



# SUPPORTING BREASTFEEDING IS AS EASY AS 1-2-3

In Orange County, only about 1/3 of infants are exclusively breastfeeding at 1 month. Studies show that consistent **Obstetric and Family Medicine physician support** influences breastfeeding initiation and duration. Here are easy, evidence-based actions that you can take to increase successful breastfeeding experiences for your patients.



## IN YOUR PRACTICE ENVIRONMENT: COMMUNICATE SUPPORT FOR BREASTFEEDING

Demonstrate that you are a breastfeeding friendly obstetric or family medicine practice:

- Display posters with positive images of breastfeeding women.
- Provide a clearly identified space for mothers to breastfeed.
- Do not distribute free formula, coupons, or formula-sponsored promotional materials.



## DURING PRENATAL VISITS: HELP WOMEN PREPARE FOR BREASTFEEDING SUCCESS

- At every prenatal visit, state your support for exclusive breastfeeding. Consider statements such as:  
“**As your doctor, I want you to know that I support exclusive breastfeeding. It is important for mothers and babies.**”
- Recommend and refer to prenatal breastfeeding classes or other resources.
- Identify women with conditions associated with a high risk for experiencing lactation difficulty (e.g. infertility, scarring from breast surgery, flat or inverted nipples) and refer to a lactation specialist prior to delivery.
- Assess the need for breast pump 4-6 weeks prior to delivery. Write a prescription for a double-electric breast pump.
- Encourage women to have a hospital breastfeeding plan that includes:
  - Early skin-to-skin contact with their infant
  - Rooming in
  - Frequent on-demand feeds
  - No formula supplementation
  - Lactation support plan on discharge



## IN THE HOSPITAL: ENSURE MOMS START AND CONTINUE TO BREASTFEED

- Support continued on-demand feeds (wake non-demanding infants to feed if 3-4 hours since last feed started).
- Discourage use of any formula, water, juice, tea, and pacifiers.
- Ensure that an RN or lactation consultant observes breastfeeding, assesses latch, and asks about maternal discomfort, pain or other concerns, and teaches hand expression. Refer to a lactation specialist if indicated.
- Teach infant feeding cues:
  - Early signs of infant hunger – increased alertness, sucking sounds, hand to mouth, or rooting
  - Late signs – fussing or crying
- Prior to discharge, ask the mother, “Do you feel that breastfeeding is going well?”
- Validate parents on decision to breastfeed their baby.
- Provide lactation support.
- Discuss importance of exclusive human milk feedings until 6 months of age.
- Review a few key benefits of breastfeeding:
  - Helps mom with post-delivery weight loss
  - Reduces mom’s risk of breast cancer
  - Reduces infant’s risk of ear and gastrointestinal infections
  - Reduces infant’s risk of allergies and asthma

For more information, contact OC Family Health at [mcah@ochca.com](mailto:mcah@ochca.com)

## ADDITIONAL QUESTIONS AND GUIDANCE

- Is mother taking any medications?
- Does mom have a close contact that supports her breastfeeding?
- Women who experience breastfeeding difficulties are at higher risk of postpartum depression, and should be screened, treated, and referred appropriately.
- Advise mother on dietary precautions when breastfeeding — particularly alcohol, caffeine, and fish.

## INTERVENTIONS AND FOLLOW-UP

Maintain current information about referring parents to local organizations and resources that support breastfeeding including support groups.

## ADDITIONAL RESOURCES

Visit our website to view additional information and resources at: [www.ochealthinfo.com/bps](http://www.ochealthinfo.com/bps)

**ACOG Committee Opinion on Breastfeeding**  
**ACOG Recommendations for Breastfeeding**  
**Hand Expression of Breastmilk**  
**Maternal Medications and Breastfeeding**  
**Orange County Referral Resources**  
**Parent Breastfeeding App**  
**Storing and Preparing Human Milk**  
**Texas Breastfeeding Guide**