



# Executive Summary

## The Surgeon General's Call to Action to Support Breastfeeding



One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed. However, in the U.S., while 75 percent of mothers start out breastfeeding, only 13 percent of babies are exclusively breastfed at the end of six months. Additionally, rates are significantly lower for African-American infants.



The decision to breastfeed is a personal one, and a mother should not be made to feel guilty if she cannot or chooses not to breastfeed. The success rate among mothers who want to breastfeed can be greatly improved through active support from their families, friends, communities, clinicians, health care leaders, employers and policymakers.

Given the importance of breastfeeding for the health and well-being of mothers and children, it is critical that we take action across the country to support breastfeeding.

## Everyone can help make breastfeeding easier.

### Mothers and Their Families

#### Actions for Mothers and Their Families:

1. Give mothers the support they need to breastfeed their babies.
2. Develop programs to educate fathers and grandmothers about breastfeeding.

Encouraging women to discuss their desire and plans to breastfeed with their clinicians, family and friends, employers, and child care providers is key. When a woman has decided she wants to breastfeed, discussing her plans with her clinician during prenatal care and again when she is in the hospital or birth center will enable her clinician to give her the type of information and assistance she needs to be successful. Family members – including spouses, partners and the baby's grandmothers – can play critical support roles, both with regard to assisting in decision-making about how the baby is fed and in providing support for breastfeeding after the baby is born.

### Communities

#### Actions for Communities:

3. Strengthen programs that provide mother-to-mother support and peer counseling.
4. Use community-based organizations to promote and support breastfeeding.
5. Create a national campaign to promote breastfeeding.
6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.

A mother's ability to begin and to continue breastfeeding can be influenced by a host of community factors. The communities where we live, work, and play: urban, rural, neighborhoods, and apartment buildings are where we feel most comfortable. Mothers can learn about breastfeeding in prenatal classes and by discussing their interest in breastfeeding with a variety of people. In addition, women can turn to other mothers in their community, whether they are family, friends, or women they have met through mother-to-mother support groups, as well as women who are knowledgeable and have previous experience with breastfeeding. Community-based groups should include family members such as fathers and grandmothers in education and support programs for breastfeeding. Community-based support groups such as La Leche League and programs such as the U.S. Department of Agriculture's WIC program can expand the support that women ideally have received in the hospital and help extend the duration of breastfeeding.

Marketing of infant formula within communities is another influence on breastfeeding. Research indicates that advertising infant formula can deter exclusive breastfeeding and the effect may be stronger among women who do not have well-defined goals for breastfeeding.

## Health Care

### Actions for Health Care:

7. Ensure that maternity care practices around the United States are fully supportive of breastfeeding.
8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.
9. Provide education and training in breastfeeding for all health professionals who care for women and children.
10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.
11. Ensure access to services provided by International Board Certified Lactation Consultants.
12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.

Nearly all births in the United States occur in hospital settings, but hospital practices and policies in maternity settings can create barriers to supporting a mother's decision to breastfeed.

National data from the Centers for Disease Control and Prevention's (CDC) ongoing survey of Maternity Practices in Infant Nutrition and Care (mPINC) indicate that hospitals have opportunities to implement practices in labor, delivery, and postpartum care, as well as in hospital discharge planning, that support mothers who want to breastfeed.

Once home from the hospital, mothers need support to continue breastfeeding. Support from health care professionals is particularly important at this time; however, many health professionals need more breastfeeding education and training themselves and often have time constraints that can present barriers. One way this issue is addressed is through coordinated health care systems that partner with community networks to provide breastfeeding support so mothers have access to breastfeeding assistance after they return home. New mothers need access to trained individuals with established relationships in the health care community who are flexible enough to meet mothers' needs outside of traditional work hours and locations, and provide consistent information.

International Board Certified Lactation Consultants (IBCLCs) are an excellent source of assistance for breastfeeding mothers. IBCLCs are health care professionals certified in lactation management. They work with mothers to solve breastfeeding problems and educate families and health care professionals about the benefits of breastfeeding. Research shows that rates of exclusive breastfeeding and of any breastfeeding are higher among women who have had babies in hospitals with IBCLCs on staff than in those without these professionals.

## Employment

### Actions for Employment:

13. Work toward establishing paid maternity leave for all employed mothers.
14. Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.
15. Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.
16. Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.

Employment is now the norm for U.S. women of childbearing age (20–44 years). In 2009, half of all mothers with children younger than 12 months were employed, and more than two-thirds of those employed worked full-time (35 or more hours per week).

