

**Centers for Disease Control and Prevention. 2013. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. Atlanta, GA: U.S. Department of Health and Human Services, 2013**



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### Background

Breastfeeding is internationally recognized as the optimal mode of feeding for nearly all healthy infants. In response to this and to help support breastfeeding mothers in the United States, in 2011, the U.S. Surgeon General, Dr. Regina M. Benjamin, released *The Surgeon General's Call to Action to Support Breastfeeding*. This “call to action” put forth a series of steps that health care providers/professionals, communities, and employers might consider implementing to provide support to mothers wanting to breastfeed. Subsequent to this publication, the CDC released *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. This publication provides detailed information on and examples of various interventions and programs that address many of the steps put forth in the Surgeon General’s call to action. In addition, it was written to help the nation meet several of the breastfeeding-related objectives presented in *Healthy People 2020*.

Specifically, the newest breastfeeding guide by the CDC was designed to focus on policy and environmental changes that would likely enhance available support for breastfeeding women and increase the number of women who choose to breastfeed. The report is structured around 9 interrelated and complementary strategies described briefly next. It also contains myriad examples of local, state, and national programs and initiatives that can be used as models for meeting each strategy.

### Strategy 1: Maternity Care Practices

Recognizing that what happens during the periods of time immediately before and after birth is critical to successful breastfeeding initiation and long-term success, the report endorses the “10 steps to successful breastfeeding” presented

in 1991 by the WHO and UNICEF in their *Baby-Friendly Hospital Initiative*. These include activities such as having a written breastfeeding policy that is routinely communicated to all health care staff, showing mothers how to breastfeed and maintain lactation, allowing rooming in, and establishing breastfeeding support groups.

### Strategy 2: Professional Education

Although most women turn to their health care providers for general information about breastfeeding and assistance when they encounter breastfeeding difficulties, many doctors and allied health professionals have little to no formal education in this regard. As such, the report encourages the provision of targeted, science-based education to these key stakeholders. For instance, they recommend distribution of clinical protocols developed by experts such as the Academy of Breastfeeding Medicine and coordination of grand rounds or in-service presentations on breastfeeding.

### Strategy 3: Access to Professional Support

Women often report that having access to and support from health care workers who can provide encouragement and support for breastfeeding during the perinatal period is critical to successful breastfeeding. Results from controlled research studies demonstrated important benefits of having access to trained health care workers who are knowledgeable about breastfeeding. In response, the report promotes increased access to this type of professional support.

### Strategy 4: Peer Support Programs

In addition to having access to professional support, breastfeeding mothers also garner considerable support—both physical and emotional—from their peers. This may be even more important among groups with low breastfeeding rates, such as those in low-income populations. Recommended action steps include establishment of peer counseling programs for women not eligible for the Women, Infants, and Children program and improvement of the quality of existing peer counseling services by increasing contact hours and improving training.

### Strategy 5: Support for Breastfeeding in the Workplace

More women with children are entering the U.S. workforce, and all indicators suggest that this trend may result in lower rates of breastfeeding initiation and success. Acknowledging these concerns, the report provides a series of recommendations related to how employers might better support women in their reproductive years. Examples include development of a federal- or state-level resource to help employers find “creative ways to provide breastfeeding support in the workplace” and supporting training related to how employers might implement the steps inherent in

*The Business Case for Breastfeeding* tool kit developed by the U.S. Department of Health and Human Services.

### **Strategy 6: Support for Breastfeeding in Early Care and Education**

In parallel with the increasing number of breastfeeding women who are seeking employment outside the home, the number of infants in childcare has also increased. Consequently, ensuring that working women are able to continue breastfeeding can be greatly affected by policies, procedures, and general attitudes of daycare centers and their staff. This report recognizes the standards and guidelines put forth in the 2011 publication *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* by the American Academy of Pediatrics and the American Public Health Association and recommends several action steps, such as integrating breastfeeding standards into statewide Quality Rating and Improvement Systems and developing a model breastfeeding policy that can be provided to childcare programs nationwide.

### **Strategy 7: Access to Breastfeeding Education and Information**

To increase mothers' knowledge and skills while helping them to view breastfeeding as normal and develop positive attitudes toward breastfeeding, the report promotes the creation and wide distribution of educational materials related to breastfeeding both before and after birth. This material could include information related to signs of effective and problematic breastfeeding, benefits of breastfeeding, correct positioning, comfort of the mother, and referrals for postpartum support.

### **Strategy 8: Social Marketing**

Integrated, coordinated, multimedia approaches have proven to be effective tools in the promotion of various types of health-related behavioral change, such as smoking cessation. As such, the authors of the report recommend that local experts be identified to "pitch" stories that promote breastfeeding to the media and to develop and implement a public health campaign on breastfeeding that uses social marketing. In addition, they suggest that materials related to *Loving Support* (the national breastfeeding

promotion and support campaign by the USDA for the Women, Infants, and Children program) to local doctors, schools, clinics, hospitals, and childcare centers.

### **Strategy 9: Addressing the Marketing of Infant Formula**

In response to substantial evidence that many of the marketing practices commonly used to promote human milk substitutes (e.g., infant formulas) may negatively affect breastfeeding, the report supports many action steps that reflect the *International Code of Marketing of Breast-Milk Substitutes* by the WHO. These include such goals as banning the advertising of "breast-milk substitutes" directly to the public, forbidding provision of free formula samples to mothers, and not allowing commercial product representatives to advise mothers on their feeding choices. It is noteworthy that "The Code" is currently voluntary in the United States and that only 37 of the 199 countries that report to the WHO have enacted legislation that fully reflect its recommendations.

### **For More Information**

A free online version of this report can be found at <http://www.cdc.gov/breastfeeding>. You can find out more about *Healthy People 2020* at <http://www.healthypeople.gov/2020/default.aspx>, and a free online version of *The Surgeon General's Call to Action to Support Breastfeeding* can be viewed at <http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>. The WHO/UNICEF *Baby-Friendly Hospital Initiative* can be found at <http://www.who.int/nutrition/topics/bfhi/en/>. The American Academy of Pediatrics and the American Public Health Association publication entitled *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* can be obtained at <http://pediatrics.aappublications.org/content/94/6/1110>. Additional information related to *Loving Support* can be found at [http://www.nal.usda.gov/wicworks/Learning\\_Center/loving\\_support.html](http://www.nal.usda.gov/wicworks/Learning_Center/loving_support.html), and the WHO *International Code of Marketing of Breast-Milk Substitutes* and progress report can be accessed at [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf) and [http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987_eng.pdf).