

**DEPARTMENT OF HEALTH SERVICES**

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 657-1425



November 1, 1999

Maternal and Child Health  
714 P Street, Rm. 760

DEC 02 1999

STATE DEPT. OF HEALTH  
SACRAMENTO

TO: Local Health Officers

SUBJECT: BREASTFEEDING PROMOTION COORDINATOR

**Purpose**

The Department of Health Services (DHS) requests that you designate a local health jurisdiction "Breastfeeding Coordinator" to assist us in developing a closer partnership with you in the area of breastfeeding promotion and support (see Enclosure A). The California Breastfeeding Promotion Committee recommended that each Department of Public Health establish a breastfeeding coordinator to facilitate communication between state and local government. In some jurisdictions, the most appropriate designated staff may be a WIC staff member. The Department is in a key position to share breastfeeding promotion ideas and resources to assist you in your efforts to increase local breastfeeding initiation and duration rates.

**Local  
breastfeeding  
promotion  
efforts are  
increasing**

At last count, there are 30 regional breastfeeding coalitions in California developing and implementing innovative breastfeeding promotion and support strategies at the local level. The Maternal and Child Health Branch regularly updates the list of regional breastfeeding coalitions in California, which includes a summary of current activities (located in Enclosure B).

**Department of  
Health Services'  
breastfeeding  
promotion  
efforts are  
increasing**

DHS is also moving forward with efforts to increase breastfeeding rates in California. The Department developed a Strategic Plan for Breastfeeding Promotion (Enclosure C) based on recommendations and strategies from the California Breastfeeding Promotion Committee's report, "Breastfeeding: Investing in California's Future." This plan includes over fifty objectives and participation from the following divisions: Medi-Cal Managed Care, Medi-Cal Policy, Licensing and Certification, Primary Care and Family Health, Health Information and Strategic Planning, Chronic Disease and Injury Control, the Office of Women's Health, and the Office of Multi-Cultural Health.

Enclosed is a summary of our key accomplishments, and current activities for your review (Enclosure D). In addition, enclosed is the Medi-Cal Managed Care Division's breastfeeding policy letter to contracted health plans to update you on this tremendous step forward for improving breastfeeding support, not only for Medi-Cal beneficiaries, but for all women in California (Enclosure B).

**Why is  
breastfeeding  
promotion a  
priority?**

The American Academy of Pediatrics issued a new Policy Statement on Breastfeeding and the Use of Human Milk in December 1997 to reflect the considerable advances that have occurred in recent years in the scientific knowledge of the benefits of breastfeeding, in the mechanisms underlying these benefits, and in the practice of breastfeeding (Enclosure E).

**Benefits of Breastfeeding**

Scientific research overwhelmingly indicates that breastfeeding is the superior method of infant feeding. Significantly lower rates of diarrhea, ear infections, lower respiratory illness, and childhood lymphomas occur among breastfed infants and children in the United States. Breastfeeding has also been reported to protect against necrotizing enterocolitis, bacteremia, meningitis, botulism, sudden infant death syndrome, urinary tract infection, early childhood caries, juvenile diabetes, and inflammatory bowel disease. Developmentally, breastfed infants have better visual acuity, and evidence suggests that their cognitive development is superior. For mothers, breastfeeding reduces the risk for developing premenopausal breast, ovarian, and endometrial cancer.

The health benefits of breastfeeding translate into significant cost savings from decreased hospitalizations and pediatric visits. Some studies suggest that if all women in the United States breastfed their infants for as little as twelve weeks, the United States could save 2 to 4 billion health care dollars annually. Looking only at ear infections, infants who are exclusively breastfed for at least four months had half the number of ear infections as formula fed infants. In addition, a recent study demonstrated that infants who were never breastfed cost a managed care health system an additional \$331 to \$475 during the first year of life for excess office visits, hospitalizations, and prescriptions compared to infants exclusively breastfed for three months.

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**What can a  
Public Health  
Department  
Breastfeeding  
Coordinator do?**

**Proposition 10 - Incorporating Breastfeeding Promotion and Support**

Given that county commissions are currently developing strategic plans to implement activities to enhance early childhood development through funds provided by Proposition 10, a timely opportunity exists for identifying and proposing solutions for gaps in breastfeeding promotion and support services. A Public Health Department Breastfeeding Coordinator could assist in this effort by networking with other public health programs, i.e, Women, Infants, and Children (WIC) Supplemental Nutrition Branch, Comprehensive Perinatal Services Program, and Public Health Nursing to identify and develop proposals for integrated, coordinated, and comprehensive breastfeeding services.

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**What can a  
Public Health  
Department  
Breastfeeding  
Coordinator do?  
(cont.)**

Enclosed is a resource, "Breastfeeding and Early Childhood Development," which was developed by the WIC Branch and documents the relationship between breastfeeding and early childhood development and includes ideas for incorporating breastfeeding activities into Proposition 10 (Enclosure F).

**Establish a Breastfeeding Friendly Work Environment**

A Department of Public Health Coordinator can assist in efforts to establish breastfeeding friendly workplaces. As health care leaders in the community, it is our responsibility to reduce this common barrier to breastfeeding, particularly within our own workplace. Encourage your Breastfeeding Coordinator to start by establishing a written breastfeeding policy.

In order for mothers to express milk regularly to maintain their supply, they need a comfortable and private space for pumping, other than a bathroom, a refrigerator to store their milk, and an electric pump to shorten the time to express milk. Mothers often need flexible breaks and work hours to accommodate their pumping schedules.

