

## SUPPORTING PREGNANT AND PARENTING YOUNG PEOPLE IN BREASTFEEDING

A guide to understanding what influences the decision to breastfeed, common barriers, and successful approaches to overcoming those barriers

### ABOUT THIS GUIDE

Young mothers, under the age of 20, have the lowest rates of breastfeeding initiation and the shortest duration of breastfeeding of those that do decide to breastfeed.<sup>1</sup> This document was developed to be a guide for those who interact with adolescents to understand the multitude of factors that influence adolescent mothers' decisions of whether or not to breastfeed. It provides resources that can be utilized to help pregnant and parenting young people decide whether breastfeeding is right for them and to support these young mothers, their partners, families, and others in successfully initiating and sustaining breastfeeding. Some of the influencers highlighted in the Guide include: education, health care clinicians and professionals, peer counselors, fathers/partners and social support systems, physical experiences, substance use, experiencing abuse/violence, returning to school or work, and cost considerations.

The Guide was developed as a follow-up from the training event, *SUCSESSES IN ADOLESCENT HEALTH: Tools and Techniques to Support Pregnant and Parenting Young People in Breastfeeding*, held August 2016 at the Ann & Robert H. Lurie Children's Hospital of Chicago. The training was a collaborative event hosted by: the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Health's Region V Adolescent Health Network; Ann & Robert H. Lurie Children's Hospital of Chicago's sub-programs, Consortium to Lower Obesity in Chicago's Children and Strengthening Chicago's Youth; EverThrive Illinois; HealthConnect One; Heartland Human Care Services, Inc. | Heartland Alliance; Illinois Caucus for Adolescent Health; Illinois Chapter of the American Academy of Pediatrics; and the HHS Health Resources and Services Administration, Office of Regional Operations – Region V. Subject matter experts, including adolescent medicine physicians, OBGYN's, nurses, lactation consultants, school-based health center administrators and health professionals, researchers, public health professionals, youth development specialists, and pregnant and parenting youth contributed to the development of this Guide.

**Find this Guide along with other materials and resources** from the *Tools and Techniques to Support Pregnant and Parenting Young People in Breastfeeding* training on the CLOCC website: <http://www.clocc.net/our-focus-areas/early-childhood/breastfeeding-support/youngbfsupport/>

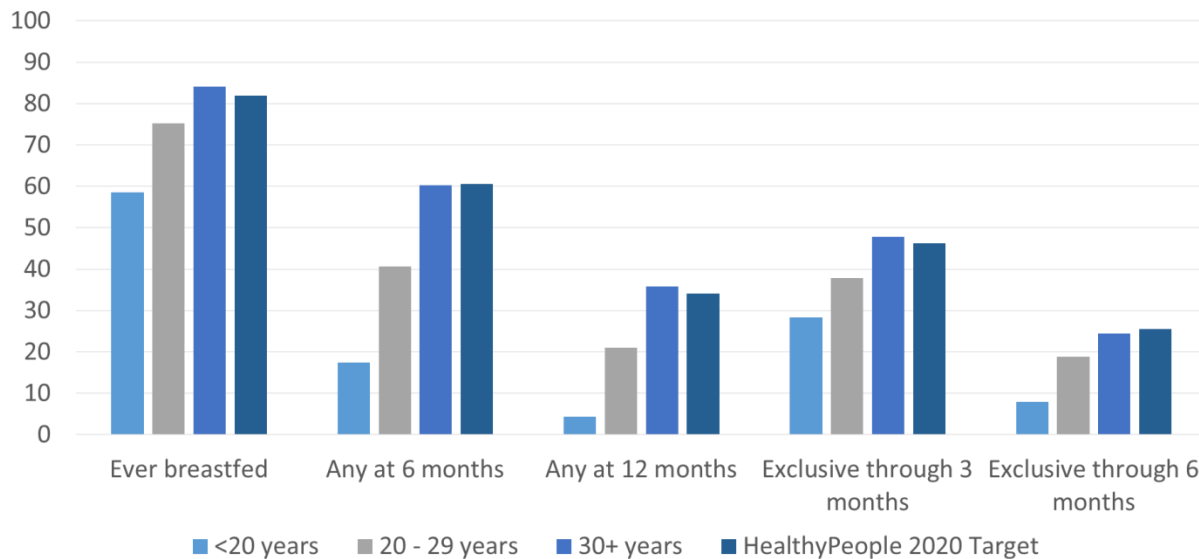
## SUPPORTING PREGNANT AND PARENTING YOUNG PEOPLE IN BREASTFEEDING

A guide to understanding what influences the decision to breastfeed, common barriers, and successful approaches to overcoming those barriers

