



**CAPPA Position Paper: The Lactation Educator's**

**Role in Providing Breastfeeding Information and Support**

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## **Introduction**

Extensive research has proven the numerous benefits of breastfeeding for infants, mothers, and society. The contribution of breastfeeding to infant and maternal health is so significant that policies have been set by the American Academy of Pediatrics<sup>1</sup>, the World Health Organization<sup>2</sup>, the American College of Obstetricians and Gynecologists<sup>3</sup>, and the American Public Health Association<sup>4</sup>, among others, to actively promote and protect breastfeeding. Cooperatives between governmental agencies and professional and voluntary organizations have been formed to help implement these policies. However, in practice, breastfeeding is often neither protected nor promoted in our society. As a result, breastfeeding rates fall short of the goals cited in these policies. The steps, which have been designated as critical to changing this scenario, largely focus on two necessary components: education and support.

## **The Importance of Breastfeeding**

In 2007, the Agency for Healthcare Research and Quality (AHRQ) published an evidence report on the effect of breastfeeding on maternal and infant health outcomes in developed countries. This report included 86 primary studies and 29 meta-analyses and found that a history of breastfeeding was associated with a reduction in the infant's risk of otitis media, asthma, type 1 and type 2 diabetes, obesity, childhood leukemia, and sudden infant death syndrome. In addition to these benefits, a history of lactation was associated with lower maternal risk of type 2 diabetes, breast cancer and ovarian cancer. Early weaning or not breastfeeding was also associated with a higher risk of postpartum depression<sup>5</sup>. Economically, studies have shown that breastfeeding shows significant

savings over formula feeding both due to direct costs (such as formula and health care expenses) and indirect costs (such as time and lost wages of a parent caring for a sick child)<sup>6</sup>. Clearly, increasing breastfeeding initiation and duration rates would lead to significant improvements in public health.

In March 2011, the Surgeon General released The Surgeon General's Call to Action to Support Breastfeeding. This document recognizes that while most others desire to breastfeed, within three months, two thirds of all breastfeeding mothers are using artificial milk to feed their baby. The Call to Action includes the following:

1. Communities should expand and improve programs that provide mother-to-mother support and peer counseling.
2. Health care systems should ensure that maternity care practices provide education and counseling on breastfeeding.
3. Hospitals should become more "baby-friendly," by taking steps like those recommended by the UNICEF/WHO's Baby-Friendly Hospital Initiative.
4. Clinicians should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.
5. Employers should work toward establishing paid maternity leave and high-quality lactation support programs.
6. Employers should expand the use of programs that allow nursing mothers to have their babies close by so they can feed them during the day. They should also provide women with break time and private space to express breast milk.
7. Families should give mothers the support and encouragement they need to breastfeed.

Some obstacles that are recognized in the document include:

- Lack of experience by family members

- Not enough opportunities to connect with breastfeeding mothers
- Lack of up to date instruction for health care workers
- Difficult hospital practices
- Lack of work accommodation

Furthermore, this Call to Action asks the healthcare community, which includes the CLE™ to do the following:

- Encourage Baby-Friendly Hospital Initiative
- Provide education to health care providers
- Ensure access to IBCLCs

This builds on the work of previous U.S. Surgeon General, David Satcher, with the help of the Office on Women's Health, developed by the HHS Blueprint for Action on Breastfeeding<sup>9</sup> in 2000. This document, along with the World Health Organization's Evidence for the Ten Steps to Successful Breastfeeding<sup>10</sup> and the UNICEF Baby-Friendly Hospital Initiative, have all emphasized 2 factors in increasing breastfeeding rates: education (of medical staff, the public and the childbearing family) and providing supportive conditions (emotional support, guidance and avoidance of practices which hinder breastfeeding).

