



United States Breastfeeding  
COMMITTEE

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## BREASTFEEDING IN THE UNITED STATES: A NATIONAL AGENDA



U.S. Department of Health & Human Services



**HRSA**

Health Resources and Services Administration  
Maternal and Child Health Bureau



Please cite this document as: United States Breastfeeding Committee. (2001). Breastfeeding in the United States: A national agenda. Rockville MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

The Strategic Plan of the United States Breastfeeding Committee reflects a collective statement and is not necessarily representative of its individual member organizations.

Prepared by the United States Breastfeeding Committee in cooperation with the National Alliance for Breastfeeding Advocacy and with support from the Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.



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**BREASTFEEDING IN THE UNITED STATES: A NATIONAL AGENDA**

# foreword



The United States Breastfeeding Committee composed of representatives from health professional associations and relevant government departments and non-governmental organizations developed the following *Strategic Plan*.

The Health Resources and Services Administration's Maternal and Child Health Bureau has a long history of protecting, promoting and supporting breastfeeding in the United States. A landmark activity was the Surgeon General's Workshop in 1984, which identified six major areas for the breastfeeding initiative:

- Improve professional education in human lactation and breastfeeding;
- Develop public education and promotion efforts;
- Strengthen the support for breastfeeding in the health care system;
- Develop a broad range of support services in the community;
- Initiate a national breastfeeding promotion effort directed at working women; and
- Expand research on human lactation and data collection on breastfeeding.

Over the years there have been numerous other significant events that have culminated with the establishment of the United States Breastfeeding Committee in 1998. This committee, composed of representatives from health professional associations and relevant government

departments and non-governmental organizations, developed the following *Strategic Plan*. Through this plan we will hopefully see the recommendations from the Surgeon General's Workshop on Breastfeeding and Human Lactation fully implemented.

The timing of this *Strategic Plan* is fortuitous as the Surgeon General has released the *HHS Blueprint for Action on Breastfeeding*. The Blueprint is a comprehensive framework for increasing breastfeeding and for promoting optimal breastfeeding practices. Linking the *Blueprint* with the *Strategic Plan* of the U.S. Breastfeeding Committee provides a synergistic approach that will benefit America's mothers and children.

We thank our partners, especially those at the Centers for Disease Control and Prevention's Maternal and Child Nutrition Branch, who have supported us in this momentous effort, and we look forward to our continued collaboration as we work together to implement this *Strategic Plan for Protecting, Promoting, and Supporting Breastfeeding in the United States*.

Peter C. Van Dyck, M.D., M.P.H.  
Associate Administrator for Maternal and Child Health

Starting in 1995, a small group of breastfeeding advocates met to discuss the need for coordination of breastfeeding activities in the U.S.

The development of the Strategic Plan, *Protecting, Promoting and Supporting Breastfeeding in the United States*, was one of four objectives developed by the National Breastfeeding Leadership Roundtable, the organizational precursor to the United States Breastfeeding Committee. Starting in 1995, a small group of breastfeeding advocates met to discuss the need for coordination of breastfeeding activities in the U.S. After conducting an intensive needs assessment, the National Alliance for Breastfeeding Advocacy (NABA) was formed to address needs not being met by organizations, government agencies or individuals. NABA convened the first National Breastfeeding Leadership Roundtable (NBLR) in January 1996 to determine if another organization was needed to move breastfeeding forward in this country. Working on the international model, the formation of this committee, if successful, would satisfy one of the four operational targets set forth by the 1990 Innocenti Declaration. This was to establish a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations in every country.

It was agreed at that meeting of nineteen breastfeeding leaders to do four things. First, to support ongoing breastfeeding projects in the U.S. Second, to develop a strategic plan for breastfeeding in the U.S. Third, to formalize NBLR into the U.S. Breastfeeding Committee (USBC). And finally, to establish the organization of the USBC and its leadership, the NBLR continued to meet twice a year and in January 1998 voted to declare itself, with the encouragement of Assistant Surgeon General Dr. Audrey Nora, the United States Breastfeeding Committee.