Providing an environment which supports breastfeeding can also reap substantial benefits to employers. In a recent study of lactation programs run by both the Los Angeles Department of Water and Power and the Aerospace Corporation, infants who were breastfed had 33 percent fewer illnesses than bottle-fed infants and 21 percent fewer illnesses that led to a parent's absence from work. The overall net impact of the programs was to decrease absenteeism by 28 percent and sick child health care claims by 36 percent.

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**Action needed**

DHS looks forward both to receiving the enclosed form from you by fax to Deanna Lester at (916) 928-0610, at the WIC Branch, by November 30, 1999, identifying your Department of Public Health Breastfeeding Coordinator and to assisting you in your continued efforts to increase breastfeeding rates in your county (Enclosure A). The Department appreciates your attention to this important public health issue.

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Local Health Officers

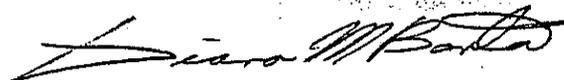
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**Questions**

If you have any questions, please contact me at (916) 657-1425, or  
Phyllis Bramson-Paul, Chief of the WIC Branch at (916) 928-8806.

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Diana M. Bontá, R.N., Dr. P.H.  
Director

**Enclosures**

cc: Maternal and Child Health Directors  
Directors of Public Health Nursing  
California Conference of Local Health Department Nutritionists  
Primary WIC Program Contact  
Regional Breastfeeding Coalitions  
California Breastfeeding Promotion Committee

**Please fax this completed form by November 30, 1999, to:**

**(916) 928-0610**  
**Attention Deanna Lester**  
**Women, Infants, and Children**  
**Supplemental Nutrition Branch**

	Please Complete This Section
Name of Department of Public Health:	
County or City:	
Name of Department of Public Health Breastfeeding Coordinator:	
Address:	
Phone Number:	
Fax Number:	
Internet address (if applicable):	

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P. O. Box 942732  
Sacramento, CA 94234-7320  
(916) 654-8076

December 10, 1998



## MMCD Policy Letter 98-10

TO:            County Organized Health Systems  
               Geographic Managed Care Plans  
               Prepaid Health Plans  
               Primary Care Case Management Plans  
               Two-Plan Model Plans

SUBJECT: BREASTFEEDING PROMOTION

**PURPOSE**

This policy letter is to clarify the Medi-Cal Managed Care Health Plans' (hereafter referred to as Plans) contractual responsibilities regarding breastfeeding education and counseling; and the provision of medically necessary breastfeeding related services.

**BACKGROUND**

The Department of Health Services (DHS) promotes breastfeeding as the optimal way to feed infants. Extensive research studies have documented many benefits of breastfeeding for both the nursing infant and mother. Breastfeeding provides health, nutrition, immunological, developmental, economic, psychological, social, and environmental benefits to both mother and infant. In 1996, the California Statewide Breastfeeding Promotion Committee summarized the advantages to infants, and numerous maternal and societal benefits associated with breastfeeding (See Enclosure 1).

Breastfeeding is recognized as the preferred method of infant feeding by the American Academy of Pediatrics (AAP), the American Dietetic Association, the American College of Obstetrics and Gynecology, the American Public Health Association, and the National Healthy Mothers/Healthy Babies Coalition. The U.S. Department of Health and Human Services'

(DHHS) 1991 publication of Healthy People 2000: National Health Promotion and Disease Prevention Objectives has identified two national goals to increase breastfeeding initiation and duration rates: that at least 75 percent of all mothers will initiate breastfeeding at delivery, and at least 50 percent will continue breastfeeding for six months.

## **POLICY**

All Plans must provide breastfeeding promotion, education and counseling services to their members, and must provide medically necessary breastfeeding related services.

### 1. Breastfeeding Promotion, Education and Counseling Services

All Plans must develop and implement breastfeeding promotion, and support strategies that are comprehensive and well integrated throughout the Plan's perinatal and pediatric services.

Plans are required to provide nutrition and health education assessments and interventions as part of prenatal care (MMCD Policy Letter 96-01). These health education and nutrition assessments and interventions must include breastfeeding education and counseling. Specifically, information on the benefits of breastfeeding, strategies to overcome common barriers to breastfeeding, and inadequacies of artificial milk substitutes must be an integral part of prenatal counseling.

Plans must also ensure that the obstetric, primary care and pediatric providers in their network provide postnatal support to postpartum breastfeeding mothers through continued health education, counseling, and the provision of medically necessary interventions such as lactation durable medical equipment. Plans must implement procedures to ensure that postpartum women receive the necessary breastfeeding counseling and support immediately after delivery. Assessment of breastfeeding support needs should be part of the first newborn visit after delivery.

Plans must have procedures for appropriate referrals of breastfeeding mothers to professional lactation consultation services. These services must be provided by knowledgeable health practitioners experienced in providing lactation consultation, such as physicians, registered nurses, and dietitians under the direction of a physician.

Plans must refer all Medi-Cal-eligible pregnant and breastfeeding members to the Women, Infants, and Children (WIC) Supplemental Nutrition program.

Breastfeeding promotion, education and counseling services and/or activities must be coordinated with the local WIC agency.

Plans with contract requirements for health education must include breastfeeding promotion, and education in both their member health education and provider education programs (See Enclosure 2). Plan members must be educated about the health benefits, economic advantages of breastfeeding, maternal and infant nutrition, lactation management, and the commonly perceived barriers to breastfeeding. Plans are encouraged to distribute culturally appropriate educational materials at provider sites during routine and prenatal care visits. All materials given to patients must be screened carefully for negative or contradictory messages about breastfeeding.

