



Pediatricians can play a significant role in increasing breastfeeding rates in communities of color.

10 strategies pediatricians can use to achieve breastfeeding equity

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Despite the overall increase in breastfeeding* rates in the U.S., significant disparities continue.

African American women, in particular, face structural barriers that present unique challenges to meeting their breastfeeding goals (Tran V, et al. *Matern Child Nutr.* 2023;19:e13428). While race is a social construct, implicit bias and structural racism have negative impacts on health outcomes.

Pediatricians can play a significant role in helping to close this gap. Mothers who are encouraged to breastfeed by their physician are four times more likely to breastfeed than women who do not receive encouragement (Lu MC, et al. *Obstet Gynecol.* 2001;97:290-295). In addition, women who perceive that their pediatrician favors exclusive breastfeeding are 1.5 times more likely to breastfeed exclusively than those without that perception (Ramakrishnan R, et al. *J Hum Lact.* 2014;30:80-87).

Breastfeeding has been shown to protect mothers from breast cancer, ovarian cancer, type 2 diabetes and cardiovascular disease. Benefits to infants include reduced risk of necrotizing enterocolitis, respiratory and gastrointestinal infections, otitis media, diabetes and sudden unexplained infant death (Victora CG, et al. *Lancet.* 2016;387:475-490). A recent study of nearly 10 million U.S. infants demonstrated a 33% reduction in the odds of post-perinatal infant death (days 7-364) associated with the initiation of any breastfeeding (Ware JL, et al. *Am J Prev Med.* <https://pubmed.ncbi.nlm.nih.gov/37220859/>).

Here are 10 strategies pediatricians can employ to achieve breastfeeding equity:

1. Check your biases.

Be aware of your biases and learn how they impact the care you provide. Encourage every mother to try breastfeeding and provide needed support. To explore your biases, take the [Implicit Association Test](#).

2. Become skilled at assessing latch and milk transfer.

The key to successful breastfeeding is good attachment. This is evidenced by an asymmetric latch and audible swallows that confirm breastmilk is being transferred. To learn this skill, watch a tutorial at <https://bit.ly/3riVi7i>(from the 3:58 to 7:58 minute marks).

3. Pause before offering formula supplementation.

Always maximize direct breastfeeding first. If supplementation is required, preferentially use mother's own milk, then pasteurized human donor milk and then formula.

Learn and practice evidence-based guidelines for supplementation. Resources include "[Evidence-Based Updates on the First Week of Exclusive Breastfeeding Among Infants ≥35 Weeks](#);" Academy of Breastfeeding Medicine clinical protocol "[Supplementary Feedings in the Healthy Term Breastfed Neonate](#);" and the [Newborn Weight Tool](#).

4. Stop the pump and dump.

In very rare circumstances, a medication may be contraindicated for breastfeeding. Utilize evidence-based resources to determine if breastfeeding is contraindicated with certain medications. Resources include [LactMed](#), [Infant Risk Center](#), and [Trash the Pump and Dump](#).

5. Learn to triage and manage common breastfeeding concerns (e.g., infant weight loss, maternal engorgement, nipple pain).

Be alert for conditions that may make breastfeeding more difficult. These include maternal factors (e.g., diabetes, obesity, hypothyroidism, polycystic ovarian syndrome, infertility, breast surgery, use of nipple shields) and infant factors (e.g., late preterm, ankyloglossia, cleft palate). To learn more, check out the [AAP breastfeeding residency curriculum](#).

6. Connect moms to culturally matched and competent breastfeeding support.

One example is [Reaching Our Sisters Everywhere](#). The group hosts a twice weekly virtual support platform focused on caring for families of color and has trained many people to help more families achieve breastfeeding success.

In addition, local groups have blossomed, including [All Moms Empowered to Nurse](#) in Cincinnati and [Black Mothers Breastfeeding Association](#) in Detroit. To find support groups in your area, visit <https://web.usbreastfeeding.org/coalitions/search>.

7. Be an advocate for equitable maternity care practices.

Hospital compliance with the [Ten Steps to Successful Breastfeeding](#) as part of the Baby-Friendly Hospital Initiative (BFHI) strongly correlates with improved breastfeeding rates. In particular, skin-to-skin contact within the first hour of delivery, breastmilk only (no formula supplementation unless medically indicated), 24/7 rooming-in and breastfeeding on-demand have the biggest impact.

Implementation of the BFHI in Mississippi led to a 17% reduction in racial disparities in breastfeeding initiation (Burnham L, et al. *Pediatrics*. 2022;149:e2020030502), demonstrating that implementation of evidence-based guidelines can help ameliorate the negative impact of structural racism and provider bias on clinical outcomes.

8. Advocate for paid family leave and workplace and child care support for breastfeeding.

Disadvantaged populations often need to return to work in the early postpartum period. Educate families regarding laws that protect breastfeeding. A letter template that you can modify for use in your practice to advocate for workplace lactation accommodations can be found on page 4 of the [Breastfeeding Workplace Guide](#).

9. Create and maintain a Breastfeeding Friendly Office.

Ideally, your practice staff, including physicians, should represent the ethnic and linguistic diversity of the community you serve.

Display culturally representative photos and provide linguistically appropriate written and digital media. See the [AAP Breastfeeding-Friendly Pediatric Office Practice](#) for guidance. Posters that show racially diverse patients are available from the U.S. Department of Agriculture at <https://bit.ly/3Pn43VR>.

10. Monitor the impact of your efforts with quality improvement (QI) strategies.

Get Maintenance of Certification credit by monitoring breastfeeding rates in your practice regularly, being sure to address any noted disparities. QI resources from the AAP are available at <http://aapca2.org/qi/> and <https://bit.ly/3sVZF8J>.

Lastly, join the [AAP Section on Breastfeeding](#) to connect with others and learn more about how to support breastfeeding within your community.

**The term breastfeeding is used in this article. Parents who are gender diverse may prefer chestfeeding or other terms besides breastfeeding.*

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Resources

- [AAP policy statement *Breastfeeding and the Use of Human Milk*](#)
- [AAP breastfeeding residency curriculum](#)
- [U.S. Breastfeeding Committee](#)
- [First Droplets, a resource to help prepare families who desire to breastfeed](#)