The USBC is a collaborative partnership of organizations. The mission of the committee is to protect, promote and support breastfeeding in the U.S. The USBC exists to assure the rightful place of breastfeeding in society. To these ends, the USBC, supported by the Maternal and Child Health Bureau, developed this *Strategic Plan* for breastfeeding in the United States.



The formation of the USBC is among the most salient and distinguishing features of the progress that has occurred in the breastfeeding community since 1984.

# Breastfeeding in the United States: Strategic Plan

Since the Surgeon General's Workshop in 1984, much has happened to advance the protection, promotion and support of breastfeeding for U.S. families. These efforts include the American Academy of Pediatrics 1997 policy statement, *Breastfeeding and the Use of Human Milk*, the introduction of the Maloney Bill in 1998, the Maternal and Child Health State Performance Measures, the 1998 National Breastfeeding Policy Conference and, facilitated by the National Alliance for Breastfeeding Advocacy, the establishment of the United States Breastfeeding Committee (USBC).

The policy recommendations from the National Breastfeeding Policy Conference, held in Washington, D.C. in November of 1998, provided a framework for setting a national policy agenda to protect, promote and support breastfeeding well into the 21st century. The mandate from this conference transferred the policy agenda to the USBC. The Federal Government, through the Health Resources and Services Administration's Maternal and Child Health Bureau, asked the committee to provide a strategic plan to implement this policy agenda.

The formation of the USBC is among the most salient and distinguishing features of the progress that has occurred in the breastfeeding community since 1984. It satisfies one of the four operational targets set forth by the 1990 Innocenti Declaration which was to establish a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations.

The health of our Nation is one of our most important resources. Breastfeeding, a relatively basic, simple, and cost-effective measure, can have a significant impact on establishing the foundation for a lifetime of optimal health and can result in reduced health care spending. In recognition of this, the USBC has developed this strategic plan for breastfeeding in the United States.

To improve the Nation's health by  
working collaboratively to protect,  
promote, and support breastfeeding.

## mission

## vision

In order to achieve optimal health,  
enhance child development, promote  
knowledgeable and effective parent-  
ing, support women in breastfeeding,  
and make optimal use of resources,  
we envision breastfeeding as the  
norm for infant and child feeding  
throughout the U.S.



# goals | objectives

Accomplishing our mission requires setting forth concrete and challenging goals. These revolve around improvement in breastfeeding initiation and duration, reduction and removal of barriers to breastfeeding, equitable access to lactation care and services, and portrayal and acceptance of breastfeeding as the cultural norm for infant and child feeding. The overarching breastfeeding goal of Healthy People 2010 is a 75 percent initiation rate, a 50 percent continuation rate to 6 months, and a 25 percent rate at 1 year. To that end, we recommend the following:

# I

## GOAL I

ASSURE ACCESS TO COMPREHENSIVE, CURRENT, AND CULTURALLY APPROPRIATE LACTATION CARE AND SERVICES FOR ALL WOMEN, CHILDREN AND FAMILIES.

### GOAL STATEMENT:

All U.S. mothers should have the opportunity to breastfeed their infants and all infants should have the opportunity to be breastfed. By ensuring access to comprehensive, interdisciplinary, culturally appropriate lactation and breastfeeding care and services from pre-conception through weaning, all women will be empowered to breastfeed their infants exclusively for about 6 months and continue through the first year of life and beyond while introducing appropriate weaning foods.

**OBJECTIVE A:** Identify and disseminate evidence-based best practices and policies throughout the health care system.

**STRATEGY 1:** Develop a single overall national breastfeeding policy statement grounded on a foundation of evidence-based practice. The statement will be culturally appropriate, aim to eliminate disparities in care, and include all babies whether full term or preterm, healthy or sick.

