
FROM DAY ONE

ACTIONS TO IMPROVE BREASTFEEDING SUPPORT IN HEALTH CARE

THE NEED FOR SUPPORT IN HEALTH CARE

Most women plan to breastfeed, but the policies and practices of the hospital or birthing center may make it difficult. The support of health-care professionals is particularly important after a woman is discharged; however, many health-care professionals need additional education and training in breastfeeding.

YOU CAN HELP

Thank you for considering how you can protect, promote, or support breastfeeding in Texas. We've created this list of ideas for you to consider as you identify your personal objectives and goals for making a difference.

Ensure That Formula Marketing Does Not Negatively Impact Breastfeeding

The WHO's International Code of Marketing of Breast-milk Substitutes (WHO Code) establishes rules for the protection of mothers from the influences of false and misleading advertising, including unethical marketing practices of substitutes for breastmilk.

The actions suggested below are ideal for public health entities, infant-formula manufacturers, government entities, and health-care professionals.

Actions Recommended by the U.S. Surgeon General:

- Hold marketers of infant formula accountable for complying with the International Code of Marketing for Breast-milk Substitutes.
- Take steps to ensure that claims about formula are truthful and not misleading.
- Ensure that health-care clinicians do not serve as advertisers for infant formula.

Additional Action to Consider:

- Adhere to the International Code of Marketing Breast-milk Substitutes (WHO Code) and do not endorse, display, or distribute literature, samples, coupons, or hospital discharge packs provided by infant-formula companies or related industries.

Ensure Maternity Care Practices Support Breastfeeding

In the United States, 99 percent of babies are born in hospital settings. Birth and postpartum practices supportive of breastfeeding have a large impact on a mother and baby's readiness for breastfeeding.

The actions suggested below are ideal for public health entities, government entities, The Joint Commission, hospitals, and ambulatory care facilities.

Actions Recommended by the U.S. Surgeon General:

- Accelerate implementation of the Baby-Friendly Hospital Initiative.
- Establish transparent, accountable public reporting of maternity care practices in the United States.
- Establish a new advanced certification program for perinatal patient care.
- Establish systems to control the distribution of infant formula in hospitals and ambulatory care facilities.

Additional Actions to Consider:

- Consider implementing the WHO/UNICEF Mother-Friendly Birth Practices as presented in the Optimal Component of the WHO/UNICEF Baby-Friendly Hospital Initiative.
- Implement comprehensive policies, protocols, and practices that protect, promote, and support breastfeeding initiation, exclusivity, and duration through implementation of the Ten Steps to Successful Breastfeeding.
- All nursing, clinical, service, skilled worker, administrative, clerical, contractor, managerial, and executive staff, inside and outside of maternity services, should be trained to protect, promote, and support breastfeeding. Training should be appropriate to job function, specialty area, and scope.
- Employ International Board Certified Lactation Consultants (IBCLCs) and ensure that each shift is staffed with IBCLCs and trained lactation professionals.
- Take the mother's breastfeeding goals into consideration during labor and delivery and employ practices that support breastfeeding, including continuous labor support and assurance of immediate and continuous skin-to-skin contact after birth.
- Work to develop multidisciplinary systems of support for breastfeeding in the community to protect, promote, and support breastfeeding for women in the postpartum period.
- Encourage participation in professional and volunteer collaborative opportunities, including participation in breastfeeding coalitions, task forces, multidisciplinary workgroups, committees, consortiums, or advisory boards to protect, promote, and support breastfeeding both in the birthing facility and within the larger community.
- Achievement of the DSHS [Texas Ten Step](#) designation, endorsed by the Texas Hospital Association and Texas Medical Association, is a positive step on the path toward full adoption of the Ten Steps.

Develop Systems to Guarantee Skilled Lactation Support

Upon discharge from their hospital stay, many mothers are unable to find and receive skilled breastfeeding support. Hospitals, clinicians in the community, and community organizations need to connect mothers to skilled persons who can offer support for breastfeeding.

The actions suggested below are ideal for public health entities, community organizations, hospitals, health-care systems, primary care clinicians, and federal, state, and local WIC programs.

Actions Recommended by the U.S. Surgeon General:

- Create comprehensive statewide networks for home- or clinic-based follow-up care to be provided to every newborn in the state.
- Establish partnerships for integrated and continuous follow-up care after discharge from the hospital.
- Establish and implement policies and programs to ensure that participants in WIC have services in place before discharge from the hospital.

Provide Breastfeeding Education and Training for Health-Care Professionals

Clinicians are usually the preferred sources of information and guidance on breastfeeding for patients. Inadequate education and training of clinicians is a major barrier to breastfeeding, and professional training has been shown to positively impact breastfeeding success.

The actions suggested below are ideal for professional health-care organizations, medical schools, credentialing boards, government entities, health-care professionals, and researchers.

Actions Recommended by the U.S. Surgeon General:

- Improve the breastfeeding content in undergraduate and graduate education and training for health-care professionals.
- Establish and incorporate minimum requirements for competency in lactation care into professional health-care credentialing, licensing, and certification processes.
- Increase opportunities for continuing education on the management of lactation to ensure the maintenance of minimum competencies and skills.

