


**In-person**  
March 13-16, 2024




**Virtual**  
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## 45th National Conference on Pediatric Health Care

### Rethinking Equitable Breastfeeding Management: Using a Patient-Centered Approach and AAP Guidelines

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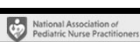


Experts in pediatrics, Advocates for children.

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## Speaker Disclosure

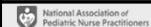
- The speakers have no financial interests or relationship to disclose.



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## Learning Objectives

- Describe the basis for a patient-centered approach to cultivate equitable breastfeeding care
- Identify at least two changes from previous breastfeeding guidelines that aim to increase access for breastfeeding support
- Identify at least one provider resource and one client resource to enhance patient-centered breastfeeding management



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## About Us

**Allison Scott**  
Fayetteville, AR



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## THE ROAD TO IMPROVED BREASTFEEDING OUTCOMES



- Prior to 20<sup>th</sup> century – Breastfeeding rate = 90%
- Manufacturers of infant feeding substitutes advertised directly to physicians
- “Germ Theory” idea that human milk was poor quality/insufficient
- Rates steadily declined until early 1970’s
- AAP: Strong proponent of breastfeeding education & legislation establishing infant formula, **as originally intended**, as an infant nutrition replacement when breastfeeding was not possible.

## Current Status

- Legislation & public education emphasis: increase role of breastfeeding and return infant formula to original intention
- As A REPLACEMENT ONLY WHEN ECONOMIC or PHYSICAL Requirements cannot be met
- AAP guideline aligns
- **“The AAP recommends exclusive breastfeeding for approximately 6 months after birth. Furthermore, the AAP supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for 2 years or beyond”.** AAP (2022) Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*, 150(1).

## Breastmilk: What we now know *Prevention of:*

### Baby/Child

- AOM/Infections
- GI & Resp. illness
- Childhood/adult obesity
- Inflammatory skin disorders
- Dental malocclusion

### Mother

- Heart disease
- Breast & Ovarian cancer
- Diabetes
- “Long-term breastfeeding is associated with protections against diabetes, high blood pressure, and cancers of the breast and ovaries.” AAP (2022)

## American Heart Association

U.S. has the highest maternal death rate of any developed country

Heart disease is the No. 1 cause

Women with APOs have higher risk of CVD in later life

Women of color have increased risk of CVD and Adverse Maternal/Fetal Pregnancy Outcomes (APO)

“Women who breastfeed have lower risk of future CVD, coronary heart disease, stroke & fatal CVD”



Tuchidener, Seekircher, Kundoor, et al. (2022)

## Role of Lactation in Heart Health



- Lactation promotes recovery to pre-conception state, including CV profiles (blood sugar, triglycerides, blood pressure, insulin resistance)
- “CARDIA study (Coronary Artery Risk Development in Young Adults) found that longer breastfeeding was associated with higher high-density lipoprotein cholesterol levels, less nonalcoholic fatty liver disease and type 2 diabetes”

• Kim, Catov, Schreiner, et al. (2023)

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## MAKING PROGRESS



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## AAP Guidelines: What's Different?

NOT intended to make  
parents meet specific  
goals

IS intended to encourage  
providers/professionals  
to follow EBP and  
encourage public  
health/family policies



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## GUIDELINE EMPHASIS

- ❖ Recommendation for increased duration of breastfeeding and normalizing extended breastfeeding based on current evidence that there are health benefits *past the 12-month* mark for the lactating parent and child
- ❖ Emphasis on *health inequities* with breastfeeding and targeting interventions for groups with lower rates
- ❖ Focus on viewing breastfeeding through a *public health lens*, moving away from focusing primarily on nutrition for the growing child
- ❖ Recommendation regarding strengthening *support and policies* for lactating mothers in the workplace and breastfeeding in public.

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## APA Guideline Statement on BF Duration

### • 2012 Statement

- "The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for **about 6 months**, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant"

### • 2022 Statement

- "The AAP recommends exclusive breastfeeding for approximately 6 months"
- "The AAP supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired for 2 years or beyond"

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## Health Inequities

- Historically, disparities and inequities existed > 400 years
- Systemic & structural racism
- Inequitable resources and support
- Inadequate workforce resources



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## Health Inequities Continued

### Statistics

- Rates of breastfeeding are lower in Black Women
- 73.6% of Black women breastfeed
- National average 84.1% (Chiang et al., 2019)



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## WHY is longer breastfeeding important for equity?