### ACTIVITIES:

- a) Fund and convene a national breastfeeding subcommittee to draft an evidence-based U.S. breastfeeding policy statement that will be submitted to member organizations for universal adoption.
- b) Encourage institutions including third party payers, hospitals, health care agencies, health professional organizations and others to adopt these policies.
- c) Encourage health professional associations, institutions, organizations and agencies to develop and implement practice guidelines congruent with the U.S. breastfeeding policy statement.
- d) Disseminate the policy statement to the general public and governmental agencies through governmental and non-governmental channels using the media, Internet sites, newsletters, bulletins, electronic mailing lists, meetings, and conferences.

**STRATEGY 2:** Ensure that every facility providing maternity services will offer effective, evidence-based breastfeeding care.

**ACTIVITIES:**

- a) Encourage the USBC member organizations to promote best hospital practices to their members such as those identified in the WHO/UNICEF Baby-Friendly Hospital Initiative.
- b) Encourage the U.S. Department of Health and Human Services [DHHS] to issue a statement urging all maternity care facilities to provide effective, evidence based breastfeeding practices such as those identified in the WHO/UNICEF Baby-Friendly Hospital Initiative.
- c) Encourage the utilization of measurable breastfeeding outcomes for facilities providing maternity services and encourage health care accrediting agencies to include these outcomes in their evaluation.
- d) Inform hospital administrators, members of Congress, health management companies and third party payers about the best maternity practices such as those identified in the Baby-Friendly Hospital Initiative.

**OBJECTIVE B:** Educate all health care providers and payers regarding appropriate breastfeeding and lactation support.

**STRATEGY 1:** Establish minimum competency-based standards of breastfeeding knowledge and skills for all maternal-child health care providers.

**ACTIVITIES:**

- a) Urge organizations responsible for accreditation of health professional education programs to require the use of relevant competency-based curricula on breastfeeding and lactation management.
- b) Ensure the development and dissemination of competencies and competency-based lactation management curricula for use in the training and education of health professionals.
- c) Urge private, state and national licensure and certification agencies to include questions regarding breastfeeding protection, promotion and support on their examinations.

**STRATEGY 2:** Encourage health care plans and other provider organizations to educate their providers, administrators, managers, and consumers about the importance of breastfeeding as part of an overall preventive health strategy.

**ACTIVITIES:**

- a) Support the expansion of continuing education (e.g., CME, CEU and CERP) and staff development programs pertaining to breastfeeding issues.
- b) Foster the integration of breastfeeding education and services into conferences, meetings, and written literature that are accessed by top levels of management companies and hospital administrators.

**OBJECTIVE C:** Ensure that all women have access to appropriate breastfeeding support within the family and/or community.

**STRATEGY 1:** Comprehensive and seamless lactation support programs will be encouraged between hospitals and communities.

**ACTIVITIES:**

- a) Ensure that all women have access to skilled lactation care.
- b) Facilitate the formation of mother-to-mother support groups and breastfeeding peer-counselor programs to help eliminate disparities in breastfeeding initiation and duration.
- c) Ensure that all women have access to referral services, “hot lines” and “warm lines” as needed.
- d) Develop and disseminate a valid and reliable community assessment tool that identifies referral services.

**STRATEGY 2:** Encourage third party health care payers to adequately reimburse for lactation and breastfeeding services and medically advised equipment.

**ACTIVITIES:**

- a) Create a task force to study the health care spending costs, employer costs, and family costs of breastfeeding and not breastfeeding.
- b) Encourage federally funded programs and all other third party payers to pay for breastfeeding equipment when medically advised.

**OBJECTIVE D:** Ensure the routine collection and coordination of breastfeeding data by federal, state, and local government and other organizations and foster additional research on breastfeeding.