### **Working to Improve Breastfeeding Rates**

Healthy People 2000 set a goal of a breastfeeding initiation rate of 75% and a breastfeeding rate of 50% at 6 months postpartum. Unfortunately, these goals were not met. Healthy People 2010 continued these goals and added the objective that 25% of mothers will breastfeed their babies at one year<sup>7</sup>. According to the National Health and

Nutrition Examination Survey, 77% of infants born in 2005-2006 were breastfed in the immediate postpartum period, a significant increase over the 1993-1994 data.

Unfortunately, there was no significant increase in the breastfeeding rate at 6 months.

Furthermore, while the African-American population saw a drastic jump in breastfeeding initiation during this time period (from 36% to 65%), there is still a large disparity

between the breastfeeding rate for Mexican-American and Caucasian infants and that for African-American infants. There is a similar disparity between infants of older and

younger mothers and infants from higher income and lower income families<sup>8</sup>. Efforts

must be made to promote breastfeeding in general and to target the needs of those groups

that still show lagging breastfeeding rates. Specifically, there must be a stronger

emphasis on the promotion of breastfeeding without supplements for 6 months and

continuing to breastfeed for at least one year. At the end of 2010, the U.S. met only one

of its Healthy People 2010 goals, that of 75% initiation rates. The new goals for 2020

include the following:

- Increase rate of ever breastfed infants to 82%
- Increase rate of exclusive breastfeeding at 3 months to 44.3%
- Increase rate of breastfeeding at 6 months to 61%
- Increase rate of exclusive breastfeeding at 6 months to 23.7%
- Increase rate of breastfeeding at 12 months to 34%
- Increase number of Baby-Friendly Hospitals to 8.9% (currently 2.9%)
- Increase workplace accommodation to 38% (currently 25%)
- Reduce in-hospital supplementation to 15.6% (currently 25.6%)

Lactation Educators can assist in reaching all these goals which include: strengthening the support of breastfeeding (including within the health care system), improving professional education in breastfeeding, initiating a national promotional effort to support working women who want to breastfeed, and developing public education, promotional efforts and a range of community support services.

### **The Role of the Lactation Educator**

Lactation Educators fill an important function in educating and supporting families interested in learning about breastfeeding. This education may take place in the public, hospital, clinical or private setting. Since many CAPP- Certified Lactation Educators are willing to come to the family's home, this helps assure that families without easy access to lactation consultant offices or La Leche League meetings will not fall through the cracks. They may have common breastfeeding questions and concerns addressed in the comfort and privacy of their home, and referrals will be made, if needed. As our society becomes more "breastfeeding-friendly" the number of Lactation Educators, lactation consultants and La Leche League groups should grow, making all of these valuable resources available to the childbearing community.

Breastfeeding education is not restricted to new families, but applies to medical staff as well. The American Academy of Pediatrics Policy Statement on "Breastfeeding and the Use of Human Milk" refers to research that indicates that "obstacles to the initiation and continuation of breastfeeding include physician apathy and misinformation."<sup>1</sup> Due to the limited breastfeeding information provided in standard medical training, and the misinformation about breastfeeding that is so prevalent in our

society, the Certified Lactation Educator serves as a resource for accurate, evidence-based information to the public and health care providers, as well as to childbearing families.

CAPPA does not issue Certified Lactation Consultant status, nor does the Lactation Educator Program qualify a member to provide medical advice, diagnose or prescribe medication. However, Lactation Educators provide a wealth of information about how and why to breastfeed; establishing a breastfeeding-friendly environment; basic breastfeeding anatomy and physiology; the normal process of lactation; deviations from normal; physical, emotional and sociological barriers to breastfeeding; overcoming challenges; and resources available (including medical referrals) for the breastfeeding family. They can also be a source of vital support, guidance and encouragement throughout the duration of breastfeeding<sup>11</sup>. Lactation Educators play a vital part in increasing breastfeeding rates and helping families who choose to breastfeed.

