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AAP Updates Its Recommendations for Breastfeeding

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CHEER CHAMPS Lifetime Achievement Award Seminar
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CHEER is honored to present the 2021 Lifetime Achievement Award to Lori Feldman-Winter, MD, MPH, FAAP, FABM. Lori is a pediatrician, specialist in adolescent medicine, and a pioneer in the field of breastfeeding medicine.

READ MORE

Thank you to Anne Merewood, PhD, MPH, IBCLC, and all of the folks who work with CHEER, CHEERing, CHAMPS, and the BMC team!

Disclosure

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
- This presentation is comprised of my own personal viewpoints and not meant to represent the AAP, ABM or any institution with which I am affiliated.

Objectives

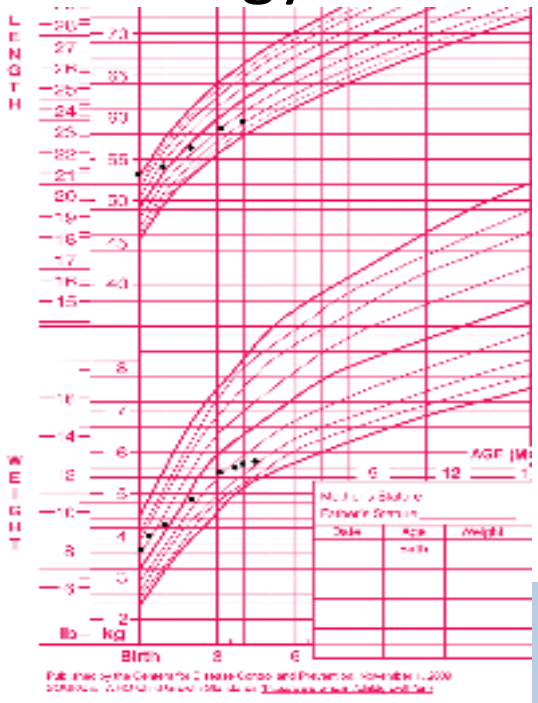
1. Delineate key changes in the AAP recommendations

2. Describe the evidence for why breastfeeding matters

3. Identify strategies to manage breastfeeding in the setting of jaundice and other common conditions

Case #1: Baby Mira, exclusively breastfed for 4 months, parents worried about growth

- Baby has about 6-7 loose seedy stools per day
- Has regular reflux vomiting after many, not all feeds
- Mom had a recent GI bug
- Pediatrician worried about “milk protein allergy” (**Food protein-induced enterocolitis syndrome (FPIES)**), deficiency, recommended supplemental formula with a special hydrolyzed formula complete weaning to this formula



Case #2: Baby Michael is ready for discharge but has concerning weight loss

- Birth weight 3290 grams
- At 48 hours old 2960 grams (Has lost 10% of birth weight)
- Infant born via Cesarean
- Mom's breasts are soft
- Infant attaches well at breast

Case #3: Max is a breastfeeding infant with jaundice

- Jaundice noted on day of discharge-48 HOL
- Bilirubin is 13 mg/dl

- Switch from: http://www.bilitool.org
- To https://peditools.org/bili2022/

- Exclusively breastfeeding

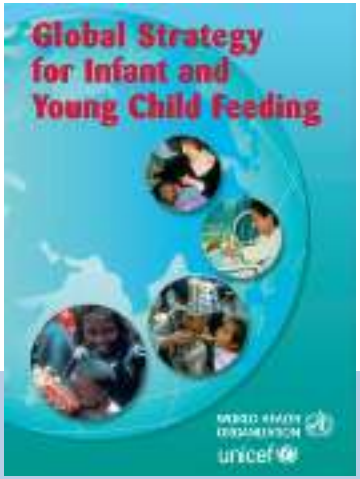
- What else do you want to know?
- How do we approach this problem?

The First 1,000 Days

- Period from conception to age 2 years
- Nutrition has key impact on child's neurodevelopment and lifelong health
- Most active period of neurologic development
- Programming for obesity, hypertension, and diabetes may occur during this period

Key Updates in 2022 AAP recommendations for Breastfeeding

- The AAP recommends exclusive breastfeeding for about 6 months, with continued breastfeeding, along with complementary solids introduced at about 6 months, for up to **2 years and beyond, as long as mutually desired by mother and child**
- There no evidence to support adding other food or fluid before 6 months on a routine basis
- All newborns should receive 400 IU of vitamin D once a day beginning soon after birth
- This recommendation is consistent with the WHO and multiple other health care organizations



Meek JY, Noble L. Technical report: Breastfeeding and the use of human milk. Pediatrics. 2022 Jul 1;150(1). https://pubmed.ncbi.nlm.nih.gov/35921641/
Meek JY, Noble L. Policy statement: breastfeeding and the use of human milk. Pediatrics. 2022 Jul 1;150(1). https://pubmed.ncbi.nlm.nih.gov/35921640/

Why the change to "up to 2 years and beyond?"

- More aligned with the World Health Organization (WHO)
- Consistent with the evidence, documented health benefits for both mother and infant
- Breastfeeding is the cultural norm, more than 80% of women initiate breastfeeding
- Normalize breastfeeding among health care professionals and public/families
- Driver for change in public health policy

Needed Policy Changes

- Maternity/lactating parent care policies
- Advocate for tracking breastfeeding rates through age 2 years
- Data stratified by race, ethnicity, and socioeconomic variables

Needed Legislative Changes

- Universal paid maternity/paternity/parental leave
- Protect the right to breastfeed/pump at work, school, and in public
- Expand coverage for breastfeeding support
- Extend protection for breastfeeding/pumping breaks to all women in the workplace

Inclusion/Equity Focus

- Socio-demographic data indicate disparities at all phases - initiation and duration
- Race is a social construct born out of racism
- Breastfeeding support vs. microaggressions (interpersonal racism & implicit bias)
- Need for institutionalized support to overcome racism
- Culturally congruent care and collaboration with allies
- Provide equitable breastfeeding support
- Added language for how to provide counseling for gender diverse families, including asking what terms they would prefer, such as chestfeeding.