**STRATEGY 1:** Collect timely breastfeeding initiation and duration data through existing and new channels.

**ACTIVITIES:**

- a) Encourage the federal government to explore and implement the collection of ongoing statistics of breastfeeding initiation, continuation, and exclusivity through survey, surveillance systems and program statistics.
- b) Encourage federal funding for breastfeeding surveillance at both Federal and State levels.
- c) Encourage all states to participate in breastfeeding data collection.
- d) Encourage development of incentives for participation in data collection.
- e) Propose and promulgate breastfeeding data elements for Health plan Employer Data Information Systems (HEDIS) and Consumer Assessment of Health Plans (CAHPS) including measurement for special and high-risk populations such as preterm infants.

**STRATEGY 2:** Encourage funding for clinical, epidemiological, programmatic, and other research on breastfeeding and human lactation.

**ACTIVITIES:**

- a) Contact governmental and private funding agencies, and encourage funding of breastfeeding research.
- b) Encourage the inclusion of evidence-based breastfeeding practices into databases such as the Cochrane database.
- c) Encourage the expansion of breastfeeding research to encompass issues such as program effectiveness, cost/benefit analysis, and emerging medical concerns.
- d) Convene a technical meeting on the cost-benefit of breastfeeding and the cost of artificial feeding.

All U.S. mothers should

have the opportunity to

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their infants

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# II

## GOAL II

ENSURE THAT BREASTFEEDING IS RECOGNIZED AS THE NORMAL AND PREFERRED METHOD OF FEEDING INFANTS AND YOUNG CHILDREN.

### GOAL STATEMENT:

**Breastfeeding should become the normative method of infant and young child feeding and should be woven into the foundation of society and family life.**

**OBJECTIVE A:** Develop a positive and desirable image of breastfeeding for the American public.

**STRATEGY 1:** Develop and implement a national comprehensive and coordinated marketing program which portrays breastfeeding as normal, desirable and achievable.

### ACTIVITIES:

- a) Conduct breastfeeding marketing research that is independent of formula company marketing research to provide data for a national breastfeeding campaign.
- b) Secure adequate funding for a national breastfeeding promotion campaign.
- c) Enlist the support of the National Ad Council or similar organizations to design a national campaign that creates positive breastfeeding images and eliminates the bottle as a symbol of infancy.
- d) Target specific populations for marketing, including but not limited to health care providers, hospitals, third party payers, business leaders, government, labor and education agencies, private sector labor organizations, women's groups, social welfare organizations, religious groups, judicial systems, and consumer groups.
- e) Develop white papers on selected breastfeeding topics for routine distribution to members of Congress and policy makers.
- f) Expand the Breastfeeding Media Watch to encompass all States and territories, and catalog acceptable and unacceptable breastfeeding images that appear in all forms of the media. Respond to both positive and negative publicity with issue letters and white papers.
- g) Provide the Federal Trade Commission and the Federal Communications Commission with guidelines and recommendations for acceptable advertising.
- h) Encourage publication of articles in advertising and trade journals that suggest ways to portray breastfeeding in a positive light and ways to eliminate bottles as the representative symbol of infancy.
- i) Establish a unified project to promote and recognize businesses supportive of breastfeeding mothers and families.
- j) Designate a Presidential (or Surgeon General's) Award program for a variety of breastfeeding support programs.
- k) Expand and financially support a rapid response system for both public relations and damage control.
- l) Establish and fund a national breastfeeding web site of the USBC with frequent updating for the media to access for correct breastfeeding information and hyperlinks to all member organizations.

- m) Establish a speakers bureau of breastfeeding experts and market this bureau to appropriate audiences.

**STRATEGY 2:** Develop and implement an educational curriculum relating to breastfeeding as the normal and preferred method of feeding infants and young children that is age appropriate for pre-Kindergarten through grade 12.

**ACTIVITIES:**

- a) Collect and review samples of existing curricula from around the country for different age groups.
- b) Develop a national curriculum in consultation with the U.S. Department of Education and educational experts.
- c) Disseminate the curriculum to all State and territorial departments of education, national teachers' groups, parent-teacher associations, and media services involved with children's education.
- d) Develop and implement a training program that will facilitate the use of the curriculum.