*Mothers less than 20 years of age have lower rates of breastfeeding initiation and duration as well as lower rates of exclusively feeding their babies breast milk.*

About 80% of all children born in the United States in 2012 were “ever breastfed.” Disparities exist, however, among different sub-groups of new mothers: Low-income mothers, unmarried mothers, African American mothers, and young mothers (less than 20 years of age all have lower breastfeeding rates.<sup>1</sup> Breastfeeding rates are lowest among mothers younger than 20, with only about 59% of moms in that age group having ever breastfed.<sup>1</sup> The age disparity is demonstrated in the following graph, which shows breastfeeding rates by initiation, duration, and exclusivity.

**Breastfeeding by Maternal Age (among children born in 2012)<sup>1</sup>**



### Initiation and Duration

For adolescent mothers, initiation is less of a barrier than sustaining breastfeeding. In 2012, nearly 60% of mothers under 20 years ever breastfed, but only 17% were doing any breastfeeding at six months.<sup>1</sup> Further research has found that among those that stop breastfeeding within six months, most breastfeed for about six weeks, which is about the time they return to school or work.<sup>1,2</sup>

Typically, exclusive breastfeeding leads to longer duration overall;<sup>2</sup> however, young mothers face many of the same barriers that older moms face when breastfeeding along with additional barriers that older mothers may not experience, such as living with parents or other caretakers, or going to school.

***Because of their unique circumstances, pregnant and parenting young people require tailored breastfeeding education and support.***

**What influences a young mom’s decision to breastfeed?**

A number of factors can contribute to how an adolescent mother decides whether to breastfeed. These factors can deter or dissuade a young mom from breastfeeding or encourage and reinforce her intention to breastfeed. Here are some common reasons why young women and their partners state they are or are not interested in breastfeeding:

Reasons Why Interested<sup>3</sup>

- It is healthier for the baby and healthier for me
- It is a more natural way to feed the baby
- It will bring me closer to the baby
- It is less expensive than buying formula
- It will improve the baby’s IQ

Reasons Why Not Interested<sup>3</sup>

- Just cannot imagine/don’t want to
- Afraid it will hurt
- Going back to work or school
- Hard for dad to be involved in feeding the baby
- Worried about my smoking / diet / medications that might hurt the baby
- Worried will feel uncomfortable breastfeeding in public<sup>2,4</sup>

***It is important to meet young people where they are and not to make judgments or have demanding expectations for their decisions regarding breastfeeding.***

**The following table lists key INFLUENTIAL FACTORS, the potential BARRIERS they pose, and SOLUTIONS or ways to support the intention to breastfeed or extend the duration of breastfeeding.**

For ease of navigation the INFLUENTIAL FACTORS addressed are listed in Alphabetical Order with page numbers:

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## Influential Factor: COST

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Cost</b> – Those with higher household income have a greater propensity to breastfeed. Adolescent mothers are less likely to have their own income and are more likely to be of lower socioeconomic status.</p> <p>Formula feeding costs money. Typically services such as WIC do not give all of the formula a baby will need and costs will increase as the baby requires more food.</p> <p>Another factor to consider is that breastfeeding employees miss work less often; one-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.<sup>7</sup> Missing work or school may be costly to a young parent.</p> <p>Additionally, medical care costs are lower for breastfed babies as they typically need fewer sick care visits, prescriptions, and hospitalizations.</p>	<p>Young mothers may not realize the cost effectiveness of breastfeeding compared to formula feeding. Further, they may not be aware that under the <a href="#">Patient Protection and Affordable Care Act</a>, they can access free breastfeeding equipment, such as breast pumps and nursing supplies.</p>	<p>Under the <a href="#">Patient Protection and Affordable Care Act</a>, pregnant and postpartum women can access lactation support and counseling from trained health care professionals as well as certain breastfeeding equipment, such as breast pumps and nursing supplies.</p> <p>Additionally, education in the prenatal period about the differences between breast milk and formula should occur. This should include discussing that breast milk is less expensive than formula.</p>	<p>See the HEALTH CARE CLINICIANS AND PROFESSIONALS section for Patient Protection and Affordable Care Act and coverage information</p>