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Decrease  
respiratory  
problems

2

Decrease mortality

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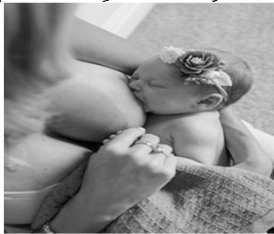
Mitigation of risk  
for chronic disease

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YOU are the key

**Provider Interventions are critical to ensure intended breastfeeding goals**

\*particularly 4 to 7 days after birth



AAP emphasizes using evidence-based guidelines vs personal experience in managing BF families

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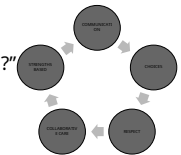
**Patient-centered Approach**



- Improved patient outcomes
- Increased patient satisfaction
- Reduced healthcare costs
- \*Providers: Collaboration, Knowledge, Efficient Referral, Strong value of breastfeeding

(AAP, 2022)

"How is BF going?"



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**Poor weight gain**

**Weight & Hydration Status**

\*Weight <75th percentile on NEWT  
NEWT Newt - Newborn Weight Loss Tool

- \*Gain of <0.5 oz/day
- \*Birth weight not regained by day 14

**Maternal Risk Factors**

- \*Cesarean Section
- \*Intrapartum IV fluids (>1500mL)
- \*Maternal retained placenta
- \*Maternal Obesity
- \*POS
- \*Maternal Diabetes or Hypertension

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**Poor Weight Gain**



**Preventative Support:**

- \*Offer both breasts each feeding (>8x/d)
- \*Feed 1 side until audible swallow decreases, then switch
- \*Breast massage before/during
- \*Skin-to-skin
- \*Pump after feeding (DAY)

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## Supplementation

1st choice: Expressed breast milk  
2nd choice: Donor human milk  
3rd choice: Formula

With hyperbilirubinemia, protein hydrolysate may be preferred over standard formula (reduces bili more rapidly)



## ABM Recommendations (healthy term infants)

- First 24 hours–2 to 10 mL/feed
- 24 to 48 hours–5 to 15 mL/feed
- 48 to 72 hours–15 to 30 mL/feed
- 72 to 96 hours–30 to 60 mL/feed

## RESOURCES: PROVIDER

- CDC Guide to Strategies to Support Breastfeeding Mothers and Babies: [www.cdc.gov/breastfeeding/pdf/BF-Guide-508.pdf](http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.pdf)
- CDC Health Equity Resources: <https://www.cdc.gov/nccphp/dnpao/health-equity/health-equity-resources.html>
- Academy of Breastfeeding Medicine: [www.bfmed.org/](http://www.bfmed.org/)
- Breastfeeding handouts in multiple languages: <https://medlineplus.gov/languages/breastfeeding.html>
- Maternal Nipple Pain Clinical Practice Guideline: [www.cahs.health.wa.gov.au/-/media/HSPs/CAHS/Documents/Community-Health/CHM/Breastfeeding-and-lactation-concerns—assessment.pdf](http://www.cahs.health.wa.gov.au/-/media/HSPs/CAHS/Documents/Community-Health/CHM/Breastfeeding-and-lactation-concerns—assessment.pdf)
- AAP Breastfeeding Practice Tools for Health Professionals: [www.aap.org/en/patient-care/breastfeeding/breastfeeding-practice-tools-for-health-professionals/](http://www.aap.org/en/patient-care/breastfeeding/breastfeeding-practice-tools-for-health-professionals/)
- International Breastfeeding Centre's Information Sheets: <http://ibconline.ca/information-sheets/>
- Drugs and Lactation Database (LactMed): [www.ncbi.nlm.nih.gov/books/NBK501922/](http://www.ncbi.nlm.nih.gov/books/NBK501922/)
- InfantRisk Center website: <https://infantrisk.com>
- InfantRisk Call Center: 1-806-352-2519
- Book: Hale TW, Kruttsch K. *Hale's Medications and Mother's Milk*. 20th ed. Springer Publishing; 2023.

## Resources: Provider


- Academic focus:
- AACN [diversity Tool Kit](#)
- [Diversity Tool Kit](#)
- NONPF

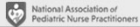
## RESOURCES: PARENT

CDC Breastfeeding Parent Resources:  
<https://www.cdc.gov/nutrition/InfantandToddlerNutrition/breastfeeding/index.html>  
[Breastfeeding | Nutrition | CDC](#)  
Milkology: [milkology.org/about-milkology](http://milkology.org/about-milkology)  
ABM Parent Resources: <https://www.bfmed.org/parent-handouts>  
\*free downloadable handouts in 11 languages  
Breastfeeding Attachment Video:  
<https://globalhealthmedia.org/videos/breastfeedingattachment>  
  
KellyMom: <https://kellymom.com>

GOAL

- ❖ Efficiency
- ❖ Safety
- ❖ Collaboration
- ❖ Patient-Centered (Individualized /Choices)





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CASE STUDIES

- Breastfeeding report card
- Clinical indicators






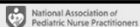
SCAN ME


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Rethinking Breastfeeding Management




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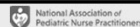
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