the goal to increase the incidence and duration of breastfeeding will require thorough education of all members of the health-care team. The result should be a clearer recognition of support for lactation and breastfeeding as an important and valuable component of family-centered maternity/newborn care. Furthermore, the application of this knowledge will require on the part of all members of the health-care team a positive attitude, based upon the conviction that lactation has specific and significant advantages for both mother and baby. Accordingly, all providers and facilities should adopt a posture of advocating lactation as the natural and preferred means of infant feeding. This attitude should include institutional policies clearly supportive of lactation and breastfeeding.

At the present time, some of the federal programs serving women and children include disincentives to breastfeeding. The federal government should address these barriers and become committed to the elimination or modification of such policies.

Elements important for the promotion of breastfeeding in the various phases and settings of health care are detailed in Appendix C.

### SUGGESTED STRATEGIES

Recommendations and strategies are outlined according to the interaction of the individual with the various levels of the health-care system.

### *National Level*

1. Assign the Division of Maternal and Child Health the responsibility to determine national policy related to lactation and breastfeeding and to convene periodically a national group to advise on and monitor national policy on breastfeeding.
2. Improve the support for lactation in the Women, Infants, and Children (WIC) Program, including the possible formation of task forces at both federal and state levels to examine ways in which WIC can develop incentives to promote breastfeeding, eliminate existing disincentives, and increase the flexibility of the program in certain aspects such as cultural foods.
3. Request professional organizations including the American Hospital Association, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Nurse-Midwives, the American Dietetic Association, the American Nurses Association, and others to develop policies and activities which more clearly support breastfeeding.
4. Request the Joint Commission on Accreditation of Hospitals to develop guidelines for hospital policies which will promote fully informed choice about infant feeding and which will support a mother's decision to breastfeed, e.g., rooming-in and feeding on demand.
5. Explore the potential for third-party coverage for lactation counseling and breastfeeding support through the Health Care Financing Administration, the National Association of Insurance Carriers, and other appropriate groups/agencies.

### *State Level*

6. State health departments working cooperatively with state professional societies and voluntary agencies, regional perinatal programs, hospitals, and others should establish state task forces to review state laws and regulations with a view to eliminating laws/regulations which inhibit breastfeeding and make recommendations regarding 1) policies, procedures, and standing orders of hospitals and ambulatory settings; 2) implementation of recommendations of this Surgeon General's Workshop; 3) staff education; 4) continuing education; 5) education materials on breastfeeding; 6) funds for support of demonstration projects; and 7) incentives for women to initiate and continue breastfeeding.
7. Encourage state health departments and regional perinatal centers to become resources for training and consultation and to serve as models for the promotion and support of breastfeeding.

8. Develop a model for a continuum of postpartum care involving immediate follow-up with integration of medical and social support to avoid the present fragmentation of services.

*Regional Level*

9. Encourage regional perinatal centers to become regional resources for training and consultation regarding breastfeeding and models for promotion and support of breastfeeding. These centers would relate to each hospital's breastfeeding coordinator, stimulate and initiate research, provide centralized information and referrals, and provide direct services to high-risk populations, as appropriate.
10. Make equipment and facilities of the regional perinatal centers available for teaching purposes throughout the region.

*Local Level*

11. Encourage and assist hospitals to:
  - a. Explore the development of facilities for parents of hospitalized infants;
  - b. Designate breastfeeding coordinators to serve patient needs and to be the contact with regional lactation resources;
  - c. Provide materials, equipment, and facilities for rooming-in;
  - d. Meet other needs of breastfeeding mothers;
  - e. Provide information about La Leche League and other such support groups;
  - f. Create special programs supportive of breastfeeding for high-risk groups such as pregnant adolescents;
  - g. Recognize the marketing value of an effective lactation program.
12. Organize in the community a continuum of postpartum care which will facilitate immediate follow-up and referral, including medical and support services, as the matrix for breastfeeding support.

## CATEGORY 5: SUPPORT SERVICES

**The successful initiation and continuation of breastfeeding will require a broad spectrum of support services involving families, peers, care providers, employers, and community agencies and organizations.**

### DEFINITION OF THE ISSUE

It is essential to have a model of care which focuses on the strengths of the family, respects the variations found within different cultural/ethnic and economic groups as well as life styles, offers a continuum of care for the mother and child throughout the reproductive cycle, and effectively utilizes community resources to support breastfeeding. Yet, far too often, many of these attributes are missing. Even those mothers and families who may have received appropriate education and counseling for breastfeeding prior to and during hospitalization, do not always have access to the follow-up support necessary to cope with problems and questions frequently arising after discharge. Although health-care providers may do a good job of promoting an informed choice about infant feeding, the important involvement and support throughout the process by the family members, peers, employers, and community resources may be lacking and unrecognized.

