The Surgeon General’s Call to Action to Support Breastfeeding

2011

COALITIONS TAKE ACTION
Background: Call to Action Framing

- Breastfeeding support more so than promotion
- Recommendations for environment/policy instead of for individuals
- Long term horizon
- Opportunities for positive change
- Wide variety of entry points to implementing change

### Table 1. Excess Health Risks Associated with Not Breastfeeding

<table>
<thead>
<tr>
<th>Outcome Description</th>
<th>Excess Risk^2 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Among full-term infants</strong></td>
<td></td>
</tr>
<tr>
<td>Acute ear infection (otitis media)^1</td>
<td>100</td>
</tr>
<tr>
<td>Exema (atopic dermatitis)^1</td>
<td>47</td>
</tr>
<tr>
<td>Diarrhea and vomiting (gastrointestinal infection)^1</td>
<td>178</td>
</tr>
<tr>
<td>Hospitalization for lower respiratory tract disease in the first year^1</td>
<td>257</td>
</tr>
<tr>
<td>Asthma, with family history^2</td>
<td>6/1</td>
</tr>
<tr>
<td>Asthma, no family history^2</td>
<td>25</td>
</tr>
<tr>
<td>Childhood obesity^2</td>
<td>32</td>
</tr>
<tr>
<td>Type 2 diabetes mellitus^1</td>
<td>64</td>
</tr>
<tr>
<td>Acute lymphoblastic leukemia^1</td>
<td>23</td>
</tr>
<tr>
<td>Acute myelogenous leukemia^1</td>
<td>18</td>
</tr>
<tr>
<td>Sudden infant death syndrome^1</td>
<td>36</td>
</tr>
<tr>
<td><strong>Among preterm infants</strong></td>
<td></td>
</tr>
<tr>
<td>Necrotizing enterocolitis^1</td>
<td>158</td>
</tr>
<tr>
<td><strong>Among mothers</strong></td>
<td></td>
</tr>
<tr>
<td>Breast cancer^1</td>
<td>4</td>
</tr>
<tr>
<td>Ovarian cancer^1</td>
<td>27</td>
</tr>
</tbody>
</table>

^2 Excess risk is approximated by using the odds ratio and a binomial model. Risk factors are provided in Appendix 2.
Federal Policy on Breastfeeding

• 1984, Surgeon General C. Everett Koop convenes the first Surgeon General’s Workshop on Breastfeeding with recommendations in 6 areas:
  1. The world of work
  2. Public education
  3. Professional education
  4. Health care system
  5. Support services
  6. Research

• In 1990, the United States signs onto the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.

• In 1999, Surgeon General David Satcher requests a departmental policy on breastfeeding be developed, resulting in the 2000 HHS Blueprint for Action on Breastfeeding.

Provisional rates of any breastfeeding at 6 months of age, among children born in 2007.

Source: CDC National Immunization Survey.
Barriers to Breastfeeding in the US

• Lack of Knowledge
• Social Norms
• Poor Family and Social Support
• Embarrassment
• Lactation Problems
• Employment and Child Care
• Barriers Related to Health Services

Breastfeeding from the public health perspective: Major elements of the socio-ecologic model

• Mothers and their families
• Communities
• Health Care
• Employment
• Research
• Public Health Infrastructure
Mothers and their Families

- Support breastfeeding mothers.
- Educate fathers and grandmothers about breastfeeding.
Communities

- Strengthen mother-to-mother support options.
- Integrate breastfeeding support into community-based organizations.
- Create a national breastfeeding campaign.
- Ensure formula marketing doesn’t interfere with breastfeeding.

Health Care

- Improve maternity care systems.
- Eliminate gaps in continuity of care.
- Improve clinician knowledge and skills.
- Establish and measure care quality standards.
- Develop effective lactation care teams.
- Provide safe banked donor milk for fragile infants.
Employment

- Establish paid maternity leave.
- Ensure lactation support is available for employees.
- Allow working mothers direct access to their babies.
- Ensure child care providers support breastfeeding.

Research and Surveillance

- Increase funding of high-quality research.
- Increase capacity for conducting research.
- Monitor and track breastfeeding rates, policies and environmental factors.
Public Health Infrastructure

- Improve national breastfeeding leadership.

What role do coalitions play?


- Available tools to help you get started
  - Appendix 1
  - Executive Summary

Factors to Consider when Prioritizing (see implementation matrix)

- Population impact
- Existing efforts/partners/financial and personnel resources
- Potential efforts/partners/financial and personnel resources
- Passion/interest among coalition members
- Winnable battles/political environment
Communities

• Strengthen mother-to-mother support options. [Action 3]
  – Create mother-to-mother support groups and peer counseling programs.

Health Care

• Improve maternity care systems. [Action 7]
  – Accelerate implementation of the Baby-Friendly Hospital Initiative.

• Develop effective lactation care teams. [Action 11]
  – Include support for lactation as an essential medical service.
  – Provide reimbursement for IBCLCs.
Employment

- Establish paid maternity leave. [Action 13]
  - Establish a funding mechanism for paid maternity leave.

- Ensure lactation support is available for employees. [Action 14]
  - Help employers comply with federal law.
  - Share solutions to the obstacles breastfeeding women face at work.

Next Steps

- Upcoming federal and state activities
- USBC Coalitions Conference August 2012
- Regional/state collaborations