## Influential Factor: EDUCATION

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Education</b> – what women know and believe about breastfeeding may be the most influential factor in the decision of whether to breastfeed.</p>	<p>Young mothers may not understand all of the benefits of breastfeeding and may have misconceptions about it; for example, a young mother may decide not to breastfeed out of fear that it will hurt or that her breasts will become disfigured.</p>	<p>Pregnant or parenting young people may seek breastfeeding information from family, friends, health care professionals, or the internet. Everyone who interacts with a pregnant or parenting young person has an opportunity to provide helpful and accurate information about breastfeeding that she may have never heard before. Educating mothers, their partners, and others (grandparents/caretakers etc.) on the benefits of breastfeeding, both for mom and baby, may give them the motivation they need to commit to breastfeeding.</p> <p>The following individuals or support services can provide education:</p> <ul style="list-style-type: none"> <li>• Health care professionals, peer counselors, lactation consultants, doulas, Women, Infants, and Children (WIC), Healthy Start, Early Head Start, other community support groups</li> <li>• National Breastfeeding HelpLine and Text4Baby</li> </ul>	<p>National Breastfeeding HelpLine: 800-994-9662</p> <p>Text4Baby:  <a href="https://www.cdc.gov/women/text4baby/">https://www.cdc.gov/women/text4baby/</a> -or-  <a href="https://www.text4baby.org/">https://www.text4baby.org/</a></p> <p>Women, Infants, and Children (WIC):  <a href="http://www.fns.usda.gov/wic/women-infants-and-children-wic">http://www.fns.usda.gov/wic/women-infants-and-children-wic</a></p> <p>WIC Peer Counselor Program:  <a href="https://lovingsupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling">https://lovingsupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling</a></p> <p>Healthy Start:  <a href="https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start">https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start</a></p> <p>Healthy Start Directory of Programs:  <a href="http://www.nationalhealthystart.org/project_directory/complete_project_directory">http://www.nationalhealthystart.org/project_directory/complete_project_directory</a></p> <p>Early Head Start:  <a href="https://eclkc.ohs.acf.hhs.gov/hslc/ta-system/ehsnrc/about-ehs#about">https://eclkc.ohs.acf.hhs.gov/hslc/ta-system/ehsnrc/about-ehs#about</a></p>

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Education cont.</b></p>		<ul style="list-style-type: none"> <li>• Family and friends, particularly those that have experience with breastfeeding</li> </ul> <p>New technologies can play an important role in ensuring young women receive accurate information. Social media, phone apps, and the internet may prove to be effective methods of providing education to adolescent mothers.</p> <p>Adolescent mothers may be eligible for programs that educate about breastfeeding, such as WIC, Healthy Start, or Early Head Start; however, even if they are not qualified they can find helpful breastfeeding information for themselves and others on their websites. Additionally, many WIC locations have peer counselors available.</p>	<p>American Academy of Pediatrics recommendations for safe use of donor human milk:  <a href="https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/New-American-Academy-of-Pediatrics-Recommendations-Aim-to-Ensure-Safe-Donor-Human-Milk-Available-for-High-Risk-Infants-Who.aspx">https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/New-American-Academy-of-Pediatrics-Recommendations-Aim-to-Ensure-Safe-Donor-Human-Milk-Available-for-High-Risk-Infants-Who.aspx</a></p> <p>See the HEALTH CARE CLINICIANS AND PROFESSIONALS section for Patient Protection and Affordable Care Act and coverage information</p> <p>See the SCHOOLS section for Title IX information</p> <p>See the WORK/EMPLOYMENT section for information around employers and breastfeeding</p>

## Influential Factor: EXPERIENCING ABUSE/VIOLENCE

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Experiencing Abuse/Violence</b> – whether a young woman is in a healthy relationship or not can impact her interest in, and in some instances, the feasibility to breastfeed.</p>	<p>It is well-documented that teenage girls in physically abusive relationships are much more likely than other girls to become pregnant.<sup>5</sup></p> <p>Experiencing intimate partner violence (IPV) often reduces the likelihood a woman will breastfeed.<sup>2</sup> This may be due to feelings of shame, low self-esteem, or concerns about safety for her and her baby.</p> <p>A young woman experiencing abusive relationships may not want to breastfeed as the baby may be a reminder of abuse.</p>	<p>Health and social service professionals seeing pregnant and parenting young women should include effective and youth-centered screening for IPV/abuse as part of routine services.</p> <p>“Warm hand-off” referral systems, both in clinic and community settings, must be in place to ensure those who are experiencing abuse receive appropriate counseling and other needed support services.</p>	<p>Youth.gov Teen Dating Violence Victim &amp; Survivor Resources:  <a href="http://youth.gov/youth-topics/teen-dating-violence/resources">http://youth.gov/youth-topics/teen-dating-violence/resources</a></p> <p>Office of Adolescent Health, Healthy Relationships:  <a href="http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/">http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/</a></p> <p>Centers for Disease Control and Prevention, Teen Dating Violence:  <a href="https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html">https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html</a></p> <p>Love is Respect – includes helpline, text, or online chat options:  <a href="http://www.loveisrespect.org/for-yourself/contact-us/">http://www.loveisrespect.org/for-yourself/contact-us/</a></p> <ul style="list-style-type: none"> <li>• Text loveis to 22522</li> <li>• 1-866-331-9474</li> </ul>

