

# Putting Prevention into Practice

*An Evidence-Based Approach*

## Primary Interventions to Support Breastfeeding

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► See related U.S. Preventive Services Task Force Recommendation Statement at <http://www.aafp.org/afp/2017/0415/od1.html>.

This PPIP quiz is based on the recommendations of the USPSTF. More information is available in the USPSTF Recommendation Statement and the supporting documents on the USPSTF website (<http://www.uspreventiveservicestaskforce.org>). The practice recommendations in this activity are available at <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breastfeeding-primary-care-interventions>.

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A collection of Putting Prevention into Practice published in *AFP* is available at <http://www.aafp.org/afp/ppip>.

**CME** This clinical content conforms to AAFP criteria for continuing medical education (CME). See CME Quiz Questions on page 483.

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### Case Study

A.R., a 26-year-old woman, presents for a routine prenatal visit at 28 weeks' gestation. Her medical history is significant for poorly controlled asthma, and her family history is significant for breast cancer diagnosed in her mother. Her physical examination is unremarkable.

### Case Study Questions

1. According to the U.S. Preventive Services Task Force (USPSTF) recommendation, when should interventions to support breastfeeding occur?

- A. They should be initiated only if the patient asks about breastfeeding.
- B. They should be initiated in the hospital within 24 hours of delivery.
- C. They can take place at any time before or after birth, but are more likely to be effective if they take place multiple times.
- D. They can wait until the patient is in her third trimester of pregnancy.

2. Which of the following statements about primary care interventions to support breastfeeding are correct?

- A. Different types of interventions should not be combined.
- B. One-on-one counseling with a health professional has been shown to increase breastfeeding duration and exclusivity.
- C. One-on-one counseling with a peer counselor who has received training in how to provide breastfeeding support has been shown to increase breastfeeding duration and exclusivity.
- D. Formal education programs have been shown to increase breastfeeding duration and exclusivity.

3. A.R. wants to breastfeed to reduce the baby's risk of asthma but is worried about managing breastfeeding while working full time and going to school. Which one of the following is the best response?

- A. It is necessary for A.R. to breastfeed to reduce her child's risk of developing asthma.
- B. Because of A.R.'s family history of breast cancer in a first-degree relative, she must breastfeed to reduce her risk of developing breast cancer.
- C. The benefits of breastfeeding are not clear, so it does not matter whether A.R. chooses to breastfeed.
- D. Talk with A.R. about the benefits and challenges of breastfeeding to help her make the most informed decision for herself and her family. You can also refer her to programs that can provide more information about breastfeeding and support for pregnant women and new mothers.
- E. Because A.R. has a busy schedule, breastfeeding should not be a priority.

Answers appear on the following page.

### Answers

**1. The correct answer is C.** Breastfeeding support can begin during pregnancy and continue through the early life of the child. Primary care clinicians can support women before and after childbirth by providing interventions directly or through referral to help them make an informed choice about how to feed their infants and to be successful in their choice. Interventions include promoting the benefits of breastfeeding, providing practical advice and direct support on how to breastfeed, and providing psychological support.<sup>1</sup>

**2. The correct answers are B, C, and D.** Breastfeeding interventions can be categorized as professional support, peer support, and formal education, although none of these categories are mutually exclusive, and interventions may be combined within and between categories. Professional support may be delivered during pregnancy, the hospital stay, the postpartum period, or at multiple stages. It may be conducted in an office setting, in the hospital, through home visits, through telephone support, or any combination of these. Sessions generally last from 15 to 45 minutes, although some programs have used shorter or longer sessions. Most successful interventions include multiple sessions and are delivered at more than one point in time. Like professional support, peer support may be delivered through a variety of stages, settings, methods, and durations. There has been some suggestion that interventions taking place during a combination of prenatal, peripartum, or postpartum time periods were more effective than those taking place only during one time period.

**3. The correct answer is D.** A history of being breastfed has been found to be associated with a reduced risk of a variety of negative health outcomes in infancy and childhood, including illnesses such as acute otitis media, asthma, atopic dermatitis, and gastrointestinal tract infection, and chronic conditions such as obesity, diabetes mellitus, and high blood pressure.<sup>2</sup> Although most studies are observational and definitions and comparisons vary widely, any breastfeeding appears to be more beneficial than no breastfeeding, and longer durations of breastfeeding confer greater benefits than shorter durations. Breastfeeding is also associated with positive maternal health outcomes, such as reduced risk of maternal breast and ovarian cancer and type 2 diabetes. Although there is moderate certainty that breastfeeding is of moderate net benefit to women and their infants and children, not all women choose to or are able to breastfeed. Clinicians should, as with any preventive service, respect the autonomy of women and their families to make decisions that fit their specific situation, values, and preferences.

The views expressed in this work are those of the authors, and do not reflect the official policy or position of the Icahn School of Medicine at Mount Sinai or the U.S. government.

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### REFERENCES

1. US Preventive Services Task Force. Primary care interventions to support breastfeeding: US Preventive Services Task Force recommendation statement. *JAMA*. 2016;316(16):1688-1693.
2. Patnode CD, Henninger ML, Senger CA, Perdue LA, Whitlock EP. Primary care interventions to support breastfeeding: updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA*. 2016;316(16):1694-1705. ■