Exclusive Breastfeeding for ~ 6 months

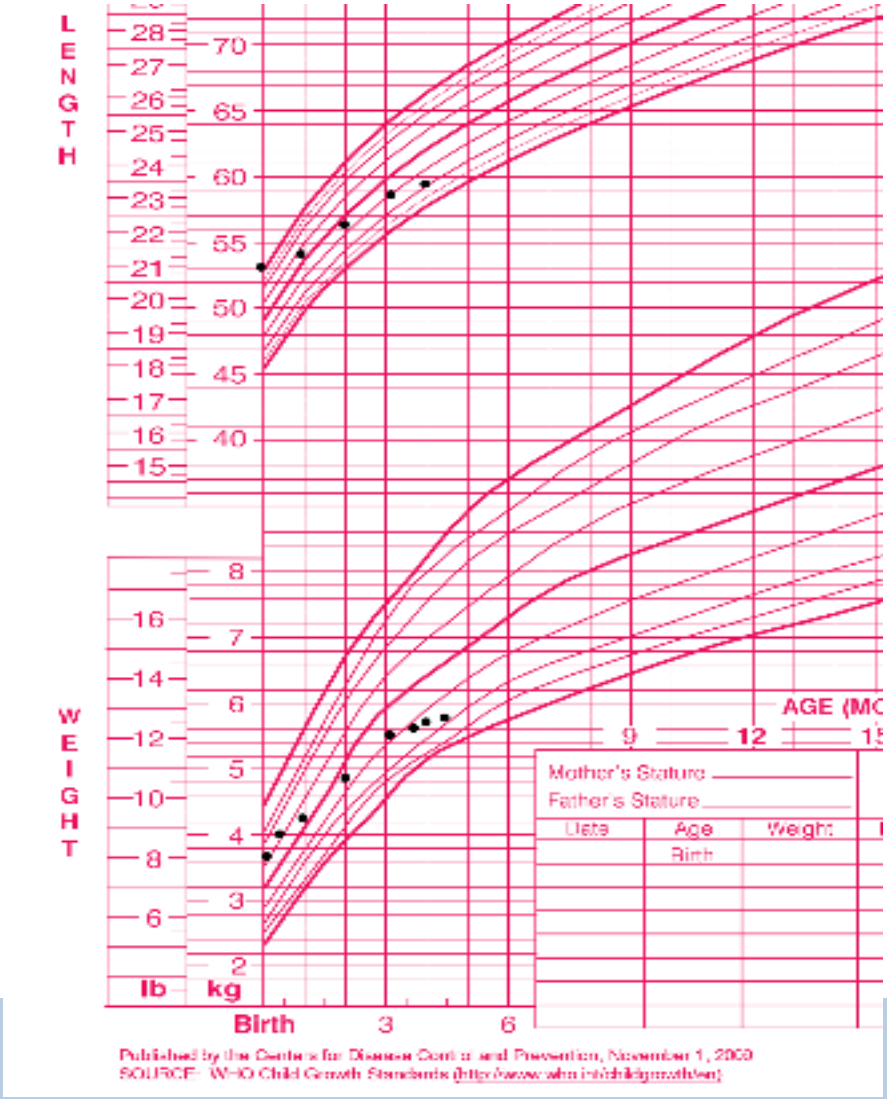
- United States Department of Agriculture (USDA) Evidence Review
  - No benefit to earlier introduction
  - May increase risk of overweight or obesity, esp. when solids introduced before 4 months of age

Exclusive Breastfeeding for ~ 6 months

- European Food Safety Authority Panel on Nutrition, Novel Foods and Food Allergens
  - Majority of infants do not need complementary feeds until around 6 months
  - Those who started at 6 months received more human milk, with no significant difference in overall energy intake or infant growth
  - Benefits to exclusive for 6 months vs. earlier: lower RTI, severe diarrhea, ear infections and obesity

Case #1: Baby Mira, exclusively breastfed for 4 months, worried about growth

- Pediatrician says to stop breastfeeding and wean to hydrolysate formula
- No evidence of allergy of blood in stools



Exclusive Breastfeeding and Allergy

- There is **lack of evidence** to support **maternal dietary restrictions** either during pregnancy or during lactation to prevent atopic disease.
- There is **lack of evidence** that **partially or extensively hydrolyzed formula** prevents atopic disease in infants and children, even in those at high risk for allergic disease.

  This is a change from the 2008 report, in which the AAP concluded that there was modest evidence that hydrolyzed formulas delayed or prevented atopic dermatitis in infants who were formula fed or not exclusively breastfed for 3 to 4 months.
- Exclusive breastfeeding for the first 3 to 4 months **decreases the cumulative incidence of eczema** in the first 2 years of life.
- Any breastfeeding beyond 3 to 4 months is **protective against wheezing** in the first 2 years of life.

Greer FR, et al. 2019 Apr;143(4):e20190281. doi: 10.1542/peds.2019-0281.

Protein Allergy and Breastfeeding (Baby Mira)

- To reduce the risk of peanut allergy in highly allergic families, the AAP recommends introduction of peanut containing foods (paste) as early as 4-6 months (Greer et al. 2019)
- Food protein-induced enterocolitis syndrome (FPIES), is **a delayed (non-IgE mediated) gut allergic reaction to a food(s)**, usually presenting in the first two years of life, with an estimated incidence in this age group of 1 in 7,000 children. Children have repeated vomiting, become floppy, pale, cold and have diarrhea
- **FPIES in the exclusively breastfed infant is rare**

What about beginning iron at 4 months? (Baby Mira)

- The AAP published recommendations for supplementing iron in infants at 4 months for exclusively breastfed infants

  (Baker RD, Greer FR; Committee on Nutrition American Academy of Pediatrics. Diagnosis and prevention of iron deficiency and iron-deficiency anemia in infants and young children (0-3 years of age). Pediatrics. **2010**;126(5):1040–1050)

- USDA B24 concluded that complementary foods initiated earlier than 6 months offer no benefit to the breastfeeding infant in growth or iron status but may be associated with an increased risk of overweight or obesity, especially if introduced before 4 months. (Stoody EE, Spahn JM, Casavale KO. The pregnancy and birth to 24 months project: a series of systematic reviews on diet and health. Am J Clin Nutr. 2019;109(Suppl_7):685S–697S)

- More studies are needed…delayed cord clamping has been shown to increase iron stores in healthy term newborn infants.

  (Kc A, Rana N, Målqvist M, Jarawka Ranneberg L, Subedi K, Andersson O. Effects of delayed umbilical cord clamping vs early clamping on anemia in infants at 8 and 12 months: a randomized clinical trial. JAMA Pediatr. 2017;171(3):264–270

Short Term Breastfeeding Benefits

Outcome	BF	% Lower Risk*	Reference
Otitis Media	Any More vs less EBF 6M	33% 33% 43%	Acta Paediatr. 2015;104:85-95
Severe Diarrhea	EBF 6M	30%	Eur J Clin Nutr. 2016;70:1420-7
LRT Infections	EBF 6M	19%	Eur J Clin Nutr. 2016;70:1420-7
SIDS	2-4 M 4-6 M >6M	40% 60% 64%	Pediatrics. 2017; 140:e20171324

*Association
EBF=Exclusive Breastfeeding
LRT=Lower Respiratory Tract

Long Term Breastfeeding Benefits

Outcome	BF	% Lower Risk*	Reference
Asthma	Longer vs shorter	22%	Am J Epidem. 2014;179:1153-67
Eczema 1st 2 Yr	EBF 3-4 M	26%	Acta Paediatr. 2015;104:38–53
Crohn's	Any 12M vs 3-6 M	29% 80%	Aliment Pharmacol Ther. 2017;46:780–9
Ulcerative Colitis	Any 12M vs 3-6 M	22% 79%	Aliment Pharmacol Ther. 2017;46:780–9
Obesity	6M EBF 6M vs non EBF	18% 20%	Obes Facts. 2019;12:226-243

*Association
EBF=Exclusive Breastfeeding

Long Term Breastfeeding Benefits

Outcome	BF	% Lower Risk*	Reference
T1 DM	6M	57%	Diabetes Care. 2017;40:920–927
T2 DM	Any	33%	Curr Diab Rep. 2019;19(1):1
Leukemia	Any 6M	11% 19%	JAMA Pediatr. 2015;169:e151025

- Associated with increased IQ:
  - Meta-analysis 16 studies: 3.4 points[1].
  - Prospective large study 12M BF: 3.8 points[2].