For mothers choosing to breastfeed, information regarding techniques for successful initiation of breastfeeding must be delivered to the mother at an appropriate time after delivery. The provision of postpartum health education, counseling, and support must be provided to breastfeeding women by hospital staff, or by alternate Plan arrangements such as designated lactation counselors made available to mothers.

Plans must not perform marketing functions for formula companies. Given that early supplementation of infant formula may lead to early termination of breastfeeding, formula samples, coupons, and materials from infant formula companies should not be routinely distributed to pregnant and postpartum women.

2. Durable Medical Equipment

Lactation management aids, classified as Durable Medical Equipment (DME), are covered benefits under the Medi-Cal program. Plans must provide medically necessary lactation DME, such as breast pumps and breast pump kits, to breastfeeding members. Specialized equipment, such as electric breast pumps, must be provided to breastfeeding Plan members when determined medically necessary. If the Plan requires prior authorization for lactation management DME, criteria must be developed based on sound clinical principles, and the medical needs of both the nursing mother and infant.

3. Human Milk Bank

Medi-Cal benefits include enteral nutritional supplemental or replacement formulas when medically diagnosed conditions preclude the full use of regular food (Title 22, California Code of Regulations, Section 51313.3). Plans must

arrange for the provision of human milk for newborns in the following situation: mother is unable to breastfeed due to medical reasons, and the infant cannot tolerate or has medical contra-indications to the use of any formula, including elemental formulas. Plans must establish policies and procedures for ensuring the timely provision of human milk. At this time, the Mothers' Milk Bank at Santa Clara Valley Medical Center in San Jose, California, is the only human milk bank in the State of California (See Enclosure 3).

## DISCUSSION

Given the extensive benefits of breastfeeding for the health of the mother and infant, and the significant numbers of pregnant women in the Plan's membership, it is essential for the Plan to implement comprehensive breastfeeding promotion strategies. Plans should consider broad approaches to the promotion of breastfeeding including: adoption of network-wide clinical standards, utilizing existing educational resources such as "Steps to Take: Guidelines for Comprehensive Perinatal Services," developed by the Maternal Child Health Branch, DHS, and working with local breastfeeding coalitions (See Enclosure 4).

One of the first decisions a new mother makes about infant care is whether she will breastfeed, use formula, or a combination of the two. Every mother has the right to determine how she will feed her baby. Thus, it is important for Plans to ensure that all pregnant and postpartum members are well-informed when making infant feeding decisions, and that support for breastfeeding is available and accessible after delivery.

Breastfeeding should begin as soon as possible after birth, preferably within the first hour. Exclusive breastfeeding is ideal nutrition sufficient to support optimal growth and development for approximately the first six months after birth. The AAP recommends that breastfeeding continue for at least 12 months, and thereafter for as long as it benefits both mother and infant. Plans may wish to design a joint management approach between pediatricians and obstetricians. The obstetrician's encouragement is essential to increasing the initiation frequency, and the pediatrician's support is essential to extending the duration of breastfeeding.

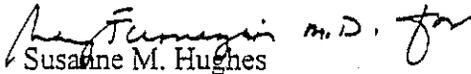
The period immediately after delivery is most critical in initiating breastfeeding. Plans are strongly encouraged to determine if their contracted hospitals for maternity services have procedures in place to facilitate the initiation of breastfeeding for their plan members. Plans may encourage contracted hospitals to provide in-service training to labor and delivery medical and nursing staff regarding the initiation of breastfeeding by mothers after delivery.

Although breastfeeding has many health benefits, there are some situations in which breastfeeding is not in the best interest of the infant. Provider training and member education services should include information about breastfeeding contraindications for certain health risks.

December 10, 1998

According to the AAP, these include the infant with galactosemia, the infant whose mother uses illegal drugs, the infant whose mother has untreated active tuberculosis, and the infant whose mother has been infected with the human immunodeficiency virus (HIV). Although most over-the-counter medications are safe for breastfeeding women, the AAP lists some medications which may require temporary interruption of breastfeeding. These medications include radioactive isotopes, antimetabolites, cancer chemotherapy agents, and a small number of other medications. Various books and medication tables outlining drugs that are considered safe or are contradicted for use when breastfeeding have been written for physician reference.

Should you have any questions or need additional information regarding breastfeeding promotion and support service benefits covered under Medi-Cal managed care, please contact your contract manager.

  
Susanne M. Hughes  
Acting Chief  
Medi-Cal Managed Care Division

Enclosures

## Importance of Breastfeeding

Breastfeeding Promotion Committee Report to the California Department of Health Services  
Primary Care and Family Health

### Human milk is uniquely suited for human infants.

- Human milk is easy to digest and contains all the nutrients that babies need in the early months of life.
- Breast milk contains factors that help infants grow and mature.
- Factors in breast milk protect infants from a wide variety of illnesses.
- Breast milk contains antibodies specific to illnesses encountered by each mother and baby.
- Fatty acids, unique to human milk, may play a role in infant brain and visual development.
- In several large studies, children who have been breastfed had a small advantage over those who have been artificially fed when given a variety of cognitive and neurological tests, including measures of IQ.

### Breastfeeding saves lives.

- Lack of breastfeeding is a risk factor for sudden infant death syndrome (SIDS).
- Human milk may protect premature infants from life-threatening gastrointestinal disease.

