Breastfeeding

The American College of Nurse-Midwives (ACNM) supports the following initiatives related to breastfeeding:

- Comprehensive health education marketing efforts, including through social media, to inform and educate the public, health care providers, and clients about breastfeeding as a normal process and the preferred method of infant feeding;
- Health care systems that provide evidence-based, timely, and ongoing counseling and support for breastfeeding and maternity-newborn facilities that follow lactation friendly policies;
- A program of research into the health benefits of breastfeeding to identify social, cultural, economic, and psychological factors that influence breastfeeding and to assess various programs designed to increase the rate of breastfeeding domestically and internationally;
- Adoption of international, national, state, local and institutional policy, action, programming, and legislation efforts that clearly support, promote, and protect breastfeeding;
- Federal and state legislation that encourages institutional policies that support breastfeeding and insures optimal environmental conditions to facilitate breastfeeding in the workplace and school;
- Limiting separation of mother and infant through paid parental leave and flexible work schedules; and
- Workplace compliance with federal laws that require appropriate facilities and supportive policies to enable lactating women to pump and store breast milk.

Background

ACNM promotes breastfeeding as the optimal method of infant feeding. Breastfeeding soon after birth reduces postpartum blood loss¹ and enhances maternal-infant bonding.²,³ Exclusive breastfeeding for the first 6 months provides complete nutrition for growth and development, and ideally breastfeeding should continue throughout the first year of life or longer.¹ Breast milk contains specific immunologic factors that cannot be duplicated in commercially prepared formulas and that have been shown to enhance the infant's immune response and to reduce the incidence of infectious diseases. In addition, breastfeeding has been shown to reduce the risk of obesity, asthma, celiac disease, inflammatory bowel disease, and types I and II diabetes later in childhood while also modestly increasing IQ scores.⁴,5,6 Current estimates find that if 90% of US women breastfed their infants, the US would save \$2.45 billion on treatment costs for childhood disorders.⁶ Additionally, improved breastfeeding globally would prevent 20,000 annual maternal deaths from breast cancer and 823,000 deaths annually in children under the age of 5 years.⁶,7

ACNM recognizes that breastfeeding is a combination of learned and instinctive behaviors of mother and infant and that the choice to breastfeed is affected by sociocultural factors, including attitudes of health care providers. Given the compelling evidence of the benefits to both mothers and babies, the

role of the midwife in educating women during pregnancy and supporting breastfeeding during the postpartum period is essential.⁸

REFERENCES

- American Academy of Pediatrics. Policy statement: breastfeeding and the use of human milk. Pediatrics, 2012;129(3); e827-e841. http://pediatrics.aappublications.org/content/129/3/e827. Accessed February 2, 2016.
- 2. Olza-Fernández I, Gabriel MAM, Gil-Sanchez A, Garcia-Segura LM, Arevalo MA. Neuroendocrinology of childbirth and mother-child attachment: The basis of an etiopathogenic model of perinatal neurobiological disorders. *Front Neuroendocrinol*. 2014;35(4):459-472.
- 3. Kim P, Feldman R, Mayes LC, Eicher V, Thompson N, Leckman JF, Swain JE. Breastfeeding, brain activation to own infant cry, and maternal sensitivity. *Journal of Child Psychology and Psychiatry*. 2011; 52(8), 907-915.
- Perrine CG, Galuska DA, Dohack JL, et al. Vital signs: improvements in maternity care policies and practices that support breastfeeding United States, 2007–2013. MMWR. 2015; 64(39);1112-1117. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a5.htm. Accessed February 2, 2016.
- 5. Horta BL, Victora CG. Long term effects of breastfeeding: a systematic review. http://apps.who.int/iris/bitstream/10665/79198/1/9789241505307_eng.pdf?ua=1. Published 2013. Accessed February 2, 2016.
- 6. Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? *The Lancet*. 2016; 387, 491-504.
- 7. Victora CG, Bahl R, Barros AJ, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*. 2016; 387, 475-490.
- 8. Olaiya O, Dee DL, Sharma AJ, Smith RA. Maternity Care Practices and Breastfeeding Among Adolescent Mothers Aged 12–19 Years United States, 2009–2011. MMWR Morb Mortal Wkly Rep 2016;65:17–22. DOI: http://dx.doi.org/10.15585/mmwr.mm6502a1

ADDITIONAL RESOURCES

Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. 2013. Available at: http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF. Accessed February 7, 2016.

Centers for Disease Control and Prevention. Breastfeeding report card—United States, 2014. Available at: www.cdc.gov/breastfeeding/data/reportcard.htm. Accessed February 7, 2016.

World Health Organization. Baby Friendly Hospital Initiative. http://www.who.int/nutrition/topics/bfhi/en/

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