

AAP Breastfeeding Policy Update: Using Evidence to Guide Practice

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Joan Younger Meek, MD, MS, RD, FABM, IBCLC, FAAP
Professor Emerita
Clinical Sciences Department
Florida State University College of Medicine

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

Source: Meek JV, Noble L. Technical report: Breastfeeding and the use of human milk. Pediatrics. 2022 Jul 1;150(1).
 Meek JV, Noble L. Policy statement: breastfeeding and the use of human milk. Pediatrics. 2022 Jul 1;150(1).

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

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

Breastfeeding Disparities

Infants least likely to be breastfed:

- Non-Hispanic Black
- Receiving WIC benefits
- Infants of younger mothers (< 29 yo)

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)

Breastfed children experience decreased risk of:

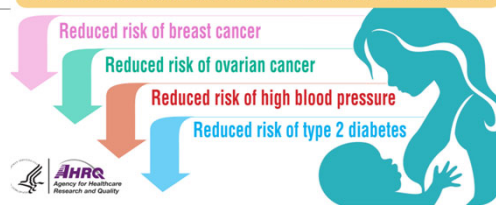
- Asthma
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Maternal Benefits of Breastfeeding

Mothers who breastfeed their children experience decreased risk of:

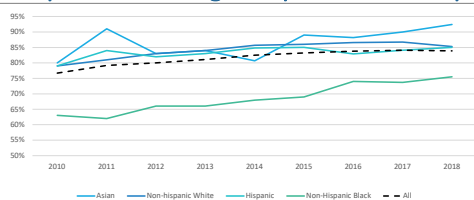
- Breast Cancer
- Ovarian Cancer
- Hypertension
- Type 2 Diabetes

Benefits Associated with Moms Who Breastfeed



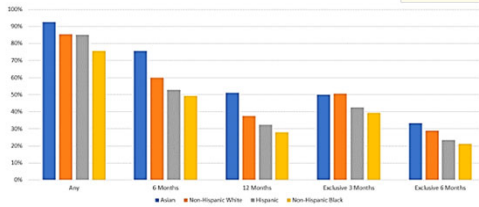
Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries. Comparative Effectiveness Review No. 210. AHRQ Publication No. 18-EHC014-EF. July 2018
Source: <https://effectivehealthcare.ahrq.gov/products/breastfeeding/research>

Any Breastfeeding US by Race/Ethnicity



Source: Centers for Disease Control and Prevention, Department of Health and Human Services, National Immunization Survey (2021) https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2017.html

Any Breastfeeding US by Race/Ethnicity



Source: Centers for Disease Control and Prevention, Breastfeeding among US children born 2011-2018, CDC National Immunization Survey (2021). https://www.cdc.gov/breastfeeding/data/nis_data/results.html

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

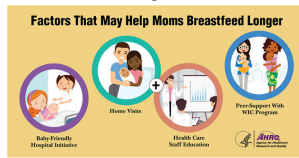
- More uninterrupted skin-to-skin contact after delivery
- Improves in-hospital exclusive breastfeeding rates

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



Source: <https://effectivehealthcare.ahrp.gov/products/breastfeeding/research/>

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

Moon RY, Carlini RF. Hand 1. TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. Sleep-related infant deaths: updated 2022 recommendations for reducing infant deaths in the sleep environment. Pediatrics. 2022 Jul 1;150(1).

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

Moon RY, Carlini RF. Hand 1. TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. Sleep-related infant deaths: updated 2022 recommendations for reducing infant deaths in the sleep environment. Pediatrics. 2022 Jul 1;150(1).

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 post-partum 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 [Technical Report: Breastfeeding and the Use of Human Milk](#) (2022)

AAP Breastfeeding Topics Page includes [practice tools](#), [curriculum](#), and [state advocates](#)

Agency for Healthcare Research and Quality [Breastfeeding Programs and Policies, Breastfeeding Update, and Maternal Health Outcomes in Developed Countries](#) (2018)

United States Breastfeeding Committee [Advocacy, Policy, & Action](#)

[WorkLife Law](#) provides guidance for healthcare providers to issue workplace accommodations for their patients

Questions/Discussion