### Breastfeeding infants are healthier.

- Infants who are exclusively breastfed for a least 4 months are half as likely as artificially (milk or milk substitute other than mothers' milk) fed infants to have ear infections in the first year of life.
- Breastfeeding reduces the incidence and lessens the severity of bacterial infections such as meningitis, lower respiratory infections, and bacteremia in infants.
- Breastfeeding is protective against infant botulism.
- Evidence suggests that exclusive breastfeeding for at least two months protects susceptible children from Type I insulin dependent diabetes mellitus (IDDM).
- Breastfeeding may reduce the risk for subsequent inflammatory bowel disease and childhood lymphoma.
- Breastfed infants are less likely to have diarrhea.
- Women who were breastfed as a child are less likely to develop multiple sclerosis.

### Breastfeeding helps mothers recover from childbirth.

- Breastfeeding helps the uterus shrink to its pre-pregnancy state and reduces blood lost after delivery.
- Mothers who breastfeed for at least 3 months may lose more weight than bottle-feeding mothers.
- Breastfeeding mothers usually resume their menstrual cycles 20 to 30 weeks later than bottle-feeding moms.

### Breastfeeding keeps women healthier throughout their lives.

- Breastfeeding can be an important factor in child spacing among women who do not use contraceptives.
- Breastfeeding reduces the risk of breast and ovarian cancer.
- Breastfeeding may reduce the risk of osteoporosis.
- During lactation, total cholesterol, LDL cholesterol, and triglyceride levels decline while the beneficial HDL cholesterol level remains high.

### Breastfeeding is economical.

- The cost of artificial milk has increased 150 percent since the 1980s.
- If no California infants were breastfed, the cost of artificial baby milk would exceed \$400 million per year.
- Breastfeeding reduces health care costs.

### Breastfeeding is environmentally sound.

- Unlike artificial baby milk, breastfeeding requires no fossil fuels for its manufacture or preparation.
- Breastfeeding reduces pollutants created as by-products during the manufacture of plastics and artificial baby milk.
- Breastfeeding reduces the burden on our landfills.

## Recommended Strategies for Breastfeeding Health Education and Promotion

1. Incorporate breastfeeding education into childbirth preparation and other appropriate classes offered to members.
2. Provide breastfeeding education and training, including resource materials, to perinatal, pediatric and primary care providers to support the breastfeeding mother and child.
3. Incorporate breastfeeding and lactation management into health assessment tools, protocols and practice guidelines.
4. Include breastfeeding as part of Individual, Group and Community Needs Assessments.
5. Provide culturally appropriate breastfeeding education materials to Plan members, providers and contracting hospitals.
6. Participate in community-wide breastfeeding education, promotion and outreach efforts, including local breastfeeding coalitions.
7. Identify and develop breastfeeding community support and referral resources.
8. Incorporate breastfeeding education into health advice, referral and/or hotlines in appropriate languages.
9. Develop methods to evaluate the number of members initiating breastfeeding at delivery and continuing for six months.
10. Support the Baby Friendly Hospital Initiative by promoting early postpartum breastfeeding practices.

# Regional Breastfeeding Coalitions in California

## Northern California

Name of Coalition	Contact Person	Phone #	Fax #
Alameda County Breastfeeding Task Force	Lyn Diana, RD, MA	(510) 628-7798	(510) 628-7890
Bay Area & Coastal Counties WIC Regional Network (Alameda, Contra Costa, Marin, Monterey, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano Counties)	Anne Garrett, RN, IBCLE	(650) 573-2955	(650) 577-9223
Breastfeeding Advisory Committee for San Mateo County WIC	Anne Garrett	(650) 573-2955	(650) 577-9223
Breastfeeding Coalition of Greater Sacramento	Janet Hill, RD, CLE	(916) 427-1134	(916) 395-7314
Breastfeeding Council of Tehama County	Sue Mitchell, RD	(916) 527-8791	(916) 527-6150
Breastfeeding Task Force of Humboldt County	Ninon McCullough, RN	(707) 445-6210	(707) 441-5686
Breastfeeding Task Force of Solono County	Teri Broadhurst, MPH, RD, CLC	(707) 435-2212	(707) 435-2217
Contra Costa Breastfeeding Task Force	Nancy Hill, MS, RD, CLE	(925) 313-6260	(925) 313-6708
El Dorado County Breastfeeding Task Force	Betsy Tapper	(530) 573-3383	
The Oroville Community Coalition for Breastfeeding	Debbie Pierce, RN, PHN	(916) 891-2869	(916) 891-8743
Northern California Breastfeeding Coalition (Santa Rosa)	Margaret Bregger	(707) 544-4506 Est. 739	(707) 526-1016
San Francisco Breastfeeding Promotion Coalition	Elaine Jewell	(415) 822-1406	
Santa Clara Valley Breastfeeding Task Force	Kathy Sweeney, RD, CLE	(408) 299-7004	(408) 287-9793
Santa Cruz County Breastfeeding Coalition	Roberta Barnett, RN, MS	(408) 454-4772	(408) 454-4982
Shasta County Breastfeeding Coalition	Susan Ann Spencer, IBCLC, CCE	(530) 245-6466	(530) 225-5722
Siskiyou County Breastfeeding Task Force	Patty Leal, RN, PHN, CLE	(916) 842-8242	(916) 841-0424
Yuba/Sutter Breastfeeding Task Force	Kathy Ang, RD	(916) 742-4993	(916) 742-2599

For a complete listing of Regional Breastfeeding Coalitions in California with addresses, contact [www.breastfeeding.org](http://www.breastfeeding.org)