[1]Acta Paediatr. 2015; 104: 14 [2]Lancet Glob Health. 2015;3(4):e199

*Association

Exclusive Breastfeeding 6 Months

Outcome	BF	% Lower Risk	Reference
Lower Respiratory Tract Infections	EBF 6M vs 4M	19%	Eur J Clin Nutr. 2016;70(12):1420-1427
Severe Diarrhea	EBF 6M vs 4M	30%	Eur J Clin Nutr. 2016;70(12):1420-1427
Otitis Media	EBF 6M vs none	43%	Acta Paediatr. 2015;104:85-95
Obesity	EBF 6M vs nonexclusive	20%	Obes Facts. 2019;12(2):226-243

EBF=Exclusive Breastfeeding

Any Breastfeeding and Infant Deaths, US 2017

	Live Birth #	Overall Infant Death (7-364 days)			Late-neonatal Death (7-24 days)			Post-neonatal Death (28-364 days)		
		N	COR* (95% CI, p value)	AOR** (95% CI, p value)	N	COR* (95% CI, p value)	AOR** (95% CI, p value)	N	COR* (95% CI, p value)	AOR** (95% CI, p value)
Total	3,230,500	**6,969**	**0.38** (0.36-0.40, <.001)	**0.74** (0.70-0.79, <.001)	**1,722**	**0.33** (0.30-0.36, <.001)	**0.60** (0.54-0.67, <.001)	**5,247**	**0.40** (0.38-0.43, <.001)	**0.81** (0.76-0.87, <.001)
Race										
Hispanic	663,545	**1,067**	**0.39** (0.34-0.45, <.001)	**0.64** (0.55-0.74, <.001)	**268**	**0.26** (0.20-0.33, <.001)	**0.47** (0.36-0.62, <.001)	**799**	**0.45** (0.39-0.53, <.001)	**0.73** (0.61-0.88, <.001)
Non-Hispanic White	1,769,279	**3,252**	**0.36** (0.34-0.39, <.001)	**0.75** (0.69-0.81, <.001)	**824**	**0.33** (0.29-0.38, <.001)	**0.61** (0.52-0.72, <.001)	**2,428**	**0.38** (0.35-0.41, <.001)	**0.81** (0.73-0.89, <.001)
Non-Hispanic Black	506,440	**2,022**	**0.56** (0.52-0.62, <.001)	**0.83** (0.75-0.91, <.001)	**463**	**0.51** (0.42-0.61, <.001)	**0.71** (0.58-0.87, <.001)	**1,559**	**0.58** (0.53-0.64, <.001)	**0.87** (0.78-0.98, 0.018)
Non-Hispanic Asian	171,023	**187**	**0.25** (0.18-0.35, <.001)	**0.51** (0.36-0.72, <.001)	**64**	**0.17** (0.10-0.28, <.001)	**0.33** (0.20-0.55, <.001)	**123**	**0.32** (0.21-0.49, <.001)	**0.65** (0.42-1.03, 0.064)
Non-Hispanic Hawaiian/Pacific Islander	7,430	**20**	**0.60** (0.23-0.58, 0.300)	**0.77** (0.32-1.87, 0.569)	**4**	**n/a**	**n/a**	**16**	**0.59** (0.20-1.73, 0.336)	**0.50** (0.21-1.21, -.125)
Non-Hispanic American Indian/Alaska Native	27,757	**129**	**0.52** (0.37-0.75, <.001)	**0.90** (0.61-1.32, 0.589)	**22**	**0.39** (0.17-0.88, 0.023)	**0.77** (0.36-1.66, 0.5060)	**107**	**0.56** (0.38-0.83, 0.004)	**0.93** (0.61-0.751, <.001)
2 or more races	67,490	**251**	**0.54** (0.41-0.71, <.001)	**0.90** (0.66-1.22, 0.500)	**60**	**0.51** (0.29-0.89, 0.018)	**1.03** (0.56-1.90, 0.917)	**191**	**0.55** (0.40-0.75, <.001)	**0.86** (0.61-1.21, 0.389)

*Crude Odds Ratio
**Adjusted Odds Ratio

Source: Li R, Ware J, Chen A, Nelson JM, Kmet JM, Parks SE, Morrow AL, Chen J, Perrine CG. Breastfeeding and post-perinatal infant deaths in the United States, A national prospective cohort analysis. The Lancet Regional Health-Americas. 2022 Jan 1;5:100094.