Additional Actions to Consider:

- All health-care professionals should achieve and maintain core competencies, including knowledge, skills, and attitudes to support breastfeeding.
- Health-care professionals who care primarily for women of childbearing age, newborns, infants, and children should enthusiastically seek to increase their breastfeeding competencies and integrate them into their practices.
- Institutions responsible for training health-care professionals should commit to equipping all students with the knowledge and skills to support breastfeeding mothers with initiation, duration, and exclusivity.
- Institutions responsible for training health-care professionals should seek to create a breastfeeding-friendly environment by developing policies and environments that are supportive of students, staff, and visitors who are breastfeeding.
- Institutions responsible for training health-care professionals should adhere to the International Code of Marketing Breast-milk Substitutes (WHO Code) and should not promote or receive funding, educational (or other) materials, or sponsorships from the infant-formula or other industries that are within the scope of the WHO Code.

- Health professionals and members of academia should work to increase the body of knowledge related to breastfeeding through research, evaluation, and dissemination.
- Researchers should use standard definitions, as established by the World Health Organization, for breastfeeding and related child-rearing practice indicators.
- Health professionals and faculty should participate in breastfeeding coalitions, task forces, multidisciplinary workgroups, committees, consortiums, or advisory boards to protect, promote, and support breastfeeding within the health-care system and within the community.

Include Breastfeeding Support as a Standard of Care

Midwives, obstetricians, family physicians, nurse practitioners, and pediatricians provide care that supports their patients' interests and health needs, including breastfeeding. Parents need support from these health-care professionals in the postpartum period when feeding is becoming established.

The actions suggested below are ideal for professional health organizations, government entities, and health-care professionals.

Actions Recommended by the U.S. Surgeon General:

- Define standards for clinical practice that will ensure continuity of care for pregnant women and mother-baby pairs in the first four weeks of life.
- Conduct analyses and disseminate their findings on the comparative effectiveness of different models for integrated skilled lactation support into settings where midwives, obstetricians, family physicians, nurse practitioners, and pediatricians practice.

Additional Actions to Consider:

- Develop, implement, and communicate comprehensive policies and practices that protect, promote, and support breastfeeding.
- Patient care services should protect and support the establishment and continuation of exclusive breastfeeding.
- Provide comprehensive skilled lactation support by hiring or contracting with an IBCLC.
- Work collaboratively with other professionals in the community to assure a continuum of referral and support for breastfeeding.
- Adhere to the International Code of Marketing of Breast-milk Substitutes (WHO Code) by not displaying or distributing literature, samples, or coupons provided by infant-formula companies or related industries.
- Support breastfeeding in public places, and also provide quiet, clean accommodations for breastfeeding that allows for privacy, if needed.
- Encourage mothers to breastfeed their infants for comfort and pain relief during injections and other painful procedures.

- Encourage participation in professional and volunteer collaborative opportunities, including breastfeeding coalitions, task forces, multidisciplinary workgroups, committees, consortiums, or advisory boards to protect, promote, and support breastfeeding.

Ensure Access to Services by International Board Certified Lactation Consultants

International Board Certified Lactation Consultants (IBCLCs) are the only health-care professionals certified in lactation care. Better access to IBCLCs can be achieved by accepting them as core members of the health-care team and creating opportunities to prepare and train more IBCLCs.

The actions suggested below are ideal for government entities, third-party payers, and hospitals.

Actions Recommended by the U.S. Surgeon General:

- Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children.
- Provide reimbursement for International Board Certified Lactation Consultants (IBCLCs) independent of their having other professional certification or licensure.
- Work to increase the number of racial and ethnic minority IBCLCs to better mirror the U.S. population.

Additional Action to Consider:

- Employ International Board Certified Lactation Consultants (IBCLCs) and ensure each shift is staffed with IBCLCs and trained lactation professionals.

Make Available Banked Donor Milk

Donated human milk can assist infants with special needs to achieve the best possible health outcome. Demand for donor milk outpaces supply because of logistical challenges related to transportation of donated milk, the lack of clarity in oversight, and the high cost of providing banked human milk.

The actions suggested below are ideal for government entities, professional health organizations, the Institute of Medicine, and third-party payers.

Actions Recommended by the U.S. Surgeon General:

- Conduct a systematic review of the current evidence on the safety and efficacy of donor human milk.
- Establish evidence-based clinical guidelines for the use of banked donor milk.
- Convene a study on federal regulation and support of donor milk banks.

Additional Actions to Consider:

- Prescription and use of pasteurized banked human donor milk from Human Milk Banking Association of North America (HMBANA)-member milk banks should be considered when there is a medical condition that interferes with direct breastfeeding and the mother's own milk is not available.

- Third-party payers who do not already cover donor milk processing fees should consider the cost savings associated with its use and allow for reimbursement.
- Learn more about human milk banking in Texas by visiting the websites of these HMBANA-member milk banks:
 - Mothers' Milk Bank at Austin: www.milkbank.org
 - Mothers' Milk Bank of North Texas: www.texasmilkbank.org

Do you have an action you'd like to recommend that is not listed here? Tell us about your recommended action by emailing: WICGeneral@dshs.state.tx.us.

For more ideas about how you can help support breastfeeding, visit *From Day One: A Community for Breastfeeding Support* at: SupportFromDayOne.org.