### Central California

Name of Coalition	Contact Person	Phone #	Fax #
The Breastfeeding Coalition of Stanislaus County	Duster Harris, PHN or Monica Denofra	(209) 558-6815 (209) 558-7377	(209) 558-8315 (209) 558-7508
Central California WIC Breastfeeding Coalition	Julie Casillas, RD, CLE	(559) 263-1380	(559) 263-1152
Kern County Breastfeeding Promotion Coalition	Linda Erb	(805) 868-0523	(805) 868-0225
Kings County Breastfeeding Coalition	Gloria Pierson, PHN or Suzy Hendrickson, CLE	(559) 582-2795 (559) 582-0180	(559) 582-0927 (559) 582-0927
Inyo-Mono Counties: Breastfeeding is Best (group)	Carolyn Balliet	(760) 934-5410	(760) 924-5467
Modoc County Breastfeeding Coalition	Joyce Miller RN, PHN, CLC	(530) 233-6311	(530) 233-5754
Breastfeeding Coalition of San Joaquin County; A subcommittee of the Healthier Community Coalition	Kay Ruhstaller, RD	(209) 472-7093	(209) 472-9802

### Southern California

Name of Coalition	Contact Person	Phone #	Fax #
Antelope Valley Breastfeeding Coalition	Sonja Beck, CLE	(661) 726-6441	
The Breastfeeding Task Force of Greater Los Angeles	Kiran Saluja, MPH, RD	(626) 856-6650	(626) 813-9390
Breastfeeding Coalition of San Luis Obispo	Christine Bisson, RD, CLE	(805) 781-5151	(805) 781-1217
North Santa Barbara (Santa Maria) Breastfeeding Coalition	Wrennette Hole, RD, CLE	(805) 346-8450	(805) 346-8243
Orange County Breastfeeding Coalition	Laurence Obaid, MS, RD, CLE	(714) 834-7986	(714) 834-8028
San Bernardino and Riverside Counties' Breastfeeding Coalition of the Inland Empire	Carol Melcher, RNC, MPH, CLE	(909) 824-4359 Ext 2	(909) 478-4167
San Diego County Breastfeeding Coalition	Jo Ann Shaw, RD, IBCLC	(619) 505-3071	(619) 569-7906
South Santa Barbara Breastfeeding Coalition	Meg Beard, MPH, CHES, RD, CLE	(805) 681-5276	(805) 569-7875
Ventura County Breastfeeding Coalition	Margie Wilcox Rose, RD, MPH, IBCLC	(805) 652-3214	(805) 652-5921
WIC Consortium of Southern California	Kiran Saluja, MPH, RD	(626) 856-6650	(626) 813-9390

Enclosure D  
The Department of Health Services'  
**Key Accomplishments and Activities in  
Breastfeeding Promotion and Support**

**Key Accomplishments**

- In 1997, the Department of Health Services (DHS) developed a Breastfeeding Promotion Policy to ensure that all programs' activities support the Department's position to promote, protect, and support breastfeeding among all Californians as the most healthy and preferred method of infant feeding for at least the first year of life. DHS established two lactation rooms. (This policy is on page 26 of the DHS Strategic Plan for Breastfeeding Promotion.)
- In 1998, the Medi-Cal Managed Care Division issued a policy letter to all contracted health plans clarifying their responsibilities for breastfeeding promotion and support services. This directive is a tremendous step forward in improving breastfeeding promotion and support services, not just for Medi-Cal beneficiaries, but for all women and infants in California.
- In 1998, the Health Information and Strategic Planning Division incorporate breastfeeding data reports into Healthy California 2000, and Health Data Summaries for California Counties, and will include breastfeeding incidence data in future County Health Status Profiles Reports.
- In 1998, the Women, Infants, and Children (WIC) Supplemental Nutrition Branch implemented a multi-million dollar breastfeeding media campaign with prime time spots on radio and television.

**Current Efforts**

- The WIC Branch is developing resources to assist local government with identifying breastfeeding promotion and support services for Proposition 10 implementation.
- The Licensing and Certification Division will distribute a letter to all hospital administrators encouraging them to promote policies and practices which support breastfeeding and enclose a copy of "Model Hospital Breastfeeding Policies," to assist hospitals in accomplishing this goal.
- The Maternal and Child Health Branch is developing a hospital breastfeeding initiation rate report to assist hospitals in tracking progress of breastfeeding promotion efforts.
- DHS is continuing to reduce the barriers for employees to continue to breastfeed after returning to work.
- The WIC Branch is developing model WIC breastfeeding policies to standardize minimum levels of breastfeeding promotion and support services in each local agency.

American  
Academy of  
Pediatrics



## Policy Statement

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Pediatrics

Volume 100, Number 6

December 1997, pp 1035-1039

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### **Breastfeeding and the Use of Human Milk (RE9729)**

#### **AMERICAN ACADEMY OF PEDIATRICS**

Work Group on Breastfeeding

**ABSTRACT.** This policy statement on breastfeeding replaces the previous policy statement of the American Academy of Pediatrics, reflecting the considerable advances that have occurred in recent years in the scientific knowledge of the benefits of breastfeeding, in the mechanisms underlying these benefits, and in the practice of breastfeeding. This document summarizes the benefits of breastfeeding to the infant, the mother, and the nation, and sets forth principles to guide the pediatrician and other health care providers in the initiation and maintenance of breastfeeding. The policy statement also delineates the various ways in which pediatricians can promote, protect, and support breastfeeding, not only in their individual practices but also in the hospital, medical school, community, and nation.