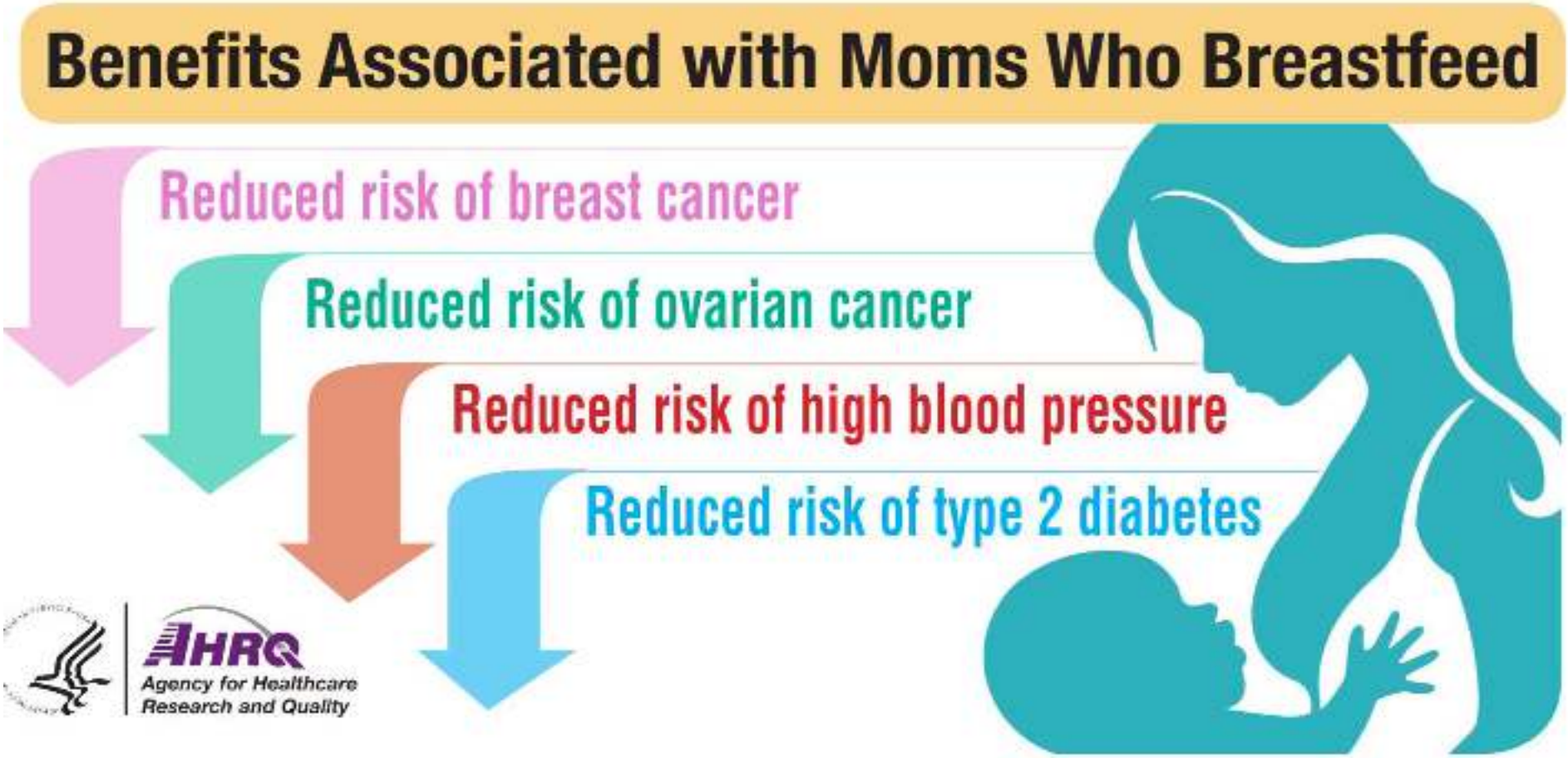


Image used with permission from AHRQ. Source: https://effectivehealthcare.ahrq.gov/products/breastfeeding/research

Breastfeeding >12 Months

Maternal Benefits	BF Duration	% Lower Risk*
Breast Cancer	<6 M	7%
	6-12 M	9%
	>12 M	26%
Ovarian Cancer	<6 M	17%
	6-12 M	28%
	>12 M	37%

Source: Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, Bahl R, Martines J. Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. Acta paediatrica. 2015 Dec;104:96-113.

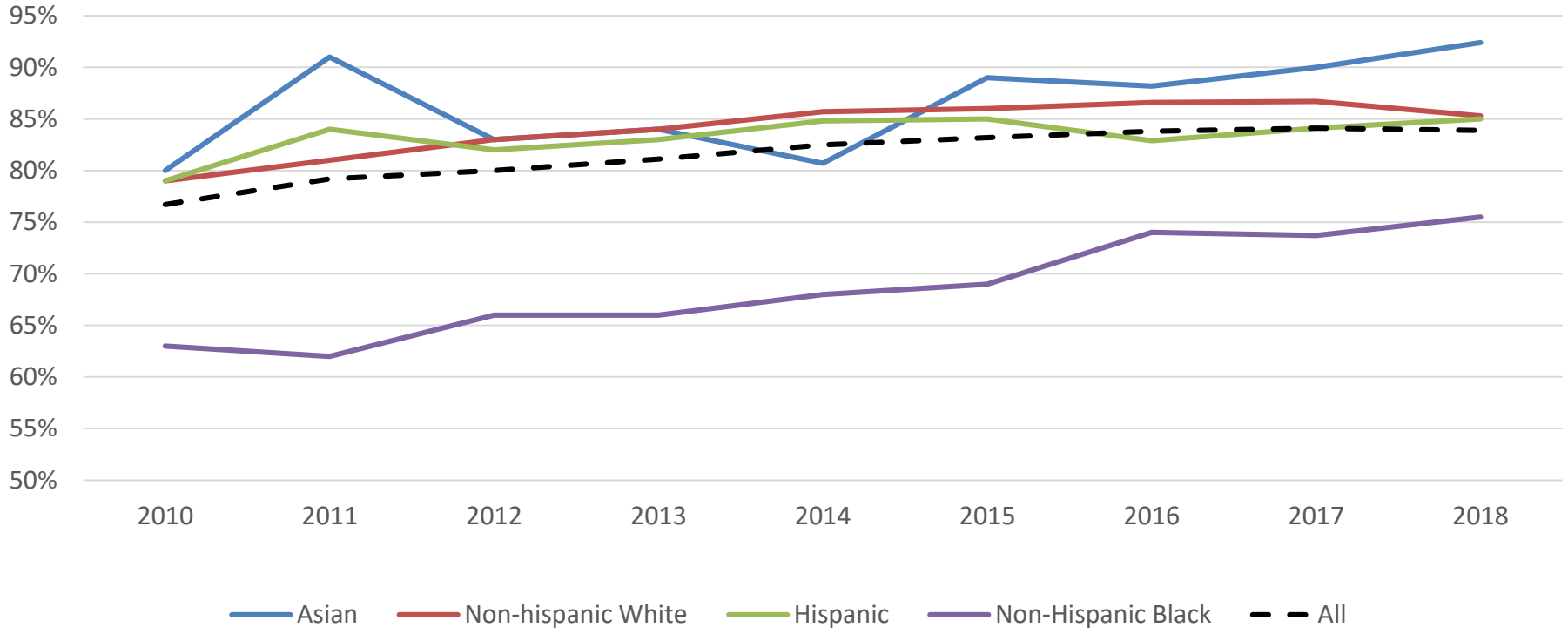
Also, Diabetes Mellitus and Hypertension.
*Association

Healthy People 2020 Objectives & 2018 Breastfeeding Rates

MCH Indicator	2020 Objective	Target Rate (%)	2018 Rate (%)
21.1	Increase Any BF	81.9	83.9 ★
21.2	Increase 6M BF	60.6	56.7
21.3	Increase 1 Yr BF	34.1	35.0 ★
21.4	Increase EBF 3M	46.2	46.3 ★
21.5	Increase EBF 6M	25.5	25.8 ★
23	Decr Formula 1st 2D	14.2	19.4

