

**Missouri State Medical Association
House of Delegates**

Resolution #10
(A-18)

Introduced by: Meghna Srinath, Sonia Boodram, Jared Lammert, Ariel Carpenter, University of Missouri School of Medicine; Haley Mayenkar, University of Missouri-Kansas City School of Medicine

Subject: Collection of Breastfeeding Data at Well-baby Visits in First Year of Life

Referred to: Reference Committee A

1 WHEREAS, exclusive breastfeeding for at least the first six months of life confers several known health
2 benefits for infants, children and mothers;^{1,2,3,4} and
3
4 WHEREAS, a 2016 Breastfeeding Report Card published by the CDC, based on retrospective maternal
5 recall data collected at 19-35 months of age via randomized national phone survey,⁵ reports that the
6 proportion of infants ever breastfed is 81.1%, but the proportion of infants breastfed at six months is
7 51.8%, and breastfed exclusively through six months is 22.3%;^{6,7,8,9} and
8
9 WHEREAS, existing AMA policy “endorses implementation of the Joint Commission Perinatal Care Core
10 Measures Set for Exclusive Breast Milk Feeding for all maternity care facilities in the U.S. as measures of
11 breastfeeding initiation, exclusivity and continuation which should be continuously tracked by the
12 nation” (H-245.982);¹⁰ and
13
14 WHEREAS, the Joint Commission recommends an observed evaluation of breastfeeding as well as
15 troubleshooting at the first newborn visit within five days of life;¹⁰ and
16
17 WHEREAS, neither the Joint Commission guidelines nor the U.S. Breastfeeding Committee guide on
18 implementing Joint Commission guidelines addresses data collection on continuation of breastfeeding
19 beyond hospital discharge;^{10,11} therefore be it
20
21 RESOLVED, that our AMA support the collection of data regarding continuation of breastfeeding beyond
22 hospital discharge, in order to increase breastfeeding rates at 6 months of life; and be it further
23
24 RESOLVED, that our AMA encourage incorporation of standard questions about continuation of
25 breastfeeding to be asked at all well-baby visits in the first year of life, such as frequency, quantity, and
26 barriers to breastfeeding.

Fiscal Note:

Current Policy:

References:

1. Ladomenou F, Moschandreas J, Kafatos A, Tselentis Y, Galankis E. Protective effect of exclusive breastfeeding against infections during infancy: a prospective study. *Archives of Disease in Childhood*. 2010 Dec; 95 (12): 1004-8.
2. Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, Bahl R, Martines J. Breastfeeding and maternal health outcomes: a systematic review and meta analysis. *Acta Paediatrica*. 2015; 104 (467): 96-113.
3. American Academy of Pediatrics. (2005). Section on Breastfeeding. Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*.115:496– 506.
4. Dewey KG, Heinig MJ, Nommsen-Rivers LA. Differences in morbidity between breast-fed and formula-fed infants. *Journal of Pediatrics*. 1995 May 1; 126 (5 Pt 1): 696-702.
5. Breastfeeding Rates, National Immunization Survey (NIS). Centers for Disease Control and Prevention. https://www.cdc.gov/breastfeeding/data/nis_data/results.html. Published December 1, 2017. Accessed February 3, 2018.
6. Centers for Disease Control and Prevention. Breastfeeding Report Card: Progressing Toward National Breastfeeding Goals. August 2016.
7. Centers for Disease Control and Prevention. Progress in increasing breastfeeding and reducing racial/ethnic differences – United States, 2000-2008 births. *Morbidity Mortality Weekly Report*. 2013 Feb; 62 (5): 77-80.
8. Bai Y, Middlestadt S, Peng C, Fly A. Psychosocial factors underlying the mother’s decision to continue exclusive breastfeeding for 6 months: An elicitation study. *Journal of Human Nutrition and Dietetics*. 2009; 22: 134-140.
9. O’Reilly, E. What is measured matters and what matters should be measured. *Presented at International Breastfeeding & Lactation Conference*. 2015.
10. The Joint Commission. Specifications Manual for Joint Commission National Quality Measures. Perinatal Care ID PC-05. 2013.
11. United States Breastfeeding Committee. *Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding*. 2nd rev ed. Washington, DC: United States Breastfeeding Committee; 2013.

RELEVANT AMA AND AMA-MSS POLICY:**Support for Breastfeeding H-245.982**

3. Our AMA: (a) supports the implementation of the WHO/UNICEF Ten Steps to Successful **Breastfeeding** at all birthing facilities; (b) endorses implementation of the Joint Commission Perinatal Care Core Measures Set for Exclusive Breast Milk Feeding for all maternity care facilities in the US as measures of **breastfeeding** initiation, exclusivity and continuation which should be continuously tracked by the nation, and social and demographic disparities should be addressed and eliminated; (c) recommends exclusive **breastfeeding** for about six months, followed by continued **breastfeeding** as complementary food are introduced, with continuation of **breastfeeding** for 1 year or longer as mutually desired by mother and infant; (d) recommends the adoption of employer programs which support **breastfeeding** mothers so that they may safely and privately express breast milk at work or take time to feed their infants; and (e) encourages employers in all fields of healthcare to serve as role models to improve the public health by supporting mothers providing breast milk to their infants beyond the postpartum period.