ABBREVIATION. AAP, American Academy of Pediatrics

#### **HISTORY AND INTRODUCTION**

From its inception, the American Academy of Pediatrics (AAP) has been a staunch advocate of breastfeeding as the optimal form of nutrition for infants. One of the earliest AAP publications was a 1948 manual, *Standards and Recommendations for the Hospital Care of Newborn Infants*. This manual included a recommendation to make every effort to have every mother nurse her full-term infant. A major concern of the AAP has been the development of guidelines for proper nutrition for infants and children. The activities, statements, and recommendations of the AAP have continuously promoted breastfeeding of infants as the foundation of good feeding practices.

#### **THE NEED**

Extensive research, especially in recent years, documents diverse and compelling advantages to infants, mothers, families, and society from breastfeeding and the use of human milk for infant feeding. These include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits.

Human milk is uniquely superior for infant feeding and is species-specific; all substitute feeding options differ markedly from it. The breastfed infant is the reference or normative model against

from the AAP.<sup>55</sup>

## THE PROBLEM

Increasing the rates of breastfeeding initiation and duration is a national health objective and one of the goals of Healthy People 2000. The target is to "increase to at least 75% the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding until their babies are 5 to 6 months old."<sup>59</sup> Although breastfeeding rates have increased slightly since 1990, the percentage of women currently electing to breastfeed their babies is still lower than levels reported in the mid-1980s and is far below the Healthy People 2000 goal. In 1995, 59.4% of women in the United States were breastfeeding either exclusively or in combination with formula feeding at the time of hospital discharge; only 21.6% of mothers were nursing at 6 months, and many of these were supplementing with formula.<sup>60</sup>

The highest rates of breastfeeding are observed among higher-income, college-educated women >30 years of age living in the Mountain and Pacific regions of the United States.<sup>60</sup> Obstacles to the initiation and continuation of breastfeeding include physician apathy and misinformation,<sup>61-63</sup> insufficient prenatal breastfeeding education,<sup>64</sup> disruptive hospital policies,<sup>65</sup> inappropriate interruption of breastfeeding,<sup>62</sup> early hospital discharge in some populations,<sup>66</sup> lack of timely routine follow-up care and postpartum home health visits,<sup>67</sup> maternal employment<sup>68,69</sup> (especially in the absence of workplace facilities and support for breastfeeding),<sup>70</sup> lack of broad societal support,<sup>71</sup> media portrayal of bottle-feeding as normative,<sup>72</sup> and commercial promotion of infant formula through distribution of hospital discharge packs, coupons for free or discounted formula, and television and general magazine advertising.<sup>73,74</sup>

The AAP identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as primary in achieving optimal infant and child health, growth, and development. The AAP emphasizes the essential role of the pediatrician in promoting, protecting, and supporting breastfeeding and recommends the following breastfeeding policies.

## RECOMMENDED BREASTFEEDING PRACTICES

1. Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions.<sup>75-77</sup> The ultimate decision on feeding of the infant is the mother's. Pediatricians should provide parents with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. When direct breastfeeding is not possible, expressed human milk, fortified when necessary for the premature infant, should be provided.<sup>78,79</sup> Before advising against breastfeeding or recommending premature weaning, the practitioner should weigh thoughtfully the benefits of breastfeeding against the risks of not receiving human milk.
2. Breastfeeding should begin as soon as possible after birth, usually within the first hour.<sup>80-82</sup> Except under special circumstances, the newborn infant should remain with the mother throughout the recovery period.<sup>80,83,84</sup> Procedures that may interfere with breastfeeding or traumatize the infant should be avoided or minimized.
3. Newborns should be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing, or rooting.<sup>85</sup> Crying is a *late* indicator of hunger.<sup>86</sup> Newborns should be

2. Become knowledgeable and skilled in both the physiology and the clinical management of breastfeeding.
3. Work collaboratively with the obstetric community to ensure that women receive adequate information throughout the perinatal period to make a fully informed decision about infant feeding. Pediatricians should also use opportunities to provide age-appropriate breastfeeding education to children and adults.
4. Promote hospital policies and procedures that facilitate breastfeeding. Electric breast pumps and private lactation areas should be available to all breastfeeding mothers in the hospital, both on ambulatory and inpatient services. Pediatricians are encouraged to work actively toward eliminating hospital practices that discourage breastfeeding (eg, infant formula discharge packs and separation of mother and infant).
5. Become familiar with local breastfeeding resources (eg, Special Supplemental Nutrition Program for Women, Infants, and Children clinics, lactation educators and consultants, lay support groups, and breast pump rental stations) so that patients can be referred appropriately.<sup>111</sup> When specialized breastfeeding services are used, pediatricians need to clarify for patients their essential role as the infant's primary medical care taker. Effective communication among the various counselors who advise breastfeeding women is essential.
6. Encourage routine insurance coverage for necessary breastfeeding services and supplies, including breast pump rental and the time required by pediatricians and other licensed health care professionals to assess and manage breastfeeding.
7. Promote breastfeeding as a normal part of daily life, and encourage family and societal support for breastfeeding.
8. Develop and maintain effective communications and collaboration with other health care providers to ensure optimal breastfeeding education, support, and counsel for mother and infant.
9. Advise mothers to return to their physician for a thorough breast examination when breastfeeding is terminated.
10. Promote breastfeeding education as a routine component of medical school and residency education.
11. Encourage the media to portray breastfeeding as positive and the norm.
12. Encourage employers to provide appropriate facilities and adequate time in the workplace for breast-pumping.