**OBJECTIVE B:** Reduce the barriers to breastfeeding posed by the marketing of breastmilk substitutes.

**STRATEGY 1:** Encourage the implementation of the International Code of Marketing of Breastmilk Substitutes.

**ACTIVITIES:**

- a) Form a multidisciplinary task force to explore the implementation of the International Code of Marketing of Breastmilk Substitutes (The Code) and all relevant WHO and UNICEF resolutions. Include marketing experts, lobbying experts, attorneys, and congressional staff on this task force.
- b) Gather systematic data on the state of The Code in the U.S. and publish and disseminate a report.
- c) Target education related to The Code (including the report mentioned above) to professional organizations, legislators, non-governmental organizations, the general public, the business community, hospitals, attorneys, and national women's organizations.
- d) Adapt the International Code language and documentation to fit the U.S. legal system.
- e) Create a panel to monitor and enforce The Code within the U.S.



# III

## GOAL III

ENSURE THAT ALL FEDERAL, STATE, AND LOCAL LAWS RELATING TO CHILD WELFARE AND FAMILY LAW RECOGNIZE AND SUPPORT THE IMPORTANCE AND PRACTICE OF BREASTFEEDING.

### **GOAL STATEMENT:**

**Lawmakers and policymakers will recognize breastfeeding as vital to the health, social and economic well-being of women, children, and families.**

**OBJECTIVE A:** Ensure that all lawmakers and government officials at Federal, State, and local levels are aware of the importance of protecting, promoting, and supporting breastfeeding.

**STRATEGY 1:** Inform lawmakers and governmental officials to consider breastfeeding when addressing any policy or practice that has an impact on women or children.

### **ACTIVITIES:**

- a) Identify breastfeeding issues that require action by lawmakers.
- b) Identify and train breastfeeding advocates to inform lawmakers.
- c) Develop legislative fact sheets for government and non-government agencies, especially those involved with underserved and special populations.
- d) Establish a database of legislation, policies, regulations, and legal precedents with implications for breastfeeding.
- e) Establish liaisons with the American Bar Association and other legal organizations and law schools to educate and work with attorneys and judges in supporting breastfeeding.

# IV

## GOAL IV

INCREASE PROTECTION, PROMOTION AND SUPPORT FOR BREASTFEEDING  
MOTHERS IN THE WORK FORCE.

### GOAL STATEMENT:

Every woman, regardless of her employment status, will have the opportunity to breastfeed and/or provide breast milk to her child. Breastfeeding will be protected, promoted, and supported in the workplace through political, sociocultural, economic, and legal means in a way that protects family health and economic viability.

**OBJECTIVE A:** The rights of women in the workplace will be recognized in public and private sectors.

**STRATEGY 1:** Raise awareness in both the public and private sectors about the need to establish the rights of breastfeeding women in the workplace.

#### ACTIVITIES:

- a) Create and disseminate an overview of labor laws, regulations, gender equity issues, policies, agency declarations, or statements (e.g., Occupational Safety and Health Administration) where breastfeeding should be addressed.
- b) Educate the public about the legal rights of breastfeeding mothers, whether in the formal or informal workplace, paid or unpaid, through print, radio, and televised and electronic media in broad circulation.

**OBJECTIVE B:** Ensure that all mothers are able to seamlessly integrate breastfeeding and employment.

**STRATEGY 1:** Codify policy, legislation, and regulations that will enable parents to have flexibility in adapting their work schedules and employment arrangements for at least one year after birth to facilitate breastfeeding and/or the provision of breastmilk to their child.