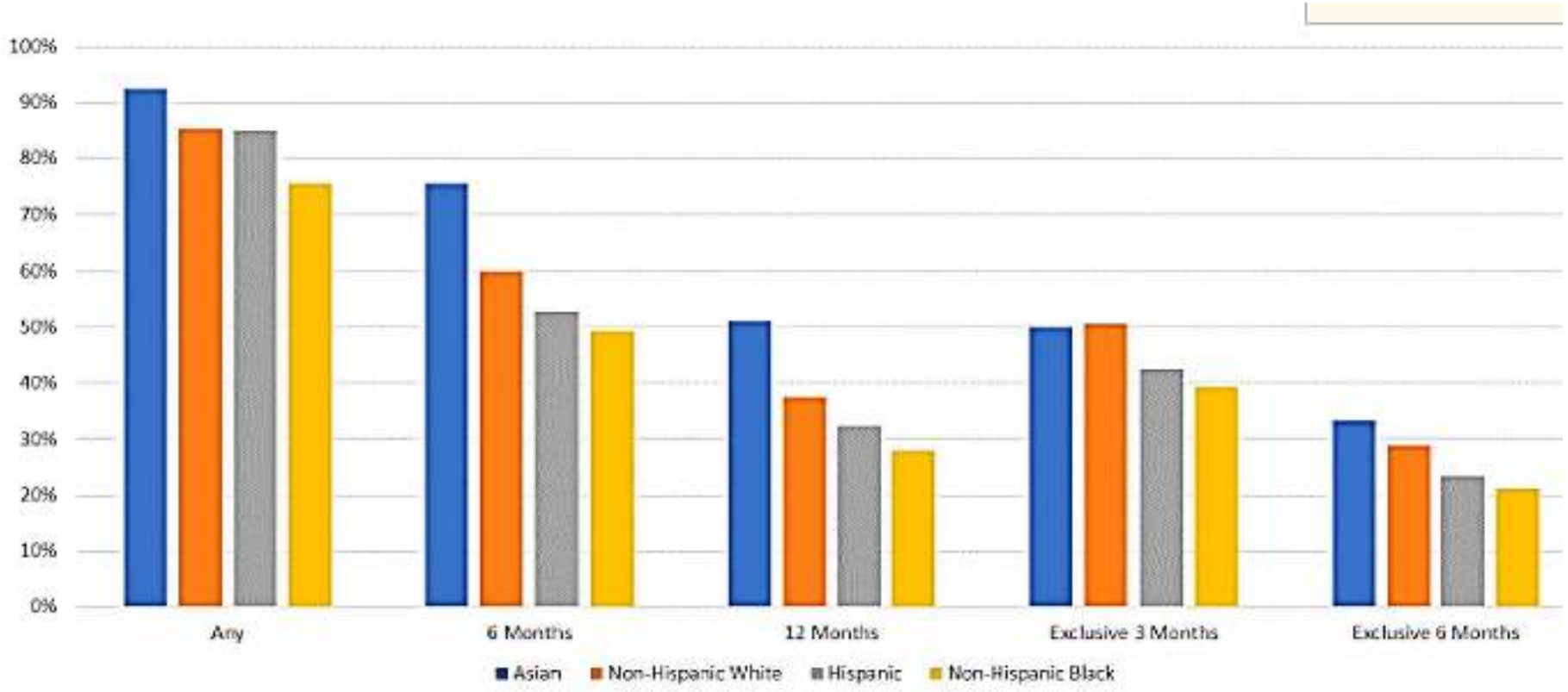
Sources: Office of Disease Prevention and Health Promotion. Maternal, Infant, and Child Health. (2022)
https://www.healthypeople.gov/2020/data-search/Search-the-Data#topic-area=3492
CDC National Immunization Survey Results: Breastfeeding Rates (2021)
https://www.cdc.gov/breastfeeding/data/nis_data/results.html

Any Breastfeeding US by Race/Ethnicity



Source: Centers for Disease Control and Prevention, Department of Health and Human Services, National Immunization Survey (2021) https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2017.html

2018 Breastfeeding US by Race/Ethnicity



Source: Centers for Disease Control and Prevention, Breastfeeding among US children born 2011-2018, CDC National Immunization Survey (2021). https://www.cdc.gov/breastfeeding/data/nis_data/results.html

Hospital Support

- Key maternity care practices
  - Skin-to-skin after delivery
  - Keeping mother and newborn together throughout the stay
  - Breastfeeding upon demand
  - Staff training
    - Culturally competent care

Hospital Support

- Delayed bathing until after 12 hours of age
  - More uninterrupted skin-to-skin contact after delivery
  - Improves in-hospital exclusive breastfeeding rates

Hospital Support

- At least once every 8-12 hours during the hospital stay, breastfeeding should be formally assessed by a trained health care professional

Hospital Support

AAP acknowledges the findings of the Agency for Healthcare Research and Quality review that the Baby-Friendly Hospital Initiative increases breastfeeding initiation and duration

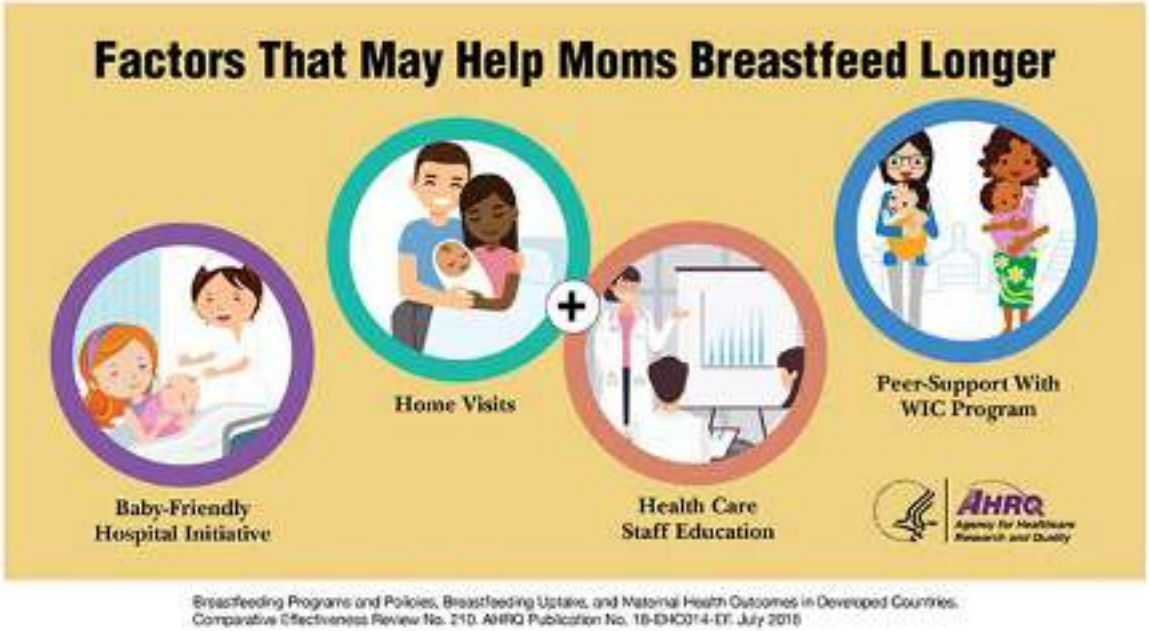


Image used with permission from AHRQ. Source: https://effectivehealthcare.ahrq.gov/products/breastfeeding/research

