Breastfeeding (BF): Problem Analysis Diagram

Social/Economic/Policy Level

Social

Formula marketing
Negative social attitudes/media messages
about BF

Systems/Environmental Change

Inadequate training of healthcare providers
Lack of places for women to pump away from home
State/national regulatory agencies don't routinely
monitor hospital, clinic or workplace infant feeding
policies

Policy

Insufficient policies to support BF in emergencies, at health care sites, at workplaces, childcare, etc.

Insufficient paid parental leave

Family/Community/Institutional Level

Community Resources/Supports

Lack of access to durable BF medical goods Insufficient BF support groups, hotlines

Provider Issues

Insufficient BF experts & postpartum BF care Inadequate prenatal BF education & breast assessment

Hospital Issues

Not all hospitals
implementing BFHI or
model BF policies
Lack of BF education &
support
Labor & delivery practices
not supportive of BF

Other Institutions

Lack of institution policies to support BF, & BF environments
Lack of workplace lactation accommodations

Family Issues

Lack of family/friend knowledge & support Transient/migrant families Language/cultural barriers Policies & practices do not respect gender identity

Individual Level

Individual Characteristics

Maternal chronic disease Mother unable to BF (e.g., due to disease, substance abuse or hospital practices)

Psychological/Cognitive Factors

Frustration with BF when support is not immediate Inability of mother & baby to bond

Knowledge & Attitudes

Lack of knowledge about BF benefits, techniques, & laws Embarrassed to BF in public

Biology

Short physiologic window of opportunity

Infant

Infant's unable or struggles to BF due to physical problems (e.g. illness, prematurity, birth defects)

Target Outcome(s):

Exclusive BF initiation & duration rates

Consequences

No/discontinued BF: acute & chronic disease for mother & child, lack of bonding, formula costs