

Summary of Policy Statement on Breastfeeding

from the American Academy of Pediatrics

Adapted from: Breastfeeding and the Use of Human Milk (Pediatrics, Volume 100, No. 6, December 1997)

Summary:

- Human milk is uniquely superior for infant feeding and is species-specific; all substitute feeding options differ markedly from it. Extensive research, especially in recent years, documents diverse and compelling advantages to infants, mothers, families and society from breastfeeding and the use of human milk for infant feeding. These include health, nutritional, immunological, developmental, psychological, social, economic, and environmental benefits.
- Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions.
- Breastfeeding should begin as soon as possible after birth, usually within the first hour.
- Newborns should be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing, or rooting. Crying is a late indicator of hunger. Newborns should be nursed approximately 8 to 12 times every 24 hours until satiety, usually 10 to 15 minutes on each breast.
- Supplements and pacifiers should be avoided whenever possible. If used at all, only after breastfeeding is well established.
- Babies should be exclusively breastfed for the first 6 months. Other foods are generally unnecessary for the breastfed infant.
- It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired.
- In cases of hospitalization of the breastfeeding mother or infant, every effort should be made to maintain breastfeeding, preferably directly, or by pumping the breasts and feeding expressed breast milk, if necessary.

Pediatricians were further directed to:

Promote and support breastfeeding enthusiastically.

Become knowledgeable and skilled in the physiology and clinical management of breastfeeding.

Work with obstetricians to ensure women receive information to make informed feeding choices.

Promote hospital policies and procedures that facilitate breastfeeding. Have electric breastpumps and pumping areas available in hospitals.

Become familiar with local breastfeeding resources (WIC, lactation consultants, lay support groups, breast pump rental stations) for proper referrals.

Encourage routine insurance coverage for breastfeeding services and supplies, including breast pump rental and consultation time for breastfeeding management.

Promote breastfeeding as a normal part of daily life.

Work with health care providers in educating, supporting and counseling the breastfeeding dyad.

Promote breastfeeding education in medical school and residency education.

Encourage positive media portrayal of breastfeeding.

Encourage employers to provide facilities and time in the workplace for breast pumping.

This is a summarization of the AAP policy. The complete statement is in Pediatrics, Vol. 100, No. 6, Dec. 1997 or visit the AAP website @ www.aap.org or Pediatrics @ www.pediatrics.org Summarized by June Hartman Winfield,

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