

# Surgeon General's Perspectives

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## PUBLIC HEALTH IN ACTION: GIVE MOTHERS SUPPORT FOR BREASTFEEDING

It is well-known that breastfeeding is one of the most highly effective preventive measures a mother can take to protect the health of her infant and herself. It remains one of the best sources of infant nutrition and immunologic protection, with great health benefits for mothers and their children.

In the last 25 years, the Surgeons General of the United States have been committed to protecting, promoting, and supporting the ability of women to breastfeed. This year, the first-ever *The Surgeon General's Call to Action to Support Breastfeeding*<sup>1</sup> was released, calling for the support of family members, communities, clinicians, health-care systems, and employers to help make breastfeeding become the easy, default choice for all mothers. This *Call to Action* builds on the 2000 *Blueprint for Action on Breastfeeding*,<sup>2</sup> which provided the first comprehensive framework for national action on breastfeeding.

The *Call to Action* describes specific steps that can be taken to support mothers who choose to breastfeed their babies. The hope is to enhance the public health impact of everyone's efforts, reduce the disparities in the delivery and quality of services that mothers and babies receive, and improve the support that families, communities, and individuals give to support mothers who breastfeed.

The decision to breastfeed is a personal one, and a mother should not be made to feel guilty if she cannot or chooses not to breastfeed. Women who start breastfeeding their infants often stop within the first six months. The decision to stop may be due to several factors including lack of knowledge, differing social norms, poor family and social support, obstacles in health services, underlying lactation problems, or problems with employment or child care.

The *Call to Action* highlights aspects of breastfeeding that are understood to date. For example, significant disparities in breastfeeding rates are associated with race, income, and preterm birth. Breastfeeding rates for black infants are about 50% lower than those for white infants at birth, age six months, and age 12 months, even when controlling for the family's income or education level. Additionally, breastfeeding rates are low among low-income women.<sup>3</sup> Mothers who give birth



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prematurely often face challenges with breastfeeding.<sup>4</sup> There is also evidence of the cost savings for parents, insurers, and the government that can result from breastfeeding. One recent study found that if 90% of U.S. mothers breastfed exclusively for six months, the U.S. could save \$13 billion annually from reduced direct and indirect medical costs for the family.<sup>5</sup> In 1995 dollars, this translates to a cost savings for families of more than \$1,200–\$1,500 in infant formula in the first year.<sup>6</sup> However, the most important reason to consider breastfeeding is its unparalleled immunological and anti-inflammatory properties that protect against a host of illnesses and diseases for both mothers and their children.

The *Call to Action* outlines simple measures that various stakeholders can take to give mothers the support they need to breastfeed. For instance, public health professionals can conduct campaigns and interventions that target a mother's primary support system (i.e., fathers and grandmothers). One example to model is the U.S. Department of Agriculture's Fathers Supporting Breastfeeding program, which uses videos, posters, and brochures to help fathers positively influence a woman's decision to breastfeed.<sup>7</sup>

Researchers can develop a national monitoring system that improves the tracking of breastfeeding rates and the policies and factors that affect breastfeeding so that efforts can be directed toward the most at-risk

populations (e.g., women with lower incomes, with lower educational attainment, and from racial/ethnic minority groups). At present, several systems provide data on national breastfeeding rates, but few systems exist to collect data at state and local levels.<sup>2</sup> One way to track trends in breastfeeding and to monitor related indicators is through the *Healthy People* initiative, a framework for health promotion and disease prevention for the nation that is designed to identify the most significant threats to public health and establish goals to reduce these threats. *Healthy People 2020*<sup>8</sup> lists objectives for increasing the proportion of infants who are breastfed, enhancing maternity practices, reducing supplementation of breastfed newborns with formula, and aiding worksite lactation support.

The public health infrastructure can be strengthened by developing a national consortium on breastfeeding research that facilitates communication among researchers and policy makers, promotes the dissemination of research findings, and translates research into best practices for mothers and babies. In the Department of Health and Human Services (HHS), several breastfeeding initiatives exist within seven different agencies. While the work of each agency is extremely critical, a federal interagency workgroup on breastfeeding could improve the coordination and collaboration across agencies, allowing them to partner at the state and local levels to empower and enlist other stakeholders to increase support for mothers and babies.

As I recommend in the *Call to Action*, we have now formally launched the Federal Work Group on Breastfeeding that is represented by 15 HHS agencies. Moreover, the recently released National Prevention Strategy chapter on healthy eating highlights breastfeeding, with a recommendation to support policies and programs that promote breastfeeding.<sup>9</sup>

Breastfeeding remains a central public health issue.

Mothers face multiple challenges in breastfeeding, but with a better understanding of these issues and the proper support system, breastfeeding can be made easier.



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