Employed women have been less likely to initiate breastfeeding, and they tend to breastfeed for a shorter length of time than women who are not employed. Most employed mothers who are lactating have to pump milk at work for their children and need to be provided with accommodations to do so.

In 2010, the Affordable Care Act (ACA) included a provision for employers to provide workplace accommodations that enable employees who are breastfeeding to express their milk. Specifically, the ACA amends the Fair Labor Standards Act of 1938 by having employers provide reasonable, though unpaid, break time for a mother to express milk and a place, other than a restroom, that is private and clean where she can express her milk.

Given that 26 percent of mothers employed full-time in 2003 were breastfeeding when their infant was aged six months, it is clear that a substantial percentage of U.S. mothers manage to combine breastfeeding and paid work. However, U.S. mothers overall have less support for continuing to breastfeed after returning to work than is recommended by the International Labor Organization. In 2009, 15 U.S. states required that employers support breastfeeding employees when they return to work.

### Research and Surveillance

Although there is a body of research on breastfeeding, significant knowledge gaps are evident. These gaps must be filled to ensure that accurate, evidence-based information is available to parents, clinicians, public health programs, and policymakers. For example, more research is needed on the barriers to breastfeeding among populations with low rates of breastfeeding. Economic research is also needed on how breastfeeding affects mothers and employers, as is research on best practices for management and support of lactation and breastfeeding. Building capacity for research on breastfeeding should be a priority by strengthening surveillance at state and local levels.

### Public Health Infrastructure

An effective national public health program requires the basic coordination and monitoring of services. Within the federal government, numerous agencies have developed programs on breastfeeding, and others have programs that affect breastfeeding indirectly. Although the work of each of these agencies is valuable, the creation of a federal interagency work group on breastfeeding could enhance coordination and collaboration across agencies to improve support for breastfeeding.

Through the technical assistance of the U.S. Breastfeeding Committee (USBC), all 50 states have now formed breastfeeding coalitions, and there are many local, tribal, and territorial coalitions as well. These coalitions mobilize local and state efforts to promote and support breastfeeding. The USBC supports state coalitions with technical assistance, web-based communications, and a biannual conference. However, most of these coalitions are small and unfunded. Additionally, except within the WIC program, most state health departments do not have staff responsible for breastfeeding activities, making it a challenge to carry out new breastfeeding programs at the state level.

#### Actions for Research and Surveillance:

17. Increase funding of high-quality research on breastfeeding.
18. Strengthen existing capacity and develop future capacity for conducting research on breastfeeding.
19. Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.

#### Action for Public Health Infrastructure:

20. Improve national leadership on the promotion and support of breastfeeding.

## The Landscape of Breastfeeding

Mothers face a variety of issues in starting and continuing to breastfeed. With better understanding of these issues, everyone can make breastfeeding easier.

### Key barriers to breastfeeding:

#### Lack of Knowledge

While breastfeeding is considered a natural skill, some mothers may need education and guidance. Providing accurate information can help prepare mothers for breastfeeding.

#### Lactation Problems

Without good support, many women have problems with breastfeeding. Most of these are avoidable if identified and treated early, and need not pose a threat to continued breastfeeding.

#### Poor Family and Social Support

Fathers, grandmothers, and other family members strongly influence mothers' decisions about starting, continuing, and accommodating breastfeeding.

#### Social Norms

Many people see breastfeeding as an alternative rather than the routine way to feed infants.

#### Embarrassment

The popular culture's sexualization of breasts compels some women to conceal breastfeeding. Improving support for women to breastfeed can help them better accommodate the demands of everyday life while protecting their infants' health.

#### Employment and Child Care

Employed mothers typically find that (1) returning to work and (2) lack of maternity leave are significant barriers to breastfeeding.

#### Health Services

Health care systems and health care providers can improve mothers' breastfeeding experiences by pursuing and obtaining the training and education opportunities they need in order to fully support their patients.

# The Surgeon General has identified 20 key actions to improve support for breastfeeding.

Make a commitment to ensure that breastfeeding support is consistently available for every mom and baby.

You can lead the way to improve the health of millions of mothers and babies nationwide.



A number of factors may influence or lead new mothers who want to breastfeed to give up such efforts.

These factors must be addressed in order for mothers to be able to achieve their own breastfeeding goals.

Active involvement and support from family members, friends, communities, clinicians, health care systems, and employers can help make breastfeeding easier.

Visit [www.surgeongeneral.gov](http://www.surgeongeneral.gov) for more information and how you can help.