WHEREAS, the United States Preventive Services Task Force recommends interventions during pregnancy and after birth to promote and support breastfeeding;¹

WHEREAS, AHRQ systematic review and meta-analysis,² as well as subsequent research, confirm the many risks of not breastfeeding;

WHEREAS, the US Institute of Medicine lists breastfeeding support as a major gap in women’s healthcare;³

WHEREAS, continued and exclusive breastfeeding rates in the US do not currently achieve the Healthy People 2010 or Healthy People 2020 Goals for the Nation for a variety of social, economic, educational, institutional, healthcare and political reasons, compounded by a lack of clear and consistent support in public health programs and in clinical services;⁴

WHEREAS, it has been estimated that improved breastfeeding practices could prevent at least 900 infant deaths annually in the US and more than one million child deaths internationally;⁵

WHEREAS, A US Government Accountability Office report ⁷ concluded that breastfeeding rates were lower among infants of mothers who are young, not college-educated, and unmarried, that advertising of infant formula is widespread and increasing, that some infant formula marketing, particularly hospital discharge packs, discourages breastfeeding, and that WIC was seen as promoting specific formula brands, contributing to these problems;

WHEREAS, ACPM is on record supporting WIC’s breastfeeding education efforts;⁸

WHEREAS, the American Academy of Pediatrics, The American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and the Academy of Breastfeeding Medicine, as well as the American College of Nurse Midwives and the American Dietetic Association, have clear statements on the importance of breastfeeding as a preventive health measure for mother and child, supportive of breastfeeding as the physiological norm and of the importance of exclusive breastfeeding for the first six months and continued breastfeeding for at least one or two years, and of the importance of skilled clinical support, in addition to social and workplace support;⁹

WHEREAS, the CDC Guide to Breastfeeding Interventions ¹⁰ concludes that evidence-based interventions for improving breastfeeding rates include maternity care practices such as the Baby-friendly Hospital Initiative, worksite lactation support, peer support, educating mothers, and media and social marketing campaigns;

WHEREAS, maternity and birthing practices persist that are not medically indicated and that unnecessarily interfere with the establishment of breastfeeding;
WHEREAS, published medical studies do not adequately define breastfeeding, or distinguish between exclusive breastfeeding and other breastfeeding patterns;¹¹

WHEREAS, health professionals have inadequate training, education, and resources to provide appropriate breastfeeding support; ¹² and,

WHEREAS, two major impediments to breastfeeding in the US are lack of paid maternity leave, necessitating early return to work, and lack of co-located daycare for infants and young children, therefore be it

RESOLVED, That ACPM will endorse and share with ACPM membership the January 2011 Surgeon General’s Call to Action to Support Breastfeeding and call on ACPM members to support its recommendations, with attention to the Ten Steps to Successful Breastfeeding in maternity facilities and the limitation of formula marketing; and be it further

RESOLVED, That ACPM will explore opportunities to renew ACPM membership in the United States Breastfeeding Committee.

References:

3. IOM. Clinical Preventive Services for Women: Closing the Gaps, July 2011
4. APHA policy
