

# **BREASTFEEDING**

## **Policy Statement Oklahoma State Board of Health**

### **Background:**

Breastfeeding is unequalled as a way of providing food for the health, growth, and development of infants. Human milk is uniquely superior for infant feeding and is species specific. Breastfeeding and the use of human milk for infant feeding offers distinct advantages to infants, mothers, families and society. The nutritional and immunologic components of human milk and the physiological, psychosocial, hygienic and economic benefits of breastfeeding make it the optimal way to nurture infants (1,2).

Human milk contains the ideal balance and form of nutrients for infants, and breastfeeding affords a unique occasion for mother-infant interaction and bonding (3).

Human milk feeding decreases the incidence and/or severity of diarrhea, (4-8) lower respiratory infections, (9-12) otitis media, (6,13-17) urinary tract infection (18) and necrotizing enterocolitis (19,20). Positive protective effects of human milk feeding have been demonstrated in relation to sudden infant death syndrome, (21,22) insulin-dependent diabetes mellitus, (23-25) Crohn's disease, (26,27) ulcerative colitis, (27) lymphoma, (28,29) allergic diseases, (30-32) and other chronic digestive disorders. Breastfeeding has also been related to possible enhancement of cognitive development. (33,34)

Breastfeeding can enhance a mother's self-esteem (35) and facilitate her physiologic return to the pre-pregnant state by increasing levels of oxytocin, resulting in less post-partum bleeding and more rapid uterine involution.(36). Recent research demonstrates that lactating women have an earlier return to pre-pregnant weight (37), improved post-partum bone remineralization (38) with reduction in hip fractures in the post-menopausal period, (39) reduced risk of ovarian cancer (40) and pre-menopausal breast cancer(41). Although not considered a form of birth control, exclusive breastfeeding results in delayed resumption of ovulation with increased child spacing (42-44).

Beyond these positive health benefits, breastfeeding offers social and economic benefits to families, society and the nation. Use of human milk decreases infant formula expenditures, minimizes health care costs by improving health and decreasing morbidity in the pediatric population, and reduces employee absenteeism for care attributable to child illness (45-47).

### **Problem:**

Numerous barriers to breastfeeding have been identified: (48-57):

- Lack of awareness and acceptance of the benefits of breastfeeding among health care professionals and the population in general.
- Lack of consistent and accurate information about breastfeeding.
- Hospital practices which are oriented toward bottle feeding.
- Lack of a support network during the critical postpartum period.
- Psychosocial barriers including misconceptions, negative attitudes, low self-esteem, and lack of flexibility in the work place.
- Cultural barriers including sexual connotations associated with the breast and/or lack of role models or family support.
- Formula advertising and the display and distribution of infant formula by health professionals and in hospitals and public health programs.

Despite these and other barriers to breastfeeding, the incidence and duration of breastfeeding can be increased by enhancing factors that encourage breastfeeding.

Many major professional organizations including the American Academy of Pediatrics, the American Dietetic Association, the American College of Obstetrics and Gynecology, and the National Association of Pediatric Nurse Associates and Practitioners etc.,(48,58-62) acknowledge breastfeeding as the preferred method of infant feeding. The United States Department of Health and Human Services has identified breastfeeding as one of the goals of Healthy People 2000. The target is to increase to at least 75% the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding until their babies are 5 to 6 months old (63). To work toward these goals, it is recommended that the Oklahoma State Board of Health serve as an advocate for breastfeeding. The State Board of Health's support will help ensure that women have the ability to make informed decisions about infant feeding.

### **Policy Statement:**

The Oklahoma State Board of Health identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as fundamental in achieving optimal infant and child health, growth, and development. Therefore, the Oklahoma State Board of Health encourages activities that promote, protect and support breastfeeding and the health of all Oklahoma children.

It is the policy of the Oklahoma State Board of Health that:

- Breastfeeding be integrated into the spectrum of health care.
- Parents be provided complete current information on the benefits of breastfeeding which allows them to make an informed choice regarding a method of infant feeding.
- All pregnant women be encouraged to breastfeed unless contraindicated for medical reasons.
- Breastfeeding be recommended for at least 12 months and thereafter for as long as desired.

- Exclusive breastfeeding be encouraged for approximately the first 6 months after birth and iron enriched solid foods complement breast milk during the second half of the first year.
- Health care professionals receive adequate basic and continuing theoretical and practical training in breastfeeding.
- Public health professionals identify and reduce barriers to breastfeeding that may exist within communities.
- Health care settings and public health clinics strive to create a positive, supportive environment to encourage breastfeeding as the preferred method of infant feeding.

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