## Influential Factor: FAMILY AND SOCIAL SUPPORT

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Family and Social Support</b> – a young mother’s decision to breastfeed may be largely influenced by the people in her life who have experienced pregnancies and have chosen to or not to breastfeed.</p>	<p>Family and friends, such as a highly involved grandmother, may dissuade a mother from breastfeeding, particularly if they did not do it or if they think bottle-feeding will be easier for everyone involved.</p> <p>Additionally, breastfeeding norms are largely influenced by culture; in some cultures there are negative attitudes or beliefs toward breastfeeding and it may be considered taboo.</p>	<p>Educating mothers about breastfeeding may lead them to share accurate information with those in their social circles.</p> <p>For young mothers, especially those without social supports to breastfeed, peer counselors can serve as a crucial source of encouragement and support to initiate and continue breastfeeding. Peer counselors, doulas, and other professionals may be able to engage family and friends in conversations about breastfeeding.</p> <p>There are many ways family and friends can support a breastfeeding mom and baby, including:</p> <ul style="list-style-type: none"> <li>• Helping with housework and cooking</li> <li>• Making sure new mom gets plenty of rest and fluids</li> <li>• Offering support and encouragement to stick with breastfeeding</li> <li>• Participating in breastfeeding prenatal classes</li> <li>• Feeding the baby mom’s breast milk when she is unable to be present</li> </ul>	<p>USDA, “loving support makes breastfeeding work”:  <a href="https://lovingupport.fns.usda.gov/family-friends">https://lovingupport.fns.usda.gov/family-friends</a></p> <p>National Breastfeeding HelpLine:            800-994-9662</p>



## Influential Factor: HEALTH CARE CLINICIANS AND PROFESSIONALS

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Health care clinicians and professionals</b> – the U.S. Preventive Services Task Force recommends interventions during pregnancy and after birth to promote and support breastfeeding.<sup>6</sup></p> <p>Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child. Research shows that the more evidence-based breastfeeding support interventions an adolescent mother receives at the hospital following the birth of her baby, the more likely she is to breastfeed.<sup>7</sup></p> <p>Patients rely on health professionals to present accurate health information in order to make informed decisions. This includes discussing and educating all prenatal/pregnant and labor and delivery patients about the benefits of breastfeeding</p>	<p>A national study has found that mothers aged 18-19 years were less likely to receive certain Baby-Friendly* services, such as help starting breastfeeding within the first hour of birth and rooming-in with baby, than those 20 years of age and older.<sup>8</sup> Another study found approximately half of adolescent mothers were provided fewer than three Baby-Friendly steps; this may be due to bias amongst health professionals.<sup>6</sup></p> <p>Bias occurs when health care professionals may think that teen moms should not or will not be interested in breastfeeding. As a result, they may not adequately discuss, educate, or promote breastfeeding with pregnant and parenting young patients.</p> <p>*Baby-Friendly Hospital Initiative: <a href="https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative">https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative</a></p>	<p>A health care professional may be the only person in a young woman’s life who has accurate information about breastfeeding and encourages her to breastfeed. Interventions to promote breastfeeding should take place before and after childbirth and can be provided directly or via referral.</p> <p>Key actions clinicians can take to educate and support patients in breastfeeding:</p> <ul style="list-style-type: none"> <li>• Inform pregnant and postpartum patients that under the <a href="#">Patient Protection and Affordable Care Act</a>, they can access lactation support and counseling as well as certain breastfeeding equipment, such as breast pumps and nursing supplies</li> <li>• Meet with the patient alone to discuss her interest in breastfeeding and any concerns</li> <li>• Assess whether the patient has healthy relationship(s) (with partner, parents, caretakers, etc.) and is living in a safe home to determine whether she feels unsafe or is experiencing</li> </ul>	<p>U.S. Preventive Services Task Force recommendation on primary care interventions for breastfeeding: <a href="http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breastfeeding-primary-care-interventions">http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breastfeeding-primary-care-interventions</a></p> <p><a href="#">Patient Protection and Affordable Care Act</a> Covered Services:</p> <ul style="list-style-type: none"> <li>• Breastfeeding benefits: <a href="https://www.healthcare.gov/coverage/breast-feeding-benefits/">https://www.healthcare.gov/coverage/breast-feeding-benefits/</a></li> <li>• Preventive care benefits for women: <a href="https://www.healthcare.gov/preventive-care-women/">https://www.healthcare.gov/preventive-care-women/</a></li> </ul> <p>American College of Obstetricians and Gynecologists (ACOG) Breastfeeding Toolkit: <a href="http://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Breastfeeding-Toolkit">http://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Breastfeeding-Toolkit</a></p> <p>Baby-Friendly USA: <a href="https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative">https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative</a></p>