#### ACTIVITIES:

- a) Convene a Technical Advisory Group to explore paid maternity leave, implementation of the recommendations of the International Labor Organization (ILO) conventions, the Family Medical Leave Act, and other pertinent legislation regarding employment.
- b) Develop and maintain relationships with key legislators in order to provide information that will enable them to initiate and support legislation related to breastfeeding and the workplace.
- c) Devise and disseminate education and outreach activities individualized for business and labor groups.

- d) Introduce into the employment arena existing recommendations including proceedings from ILO Conventions of 1919 and 1952, the Surgeon General's Workshop, the Quezon City Declaration, Healthy People 2010, Call to Action-Maternal and Child Health Inter-Organizational Nutrition Group (MCHING), Beijing Platform for Action, the Innocenti Declaration, and the National Breastfeeding Policy Meeting.
- e) Ensure representation for breastfeeding at conferences related to women in the workplace such as AFL-CIO Working Woman 2000.
- f) Ensure representation at policy development meetings related to women in the workplace.
- g) Incorporate breastfeeding into the Civil Rights Act, Pregnancy Discrimination Act, and other Federal regulations and legislation where appropriate.
- h) Incorporate breastfeeding into State-based legal protections for working women.

**STRATEGY 2:** Increase the number of work site environments that are modified or adapted to be supportive of breastfeeding employees.

**ACTIVITIES:**

- a) Encourage employers through education and outreach to offer a variety of flexible work programs such as earned time, part-time, job sharing, graduated return to work, flex time, compressed work week, telecommuting, and onsite childcare.
- b) Identify and showcase demonstration projects, successful models, or better practices for breastfeeding in the workplace.
- c) Conduct research at local, state, or national levels to determine the needs of all mothers returning to work.
- d) Encourage employers to conduct needs assessments of their breastfeeding employees or employees of reproductive age, and develop programs supportive of the breastfeeding mother.
- e) Create innovative situational models for different types of work settings relative to time, space, and the breastfeeding needs of the work force.
- f) Educate the workforce on the economic costs of artificial feeding in the working community according to work site needs.

The United States Breastfeeding Committee, Inc. is comprised of Governmental, Educational and Not-For-Profit organizations that share the common mission of protecting promoting and supporting breastfeeding in the United States.

# member organizations

Academy of Breastfeeding Medicine  
Academy for Educational Development  
American Academy of Pediatrics  
American College of Nurse Midwives  
American College of Obstetricians and Gynecologists  
American College of Osteopathic Pediatricians  
American College of Preventive Medicine  
American Public Health Association  
Association of State and Territorial Public Health Nutrition Directors  
Association of Women's Health, Obstetrics and Neonatal Nurses  
Baby-Friendly USA  
Best Start Social Marketing  
Centers for Disease Control/Maternal and Child Nutrition Branch  
Center on Budget and Policy Priorities  
Coalition for Improving Maternity Services  
Department of Health and Human Services/Food and Drug Administration  
Department of Health and Human Services/Health Resources Services Administration/Maternal and Child Health Bureau  
Healthy Children 2000  
Human Milk Banking Association of North America  
International Board of Lactation Consultant Examiners  
International Lactation Consultant Association  
Keck School of Medicine, University of Southern California  
La Leche League International  
Lamaze International  
Morgan State University  
National Alliance for Breastfeeding Advocacy  
NABA  
Research, Education and Legal  
National Association of Pediatric Nurse Associates and Practitioners  
National Association of WIC Directors  
National Commission on Donor Milk Banking  
National Healthy Mothers, Healthy Babies Coalition  
Office on Women's Health, Department of Health and Human Services  
United States Department of Agriculture/Food and Nutrition Services/WIC  
University of California Los Angeles School of Public Health  
University of Rochester, School of Medicine and Dentistry  
Wellstart International  
Women's International Public Health Network



## **GOAL I**

Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children and families.

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## **GOAL II**

Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.

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## **GOAL III**

Ensure that all Federal, State, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.

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## **GOAL IV**

Increase protection, promotion and support for breastfeeding mothers in the work force.



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