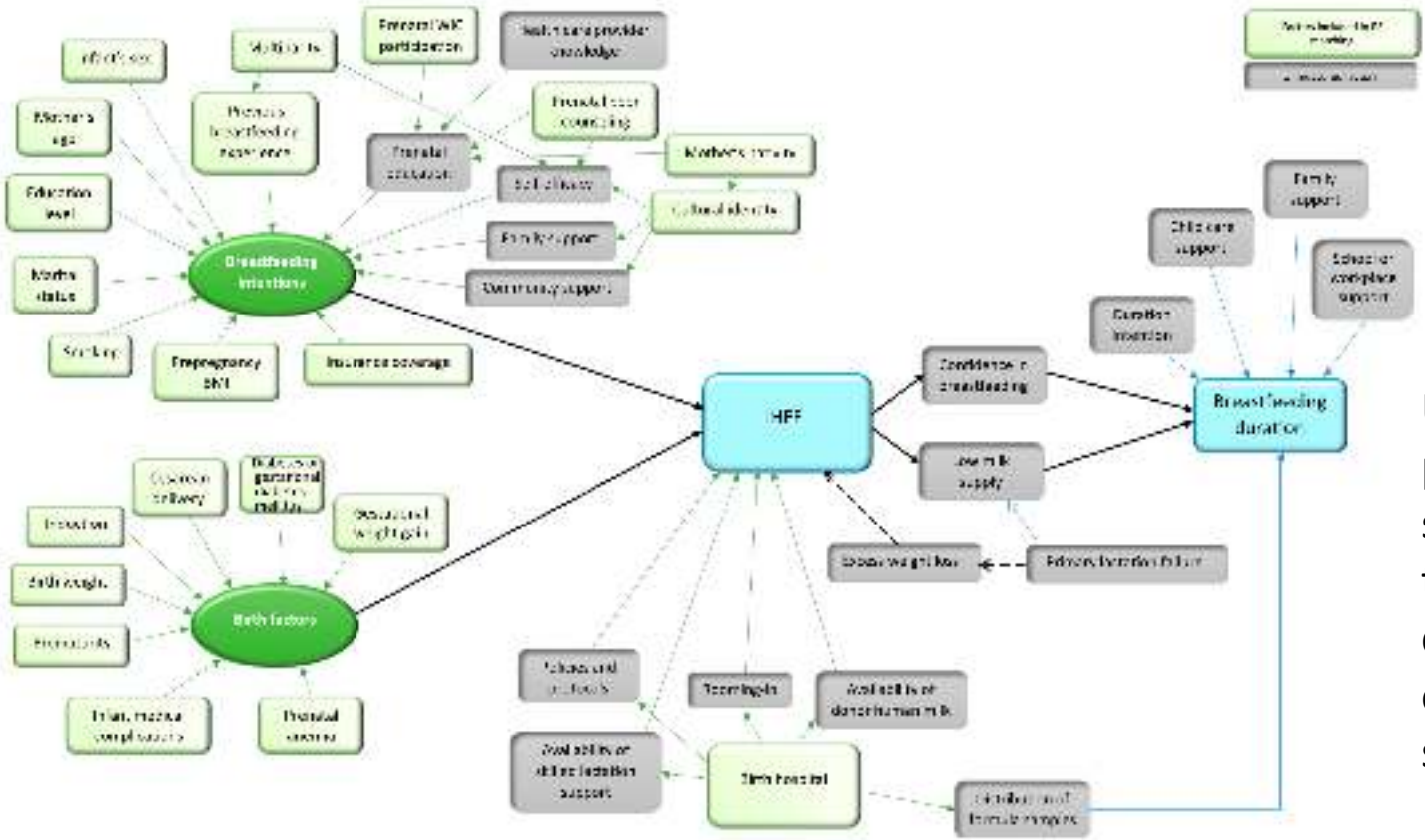
Risk Factors for Delayed Lactogenesis (Baby Michael)

- Maternal obesity
- Polycystic ovarian syndrome
- Maternal diabetes mellitus
- Hypertensive disorders in pregnancy
- Preterm delivery
- Cesarean delivery
- Excessive maternal blood loss

Feldman-Winter L, Kellams A, PeterWohl S, et al.
Pediatrics. 2020;145(4):e20183696