### SUGGESTED STRATEGIES

1. Encourage cooperation and referral between breastfeeding support groups and providers of health and social services.
2. Provide for culturally appropriate peer-support groups who can offer assistance and counseling for such lifestyle conflicts as breastfeeding in public and/or while working.
3. Explore the availability of insurance coverage and other sources of funding for support services and for materials and supplies to facilitate breastfeeding, especially for mothers and infants with special needs, e.g., infants in day care and mothers with chronic illness.
4. Advocate for infant-care centers which provide breastfeeding facilities in the workplaces, schools, and other locations serving "working women."
5. Develop support services in the community which help to nurture nursing mothers, e.g., telephone hotlines, community or public health nursing follow-up, and volunteers who are experienced in breastfeeding.
6. Seek commitment from national voluntary organizations to stimulate support for breastfeeding among their membership. Include

voluntary organizations which reach various cultural/ethnic populations, economic groups, and women of different ages.

7. Collect information about successful models of support for initiation and continuation of breastfeeding and disseminate this knowledge nationwide through the Healthy Mothers/Healthy Babies Coalition.

## CATEGORY 6: RESEARCH

**An intensified national research effort, including a broad range of research studies, is needed to provide data on the benefits and contraindications of breastfeeding among women in the United States. Research is also needed to evaluate strategies/interventions and to determine progress in achieving goals related to the promotion of breastfeeding.**

### DEFINITION OF THE ISSUE

Basic studies, clinical studies, evaluation of information studies, and prospective, longitudinal studies related to breastfeeding are all needed to improve the information base, establish policy, improve and target strategies, and assess program effectiveness. Areas of concern which need to be investigated are:

- Epidemiologic studies on the outcome of breastfeeding in comparison to other types of feeding among diverse groups of American women;
- Infant outcome with respect to morbidity, physical growth, and both physical and behavioral development of the child;
- Physiology and pharmacology of the lactation process, including better data on the medical contraindications to breastfeeding;
- Behavioral and social-scientific aspects of lactation in particular segments of our society, including barriers to initiation and continuation of breastfeeding, resistance of health care providers, and need for—as well as effectiveness of—support services for lactating mothers.
- Evaluation of strategies designed to motivate and foster a change in breastfeeding behavior.
- Cost-benefit research which would provide a scientific basis for development of national policy on breastfeeding.

## SUGGESTED STRATEGIES

1. Develop a national data base on initiation and duration of lactation.
2. Initiate multi-center studies that focus on the physiologic, pharmacologic, medical, psychosocial, and cultural aspects of breastfeeding.
3. Encourage and support longitudinal and cross-sectional studies.
4. Improve coordination among federal agencies with responsibilities for research relating to breastfeeding and among federal, state, and local governments in order to provide a unified approach to research questions.
5. Request the Public Health Service, including the National Institutes of Health, as well as the U.S. Department of Agriculture, to increase funding support for research related to breastfeeding.
6. Develop a multi-cultural task force responsible for collecting available interdisciplinary research on cultural differences related to lactation and breastfeeding and for disseminating research findings to health care providers.
7. Establish a national clearinghouse on research findings, demonstration projects, and baseline data related to breastfeeding and human lactation.
8. Design and implement a national evaluation effort to determine the degree to which strategies recommended at this Workshop have been implemented and goals have been achieved.



# SUMMARY OF WORKSHOP RECOMMENDATIONS

Ruth A. Lawrence, M.D.

Common themes emerge from all the work groups. Many of the groups made similar recommendations focusing on the same issues, but perhaps from different perspectives.

The importance of endorsement of the positive aspects of breastfeeding by federal agencies, professional organizations, and voluntary groups ran throughout the reports. We need to insure an informed and free choice for all women with regard to feeding their infants. In order to remove or prevent the passage of laws detrimental to breastfeeding, public officials should be educated about the normalcy of breastfeeding. In other words, let us insure the right to breastfeed.

We need to establish breastfeeding as the community norm; in order to accomplish this goal, we need universal education—early and continuous. An unceasing effort should be directed to educating all segments of society, levels of the education system, and cultural subgroups.

A professional information base should be determined and standards established for training all health-care professionals. In addition, professional education for specific health-care areas should be developed in order to train consultants within the health-care structure to understand human lactation and to facilitate breastfeeding.

The health-care system should deal with breastfeeding issues within the continuum of comprehensive perinatal care. Support for breastfeeding families should be available from health-care facilities and from community-based resources.

With respect to employment, the opportunity should be available for women to continue breastfeeding when working or when completing their education or training.

All of these efforts should be sensitive to cultural values and should be initiated and implemented with the involvement of members from the targeted cultural groups.

With respect to research, the needs are great and the potential unlimited. We need a national data base on the initiation and the duration of lactation. Multicenter, longitudinal, and cross-sectional studies are needed to investigate benefits and contraindications of breastfeeding and to evaluate strategies and interventions to promote it. Interagency coordination of projects would insure a unified approach to research questions and timely dissemination of research findings.

In summary, we need to continue to communicate among ourselves and also to involve other colleagues to begin to implement these recommendations in our own programs, regions, and states. We all stand ready to assist the Surgeon General in this effort. We realize it cannot all be done in Washington. Thus, it will be the responsibility of each of us to initiate efforts from our own vantage points to enhance and magnify the national effort to make breastfeeding the norm.