Strategies for Promoting Breastfeeding among Disparate Populations

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Disclosure Statement

• I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
Objectives

• After listening to this presentation, participates will:

• 1. Discuss 3 elements of the International Code of Marketing Breastmilk substitutes that are important in promoting breastfeeding
• 2. List 3 reasons women give for not breastfeeding and be able to give counter proposals for each
• 3. Be able to identify the 3 steps of the Ten steps to successful breastfeeding that have been noted to have the greatest impact on breastfeeding
• 4. Discuss the impact of living in America on Breastfeeding decisions by immigrant populations
Current U.S. Breastfeeding Rates

- While breastfeeding initiation rates have improved over the past 7 years we still are below the Healthy People 2010 goals of 75%, 50% and 25% at birth, 6 months and 12 months respectively.
- Therefore still too many mothers and infants do not get a chance to receive the health benefits of breastfeeding
Healthy People Objectives Targets

**HP 2010 BF Targets**
- Per the National Immunization Survey 2007 breastfeeding rates met target @ 75% for ever breastfed, however, 6 months and 3 months remain below target at 43% and 22.4% respectively. Exclusive Bf rates were more dismal at 33% and 13.3% for 3 months and 6 months respectively.

**HP 2020 BF Targets**
- 82% ever breastfed, 61% at 6 months, and 34% at 1 year. The report also sets goals for exclusive breastfeeding at 3 and 6 months of 46.2% and 25.5%, respectively.
Other Healthy People 2020 Objectives Target

• MICH-22: Increase the proportion of employers that have worksite lactation support programs. 38.0%

• MICH-23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life 14.2%

• MICH-24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies 08.1%
Who in the US Breastfeeds and Who Doesn’t?

• More likely to Breastfeed:
  o White upper-middle income
  o Married/Live-in companions
  o Higher educational level
  o Not a WIC recipient
  o Not born or reared in the United States

• Least likely to Breastfeed:
  o Non-hispanic blacks and socio-economically disadvantaged groups have consistently lower breastfeeding rates.
What’s Happening in Wisconsin?

- 75.5% Ever Breastfed
- 55.5% Breastfeeding at 6 months
- 34.3% Breastfeeding at 12 months
- 40.5% Exclusive Bf @ 3 months
- 15.3% Exclusive BF @ 6 months
What’s Happening in Wisconsin?

- Percent of hospitals and birth centers where ≥90% of infants are:
  - Skin 2 Skin 51.7%
  - Rooming –in 24.1%
- Percent of live births occurring at Baby-Friendly Facilities: 17.02%
- Percent of breastfed infants receiving formula before 2 days of age: 23.1%
- Number of La Leche League Leaders per 1,000 live births: 1.27
- Number of IBCLCs per 1,000 live births: 3.95
- State’s child care regulation supports onsite breastfeeding? No
### What’s Happening in Wisconsin?

- **White alone, percent, 2012 (a)**: 88.2% 77.9%
- **Black or African American alone, percent, 2012 (a)**: 6.5% 13.1%
- **American Indian and Alaska Native alone, percent, 2012 (a)**: 1.1% 1.2%
- **Asian alone, percent, 2012 (a)**: 2.5% 5.1%
- **Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)**: Z 0.2%
- **Two or More Races, percent, 2012**: 1.7% 2.4%
- **Hispanic or Latino, percent, 2012 (b)**: 6.2% 16.9%
- **White alone, not Hispanic or Latino, percent, 2012**: 82.8% 63.0%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

Z: Value greater than zero but less than half unit of measure shown.
The original inhabitants of the area that is now Wisconsin included:

Did you know the name "Wisconsin" is an Algonquian Indian word? It comes from the Ojibwe name for the Wisconsin River, Wishkonsing. The Ojibwe are not the only native people of this region, however.

The Dakota Sioux tribe
The Ho-Chunk (Winnebago) tribe
The Menominee tribe
The Ojibwe tribe (also known as Chippewa, Ojibway, or Ojibwa)
The Potawatomi tribe
The Fox and Sauk tribes
Other Indian tribes driven into Wisconsin after Europeans arrived included:

- The Cheyenne tribe
- The Huron tribe
- The Illini tribe
- The Munsee tribe
- The Stockbridge tribe
- The Oneida tribe
There are eleven federally recognized Indian tribes in Wisconsin today.