Risk of In-Hospital Formula Feeding

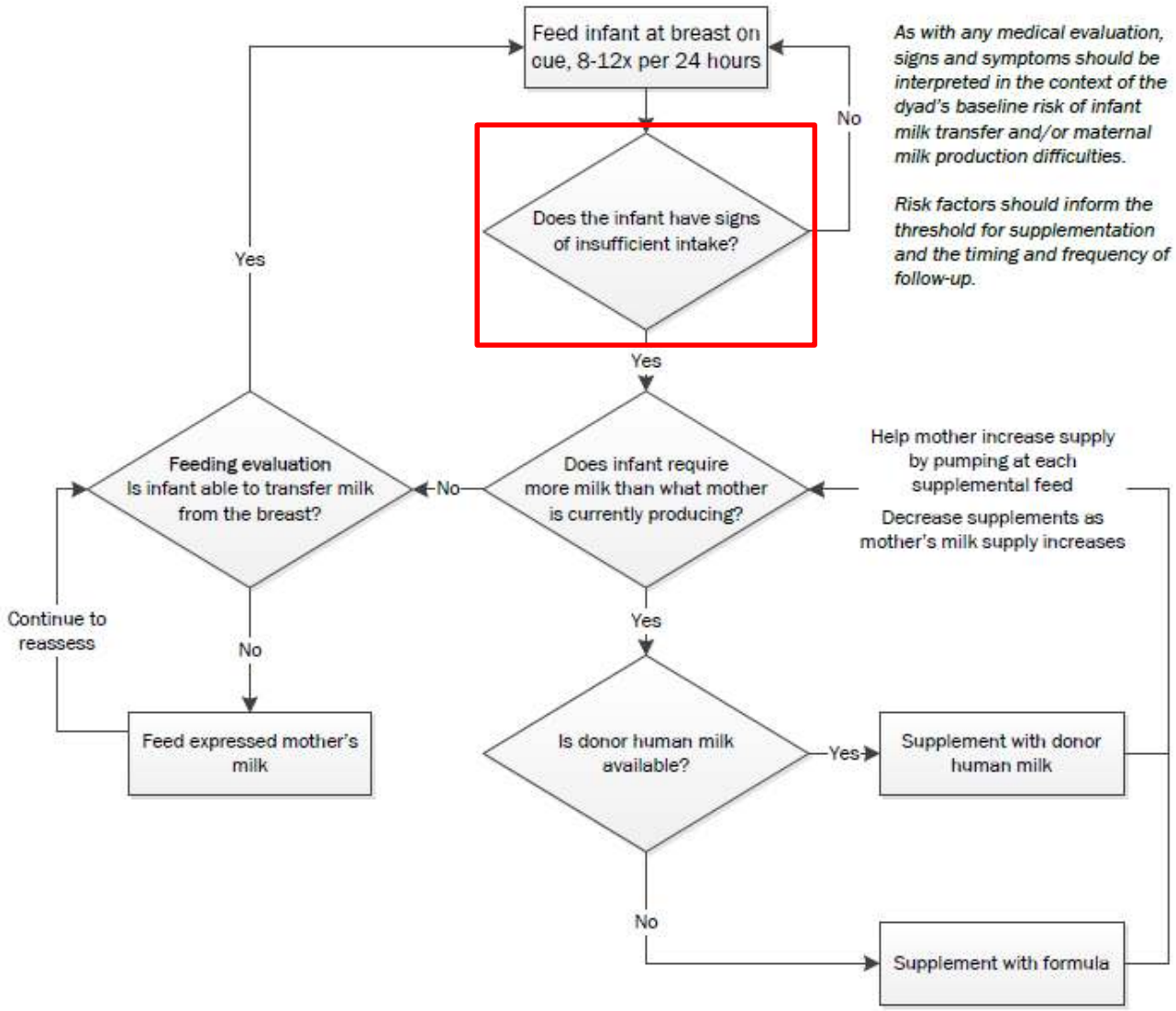
- IHFF risks early weaning over first year by 2.5 to 6 times compared to exclusively breastfed in hospital.



Used propensity scores to infer causality in observational study

McCoy MB, Heggie P. *Pediatrics*. 2020;146(1):e20192946.

Supplementation Decision Algorithm



Infant signs of insufficient milk intake / potential medical indications for supplementation

- Persistent asymptomatic hypoglycemia despite skin-to-skin care and support for breastfeeding
- Symptomatic hypoglycemia
- Weight loss > 10% with delayed lactogenesis II (>72 hours)
- >75% weight loss using NEWT curves
- Decreased stooling (< 4 stools after day 3) with delayed lactogenesis II
- Clinical or biochemical signs of inadequate intake (such as decreased skin turgor, dry mucous membranes, high serum sodium, no stool color change to yellow by day 5)
- Hyperbilirubinemia approaching exchange transfusion levels, risk factors for neurotoxicity or rising bilirubin despite lactation management.

Infant risk factors for low milk transfer

- Anomaly or other reason preventing direct breastfeeding & expressed milk insufficient for infant feeds
- Anomalies suggestive of persistent hypoglycemia (e.g., Beckwith-Wiedemann)

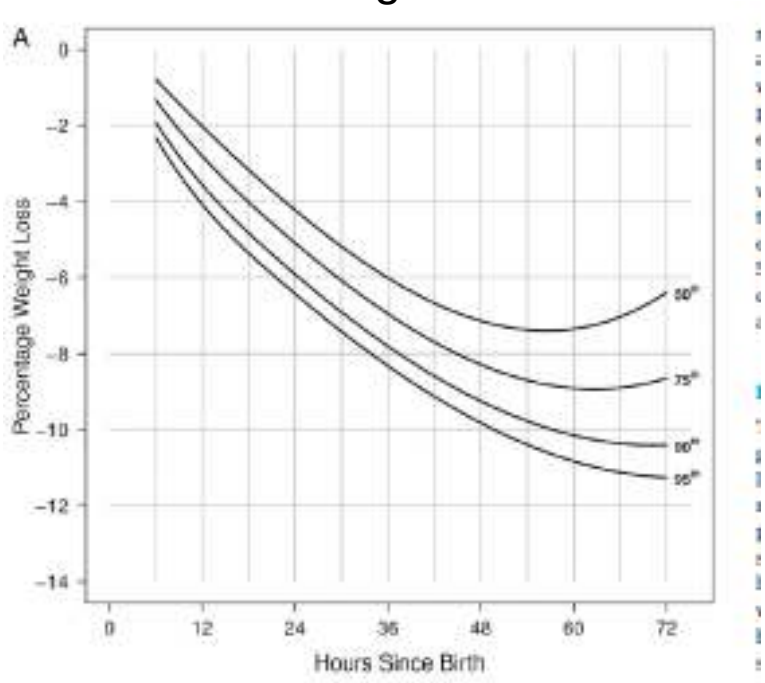
Maternal risk factors for low milk production

- Glandular insufficiency with low milk production
- Medical conditions associated with delay or lack of lactogenesis II (may occur with cesarean delivery, primiparity, obesity (BMI >27 Kg/m2), pregnancies conceived via infertility treatments, lack of perceived increased breast size during pregnancy, history of polycystic ovarian syndrome, or other hormonal condition affecting lactogenesis)
- Breast pathology or prior breast surgery resulting in insufficient of milk production

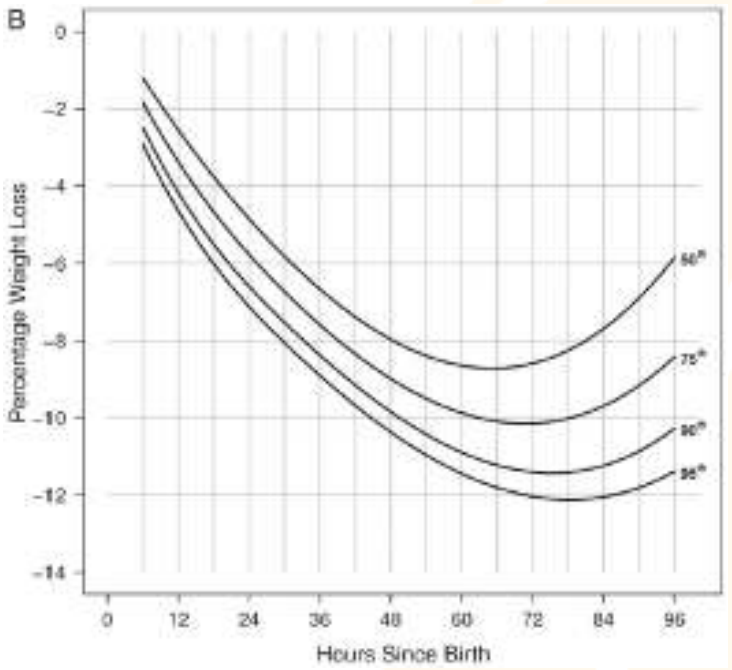
Feldman-Winter L et al. Pediatrics 2020

new weight loss nomograms https://www.newbornweight.org/ “NEWT Curves”

Vaginal births



C-section births



Flaherman VJ, et al. Hosp Pediatr. 2022 Jun 1;12(6):e180-e184.

