

U.S. Dept. of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding.* U.S. Dept. of Health and Human Services, Office of the Surgeon General. 2011



Shelley McGuire
School of Biological Sciences, Washington State University, Pullman, WA

Background

The scientific evidence that breastfeeding provides optimal nutritional and immunological support to almost all healthy infants is staggering, and myriad professional and public health organizations have for decades promoted its superiority to alternative forms of feeding. In 1984, Surgeon General C. Everett Koop followed suit at the federal level by convening the first Surgeon General's Workshop on Breastfeeding, which culminated in the publication of a report outlining six key actions needed to improve breastfeeding rates in the United States. Follow-up reports were then written in 1985 and 1991, each documenting progress in implementing the original recommendations. In 1999, the U.S. Department of Health and Human Services (DHHS) released its *Blueprint for Action on Breastfeeding*, declaring breastfeeding to be a key national public health issue. This publication was followed by *Healthy People 2010*, which established goals for breastfeeding initiation, continuance, and exclusivity. Now, over a decade later, the Centers for Disease Control and Prevention, the Office on Women's Health, and the Office of the Surgeon General (all part of DHHS) have published *The Surgeon General's Call to Action to Support Breastfeeding*, which describes in detail how individuals and organizations can contribute to the health of mothers and their children through promotion and support of breastfeeding in clinical, home, public, research, and work settings.

Development of the report

In 2009, comments were first solicited from the general public through an open internet site; a total of 2,354 distinct comments were garnered, read, and summarized for review by a steering committee constituting 14 members from a variety of federal health-related agencies. An expert panel was then convened to conduct more in-depth discussions about the content of a *Call to Action*. Third, hearings for stakeholders were conducted to hear from critical organizations who work directly affects breastfeeding. And finally, after reviewing recommendations and priorities delineated previously at various meetings, the steering committee completed the task at hand by reviewing the literature related to breastfeeding rates; health, economic, and environmental risks associated with *not* breastfeeding; and barriers to breastfeeding. Their deliberations resulted in the development of twenty "action items," each with its own clearly delineated implementation strategies (**Table 1**).

Summary

This report not only provides a veritable treasure trove of national and international data concerning breastfeeding rates, benefits, and barriers, it also carefully and deliberately enlists the aid of all sectors of U.S. society in realizing more effective national breastfeeding policies and implementation steps.

Of particular importance to nutrition researchers are the action items that emphasize the need for improved and expanded breastfeeding-related research and surveillance. Indeed, as stated in the document: "*Increasing the number of scientists properly trained to study breastfeeding could allow both current and new researchers to design and carry out scientifically sound and rigorous studies on breastfeeding topics.*" These federally-sanctioned statements, goals, and strategies may prove invaluable to advancing evidence-based research in the discipline and should be of great interest to all researchers and clinicians in the fields of human milk, lactation, and maternal/infant health.

For more information

Free copies of the full report as well as summaries and other related information are available at <http://www.surgeongeneral.gov>.

Table 1. The 20 action items and a sample implementation strategy of each are summarized here.

Action Items	Selected Implementation Strategy
1. Give mothers the support they need to breastfeed their babies.	• Support mothers to have time and flexibility to breastfeed.
2. Develop programs to educate fathers and grandmothers about breastfeeding.	• Offer classes on breastfeeding that are convenient for family members to attend.
3. Strengthen programs that provide mother-to-mother support and peer counseling.	• Establish peer counseling as a core service available to all women enrolled in WIC.
4. Use community-based organizations to promote and support breastfeeding	• Support and fund small nonprofit organizations that promote breastfeeding in communities of color.
5. Create a national campaign to promote breastfeeding.	• Use a variety of media venues to reach young women and their families.
6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.	• Ensure that health care clinicians do not serve as advertisers for infant formula.
7. Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding.	• Establish a new advanced certification program for perinatal patient care.
8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.	• Establish partnerships for integrated and continuous follow-up care after discharge from the hospital.
9. Provide education and training in breastfeeding for all health professionals who care for women and children.	• Improve the breastfeeding content in undergraduate and graduate education and training for health professionals.
10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.	• Define standards for clinical practice that will ensure continuity of care for pregnant women and mother-baby pairs in the first four weeks of life.
11. Ensure access to services provided by International Board Certified Lactation Consultants.	• Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children.
12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.	• Convene a study on federal regulation and support of donor milk banks.
13. Work toward establishing paid maternity leave for all employed mothers.	• Add maternity leave to the categories of paid leave for federal civil servants.
14. Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.	• Develop and share innovative solutions to the obstacles to breastfeeding that women face when returning to work in non-office settings.
15. Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.	• Identify and promote innovative programs that allow mothers to directly breastfeed their babies after they return to work.
16. Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.	• Promote adoption of the breastfeeding standards in <i>Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care</i> .
17. Increase funding of high-quality research on breastfeeding.	• Designate additional research funding for studies on how to increase breastfeeding rates, the economics of breastfeeding, and management of lactation.
18. Strengthen existing capacity and develop future capacity for conducting research on breastfeeding.	• Develop a national consortium on breastfeeding research.
19. Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.	• Enhance the CDC Breastfeeding Report Card by including a broader array of process indicators and showing trends over time.
20. Improve national leadership on the promotion and support of breastfeeding.	• Create a federal interagency work group on breastfeeding.