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p data-bbox="92 248 489 321"><b>Health care clinicians and professionals cont.</b></p> <p data-bbox="92 363 537 431">and exploring breastfeeding as an option.</p>		<p data-bbox="1115 233 1367 298">physical, sexual, or emotional abuse</p> <ul data-bbox="1066 310 1524 1344" style="list-style-type: none"> <li data-bbox="1066 310 1524 695">• Assess the feelings and involvement of partners, family, and friends; when appropriate, engage partners and/or others in discussions about breastfeeding and encourage and/or refer moms and partners to breastfeeding prenatal classes to ensure both parents have the same education and information</li> <li data-bbox="1066 706 1524 948">• Facilitate a warm handoff to on-site services or other referrals, such as peer counselors, lactation consultants, doulas, community support groups, and phone helplines</li> <li data-bbox="1066 959 1524 1344">• Get involved to help a hospital become a Baby-Friendly facility by implementing the ten steps to successful breastfeeding (such as having a written breastfeeding policy that is routinely communicated to all health care staff and to train all health care staff in skills necessary to implement the policy)</li> </ul>	<p data-bbox="1556 233 1976 298">National Breastfeeding HelpLine: 800-994-9662</p> <p data-bbox="1556 337 2011 672">American Academy of Pediatrics recommendations for safe use of donor human milk:  <a href="https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/New-American-Academy-of-Pediatrics-Recommendations-Aim-to-Ensure-Safe-Donor-Human-Milk-Available-for-High-Risk-Infants-Who.aspx">https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/New-American-Academy-of-Pediatrics-Recommendations-Aim-to-Ensure-Safe-Donor-Human-Milk-Available-for-High-Risk-Infants-Who.aspx</a></p> <p data-bbox="1556 711 1944 808">See the EDUCATION section for additional resources on referral sources.</p>

## Influential Factor: PARTNERS/FATHERS

<p><b>Partners/Fathers</b> – Breastfeeding builds a close bond between mother, partner, and baby.</p> <p>Research finds that the partner’s intentions and desires matter; in fact, it may be the most important part of an adolescent’s decision to breastfeed. This can be leveraged to help mom decide to breastfeed and can be an important support system for her.<sup>3</sup></p> <p>Often, when parents find out how beneficial it is for mom and baby, they decide to try.</p>	<p>Often a mother’s intention to breastfeed goes hand-in-hand with her partner’s perspective.</p> <p>In some instances, partners may not want a mom to breastfeed; s/he may not support her decision and may actually take steps to prevent breastfeeding from happening.</p> <p>There also may be times when partners encourage moms to stop breastfeeding only because they do not like to see their partner upset if they are experiencing difficulty in the process of breastfeeding.</p>	<p>Partners can provide important emotional support for mothers who breastfeed their babies.</p> <p>Additionally, mom and partner can:</p> <ul style="list-style-type: none"> <li>• Learn about breastfeeding together – possibly through participation in a breastfeeding prenatal class</li> <li>• Talk to each other about their questions and concerns</li> <li>• Reach out to their doctor, peer counselor, WIC breastfeeding counselor, breastfeeding consultant, or other community support groups and phone helplines for advice and answers</li> </ul>	<p>WIC, Fathers Supporting Breastfeeding:  <a href="http://www.fns.usda.gov/wic/fathers-supporting-breastfeeding">http://www.fns.usda.gov/wic/fathers-supporting-breastfeeding</a></p> <p>U.S. Department of Agriculture, “loving support makes breastfeeding work”:  <a href="https://lovingsupport.fns.usda.gov/family-friends">https://lovingsupport.fns.usda.gov/family-friends</a></p> <p>National Breastfeeding HelpLine:              800-994-9662</p>
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## Influential Factor: PEER COUNSELORS