First do no harm!

- Protect mom's supply
- Monitor weight lost: normal 7-10%, <75% on NEWT curve
- Assess glucose among high risk newborns, and jaundice in all babies
- Arrange follow-up 1-2 days after going home
- Avoid re-hospitalization (hyperbili)

Vitamin D Supplementation

- 400 IU Vitamin D unless consuming 28 ounces of commercial infant formula
- Begin at hospital discharge
- Alternate: mother supplemented with 6400 IU of vitamin D
  - Shown to be safe and effective

Complementary Foods

- Foods rich in high quality protein, iron, and zinc
  - Finely ground meat, chicken, or fish
- Breastmilk remains the major component of the infant's diet
- Appropriate modification of texture
- Avoid added sugar and fat

Low Birth Weight & Preterm Infants

- Mother's milk:
  - necrotizing enterocolitis
  - late-onset sepsis, chronic lung disease
  - retinopathy of prematurity
  - improved neurodevelopment
  - medical therapy, higher doses effect
- Early & frequent expression, skin-to-skin care, pumps
- Pasteurized Donor Human Milk (PDHM)

Hyperbilirubinemia: Baby Max

- Exclusive breastfeeding is *associated* with hyperbilirubinemia, mostly physiologic
- Recognize sub-optimal intake
- Feeding frequency and effectiveness
- If phototherapy needed, not a reason for supplementation
- If supplementation needed- mother's own milk preferred, and protect milk supply

Why do breastfeeding infants become jaundiced?

- Breastfed infants have prolonged period of physiologic jaundice
- Difficulties establishing breastfeeding will increase the likelihood of hyperbilirubinemia, no longer physiologic
- “sub-optimal intake jaundice”
- Distinguish between early non-breastfeeding jaundice vs. breastmilk jaundice

NEW: Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation

TABLE 1 Risk Factors for Developing Significant Hyperbilirubinemia

Risk Factors
• Lower gestational age (ie, risk increases with each additional week less than 40 wk)
• Jaundice in the first 24 h after birth
• Predischarge transcutaneous bilirubin (TcB) or total serum bilirubin (TSB) concentration close to the phototherapy threshold
• Hemolysis from any cause, if known or suspected based on a rapid rate of increase in the TSB or TcB of >0.3 mg/dL per hour in the first 24 h or >0.2 mg/dL per hour thereafter
• Phototherapy before discharge
• Parent or sibling requiring phototherapy or exchange transfusion
• Family history or genetic ancestry suggestive of inherited red blood cell disorders, including glucose-6-phosphate dehydrogenase (G6PD) deficiency
• Exclusive breastfeeding with suboptimal intake
• Scalp hematoma or significant bruising
• Down syndrome
• Macrosomic infant of a diabetic mother

Management of Jaundice in the Breastfed Newborn

- The AAP recommends implementation of maternity care practices that promote comprehensive, evidence-based, family-centered breastfeeding support.
- Clinicians should promote breastfeeding support for all mothers and breast milk feeding within the first hour after birth with frequent feeding on demand (ie, at least 8 times in 24 hours).
- Signs of suckling adequacy include appropriate urine output and transitional stooling, normal weight loss by hour of age and delivery method, absence of maternal discomfort, and audible swallowing as the mother's milk volumes increase.
- **Breastfed infants who are adequately hydrated should not routinely receive supplementation with commercially available infant formula.**

Safe Sleep

- At birth, skin-to-skin-care needs to be monitored
- At home, breastfeeding mothers should practice safe sleep
- Studies have found an association between bed sharing and longer duration of breastfeeding. The AAP does not recommend bed sharing
- Have open, non-judgmental conversations so families are comfortable discussing sleep arrangements
- The AAP recommends room sharing without bed-sharing
- The risk of sudden unexpected infant death (SUID) due to bed-sharing even if there are no other risks and mom is breastfeeding appears to be 5-fold higher during the first 3 months

Moon RY, Carlin RF, Hand I, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. Sleep-related infant deaths: updated 2022 recommendations for reducing infant deaths in the sleep environment. Pediatrics. 2022 Jul 1;150(1).

What can the pediatrician do to support breastfeeding?

- Become knowledgeable and skillful in managing breastfeeding concerns and problems
- Enable parents to make informed feeding decisions and affirm these decisions once they are made
- Collaborate with other physicians and lactation professionals to provide prenatal counseling and post-partum support
- Implement strategies to provide a breastfeeding-friendly office practice
- Work with hospitals to implement strategies that are known to benefit breastfeeding and the use of human milk
- Advocate for policies that address systemic racism and the inequities in the delivery of care

Positive Feedback on This Policy

- “This recommendation is so welcome! I often feel unsupported and judged for choosing to breastfeed well past one year of age. To support breastfeeding is not and should not be equivalent to condemning those who don’t breastfeed.”
- “I’ve breastfed for over two years and the only push back I get is from doctors. This news is welcome, and we need to normalize breastfeeding toddlers.”
- “I breastfed my children until they were 4 and 5. It’s something I kept secret. I hope this new policy will empower parents. Hopefully, they won’t need to hide information from their medical provider due to fear of being judged.”
- “I received pushback from my pediatrician for breastfeeding my infant at age two. I’m happy to see this new recommendation.”
- “Everyone [at my clinic] was excited about the normalization (to the public and pediatricians) of continued breastfeeding past 1 year of age.”
- “At our local La Leche League women are happy to see AAP supporting them and their choices.”

*Messages from the New York Times article and AAP Section on Breastfeeding listserv. Comments have been edited for clarity and brevity.

Resources

- AAP Policy Statement: Breastfeeding and the Use of Human Milk (2022)
- AAP Technical Report: Breastfeeding and the Use of Human Milk (2022)
- AAP Breastfeeding Topics Page includes practice tools, curriculum, and state advocates
- Agency for Healthcare Research and Quality Breastfeeding Programs and Policies, Breastfeeding Update, and Maternal Health Outcomes in Developed Countries (2018)
- National Institute for Children's Health Quality (NICHQ) National Breastfeeding Month
- United States Breastfeeding Committee Advocacy, Policy, & Action
- WorkLife Law provides guidance for healthcare providers to issue workplace accommodations for their patients
- World Breastfeeding Week

Questions/Discussion