### **CAPPA Philosophy of Lactation Education**

Breastfeeding is undeniably the best nutrition and care for babies and should be strongly encouraged. All families should have the opportunity to become educated as to why breastfeeding is best for both mother and baby. They should also be encouraged to attend a breastfeeding class and support group while they are still pregnant so that they may make an informed decision about infant feeding. Many women, when they become educated, will want to breastfeed, but it is important to recognize that there are many reasons why some cannot or choose not to do so. It is not the place of the Lactation Educator to create guilt surrounding infant feeding, but rather to educate parents so that

they may make truly informed decisions. Health care providers who work with childbearing families have great influence over whether or not a parent chooses to breastfeed or continue breastfeeding. It is critical that all medical staff working with these families have access to updated, evidence-based information on the mechanics and benefits of breastfeeding and how to provide an environment that supports this choice. CAPPa supplies the highest quality of training, to ensure that Certified Lactation Educators meet the diverse informational needs of the public.

## **Conclusion**

The promotion and protection of breastfeeding is clearly a priority in improving public health. A general lack of education and support for breastfeeding remain in our culture as barriers to breastfeeding. Lactation Educators play a critical role in removing these barriers. Studies show that encouragement, counseling, peer support and guidance are important factors that increase initiation and duration of breastfeeding. Lactation Educators can assist parents with their needs and ensure that families, health care providers and the public receive the accurate, evidence-based information necessary to promote a breastfeeding-friendly culture.

## References:

1. American Academy of Pediatrics Policy. Statement on Breastfeeding and the Use of Human Milk. Pediatrics 2005; 115(2), 496-506. Available from: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496> [Accessed 5/13/09].

2. World Health Organization. Global Strategy for Infant and Young Child Feeding. 2003. Available from:  
<http://whqlibdoc.who.int/publications/2003/9241562218.pdf> [Accessed 5/13/09].
3. American College of Obstetricians and Gynecologists. Breastfeeding Position Statement. 2003. Available from:  
<http://www.acog.org/departments/underserved/breastfeedingStatement.pdf>  
[Accessed 5/13/09].
4. American Public Health Association. A Call to Action on Breastfeeding: A Fundamental Public Health Issue. Policy number 200714. 2007. Available from:  
<http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1360>  
[Accessed 5/13/09].
5. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. April 2007.
6. Weimer J. The economic benefits of breastfeeding: A review and analysis. ERS Food Assistance and Nutrition Research Report No. 13. USDA Economic Research Service, Washington, D.C. 2001.
7. U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC: U.S. Department of Health and Human Services. 2000.  
Available from:

- [http://www.healthypeople.gov/document/HTML/Volume2/16MICH.htm#\\_Toc494699668](http://www.healthypeople.gov/document/HTML/Volume2/16MICH.htm#_Toc494699668) [Accessed 5/13/09].
8. McDowell MA, Wang C-Y, Kennedy-Stephenson J. Breastfeeding in the United States: Findings from the National Health and Nutrition Examination Surveys 1999-2006. NCHS data briefs, no. 5, Hyattsville, MD: National Center for Health Statistics. 2008. Available from:  
<http://www.cdc.gov/nchs/data/databriefs/db05.htm> [Accessed 5/13/09].
  9. U.S. Department of Health and Human Services. HHS blueprint for action on breastfeeding. Washington, DC: U.S. DHHS, Office of Women's Health. 2000. Available from: <http://www.cdc.gov/breastfeeding/pdf/bluprntbk2.pdf> [Accessed 5/13/09].
  10. World Health Organization. Evidence for the Ten Steps to Successful Breastfeeding. 1998. Available from:  
[http://www.who.int/nutrition/publications/evidence\\_ten\\_step\\_eng.pdf](http://www.who.int/nutrition/publications/evidence_ten_step_eng.pdf) [Accessed 5/13/09].
  11. Childbirth and Postpartum Professional Association. CLE Scope of Practice. 2008. Available from: <http://www.cappa.net/get-certified.php?cle-scope> [Accessed 5/13/09].
  12. U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.