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Peer Counselors</b> – Peer counselors are mothers who have personal breastfeeding experience and are trained to provide basic breastfeeding education and support to other mothers, particularly those with whom they share various characteristics, such as language, race/ethnicity, and socioeconomic status.</p> <p>While there is limited research specific to adolescents, peer counselors have been found to improve rates of breastfeeding initiation, duration, and exclusivity.<sup>9</sup></p> <p>Peer support represents a cost-effective, individually tailored approach and culturally competent way to promote and support breastfeeding for women of varying socioeconomic backgrounds.</p>	<p>Despite findings that peer counselors are often successful in supporting clients in breastfeeding, young mothers are not always referred to peer counselors, or peer counselor programs may not be accessible to them, particularly because these programs may not exist where they seek services.</p>	<p>Peer counselors must utilize their influential role to assess a young mothers’ knowledge and beliefs about breastfeeding, dispel any myths or address any concerns, and discuss breastfeeding regularly, ideally in both pre- and postpartum periods.</p> <p>Key actions peer counselors can take to educate and support patients in breastfeeding:</p> <ul style="list-style-type: none"> <li>• Educate the patient about breastfeeding – the benefits and use models to demonstrate how it works</li> <li>• Help the patient anticipate challenges and offer strategies to manage breastfeeding challenges, such as demonstrating and helping mom practice different baby-holds techniques</li> <li>• Help the patient set and achieve breastfeeding goals that work for them</li> <li>• When appropriate, engage partners in goal-setting or discussions about breastfeeding to ensure both parents have the same information</li> </ul>	<p>WIC Peer Counselor Program: <a href="https://lovingsupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling">https://lovingsupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling</a></p> <p>The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies – see “Peer Support Program” section: <a href="https://www.cdc.gov/breastfeeding/resources/guide.htm">https://www.cdc.gov/breastfeeding/resources/guide.htm</a></p> <p>HealthConnect One, Peer Counselors: <a href="http://www.healthconnectone.org/our-work/program_development/breastfeeding-support/peer-counselors/">http://www.healthconnectone.org/our-work/program_development/breastfeeding-support/peer-counselors/</a></p> <p>National Breastfeeding HelpLine: 800-994-9662</p> <p>American Academy of Pediatrics recommendations for safe use of donor human milk: <a href="https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/New-American-Academy-of-Pediatrics-Recommendations-Aim-to-Ensure-Safe-Donor-Human-Milk-Available-for-High-Risk-Infants-Who.aspx">https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/New-American-Academy-of-Pediatrics-Recommendations-Aim-to-Ensure-Safe-Donor-Human-Milk-Available-for-High-Risk-Infants-Who.aspx</a></p>

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
Peer Counselors cont.		<ul style="list-style-type: none"> <li>• Assess the feelings and involvement of partners, family, and friends and proactively work to engage a mother’s social support system in conversations about breastfeeding</li> <li>• Encourage and refer mothers and partners to attend breastfeeding prenatal classes</li> </ul> <p>Women, Infants, and Children (WIC) hire and train peer counselors to provide mother-to-mother support in group settings and one-to-one counseling through telephone calls or visits in the home, clinic, or hospital.</p>	

## Influential Factor: PHYSICAL EXPERIENCE

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Physical Experience</b> – breastfeeding is an unknown experience for a first time mom; a young woman’s perceptions of its impact on the body can greatly influence her intention to breastfeed.</p>	<p>One of the common reasons young mothers are not interested in breastfeeding is the fear of pain.</p> <p>Moms who experience issues with pain, latching, or other discomforts early on are more likely to introduce a formula bottle, which can reduce the likelihood of continuation of breastfeeding.</p>	<p>Pre- and postpartum education is essential for mothers to be prepared for any difficulties they may face in breastfeeding.</p> <p>Education can emphasize that breastfeeding:</p> <ul style="list-style-type: none"> <li>• is a natural experience, but also a skill that will need to be learned</li> <li>• helps mom’s uterus shrink to its pre-pregnancy size</li> <li>• may help mom return to her pre-pregnancy weight faster</li> </ul> <p>An experienced coach – lactation consultant, peer counselor, nurses, other health professionals – must help her and her baby initiate breastfeeding within one hour of birth, and actually show her how to breastfeed and maintain lactation, experiment with positions, and give real-time encouragement in a private setting. This support needs to take place on multiple occasions during the hospital stay and if/as needed postpartum.</p> <p>It can be explained that there may be physical challenges that make</p>	<p>Office on Women’s Health, Common Breastfeeding Challenges and What You Can Do:  <a href="https://www.womenshealth.gov/breastfeeding/common-breastfeeding-challenges.html">https://www.womenshealth.gov/breastfeeding/common-breastfeeding-challenges.html</a></p> <p>National Breastfeeding HelpLine: 800-994-9662</p>

