

Organization: [Clinic Name]  
Policy Number: [00.00.00]  
Implementation Date: [Month year]

## **POLICY FOR SUPPORTING BREASTFEEDING IN THE CLINICAL SETTING**

### **Purpose**

The benefits of breastfeeding are well known. Conclusive research shows that both short- and long-term health benefits to mothers and infants, and economic benefits to families, employers, and society are positive outcomes of breastfeeding. Although rates of breastfeeding have improved over the last few decades, recent rates have slowed, unacceptable racial/ethnic and socioeconomic disparities persist, and numerous barriers to breastfeeding remain<sup>1</sup>.

This policy is adopted to:

- (1) establish and promote a philosophy supportive of breastfeeding families in the prenatal and postnatal/pediatric clinical setting; and
- (2) improve rates of breastfeeding initiation, exclusive breastfeeding for 6 months, and continued breastfeeding for at least one year in the local community.

[Clinic Name] subscribes to the following policy:

### **Policy Statement**

#### **Clinic Environment / Philosophy**

A breastfeeding-friendly environment will be maintained in the healthcare clinic. Mothers will be encouraged to breastfeed in any location in which they are comfortable, and as permitted by State Law. Breastfeeding will be commended and supported to continue exclusively for the first six months of an infant's life, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant<sup>2</sup>.

#### **Medical Staff**

Members of the medical staff, including but not limited to: physicians, nurses and medical assistants will maintain (1) accurate, evidence-based knowledge regarding breastfeeding and (2) awareness of the clinical policy. Relevant patient breastfeeding resources will be familiar to all staff-members, including clinical and clerical staff.

#### **Supporting Mother's Choice to Breastfeed**

All pregnant women will be provided with education and counseling on the benefits of breastfeeding. Women will be encouraged to breastfeed, unless medically contraindicated.

*Advantages of Breastfeeding:* The benefits of breastfeeding for both mothers and children are widely recognized. Breastmilk is uniquely suited to the human infant's nutritional needs, providing unequivocal immunological and anti-inflammatory benefits to infants.

Contraindications

According to the AAP, while contraindications to breastfeeding are rare, mothers with HIV, human lymphotropic virus type I/II, untreated tuberculosis, or active herpes simplex lesions on the breast should not breastfeed. Breastfeeding is not recommended for infants with the metabolic disorder galactosemia. Breastfeeding is also contraindicated following maternal use of illicit drugs and certain drug groups<sup>2</sup>.

**Education / Intervention**

Active promotion: Women will be counseled and educated on the benefits of breastfeeding and the risks associated with not breastfeeding at prenatal appointments. Continued education and support for breastfeeding will continue at all postnatal and well-baby appointments to enable breastfeeding as long as the mother chooses to continue. Current information for local community resources (ex: WIC, La Leche League, Peer Counselors, and Lactation Consultants, mother’s support groups) will be maintained and distributed to pregnant women and new mothers.

Passive promotion: Posters and signs will promote or display breastfeeding mothers and infants. No formula samples, literature or promotional items from formula companies shall be visible to patients. In compliance with the WHO Code of Marketing of Breastmilk Substitutes, no formula samples or formula “gift packs” shall be distributed to pregnant women or new mothers, unless medically indicated.

**Adoption of Protocol**

The attached Appendix A is incorporated herein as if recited verbatim. Clinic medical/ administrative leadership may include all or a phased-in approach as best suits the staffing and financial condition of the clinic. If a phased-in protocol is selected, please provide at the outset the intended dates when each protocol direction will be implemented.

\_\_\_\_\_  
**Name**  
**Clinic Medical Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**  
**CEO / Director of Operations**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**  
**Board or Governing Body President**

\_\_\_\_\_  
**Date**

**References:**

1. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: US Dept of Health and Human Services, Office of the Surgeon General; 2011.
2. Eidealmann AI, et al. Breastfeeding and the use of human milk. *Pediatrics* 2012; 129(3):e827-41.