Academy of Breastfeeding Medicine Founder's Lecture 2010: Breastfeeding: An Obstetrician's View

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Abstract

The value of breastfeeding for mothers, babies, and society is well established, yet in the United States too many women do not breastfeed. The U.S. Public Health Service set forth breastfeeding goals for 2010 and subsequently

opportunities to promote breastfeeding. Together with the efforts of other physicians, nurses, and lactation specialists, we can improve the efforts to promote and support breastfeeding.

Introduction

It is a pleasure to address the Academy of Breastfeeding Medicine. I have enjoyed and valued my association with the Academy over the years. During this time I have benefited from the excellent tutelage of two extraordinary colleagues. Miriam Labbok, Director of the Carolina Global Breastfeeding Institute, Chapel Hill, NC, is dedicated, motivated, and inspirational. She is a tireless investigator who sets standards in the global health aspects of breastfeeding and has taught me a great deal about epidemiology and the value of breastfeeding in public health.

The second colleague, a dedicated scholar whose opinions are respected worldwide, is Ruth Lawrence, Professor of Pediatrics and Obstetrics at the University of Rochester, Rochester, NY. A leader who has relentlessly led the effort to make breastfeeding the standard for all mothers, Ruth is a pioneer in toxicology and neonatology. Her book on breastfeeding, coauthored with her son Robert, is the standard for breastfeeding throughout the world. I salute these two members of the Academy of Breastfeeding Medicine and thank them for their leadership and tutelage.

My interest in breastfeeding as a public health measure

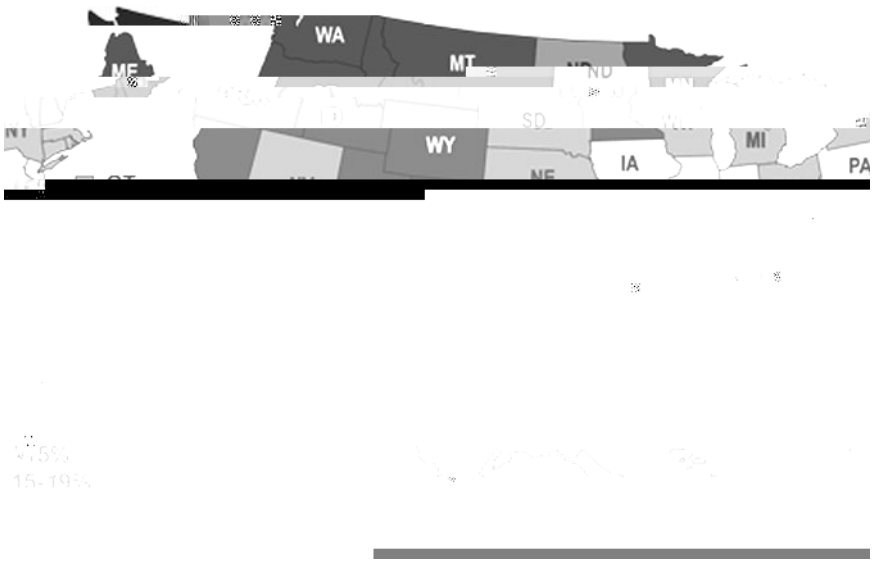
. 2. Percentage of children who are breastfed at 6 months, 2007.[3]

It appears that U.S. women want to breastfeed with 75% initiating, but there is a significant dropoff by 3, 6, and 12 months of breastfeeding and exclusive breastfeeding. One can conclude that there is a clear geographic pattern and most likely a lack of support and certain obstacles, i.e., the 20% of breastfeeding infants who are fed formula in the hospital by well-meaning but ill-informed nurses.

Recently, I had the honor of giving a lecture at the American College of Obstetricians and Gynecologists' District IV Fall Meeting in Savannah, GA. It was an opportunity to demonstrate how these report cards can be used as a guide to how well we are doing in achieving the national goals in an area. As an example, District IV had five states whose report cards showed they were below the national average on all indicators, whereas Virginia, Maryland, and the District of Columbia exceeded national averages by at least one indicator (Table 1).[3]

Obstacles to Breastfeeding

There are many obstacles to successful breastfeeding, which include inadequate instruction, poor support, and lack of workplace accommodations. Some of the obstacles are under physicians' direct control. For example, well-intentioned obstetricians may tell their rooming-in patients that if they are too tired after delivery they may send their newborns to the nursery "so they can get a good night's sleep." Thus the mother misses her best opportunity for help and supervision with a fussy baby in the middle of the night. The next morning she is discharged and on her own. Another



. . Percentage of children breastfed at 12 months.[3]

example is the well-meaning nurse with the breastfeeding newborn who is hungry and fussy in the nursery and feeds the baby formula. It is unfortunate that 25% of breastfeeding babies are fed formula before discharge.[4] Other barriers to successful breastfeeding can be found in ethnic and racial groups where early introduction of solids (West Coast Hispanics) can decrease the success of breastfeeding. The Healthy People 2020 objectives will address barriers including evaluation of maternity practices and worksite support.

In a recent report racial and ethnic difference in breastfeeding were described for 2004–2008.[5]

Obstetrics and Gynecology certification requires a written followed by an oral examination. Maintenance of certification, started in 1986, is a critical part of the ongoing certification process. A discussion (at the American College of Obstetricians and Gynecologists' Annual Clinical Meeting, May 16, 2010) with the directors, Drs. Larry Gilstrap and Kenneth Noller (personal communication), assured me that both exams contain breastfeeding questions.

On balance, it appears that obstetricians get average education and training in breastfeeding, but improvement should be made in the areas of the physiology of lactation and practical aspects of breastfeeding.

Survey of Obstetrical Breastfeeding Support

In view of the Healthy People 2010 goals, it appears that obstetricians are a major factor in the achievement of the breastfeeding objectives. While my distinct impression is that almost all obstetricians would answer that breastfeeding is the preferred way of feeding a baby, it seems likely that different levels of support exist. To that end, a survey of obstetricians was developed. Twenty questions were directed at the level of interest of performance and level of breastfeeding. This was administered to obstetricians according to standard sampling technique for all states in the United States. The survey is almost complete. The data will be broken into four tiers, looking at the top and bottom tiers. A comparison with Healthy People 2010 indicators will be made with the intent of finding where and how to increase promotion and support.

Current Trends Affecting Breastfeeding

Obstetrics is a dynamic specialty with many social, financial, and scientific factors affecting the discipline. Scientific advances as sonography, rubella immunization, and Rh-immune prophylaxis have brought about positive effects for mothers and infants. However, many social and financial trends are resulting in negative effects. Therefore, the healthcare team must continually seek solutions to the changing landscape of practice.[11]

In 2006, 4.2 million deliveries occurred in a hospital, whereas 38,568 deliveries occurred outside hospitals, including freestanding birthing centers, clinics, homes, or other. Because greater than 99% of deliveries are in hospitals, the following discussions will concern only patients who adiscussionsdiscusseoplllHea8i.1(of)-325esa

compared with normal procedures, but usually is within 3 minutes.

The baby is handed to the midwife, who is standing directly alongside the mother's head. Skin-to-skin contact is established within a minute of the completion of the (3-minute) delivery. The ether screen is raised while the surgical closure is completed. The baby is kept warm with towels and bubble wrap.

"The natural cesarean delivery" can be broken down into five separate areas for evaluation:

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of this is in the province of the pediatrician, the obstetrician must be supportive and informed.

Improving conditions for the working mother must be an

The pediatrician's role

- Promote and support breastfeeding
- Support and assure initiation of breastfeeding
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