Across the United States, most new mothers hope to breastfeed. Breastfeeding can protect the health of mothers and their infants. With support from their families and communities, as well as from doctors, mothers are more likely to be able to breastfeed their babies.

**How You Can Help Mothers Breastfeed**

**Talk with mothers.**

Many leading health organizations* agree that most babies should be breastfed for at least 12 months and should have only breast milk for the first 6 months of life. As a doctor, you can give mothers help and advice on how to feed their babies. Mothers may not know that breastfeeding can protect them and their babies from some health risks. You can talk with pregnant women about what to expect, and encourage them to ask for help with any problems.

**Make support for breastfeeding part of standard care.**

Clinical care practices can make it easier—or harder—for mothers to start and keep breastfeeding. For example, placing a healthy newborn in skin-to-skin contact with the mother rather than on an infant warmer, and keeping the baby in the room with the mother when they are at the hospital both help mothers be able to breastfeed more easily. On the other hand, giving gift packs with infant formula samples to breastfeeding mothers can hinder successful breastfeeding.

**Develop teams to give women the skilled care they need.**

If women have trouble breastfeeding, they may need the support of a health care team that includes professionals with special training in this area. This team should have an International Board Certified Lactation Consultant with clinical experience and training in how to solve breastfeeding problems.

**Help mothers get support after they leave the hospital.**

If mothers get the support they need in the first 4 weeks of a new baby’s life, they are more likely to keep breastfeeding. Mothers may need help finding people who are trained to assist with breastfeeding problems after they leave the hospital. Without help, some new mothers may stop breastfeeding. When women do not keep breastfeeding, they and their babies may not be as healthy.

**Avoid serving as advertisers of infant formula.**

Infant formula companies often give posters, items with logos, and even samples of infant formula to doctors to give to patients. Displaying these items or offering samples can make mothers think that you favor formula feeding over breastfeeding. Mothers who get free formula samples are less likely to breastfeed exclusively. The *International Code of Marketing of Breast-Milk Substitutes* can give you advice on how to avoid being an advertiser for infant formula.†

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*Includes the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Dietetic Association, and American Public Health Association.

**Patient Support**

**Action 1: Give mothers the support they need to breastfeed their babies.**
- Help pregnant women to learn about the importance of breastfeeding for their babies and themselves.
- Teach mothers to breastfeed.
- Encourage mothers to talk to their maternity care providers about plans to breastfeed.
- Support mothers to have time and flexibility to breastfeed.
- Encourage mothers to ask for help with breastfeeding when needed.

**Formula Marketing**

**Action 6: Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.**
- Hold marketers of infant formula accountable for complying with the *International Code of Marketing of Breast-Milk Substitutes.*
- Take steps to ensure that claims about formula are truthful and not misleading.
- Ensure that health care clinicians do not serve as advertisers for infant formula.

**Care from Hospital to Community**

**Action 8: Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.**
- Create comprehensive statewide networks for home- or clinic-based follow-up care to be provided to every newborn in the state.
- Establish partnerships for integrated and continuous follow-up care after discharge from the hospital.
- Establish and implement policies and programs to ensure that participants in the U.S. Department of Agriculture’s Special Supplemental Nutrition Program for Women, Infants, and Children have services in place before discharge from the hospital.

**Quality Clinical Care**

**Action 10: Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.**
- Define standards for clinical practice that will ensure continuity of care for pregnant women and mother-baby pairs in the first 4 weeks of life.
- Conduct analyses and disseminate their findings regarding the comparative effectiveness of different models for integrating skilled lactation support into settings where midwives, obstetricians, family physicians, nurse practitioners, and pediatricians practice.

**Lactation Care Teams**

**Action 11: Ensure access to services provided by International Board Certified Lactation Consultants.**
- Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children.
- Provide reimbursement for certified consultants independent of their having other professional certification or licensure.
- Work to increase the number of racial and ethnic minority certified lactation consultants to better mirror the U.S. population.

For more information, see [The Surgeon General’s Call to Action to Support Breastfeeding](http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html) at www.surgeongeneral.gov/library/calls/breastfeeding/index.html