## CONCLUSION

Although economic, cultural, and political pressures often confound decisions about infant feeding, the AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant. Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth, and development.

Work Group on Breastfeeding, 1996 to 1997

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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## **Breastfeeding and Early Childhood Development Strategies for Proposition 10 Implementation**

*“Breastfeeding is the most precious gift a mother can give her infant. When there is illness or malnutrition, it may be a lifesaving gift; when there is poverty, it may be the only gift.”*

- Ruth Lawrence, M.D.

### **Purpose**

- To review the relationship between breastfeeding and early childhood health and development;
- To provide effective strategies for increasing breastfeeding initiation and duration rates; and,
- To provide guidelines for how to obtain 50/50 matching funds for breastfeeding efforts through the U.S.D.A.'s California Nutrition Network for Healthy, Active Families (Network).

### **Intent of Proposition 10**

Proposition 10 is intended to establish comprehensive early childhood development and smoking prevention programs. The goal for early childhood development programs is to promote proper parenting, nurturing, and health care during the early years to provide the means for children to enter school: 1) in good health; 2) ready and able to learn; and 3) emotionally well developed.

### **Breastfeeding Saves Lives, Reduces Illness, and Fosters Optimum Child Development and Parenting**

As we enter the new millennium, we must ensure the physical and emotional health of our children for the future. Once thought to be “no longer worth the bother,” breastfeeding has been rediscovered by modern science as a means to save lives, reduce illness, foster optimum development and protect the environment. Policy makers are increasingly recognizing that breastfeeding promotion efforts can reduce health care costs that enhance maternal and infant well being. Human milk remains the single most important nutritional and bioactive substance available to the neonate. Breastfeeding also remains the first and best way to form a secure bond between mother and child, nurturing communication and emotional development. While many women in California initiate breastfeeding, too few women continue breastfeeding after the first few weeks.

#### **Breastfeeding Saves Lives and Reduces Illness**

Significantly lower rates of diarrhea, ear infections, lower respiratory illness, and childhood lymphomas occur among breastfed infants and children in the United States. Breastfeeding has also been reported to protect against necrotizing enterocolitis, bacteremia, meningitis, botulism, sudden infant death syndrome, urinary tract infection, early childhood caries, juvenile diabetes, and inflammatory bowel disease. Health care costs to federal and state governments, and private healthcare systems because of NOT breastfeeding run into billions of dollars.

### Breastfeeding Fosters Optimum Cognitive Development

Research has determined that a child's first three years are the most critical in brain development. "Nutritional programming" is the concept that nutrition during these critical periods in early growth and development permanently effects the structure and function of organs and tissues. For a child, optimal nutrition starts in utero and continues with breastfeeding, often called the "fourth trimester." Through thousands of years, human milk has been tailored to meet the challenging needs of the human infant and child; all substitute feeding options differ markedly from it.

*The mixture of nutritional factors and growth hormones in human milk has been linked to enhanced cognitive development.* In fact, a recent long term study of 1000 children found breastfed children had consistent and statistically significant increases in:

- intelligence quotient (IQ) at age 8 and 9 years of age;
- reading comprehension, mathematical ability, and scholastic ability assessed during the period from 10 - 13 years of age;
- teacher ratings of reading and mathematics assessed at 8 and 12 years; and,
- higher levels of attainment in "high school leaving examinations."

### Breastfeeding Fosters Optimal Parenting

Breastfeeding is the ideal way to begin, establish and nurture a close bond between mother and infant. The infant learns trust in early human closeness as well as cooperation with another human being. Mothers who breastfeed successfully often have an increased sense of self worth and empowerment. Mothers with less children, spaced further apart, can devote the appropriate amount of time to nurturing and responsible parenting. Breastfed infants are rarely, if ever, victims of child abuse and neglect.

Oxytocin released during breastfeeding may provide a biological basis for human attachment and bonding. Studies shows that mothers who breastfeed in the first hours of life, choose to keep their infants longer in their hospital rooms than mothers who have later contact. In addition, mothers who breastfeed have less anxiety, more mother-infant harmony, and are more engrossed in the feeding interaction than mothers who bottle feed. In several countries throughout the world, the rate of abandonment was reduced significantly after hospitals implemented "the Baby Friendly Hospital Initiative," which increased the use of rooming in and early breastfeeding.

### **Strategies to Enhance Childhood Development and Parenting Through Breastfeeding**

Given that breastfeeding promotes optimal health, cognitive development, and bonding of infant-mother pairs, it is critical that implementation of Proposition 10 include strategies to increase breastfeeding initiation and duration rates. The California Policy Research Center and the U.C.L.A. Center for Healthier Children, Families and Communities recently released the report, "Building Bridges for California's Young Children: A 12 Point Agenda to Enhance Proposition 10," which identifies breastfeeding promotion and support as an essential component for child development services, as follows:

“Those who provide prenatal services must also begin to support and encourage important postnatal behaviors such as breastfeeding. National data suggest that women who receive prenatal education about and encouragement of breast-feeding are much more likely to initiate this important health-and-development-promoting behavior.”

In addition, their report recommends that mothers have access to breastfeeding support groups, lactation support; family friendly workplaces and communities which support practices that promote optimal development of children (i.e., breastfeeding).

