

# CAPPA Position Paper

## The Lactation Educator's Role in Providing Breastfeeding Information and Support

### Introduction

Extensive research has proved the numerous benefits of breastfeeding for infants, mothers, and society. These benefits are well-documented and increase with each subsequent research study that is published. Breastfeeding's contribution to infant and maternal health is so significant that policies have been set by the American Academy of Pediatrics, the World Health Organization, the National Medical Association, the American College of Obstetricians and Gynecologists, and the American Public Health Association, among others, to actively promote and protect breastfeeding. Cooperatives between governmental agencies and professional and voluntary organizations have been formed, such as the U.S. Office of Women's Health Subcommittee on Breastfeeding, Healthy People 2000 and Healthy 2010 to help implement these policies. However, in practice, breastfeeding is often neither protected nor promoted in our society. As a result, breastfeeding rates fall far 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

The current U. S. Surgeon General, David Satcher, has stated that "Breastfeeding is one of the most important contributors to infant health. Breastfeeding provides a range of benefits for the infant's growth, immunity and development. In addition, breastfeeding improves maternal health and contributes economic benefits to the family, health care system, and workplace." Many medical and scientific journals have reiterated these facts and referred to the necessity of widespread support for breastfeeding. This includes The American Journal of Tropic Medicine and Hygiene, which stated that recent breastfeeding research data "...has brought to the forefront of the public, professional and political attention the significance of breastfeeding and the need for appropriate programs to promote this fundamental biological activity."

Breastfeeding is now seen as preventative medicine, lowering the incidence and severity of the following childhood and adult conditions: appendicitis, asthma, breast cancer, childhood cancers, Crohn's disease, colitis, diabetes, ear infections, eczema, gastroenteritis, gastroesophageal reflux, inguinal hernia, juvenile rheumatoid arthritis, leukemia, multiple sclerosis, orthodontic problems, osteoporosis, respiratory illnesses, Sudden Infant Death Syndrome, urinary tract infections, vision problems and whooping cough. Other studies show breastfed infants have less incidence and severity of otitis media, invasive bacterial infections and celiac disease, and later in life showed less obesity and higher IQ scores. Mothers who breastfeed experience less hemorrhage, longer intervals between pregnancies, and may lower their risk of ovarian cancer. Increasing breastfeeding rates could lead to significant improvements in future public health.

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### Working to Improve Breastfeeding Rates

Due to the tremendous benefits above, influential organizations have made efforts to emphasize to the public the great importance of initiation and longer duration of breastfeeding. The American Academy of Pediatrics updated its policy to recommend breastfeeding be maintained exclusively (without supplementation) for 6 months, continued for at least a year, and thereafter as long as mutually desirable for mother and baby. Healthy People 2000 set a goal of 75% of women breastfeeding immediately postpartum and 50% at 6 months postpartum. Unfortunately, these goals have not been met. Healthy People 2010 continues these goals with two additional objectives: that 25% of mothers will breastfeed their babies at one year and that the disparities between African-American and Caucasian breastfeeding rates will be diminished.

In 1998 (the most recent year for which data is currently available), 64% of Caucasian women breastfeed after birth, compared with 45% of

African American women. At 6 months, 31% of Caucasian women were breastfeeding, but only 19% of African-American women continued to breastfeed. At one year, 17% of Caucasian women breastfed, but just 9% of African-American women did so. Clearly, increased efforts must be made to promote breastfeeding in general, and to target the needs of the African American community.

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

These recommendations echo those in the Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation in 1984. 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 CAPPAs-Certified Lactation Educators are willing to come to the family's home, this assures 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 which indicates that "obstacles to the initiation and continuation of breastfeeding include physician apathy and misinformation." Due to the limited breastfeeding information provided in standard medical training, and the rampant misinformation about breastfeeding that is so prevalent in our society, the breastfeeding 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.

Lactation Educators assist parents in meeting all of the "5 C's" that Dr. Sears includes in his Keys to Successful Breastfeeding in *The Breastfeeding Book* "a class, camaraderie, consultants, confidence and commitment." It is CAPPA's goal to provide the community with access to this critical education and support. In doing so, 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 best 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 parents, 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. CAPPAs 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. As breastfeeding rates continue to be low, the long-time barriers to breastfeeding remain: a general lack of education and support of breastfeeding. Lactation Educators play a critical role in providing these services. Studies show that encouragement, counseling, peer support and guidance are important factors which increase initiation and duration of breastfeeding. Lactation Educators can assist parents with their vital needs and assure that families, health care providers and the public receive the accurate, evidence-based information necessary to promote a breastfeeding-friendly culture.

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