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Physical Experience</b> cont.</p>		<p>breastfeeding more difficult, such as issues with milk production, pain, or blocked milk ducts.</p> <p>Peer counselors, lactation consultants, and phone helplines can provide support to address difficulties experienced during breastfeeding. Support can include:</p> <ul style="list-style-type: none"> <li>• trying different latching techniques</li> <li>• practicing different baby-holds and positions exploring how to use pumping as a tool in easing discomfort</li> </ul>	

## Influential Factor: SCHOOL

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>School</b> – breastfeeding policies and support - or lack thereof - in schools may aid or hinder a mom’s ability to breastfeed after returning to school.</p> <p>Supporting breastfeeding among high school student mothers may reduce school absenteeism by ensuring fewer days that mothers miss school due to babies being sick, resulting in increased graduation rates.<sup>10</sup></p> <p>Title IX of the Education Amendments of 1972 (Title IX), prohibits all public and private educational institutions that receive any federal financial assistance (“schools”) from discrimination based on sex in education programs or activities. The law has specific requirements regarding pregnancy and parenthood. While providing breastfeeding support is not legally mandated, the Department of Education states “designate a private room for young</p>	<p>A young mom’s school may not provide a safe, clean, private place to pump or store breast milk or adequate break time to do so. These young women might need to choose between breastfeeding and returning to school.</p>	<p>Schools may have a school-based health center, nurse, counselors, or other faculty and staff that can support pregnant and parenting students. Students should know who those individuals are and how to contact them for guidance and support.</p> <p>Schools can take the following steps to support breastfeeding:</p> <ul style="list-style-type: none"> <li>• Create a written policy and share with all faculty, staff, and pregnant students</li> <li>• Have a clean, private space for students to pump with access to a power source</li> <li>• Provide adequate and flexible break time for mothers to pump</li> <li>• Have a place to store breast milk</li> <li>• Have a multi-user breast pump onsite</li> <li>• Provide education to all faculty and staff about the breastfeeding supports the school offers for parenting students; ensure that mothers are not penalized for pumping breaks and that they are</li> </ul>	<p>Title IX information:</p> <ul style="list-style-type: none"> <li>• Supporting the Academic Success of Pregnant and Parenting Students Under Title IX of the Education Amendments of 1972: <a href="http://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.html">http://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.html</a></li> <li>• “Know Your Rights” document for Pregnant and Parenting Students: <a href="http://www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201306-title-ix.pdf">http://www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201306-title-ix.pdf</a></li> </ul>



INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>School cont.</b></p> <p>mothers to breastfeed, pump milk, or address other needs related to breastfeeding during the school day” as a recommended strategy for schools to best support the educational needs of pregnant and parenting students.</p>		<p>allowed to make up any work missed during these breaks</p> <ul style="list-style-type: none"> <li>• Offer a breastfeeding or moms/parents support groups as an extracurricular lunch or afterschool program</li> <li>• Refer pregnant and parenting students to local public health departments and other community resources, including WIC and Healthy Start sites</li> </ul> <p>Schools and pregnant students can plan ahead for mom’s return to school to ease the transition:</p> <ul style="list-style-type: none"> <li>• During pregnancy, discuss the school’s policy, supports, and options</li> <li>• Upon returning, continue to discuss mom’s schedule and what is or is not working</li> </ul>	

