

**USLCA comments to US Preventive Services Task Force draft recommendation statement:
Breastfeeding: Primary Care Interventions
May 23, 2016**

How could the USPSTF make this draft recommendation statement clearer?

What information, if any, did you expect to find in this draft recommendation statement that was not included?

Under “Professional Support” - there are many lactation care providers, all of whom are important in providing varying levels of breastfeeding support. However, due to the increasing numbers of women choosing to breastfeed and the concomitant increase in more complex maternal and infant medical situations, not all lactation care providers are trained to support the high acuity scenario. The description of professional support provided in the draft is more closely associated with basic interventions that are typically delivered by breastfeeding counselors. See <https://uslca.org/wp-content/uploads/2016/06/2-page-Whos-Who.pdf> for a description of the various breastfeeding support providers and their training. Clinical support or interventions for high acuity mothers and infants should be provided by those trained to do so. Thirty-nine citations describe the importance and effectiveness of clinical lactation services provided by an International Board Certified Lactation Consultant (IBCLC), an allied health care provider whose training and scope of practice encompass both basic and high acuity clinical scenarios. See attachment. There should be a clear differentiation between basic breastfeeding support and professional clinical services.

Telehealth is an exciting method to provide lactation care and services in underserved, rural, or remote situations. This could be included as an example of how support can take place. Also, the time spent on breastfeeding interventions is typically longer than 30-45 minutes. A consultation with a mother and infant usually takes at least one hour.

Under “Useful Resources” should be included the “Find an IBCLC” from the US Lactation Consultant Association (USLCA) at <https://uslca.org/resources/find-an-ibclc>. This resource allows both consumers and health care providers to access an IBCLC who holds the national standard in professional lactation care.

Under “Implementation” should be added the Joint Commission’s breastmilk feeding performance measure for hospitals with a maternity service. The Joint Commission expects hospitals to continuously show improvements in exclusive breastmilk feeding during the maternity stay.

Based on the evidence presented in this draft recommendation statement, do you believe that the USPSTF came to the right conclusions? Please provide additional evidence or viewpoints that you think should have been considered.

No we do not feel that the USPSTF came to the right conclusions. It was distressing to see that the USPSTF made a deliberate decision to eliminate the “promotion” of breastfeeding from this draft. A member of the Task Force, Dr. Alex Kemper, was quoted in [MedPage Today](http://www.medpagetoday.com/Pediatrics/Parenting/57540) <http://www.medpagetoday.com/Pediatrics/Parenting/57540>, stating that “the reason the Task

Force made this slight word change is to recognize the importance of a mother doing what she feels is best for her and her baby and not wanting to, for example, make mothers feel guilty or bad if they decide not to breastfeed,” he said. “It’s really a personal choice that needs to be made based on her own personal situation.” Yet, the evidence review reported by the USPSTF does not support changing from the previous statement to the new one by removing the word “promote.” There is no evidence that the promotion of breastfeeding MAKES a woman feel guilty. A complaint by ONE mother in one of the few studies that looked at adverse events of breastfeeding promotion seemed sufficient to change a major US public health recommendation. Using the concept of guilt to allow healthcare providers to dodge the provision of complete information to women is of concern. Providers seldom worry about guilt when counseling patients regarding smoking cessation, weight reduction, use of car seats, or abstaining from alcohol during pregnancy.

Withholding information required to make an informed decision about infant feeding is considered "gatekeeping" and is a breach of professional ethics. A healthcare provider owes patients the ethical duty of autonomy - honoring the patient’s right to make her own decision – based on complete information including the potential outcomes of not breastfeeding. The elimination of the promotion of breastfeeding appears to be based on personal opinion rather than evidence. We respectfully request that the recommendation revert to the previous statement that recommended both the support **and** promotion of breastfeeding.

What resources or tools could the USPSTF provide that would make this recommendation statement more useful to you in its final form?

The USPSTF is committed to understanding the needs and perspectives of the public it serves. Please share any experiences that you think could further inform the USPSTF on this draft recommendation statement.

The USPSTF has recommended that interventions be provided during pregnancy and after birth to support breastfeeding. In addition to adding breastfeeding promotion to this recommendation, it would be important to better describe how the provision of breastfeeding support could be provided. Even though the Affordable Care Act states that breastfeeding counseling should be provided with no cost sharing, insurers are not reimbursing for the lactation care and services that many mothers need. Many high acuity mothers and infants lack access to the level of care that they need because insurers will only reimburse licensed health care providers. The IBCLC who can provide this type of care in complex medical situations is licensed in only two states, Rhode Island and Georgia. It would be most beneficial if the USPSTF would recommend that IBCLC clinical lactation services be available to the mothers that need them and that insurers reimburse for these services.

Do you have other comments on this draft recommendation statement?

It would behoove the USPSTF to include practicing clinicians who have clinical experience and expertise in working directly with breastfeeding mothers and infants when making breastfeeding recommendations. At least one clinician with the IBCLC credential should be included in task force work related to breastfeeding. USLCA would be pleased to provide both input and clinicians for any future task force work related to breastfeeding and human lactation.