- Menominee Tribe
- Ho-Chunk Nation
- Stockbridge-Munsee Tribe
- Oneida Indian Tribe of Wisconsin
- Forest County Potawatomi Tribe
- Bad River Band of Lake Superior Chippewa Indians
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Lac Courte Oreilles Tribal School
- Lac du Flambeau Band of Lake Superior Chippewa
- Lac du Flambeau Public School
- Red Cliff Band of Lake Superior Chippewa
- Sokaogan (Mole Lake) Band of Lake Superior Chippewa
- St. Croix Band of Lake Superior Chippewa
- Brothertown Indians of Wisconsin
Whose living in Wisconsin?

• Where do most of the Latinos here come from?
• Where do most of the African Americans here come from?
• Where do most of the Caucasians come from?
Immigrants vs. US Born

- Immigrants are more likely to breastfeed than were non-immigrants.
- Mothers born in the United States had an 85% reduction in the odds of breastfeeding (OR=0.150, P<.01), and a 66% reduction in the odds of breastfeeding at 6 months (OR=0.344, P<.01).
- Furthermore, there was a negative effect of length of residency for immigrants, as an additional year of living in the United States was associated with a 4% decrease in the odds of breastfeeding (OR=0.958, P<.01) and a 3% decrease in the odds of breastfeeding at 6 months (OR=0.971, P<.05).

Issues with Breastfeeding, Like Politics, are Local

- In the United Kingdom, it is the Caucasian/English woman who does not breastfeed, especially if she is poor
- The women of color who have immigrated to England lead the numbers in the women who breastfeed


Why Should You Care About Cultural Competency?

- To respond to current and projected demographic changes in the US
- To eliminate health disparities
- To improve the quality of services and health outcomes
- To meet legislative, regulatory and accreditation mandates
- To gain a competitive edge in the market place
- To decrease liability and malpractice claims

Adapted from Cohen E. National Center for Cultural Competence. 1999
Why Focus on Cultural Competency?

- National Goal to Eliminate (not just reduce) racial and ethnic disparities in health status for six areas of priority by 2010. While areas have been addressed they are clearly not eliminated. In Healthy People 2020, that goal was expanded even further: to achieve health equity, eliminate disparities, and improve the health of all groups:
  * Infant Mortality
  * Cancer
  * Cardiovascular Disease
  * Diabetes
  * Immunizations
  * HIV Infection/AIDS
Why Cultural Competence?

Projected U.S. Population by Year 2050

- White, NH: 50.10%
- Hispanic: 24.40%
- Afr -Amer: 14.60%
- Asian/PI: 8.00%
- Nat Amer: 5.30%
Linguistic Competency and Health Care Disparities

- Language is a proxy for culture and translation for Low English Proficiency (LEP) may be a proxy for cultural competency
- Research indicates LEP by parent is the strongest factor in predicting access to health services and health status, as opposed to language spoken at home.

Culture

The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups
Core Culture

Race
Ethnicity
History
Religion
National Origin
Geographic Region
Culture Expressed Through Individuals

- Race
- Ethnicity
- History
- Religion
- National Origin
- Geographic Region
- Gender
- Age
- Family Dynamics
- Personal Psychology
Culture Expressed Through Individuals Over Time

- Gender
- Race
- Ethnicity
- History
- Religion
- National Origin
- Geographic Region
- Age
- Family Dynamics
- Sexual Orientation
- Social Status & Power
- Acculturation
- Personal Psychology
- Education & Profession
What is Cultural Competence?

Cultural competency emphasizes the idea of **effectively operating** in different cultural contexts, and altering practices to reach different cultural groups.

Davis, 1997, cited in *How is Cultural Competence Integrated in Education*, by Mark A. King, Anthony Sims, and David Osher, *Center for Effective Collaboration and Practice*
We have become not a melting pot but a beautiful mosaic. Different people, different beliefs, different yearnings, different hopes, different dreams.

- President Jimmy Carter
CRASH-Course in Cultural Competency Skills

C = Culture
R = Respect
A = Assess / Affirm
S = Sensitivity / Self-Awareness
H = Humility
Culture
The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups

CDC Office of Minority Health
Respect

Understanding that demonstrations of respect are more important than gestures of affection or shallow intimacy

Finding ways to learn how to demonstrate respect in various cultural contexts
Assess

Health Beliefs
Health Knowledge
Health Literacy
Health-Seeking Behaviors
Health-Relevant Relationships
Assess Health Literacy

‘The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.’