## Influential Factor: SUBSTANCE USE HABITS

INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Substance Use Habits –</b> Substance use is an issue that can affect both the health of mother and baby, both during pregnancy and after childbirth through breast milk.</p> <p>The LactMed® Database (see resources column) provides information on the levels of specific substances, such as alcohol, marijuana, and tobacco, in breast milk and infant blood, and possible adverse effects for the nursing infant.</p>	<p>Substance use while breastfeeding can have serious negative effects on babies. Some moms may choose not to breastfeed because they do not want to quit or modify their substance use habits.</p> <p>In some instances, there may be concerns about the safety of a baby in a home where substances are used; this may be a situation in which breastfeeding is not a primary priority.</p>	<p>Health care professionals should screen all pregnant young women and new moms for substance use. Those that screen positive should be offered resources and support in order to quit or modify their substance use.</p> <p>Infants of women with substance use disorders can benefit substantially from breastfeeding, as can their mothers. An individualized prenatal plan and substance abuse treatment should be developed through patient-centered discussions with each woman to prepare her for parenting and breastfeeding.<sup>6</sup></p> <p>Regardless of screening results, it is crucial that all pregnant and parenting young people receive education on the possible risks associated with substance use and breastfeeding, including which substances can be passed through breast milk.</p>	<p>National Institute on Drug Abuse, Substance Use While Pregnant and Breastfeeding: <a href="https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding">https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding</a></p> <p>LactMed® Database – contains information on drugs and other chemicals to which breastfeeding mothers may be exposed: <a href="https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm">https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm</a></p> <p>American Breastfeeding Medicine, Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378642/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378642/</a></p>

## Influential Factor: WORK/EMPLOYMENT

<p><b>Work/Employment</b> – a clean, safe location and break time for pumping in the workplace - or lack thereof - may aid or hinder a mom’s ability to continue breastfeeding after returning to work.</p> <p>Companies with supportive breastfeeding policies and practices experience cost savings, in areas such as: retention of experienced employees, reduction in sick time taken by both moms and dads for children’s illnesses, and lower health care and insurance costs.<sup>11</sup></p>	<p>Mothers returning to work may find their employer does not have supportive policies and practices, which makes continuation of breastfeeding incredibly difficult.</p> <p>Moms may face the following issues:</p> <ul style="list-style-type: none"> <li>• identifying a safe, clean place to privately express milk</li> <li>• getting flexible break time to accommodate pumping needs</li> <li>• dealing with an unsupportive work culture, influenced by either employers, managers, or coworkers</li> </ul>	<p>Section 4207 of the Patient Protection and Affordable Care Act requires employers to provide reasonable break time and a place for employees to express breast milk for their nursing children for one year after the child’s birth.*</p> <p>Employers can also provide education for expectant and new parents. This can include information specific to breastfeeding through pamphlets, lunchtime prenatal classes, and access to a lactation consultant, all of which can help employees feel more prepared and motivated to return to work.</p> <p>New moms and employers can plan ahead for mom’s return to work to ease the transition:</p> <ul style="list-style-type: none"> <li>• During pregnancy, discuss options and find out if the employer offers a lactation support program for employees</li> <li>• Upon returning, continue to discuss mom’s schedule and what is or is not working</li> </ul> <p>Often there are local efforts to educate and support employers in becoming breastfeeding friendly;</p>	<p>U.S. Department of Labor, Break Time for Nursing Mothers: <a href="https://www.dol.gov/whd/nursingmothers/#.UNta1YXgJhB">https://www.dol.gov/whd/nursingmothers/#.UNta1YXgJhB</a></p> <p>Office on Women’s Health, Breastfeeding and going back to work: <a href="https://www.womenshealth.gov/breastfeeding/going-back-to-work.html">https://www.womenshealth.gov/breastfeeding/going-back-to-work.html</a></p> <p>Office on Women’s Health, Business Case for Breastfeeding: <a href="https://www.womenshealth.gov/breastfeeding/government-in-action/business-case.html">https://www.womenshealth.gov/breastfeeding/government-in-action/business-case.html</a></p> <p>If there are issues with breastfeeding and/or pumping at work, mom can learn about how to <a href="#">protect her right to breastfeed</a> here – Office on Women’s Health, Laws that support breastfeeding: <a href="https://www.womenshealth.gov/itsonlynatural/fitting-it-into-your-life/laws-that-support-breastfeeding.html">https://www.womenshealth.gov/itsonlynatural/fitting-it-into-your-life/laws-that-support-breastfeeding.html</a></p>
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INFLUENCER	POTENTIAL BARRIERS	SOLUTIONS	RESOURCES
<p><b>Work/Employment cont.</b></p>		<p>contacting a local health department is a good place to start to learn more about any efforts and get involved.</p> <p><i>*If these requirements present undue hardship, employers that have fewer than 50 employees are not required to adhere to this law.</i></p>	

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