The following strategies will enhance childhood development and parenting by increasing the number of mothers who breastfeed:

- 1) Increase public awareness of the benefits of breastfeeding for optimal child development. As Rob Reiner's film, "I Am Your Child," clearly notes, breastmilk has key advantages for brain development. The act of breastfeeding also stimulates the production of "mothering" hormones (prolactin and oxytocin) to assist in bonding and optimal emotional development. This message needs to be expanded and more widely circulated.
- 2) Provide wellness kit for newborns. Kits can be developed and distributed that include information about breastfeeding benefits, management, and available support services.
- 3) Increase knowledge and skills of breastfeeding support within the health care community. In years past, breastfeeding was an art passed on from mother to daughter. This art was almost lost, and as a result, allied healthcare professionals (lactation consultants) and some nurses and physicians have filled the gap to support breastfeeding families. However, hospital personnel and other health care providers within the community clearly need to be educated and trained on the benefits of breastfeeding and appropriate management and support.
- 4) Establish a mechanism to track breastfeeding duration rates. Breastfeeding rates can be used as measurable outcomes and correlated with later neurologic and emotional development. Although breastfeeding initiation rates are tracked at hospital discharge, breastfeeding rates at 2 months, 6 months, one year, two years and beyond are not available. Funding is needed to establish a mechanism for collecting this data, either through standardized statewide reporting, or through the development of local tracking systems.
- 5) Increase breastfeeding education and training for parents and organizations serving children. Breastfeeding is an essential component of parenting education and such education should be available and provided to all socioeconomic and ethnic groups, using culturally appropriate materials. Other caregivers, childcare centers, Head Start, and other perinatal programs need to be educated about the benefits of breastmilk and breastfeeding, and the appropriate handling of this important fluid.
- 6) Increase access to mother-to-mother breastfeeding support. Mother to mother support and role modeling has been shown to be one of the most critical factors for breastfeeding success. Many local WIC agencies lack funds to support peer counselor programs.

- 7) Promote breastfeeding as part of community efforts to prevent child abuse. Given that breastfeeding promotes maternal-infant bonding and a reduced incidence of child abuse, efforts to promote and support breastfeeding need to be included as part of in home visits to at risk families.
- 8) Include breastfeeding promotion in community smoking cessation efforts. Pregnant women and parents of infants and young children need encouragement and support to quit smoking. Breastfeeding can mitigate some of the dangers of inhaled smoke, while also providing an incentive to remain cigarette free.
- 9) Assist public and private businesses with work site breastfeeding support programs. Work site facilities may include lactation rooms, flexible schedules, and classes to assist employees in developing strategies to continue to breastfeed after returning to work.

Increasing the rates of breastfeeding initiation and duration are national health objectives and Health People 2000 and 2010 goals. The California Breastfeeding Promotion Committee and the Department of Health Services have made breastfeeding promotion and support a priority with the publication of "Breastfeeding: Investing in California's Future." However, despite the importance of breastmilk and breastfeeding for early childhood development, many California infants do not receive these benefits.

#### **Availability of Matching Funds for Nutrition Education To Promote Breast-feeding**

U.S.D.A. provides 50 percent matching funds for nutrition education services targeted to low income members of the community. The Network is particularly interested in funding agencies that use social marketing techniques to promote breast-feeding. Although not all breastfeeding promotion strategies meet this requirement, many do and should be pursued as a way of leveraging federal funds with Proposition 10 monies for certain breastfeeding promotion expenditures.

Although Nutrition Network funds are not available for the budget period of October 1, 1999 to September 30, 2000, funds will be available during the budget period of October 1, 2000 to September 30, 2001. Specific guidelines for eligibility and the application process will be mailed to you March 2000.

**Given that breastfeeding promotes early childhood development, it is essential that both the state and local Children and Families First Commissions take steps to ensure that gaps in breastfeeding promotion and support services are identified, solutions are developed, and efforts are evaluated for success.**

**M e m o r a n d u m**

Date: August 31, 1999

To: Diana M. Bontá, R.N., Dr. P.H.  
Director  
714 P Street, Room 1253

Via: Joseph P. Munso  
Chief Deputy Director  
714 P Street, Room 1253

Via: Tameron Mitchell, R.D., M.P.H. *LSC for Tamm* Via: Catherine Camacho  
Deputy Director Assistant Deputy Director  
Primary Care and Family Health Primary Care and Family Health  
714 P Street, Room 450 714 P Street, Room 450

From: Primary Care and Family Health  
3901 Lennane Drive  
928-8500

Subject: Local Breastfeeding Promotion Efforts

I am writing to request your signature on the attached letter to local Health Officers requesting that they identify a local Department of Public Health Breastfeeding Coordinator to help us work with health departments in building upon their existing breastfeeding promotion and support efforts. The California Breastfeeding Promotion Advisory Committee encouraged the Department to make this request in order to create a mechanism for improving communication between state and local government.

Most local Public Health Departments are unaware of the Department's commitment, effort, and resources to reduce the barriers to breastfeeding in California. In addition, many local Public Health Departments do not participate in regional breastfeeding coalitions and are therefore not aware of efforts within their own counties to increase breastfeeding rates. A local Department of Public Health Breastfeeding Coordinator will ensure that local Departments of Public Health are aware of and participating in these important activities.

Given that this letter includes timely information (requesting local health officers to identify their Department Public Health Breastfeeding Coordinator by {we will allow 30 days from the date you sign the attached letter}), I hope that you will sign and return this letter.

Diana M. Bontá, R.N., Dr. P.H.

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August 1, 1999

If you have any questions, please call me at 928-8806 or Carol Chase, M.S., R.D., C.L.E., Chief of the Training, Breastfeeding, and Education Services Section, at 928-8888. Thank you.

*JSC for*

Phyllis Bramson-Paul, Chief  
WIC Supplemental Nutrition Branch

Attachment