-- Healthy People 2010
Recognizing positive values in other cultures, recognizing each individual as the world’s expert on his or her own experience, being ready to listen and to affirm that experience.
Sensitivity

• Behaviors that might cause offense
• History, politics, or religious issues that might affect your interactions
• Differences in explanatory models of health, disease, and the human spirit
• Health beliefs or behaviors that you might misinterpret
• Health beliefs that might cause the patient to misunderstand you
Self-Awareness

Becoming aware of our own cultural norms, values, and “hot-button” issues or “tender spots” that lead us to mis-judge or to mis-communicate with others.
Humility

• Recognizing that none of us ever fully attains “cultural competence”
• Making a commitment to life-long learning
• Peeling back “layers of the onion” of our own perceptions and biases
• Being quick to apologize and accept responsibility for cultural mis-steps
• Embracing the adventure of learning from others’ first-hand accounts of their own experience.
Ongoing Process

Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.
Disparities in Breastfeeding

- Maternity Care Practices
- Professional Education
- Peer Support
- Access to Professional Support
- Workplace
- Childcare
- Education and Information
- Social Marketing
- Addressing Infant formula
Why Do Some Women Choose Not to Breastfeed?

- They don’t perceive any risk to not breastfeeding
- Believe that formula is an equal substitute
- Knowledge and availability of breast milk substitutes
- Social factors - family/society attitudes toward breastfeeding
Factors that Influence If and How Long Women Breastfeed

- Living environment (urban or rural)
- Socioeconomic status
- Maternal education
- The woman’s employment situation
- Commercial pressures

Hand NL, Haynes D, Mc Veigh T, Kim M, Yoon JJ
Barriers to Breastfeeding

- Inadequate Knowledge
- Social Norms
- Poor Family/Social Support
- Embarrassment
- Lactation Problems
- Employment & Childcare
- Healthcare Related
What Can We Do to Promote Breastfeeding among Disparate Populations?

- Improved Health Care practices- instituting the “Ten Steps” is fundamental
- Employment legislation
- Widespread public education
- Community support
What Can We Do to Promote Breastfeeding among Disparate Populations?

The Code

- International Code of Marketing of Breastmilk Substitutes – passed by the World Health Assembly/WHO in 1981 to protect mothers and babies. It continues to be one of the most hotly debated international recommendations ever.
- Requires that parents and healthcare providers be informed about the health hazards of unnecessary and improper use of infant formula.
The Code

- **Main points of the Code**
  - No advertising, offering free samples to parents, idealizing artificial feeding and comparing products with breastmilk
  - Prohibits company personnel from contacting pregnant women, mothers or their families, whether directly or indirectly
  - Prohibits all promotion for any product that replaces breastmilk whether suitable or not
The Code

• **Main points of the Code**
  • No gifts or personal samples to health workers or their families
  • The Code protects artificially fed infants through its demand for product quality control, accurate scientific information and hazard warnings on labels which should take account of the climatic and storage conditions of the country in which they are to be used
What Can We Do to Promote Breastfeeding among disparate Populations?

Improved Health Care practices- instituting the “Ten Steps” is fundamental
Baby Friendly Hospital Initiative

TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in — allow mothers and infants to remain together — 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Care for mother during and immediately after delivery
(Joint Statement 1989, pgs 17–19)
The “Ten Steps to Successful Breastfeeding” Work!

• When implemented correctly, they work in almost any maternity setting
• Implementing any one of the steps has some positive effect on breastfeeding
• Putting the whole process in place has the greatest impact on breastfeeding

Breastfeeding Rates Among Black Urban Low-Income Women: Effect of Prenatal Education (Kristin et al 1990)

• Increased breastfeeding rates
• Group classes
  o Best at reinforcing the decision to breastfeed
• Individual Sessions
  o Best for convincing to change from bottle to breast
• Classes should stress
  o Healthiest for newborns
  o Compatible with busy life
  o Clarify information about diet, smoking, contraindications
Racial Disparities in Prenatal Care Advice (Kogan et al 1994)

- Large numbers of women of all races do not receive sufficient health behavior modification information during prenatal care
- Black women are more likely NOT to receive such advice
  - 50% received no prenatal information on breastfeeding
- Other indicators of inadequate breastfeeding education (each stronger than race)
  - Single
  - <12 years of education
  - Lowest education level
  - Non-WIC participant
  - Care in private office
• **Objectives.** This study explored whether racial differences in patient–physician relationships contribute to disparities in the quality of health care.

• **Methods.** We analyzed data from The Commonwealth Fund’s 2001 Health Care Quality Survey to determine whether racial differences in patients’ satisfaction with health care and use of basic health services were explained by differences in quality of patient–physician interactions, physicians’ cultural sensitivity, or patient–physician racial concordance.

• **Results.** Both satisfaction with and use of health services were lower for Hispanics and Asians than for Blacks and Whites. Racial differences in the quality of patient–physician interactions helped explain the observed disparities in satisfaction, but not in the use of health services.

