



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION SUMMARY

Number 756

(Replaces Committee Opinion No. 658, February 2016)

For a comprehensive overview of these recommendations, the full-text version of this Committee Opinion is available at <http://dx.doi.org/10.1097/AOG.0000000000002890>.



Scan this QR code
with your smartphone
to view the full-text
version of this
Committee Opinion.

Breastfeeding Expert Work Group Committee on Obstetric Practice

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Breastfeeding Expert Work Group and the Committee on Obstetric Practice in collaboration with work group members Susan D. Crowe, MD and Lauren E. Hanley, MD, IBCLC.

Optimizing Support for Breastfeeding as Part of Obstetric Practice

ABSTRACT: As reproductive health experts and advocates for women's health who work in conjunction with other obstetric and pediatric health care providers, obstetrician–gynecologists are uniquely positioned to enable women to achieve their infant feeding goals. Maternity care policies and practices that support breastfeeding are improving nationally; however, more work is needed to ensure all women receive optimal breastfeeding support during prenatal care, during their maternity stay, and after the birth occurs. Enabling women to breastfeed is a public health priority because, on a population level, interruption of lactation is associated with adverse health outcomes for the woman and her child, including higher maternal risks of breast cancer, ovarian cancer, diabetes, hypertension, and heart disease, and greater infant risks of infectious disease, sudden infant death syndrome, and metabolic disease. Contraindications to breastfeeding are few. Most medications and vaccinations are safe for use during breastfeeding, with few exceptions. Breastfeeding confers medical, economic, societal, and environmental advantages; however, each woman is uniquely qualified to make an informed decision surrounding infant feeding. Obstetrician–gynecologists and other obstetric care providers should discuss the medical and nonmedical benefits of breastfeeding with women and families. Because lactation is an integral part of reproductive physiology, all obstetrician–gynecologists and other obstetric care providers should develop and maintain skills in anticipatory guidance, support for normal breastfeeding physiology, and management of common complications of lactation. Obstetrician–gynecologists and other obstetric care providers should support women and encourage policies that enable women to integrate breastfeeding into their daily lives and in the workplace. This Committee Opinion has been revised to include additional guidance for obstetrician–gynecologists and other obstetric care providers to better enable women in unique circumstances to achieve their breastfeeding goals.

Recommendations

The American College of Obstetricians and Gynecologists makes the following recommendations:

Education

- Clinical management of lactation is a core component of reproductive health care.
- Because lactation is an integral part of reproductive physiology, all obstetrician–gynecologists and other

obstetric care providers should develop and maintain skills in anticipatory guidance, support for normal breastfeeding physiology, and management of common complications of lactation.

Support for Breastfeeding Women

- Women are strongly encouraged to breastfeed and the American College of Obstetricians and Gynecologists supports each woman's right to breastfeed.



Exclusive breastfeeding is recommended for the first 6 months of life, with continued breastfeeding as complementary foods are introduced during the infant's first year of life, or longer, as mutually desired by the woman and her infant.

- The advice and encouragement of the obstetrician–gynecologist and other obstetric care providers are critical in assisting women to make an informed infant feeding decision and should be free from coercion, pressure, or undue influence.
- Obstetrician–gynecologists and other obstetric care providers should support each woman's informed decision about whether to initiate or continue breastfeeding, recognizing that she is uniquely qualified to decide whether exclusive breastfeeding, mixed feeding, or formula feeding is optimal for her and her infant.
- When taking an obstetric history, obstetrician–gynecologists and other obstetric care providers should specifically ask about any breast surgeries, prior breastfeeding duration, and any previous breastfeeding difficulties.
- Breastfeeding is an option for women who have undergone double mastectomy and reconstruction by feeding with a supplemental feeding tube device at the breast.
- Women who experience breastfeeding difficulties are at higher risk of postpartum depression and should be screened, treated, and referred appropriately.
- Most medications and vaccinations are safe for use during breastfeeding.
- Obstetrician–gynecologists and other health care providers should consult lactation pharmacology resources for up-to-date information on individual medications because inappropriate advice often can lead women to discontinue breastfeeding unnecessarily.

- Obstetrician–gynecologists and other obstetric care providers should support women who have given birth to preterm and other vulnerable infants to establish a full supply of milk by providing anticipatory guidance and working with hospital staff to facilitate early, frequent milk expression starting within 1 hour of delivery, if possible.

Policy

- Obstetrician–gynecologists and other obstetric care providers should support women and encourage policies that enable women to integrate breastfeeding into their daily lives and in the workplace.
- The World Health Organization's "Ten Steps to Successful Breastfeeding" should be integrated into maternity care to increase the likelihood that a woman will initiate and sustain breastfeeding and achieve her personal breastfeeding goals.
- Policies that protect the right of a woman and her child to breastfeed in public and that accommodate milk expression, such as insurance coverage for breast pumps, paid maternity leave, on-site child-care, break time for expressing milk, and a clean, private location for expressing milk, are essential to sustaining breastfeeding.

Full-text document published online on September 24, 2018.

Copyright 2018 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

Requests for authorization to make photocopies should be directed to Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923, (978) 750-8400.

American College of Obstetricians and Gynecologists
409 12th Street, SW, PO Box 96920, Washington, DC 20090-6920

Official Citation

Optimizing support for breastfeeding as part of obstetric practice. ACOG Committee Opinion No. 756. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;132:e187–96.



This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly; however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org or by calling the ACOG Resource Center.

While ACOG makes every effort to present accurate and reliable information, this publication is provided “as is” without any warranty of accuracy, reliability, or otherwise, either express or implied. ACOG does not guarantee, warrant, or endorse the products or services of any firm, organization, or person. Neither ACOG nor its officers, directors, members, employees, or agents will be liable for any loss, damage, or claim with respect to any liabilities, including direct, special, indirect, or consequential damages, incurred in connection with this publication or reliance on the information presented.

All ACOG committee members and authors have submitted a conflict of interest disclosure statement related to this published product. Any potential conflicts have been considered and managed in accordance with ACOG’s Conflict of Interest Disclosure Policy. The ACOG policies can be found on acog.org. For products jointly developed with other organizations, conflict of interest disclosures by representatives of the other organizations are addressed by those organizations. The American College of Obstetricians and Gynecologists has neither solicited nor accepted any commercial involvement in the development of the content of this published product.

