

Primary Care Interventions to Support Breastfeeding: Recommendation Statement

► See related Putting Prevention into Practice on page 517.

As published by the U.S. Preventive Services Task Force.

This summary is one in a series excerpted from the Recommendation Statements released by the USPSTF. These statements address preventive health services for use in primary care clinical settings, including screening tests, counseling, and preventive medications.

The complete version of this statement, including supporting scientific evidence, evidence tables, grading system, members of the USPSTF at the time this recommendation was finalized, and references, is available on the USPSTF website at <http://www.uspreventiveservicestaskforce.org/>.

This series is coordinated by Sumi Sexton, MD, Associate Deputy Editor.

A collection of USPSTF recommendation statements published in *AFP* is available at <http://www.aafp.org/afp/uspstf>.

Summary of Recommendation and Evidence

The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding (*Table 1*). **B recommendation.**

Rationale

IMPORTANCE

There is convincing evidence that breastfeeding provides substantial health benefits for children and adequate evidence that breastfeeding provides moderate health benefits for women. However, nearly half of all mothers in the United States who initially breastfeed stop doing so by 6 months, and there are

significant disparities in breastfeeding rates among younger mothers and in disadvantaged communities.¹

EFFECTIVENESS OF INTERVENTIONS TO CHANGE BEHAVIOR

Adequate evidence indicates that interventions to support breastfeeding increase the duration and rates of breastfeeding, including exclusive breastfeeding.

HARMS OF INTERVENTIONS TO CHANGE BEHAVIOR

There is adequate evidence to bound the potential harms of interventions to support breastfeeding as no greater than small, based

Table 1. Primary Care Interventions to Support Breastfeeding: Clinical Summary of the USPSTF Recommendation

Population	Pregnant women, new mothers, and their children
Recommendation	Provide interventions during pregnancy and after birth to support breastfeeding. Grade: B
Interventions	Primary care clinicians can support women before and after childbirth by providing interventions directly or by 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. 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. Interventions may also involve a woman's partner, other family members, and friends.
Implementation	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.
Balance of benefits and harms	The USPSTF concludes with moderate certainty that interventions to support breastfeeding have a moderate net benefit.

NOTE: For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, go to <http://www.uspreventiveservicestaskforce.org/>.

USPSTF = U.S. Preventive Services Task Force.

on the nature of the intervention, the low likelihood of serious harms, and the available information from studies reporting few harms.

USPSTF ASSESSMENT

The USPSTF concludes with moderate certainty that interventions to support breastfeeding have a moderate net benefit for women and their children.

Clinical Considerations

PATIENT POPULATION UNDER CONSIDERATION

This recommendation applies to pregnant women, new mothers, and their infants and children. Interventions to support breastfeeding may also involve a woman's partner, other family members, and friends. This recommendation does not apply in circumstances where there are contraindications to breastfeeding (e.g., certain maternal medical conditions or infant metabolic disorders, such as galactosemia). The USPSTF did not review evidence on interventions directed at breastfeeding of preterm infants.

INTERVENTIONS

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. 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. Professional support is 1-on-1 counseling about breastfeeding provided by a health professional (medical, nursing, or allied professionals, including those providing lactation care). Some interventions include the provision of supplies, such as educational materials, nursing bras, and breast pumps. Professional support can include providing information about the benefits of breastfeeding, psychological support (encouraging the mother, providing reassurance, and discussing the mother's questions and problems), and direct support during breastfeeding observations (helping with the positioning of the infant and observing latching). 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 1 point in time.

Peer Support. Similar to professional support, peer support provides women with 1-on-1 counseling about breastfeeding but is delivered by a layperson (generally a mother with successful breastfeeding experience and a background similar to that of the patient) who has received training in how to provide support. Like professional support, peer support may be delivered through a variety of stages, settings, methods, and durations.

Formal Education. Formal education interventions typically include a formalized program to convey general breastfeeding knowledge, most often in the prenatal period, although some may span time periods. Education is usually offered in group sessions and may include telephone support, electronic interventions, videos, and print materials. They are directed at mothers but may include other family members. Content generally focuses on the benefits of breastfeeding, practical breastfeeding skills (e.g., latching), and the management of common breastfeeding complications; these programs may also offer family members encouragement and advice on how to support the mother.

USEFUL RESOURCES

The Centers for Disease Control and Prevention provides information on different breastfeeding intervention strategies, including program examples and resources.² Another resource is the Surgeon General's Call to Action to Support Breastfeeding.³

This recommendation statement was first published in *JAMA*. 2016; 316(16):1688-1693.

The "Other Considerations," "Discussion," "Update of Previous USPSTF Recommendation," and "Recommendations of Others" sections of this recommendation statement are available at <https://www.usrpstf.org/Page/Document/UpdateSummaryFinal/breastfeeding-primary-care-interventions>.

The USPSTF recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

REFERENCES

1. Centers for Disease Control and Prevention. CDC national immunization survey: breastfeeding among US children born 2002-2012. Updated 2016. http://www.cdc.gov/breastfeeding/data/nis_data/index.htm. Accessed August 19, 2016.
2. Centers for Disease Control and Prevention. *The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. Atlanta, Ga.: Centers for Disease Control and Prevention; 2013.
3. Office of the Surgeon General. *The Surgeon General's Call to Action to Support Breastfeeding*. Rockville, Md.: Office of the Surgeon General; 2011. ■