AAP Breastfeeding Policy Update: Using Evidence to Guide Practice

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Objectives
Summarize key benefits of breastfeeding for infants and mothers

Disclosure
- I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
The First 1,000 Days

- Period from conception to age 2 years
- Nutrition has key impact on child’s neurodevelopment and lifelong health
- Most active period of neurologic development
- Programming for obesity, hypertension, and diabetes may occur during this period

What Are Key Recommendations in the 2022 Statement?

- Exclusive breastfeeding for about 6 months
- Continued breastfeeding, along with complementary solids introduced at about 6 months, for up to 2 years and beyond, as long as mutually desired by mother and child

Why the change to “up to 2 years and beyond?”

- More aligned with the World Health Organization (WHO)
- Consistent with the evidence, documented health benefits for both mother and infant
- Breastfeeding is the cultural norm, more than 80% of women initiate breastfeeding
- Normalize breastfeeding among health care professionals and public/families
- Driver for change in public health policy

Source:
**Needed Legislative Changes**

- Universal paid maternity/paternity/parental leave
- Protect the right to breastfeed/pump at work, school, and in public
- Expand coverage for breastfeeding support
- Extend protection for breastfeeding/pumping breaks to all women in the workplace

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**Breastfeeding Disparities**

Infants least likely to be breastfed:
- Non-Hispanic Black
- Receiving WIC benefits
- Infants of younger mothers (< 29 yo)

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**Inclusion/Equity Focus**

- Socio-demographic data indicate disparities at all phases - initiation and duration
- Race is a social construct born out of racism
- Breastfeeding support vs. microaggressions (interpersonal racism & implicit bias)
- Need for institutionalized support to overcome racism
Inclusion/Equity Focus

- Culturally congruent care and collaboration with allies
- Provide equitable breastfeeding support
- Added language for how to provide counseling for gender diverse families, including asking what terms they would prefer, such as chestfeeding.

Exclusive Breastfeeding for ~ 6 months

United States Department of Agriculture (USDA) Evidence Review

- No benefit to earlier introduction
- May increase risk of overweight or obesity, esp. when solids introduced before 4 months of age

Exclusive Breastfeeding for ~ 6 months

European Food Safety Authority Panel on Nutrition, Novel Foods and Food Allergens

- Majority of infants do not need complementary feeds until around 6 months
- Those who started at 6 months received more human milk, with no significant difference in overall energy intake or infant growth
Short-Term Benefits (Child)

Breastfed children experience decreased risk of:
- Otitis Media
- Severe Lower Respiratory Infections
- Severe Diarrhea
- SIDS
- Infant Death

Long-Term Benefits (Child)

Breastfed children experience decreased risk of:
- Asthma
- Eczema in the first two years of life
- Crohn’s Disease
- Ulcerative Colitis
- Obesity
- Type 1 and Type 2 Diabetes
- Childhood Leukemia

Exclusive Breastfeeding for 6 Months (Child)

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Maternal Benefits of Breastfeeding

Mothers who breastfeeding their children experience decreased risk of:

- Breast Cancer
- Ovarian Cancer
- Hypertension
- Type 2 Diabetes

Source: https://effectivehealthcare.ahrq.gov/products/breastfeeding/research

Benefits Associated with Moms Who Breastfeed

Reduced risk of breast cancer
Reduced risk of ovarian cancer
Reduced risk of high blood pressure
Reduced risk of type 2 diabetes

Source: Breastfeeding Programs and Policies, Breastfeeding Update, and Maternal Health Outcomes in Developed Countries, Comparative Effectiveness Review No. 273. AHRQ Publication No. 16-0044-EF, July 2016

Any Breastfeeding US by Race/Ethnicity

Any Breastfeeding US by Race/Ethnicity

Hospital Support

Key maternity care practices
- Skin-to-skin after delivery
- Keeping mother and newborn together throughout the stay
- Breastfeeding upon demand
- Staff training
- Culturally competent care

Hospital Support

Delayed bathing until after 12 hours of age
- More uninterrupted skin-to-skin contact after delivery
- Improves in-hospital exclusive breastfeeding rates
Hospital Support

At least once every 8-12 hours during the hospital stay, breastfeeding should be formally assessed by a trained health care professional.

Hospital Support

AAP acknowledges the findings of the Agency for Healthcare Research and Quality review that the Baby-Friendly Hospital Initiative increases breastfeeding initiation and duration.

Risk Factors for Delayed Lactogenesis

Maternal obesity
Polycystic ovarian syndrome
Maternal diabetes mellitus
Hypertensive disorders in pregnancy
Preterm delivery
Cesarean delivery
Excessive maternal blood loss
Vitamin D Supplementation

400 IU Vitamin D unless consuming 28 ounces of commercial infant formula
Begin at hospital discharge
Alternate: mother supplemented with 6400 IU of vitamin D
  • Shown to be safe and effective

Complementary Foods

Foods rich in high quality protein, iron, and zinc
  • Finely ground meat, chicken, or fish
Introduce peanut protein into the diet of infants at high risk of peanut allergy between 4 and 6 months of age

Low Birth Weight & Preterm Infants

Mother’s milk:
  • necrotizing enterocolitis
  • late-onset sepsis, chronic lung disease
  • retinopathy of prematurity
  • improved neurodevelopment
  • medical therapy, higher doses effect
  • Early & frequent expression, skin-to-skin care, pumps
  • Pasteurized Donor Human Milk (PDHM)
**Hyperbilirubinemia**

- Exclusive breastfeeding is associated with hyperbilirubinemia, mostly physiologic
- Recognize sub-optimal intake
- Feeding frequency and effectiveness
- If phototherapy needed, not a reason for supplementation
- If supplementation needed- mother’s own milk preferred, and protect milk supply

**Safe Sleep**

At birth, skin-to-skin care needs to be monitored
At home, breastfeeding mothers should practice safe sleep
Studies have found an association between bed sharing and longer duration of breastfeeding. The AAP does not recommend bed sharing
Have open, non-judgmental conversations so families are comfortable discussing sleep arrangements

**Safe Sleep**

The AAP recommends room sharing without bed-sharing
The risk of sudden unexpected infant death (SUID) due to bed-sharing even if there are no other risks and mom is breastfeeding appears to be 5-fold higher during the first 3 months
### Needed Policy Changes

Maternity/lactating parent care policies
- Advocate for tracking breastfeeding rates through age 2 years
- Data stratified by race, ethnicity, and socioeconomic variables

### What can the pediatrician do to support breastfeeding?

- Become knowledgeable and skillful in managing breastfeeding concerns and problems
- Enable parents to make informed feeding decisions and affirm these decisions once they are made
- Collaborate with other physicians and lactation professionals to provide prenatal counseling and postpartum support

### What can the pediatrician do to support breastfeeding?

- Implement strategies to provide a breastfeeding-friendly office practice
- Work with hospitals to implement strategies that are known to benefit breastfeeding and the use of human milk
- Advocate for policies that address systemic racism and the inequities in the delivery of care
Resources

- AAP Policy Statement: Breastfeeding and the Use of Human Milk (2022)
- AAP Breastfeeding Topics Page includes practice tools, curriculum, and state advocates
- United States Breastfeeding Committee Advocacy, Policy, & Action
- WorkLife Law provides guidance for healthcare providers to issue workplace accommodations for their patients

Questions/Discussion