• **Conclusions.** Barriers in the patient–physician relationship contribute to racial disparities in the experience of health care.
The Surgeon General’s Call to Action to Support Breastfeeding 2011

Action Steps for the Health Care Arena

• Action 7. Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding

• Action 8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community

• Action 9. Provide education and training in breastfeeding for all health professionals who care for women and children
The Surgeon General’s Call to Action to Support Breastfeeding 2011
Action Steps for the Health Care Arena

• Action 10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.

• Action 11. Ensure access to services provided by International Board Certified Lactation Consultants

• Action 12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants
Wide Disparity In Breastfeeding Rates At San Diego Hospitals

• Wide Disparity In Breastfeeding Rates At San Diego Hospitals
• Thursday, August 2, 2012
• By Kenny Goldberg
• Wide Disparity In Breastfeeding Rates At San Diego Hospitals
• Aired 8/2/12
• The percentage of women who exclusively breastfeed their newborns varies among San Diego County hospitals.
• SAN DIEGO — When it comes to breastfeeding newborn babies, there's wide variability among San Diego hospitals. A new report reveals some stark contrasts.
• The California WIC Association report shows more than 90 percent of moms exclusively breastfeed their babies at Pomerado Hospital. But only about 57 percent of moms do so at Sharp Chula Vista.
• Dr. Nancy Wight is Sharp HealthCare's director of lactation services. She said there are some cultural barriers to breastfeeding among certain ethnic groups. But Wight pointed out a bigger factor is the influence of hospital staff.
• Yes, we need more culturally-appropriate care. We need to check our assumptions at the door, and to sustain breastfeeding we need support from “moms like us” in the community. But the single most important thing we can do is one that benefits all moms: practice evidence-based breastfeeding care, such as found at a BFHI USA hospital.
Baby-Friendly Hospital Practices and Meeting Exclusive Breastfeeding Intention

Cria G. Perrine, PhD, Kelley S. Scanlon, PhD, RD, Ruowei Li, MD, PhD, Erika Odom, PhD, and Laurence M. Grummer-Strawn, PhD  Pediatrics June, 4, 2012

• Recent data has further noted that breastfeeding occurs for women who intend to breastfeed when hospitals especially meet the following:
  • Beginning breastfeeding within 1 hour of birth
  • No supplemental feedings or pacifiers were given
What we must do

• It is incumbent on those of us who care for mothers and babies in delivery settings in hospitals and birthing centers to do everything possible to promote, protect and support breastfeeding.

• Inform mothers, their families, communities and healthcare providers that Breastfeeding is not simply a choice, it’s a health care decision.
Remember…

- Sufficient evidence exists for the effectiveness of the 10 Steps
- The most clearly effective of the 10 Steps relate to education, guidance and support for mothers before and after delivery, including after discharge from hospital
- Approach to the mother with delay or failure of lactogenesis must be individualized
What Can We Do to Promote Breastfeeding

EMPLOYMENT LEGISLATION
The Business Case for Breastfeeding

- National workplace initiative of US HRSA Maternal and Child Health Bureau
- Developed to address barriers and educate employers about the value of supporting breastfeeding employees in the workplace
- Trainings held in 30 states over 3 years through 2010
HEALTHCARE REFORM LEGISLATION

• Signed into law by President Obama on March 23, 2010
• Section 4207 amends the Fair Labor Standards Act (FLSA) of 1938 (29 U.S.Code 207)
• Federal requirements do not preempt a state law that provides greater protections to employees
HEALTHCARE REFORM LEGISLATION

• Requires an employer to provide a place, other than a bathroom, and reasonable, unpaid break time for an employee to express breast milk each time she needs to for her nursing child for one year after birth

• If these requirements impose an undue hardship, an employer with less than 50 employees is not subject to them
The ACA/Obamacare

• requires health insurance support for breastfeeding pump rental and breastfeeding counseling and supplies
• The ACA requires non-grandfathered health insurance plans to cover the cost of breast pump rental and purchase at low or no cost to consumers.
• The National Breastfeeding Helpline. (800-994-9662), is available for all breastfeeding mothers, partners, prospective parents, family members, and health professionals seeking to learn more about breastfeeding. The Helpline is open from M – F, 9 a.m. -6 p.m., EST. Help is available in English and Spanish.
HEALTHCARE REFORM LEGISLATION

- Will be administered by state branches of the Department of Labor
- Covers most, but not all, employees
  - “Non-exempt”/hourly wage earners are covered
  - Salaried (executive, administrative, or professional), and certain other employees not covered by provisions of FLSA section 207 (e.g., teachers) are not
On December 7, 2007 Mayor Adrian M. Fenty signed a new law. This law is called the “Child’s Right to Nurse Human Rights Amendment Act of 2007” (Bill B17-0133). The law makes it legal to breastfeed ANYWHERE a woman has the right to be with her child in DC.

The Law states that:

- An employer shall provide reasonable daily unpaid break-time, as required by an employee so she may express breast milk for her child; and
- An employer shall make reasonable efforts to provide a sanitary room or other location in close proximity to the work area, other than a bathroom or toilet stall, where an employee can express her breast milk in privacy and security.
What Can We Do to Promote Breastfeeding

WIDESPREAD PUBLIC EDUCATION
Widespread public education

- Targeted interventions to increase public acceptance of breastfeeding
  - legislation ensuring the right to breastfeed
  - programs to improve acceptance of breastfeeding in public places
  - placement of nursing mothers’ lounges in public areas
  - interventions targeting child care facilities with breastfed infants and children
  - inclusion of breastfeeding in K-12 curricula
CHILDCARE LEGISLATION

• Louisiana and DC prohibit any child care facility from discriminating against BF babies.
• Mississippi requires licensed child care facilities to
  • provide BF mothers with a sanitary place that is not a toilet stall to BF their children/express milk
  • provide a refrigerator to store expressed milk
  • train staff in the safe and proper storage and handling of human milk
  • display BF promotion information to the clients of the facility.
Widespread public education

• Social Norms
• Poor Family/Social Support
• Embarrassment
What Can We Do to Promote Breastfeeding

COMMUNITY SUPPORT
Community Support

- Knowledgeable physicians
- Lactation specialists
- Hospital support groups
- WIC programs
Community Breastfeeding Resources

- Know the breastfeeding support resources in your community and refer to them:
  - Mocha Moms  [www.mochamoms.org/](http://www.mochamoms.org/)
  - AAP Chapter Breastfeeding Coordinator
  - Your local breastfeeding coalition
  - Your local IBCLC
Getting the Message to Pregnant Women Who Traditionally Do Not Breastfeed

• Advertising breastfeeding classes to pregnant WIC clients resulted in 0 participants.
• A survey of WIC clients indicated an interest in childbirth classes.
• Childbirth classes are often an out of pocket cost that many clients cannot afford.
• Provide childbirth classes that incorporate breastfeeding messages!
Pilot Childbirth Class Details 2003

- **14 class participants**
- 10 interested in breastfeeding but all were first time mothers and not sure they would do it
- 4 mothers - definitely not breastfeeding
- Designed to complete childbirth education in a 4 week time frame
- Every class contained breastfeeding information
- Significant others were encouraged to attend

**Impact of Classes:**
- 92% initiation rate
- 71% still breastfeeding @ 2 months (77% of those that initiated)
- 43% still breastfeeding @ 6 months (46% of those that initiated)
Issues that Contributed to Early Weaning in Our Pilot Study

• Mother not confident that infant was getting enough (30%)
• Mothers did not regularly attend breastfeeding support group
• Worksite not conducive to expressing breast milk
Show Mothers How to Breastfeed

• Ask for a Lactation Consultant(s) to be hired by the hospital.

• A number of practices may find it possible to get together to hire the Lactation Consultant (s) for the hospital.

• Refer challenging patients to the practice that has a Lactation Consultant.
PERFECT STORM

10 STEPS

THE CODE

THE JOINT COMMISION

WORKPLACE SUPPORT

PUBLIC EDUCATION

COMMUNITY SUPPORT
Breastfeeding is:
All in one

- Psychoneurological stimulation
- Food
- Hormones
- Immune stimulation/modulation
- Granulocytes
- Medication
• We must convey that it is absolutely necessary for Americans to recognize that affordable and attainable health care begins with breastfeeding.
• Breastfeeding is not just a choice – it is a healthcare decision.
Breastfeeding is the single intervention that confers a lifetime of health benefits in infancy and beyond.
Babies were born to be breastfed
Resources

- http://thenationshealth.aphapublications.org/content/43/3/1.3.full
- National Consortium for Multicultural Education for Health Professionals:  http://culturalmeded.stanford.edu/
- HHS Office for Civil Rights:  http://www.hhs.gov/ocr/
- HHS Office of Minority Health:  http://www.omhrc.gov/
- A Physician’s Practical Guide to Culturally Competent Care” (on-line course); “Health Care Language Services Implementation Guide” (web-based interactive planning tool) http://www.thinkculturalhealth.org/
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