Breastfeeding in the Military: Part I. Information and Resources Provided to Service Women

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Increasing the incidence and duration of breastfeeding is a major goal in Healthy People 2010. Little is known about the progress that the Department of Defense (DoD) health care system, TRICARE, has made toward reaching that goal. This study is the first of a two-part series that reviews DoD/TRICARE support for breastfeeding and discusses policy issues related to breastfeeding. Methods used include searches of MEDLINE, DoD/TRICARE documents, legislative and policy websites, and the Internet. A survey of DoD hospitals was also conducted. Based on the search results and survey, TRICARE may not be meeting the goals of Healthy People 2010. There is minimal policy guidance regarding breastfeeding. Programs are in place at most hospitals, but the quality and content varies greatly. After mothers return to work, support is meager. DoD/TRICARE may need to establish written policy guidelines and devote additional resources to adequately support breastfeeding.

Introduction

Over 20 years of scientific research has established that human milk is the optimal source of nutrition for infants.2,12 In fact, breastfeeding provides such vast benefits to the infant, the mother, and society that it has been described by the American Academy of Pediatrics as "uniquely superior for infant feeding."2 Many other professional societies have also acknowledged breastfeeding as the ideal source of nutrition for infants.3-14 Benefits of breastfeeding are illustrated in Table 1.

Recognizing these benefits, the U.S. Department of Health and Human Services made increasing the rate and duration of breastfeeding a major goal in Healthy People 2000 and Healthy People 2010. The published goal is to increase the incidence of breastfeeding to 75% in the early postpartum period and 50% at 6 months.26,27 Unfortunately, the proportion of infants who are breastfed continues to fall short of established goals.26,28

This problem may be more acute within the Department of Defense (DoD) because of the demographics of the active duty military force, mission requirements, and organizational barriers. For example, nationwide, the lowest rates of breastfeeding are found among lower income, minority mothers (particularly African Americans and Hispanics), and those with less than a college education.28 These populations are strongly represented in the active duty force. It is also well documented that full-time employment decreases both the initiation and duration of breastfeeding.29-31 This directly impacts active duty mothers, because by regulation, they must return to work 6 weeks after delivery. The effect is compounded by the fact that they are required to be worldwide deployable 4 months postpartum.32

Infant and maternal health issues such as breastfeeding have assumed greater importance for the military as the percentage of women on active duty has increased to approximately 15% of the total force.33 In this era of dual military couples and single-parent families, readiness can be impacted by an infant's illness because the infant may be sent home from daycare and a parent may then have to take time off of work. Additionally, in today's competitive labor market, quality of life issues such as support for breastfeeding may have an impact on recruiting and retention of qualified women. Finally, considering the limited resources available to TRICARE, increased attention is being placed on preventive measures that can improve health and decrease health care use. Given these factors, it could be argued that the military should have a policy regarding breastfeeding. This two-part series is intended to summarize the issues regarding breastfeeding policy and provide a starting point for discussion of the topic.

Methods

To determine what is known about the incidence, duration, and barriers to breastfeeding in the military, we searched Medline from 1970 to 2001 using the following MESH subject headings: "breastfeeding," "breastfeeding (statistics and numerical data)," "breastfeeding (psychology)," "military personnel," and "military medicine." To minimize the effect of publication bias, we also searched the holdings of the Defense Technical Information Center, which catalogs all research funded by the military. To determine whether there were any policies or materials produced by TRICARE regarding breastfeeding, we searched the Military Health System Web Site, which serves as a repository for all materials produced by TRICARE. We also reviewed the regulations, technical manuals, field manuals from each service regarding pregnancy and reproductive/developmental hazards for sections mentioning breastfeeding. To ascertain the federal and state laws and policies that pertain to breastfeeding, we searched the Internet using the MSN search engine using the keywords "breastfeeding," "policy," and "law." We also searched the FIRSTGOV and the Library of Congress "THOMAS" web sites using the keyword "breastfeeding."

To examine the resources, information, and services provided at DoD hospitals, we conducted a survey of lactation support programs at military hospitals. Facilities were chosen from a list of all DoD hospitals that offer obstetric care so that at least two medical centers, two community hospitals, and one overseas hospital from each service were included. The sample included...
approximately one-third of DoD hospitals that provide obstetric care. Hospitals were called on the telephone and a standardized questionnaire was administered to a person at each facility who was identified as being knowledgeable about the lactation support programs at the hospital. Usually this person was a nurse who was in charge of the lactation support program at the facility. In addition to the standardized questionnaire, the respondent was given the opportunity to provide any other details about their hospital that they thought might be relevant.

**Results**

Our Medline search did not reveal any peer-reviewed articles that systematically examined breastfeeding incidence or barriers to breastfeeding in the military population. Likewise, within DoD, little data had been collected to assess breastfeeding rates or the impact of breastfeeding on infant illness and absenteeism. However, several interesting master’s theses involving small numbers of military women identified key barriers such as early return to work, conflicting loyalties, nonsupportive supervisors, lack of adequate facilities, temporary duty, deployment, and conflict between the roles of soldier and mother as contributing to the problem.  

The best estimates of the prevalence and duration of breastfeeding among military women came from the 1993 Naval Reproductive Outcome Survey (N = 1,070) and a study by David S. Louder of factors associated with mothers’ feeding intentions at Lackland Air Force Base. Neither study was published in a peer-reviewed journal, but both were cited by the Institute of Medicine in their report entitled “Assessing Readiness in Military Women.” The Navy study found that 35% of the respondents did not breastfeed at all, 18% breastfed for less than 1 month, 16% breastfed for 1 to 2 months, 10% breastfed for 2 to 3 months, and 21% breastfed for 3 months or more. It is striking that although the rate of initiating breastfeeding (65%) was relatively close to the goal stated in Healthy People 2010, the time to weaning was generally short.

Louder’s study of 1,138 deliveries at Lackland Air Force Base provided interesting data on the intensity of breastfeeding among military mothers. He found that, at discharge, 47% of infants were exclusively breastfed, 12.5% were mostly breastfed, 7% received approximately equal amounts of breast milk and formula, 3.5% were mostly fed formula, and 30% were exclusively fed formula.

**Federal and State Breastfeeding Legislation and Policy**

Support for breastfeeding has steadily gained recognition and acceptance in federal and state laws and policies. On May 24, 1999, President Clinton signed an executive memorandum directing all executive departments and agencies to appoint a “family friendly work/life coordinator.” One of the specific duties listed for the coordinator is to “…establish and promote parent support groups, elder care support groups, and on-site nursing mothers’ programs.”

The Office of Personnel Management, the agency that sets personnel policy for the executive branch, has stated that:

“As a large employer that must recruit and retain a strong workforce, the federal government is challenged to set the pace in changing the culture of the American workplace to support employees who are devoted to their families. This includes nursing mothers who want to continue lactation after they return to the office.”

Although Office of Personnel Management policies do not directly apply to the DoD, the DoD considers them when formulating personnel policy. In fact, according to the DoD Personnel and Readiness Strategic Plan, DoD seeks to be “recognized as a world-class employer of first choice by promoting an environment that is supportive, respectful, and harassment free to get the most out of each individual.” The strategic plan also points out that to attract, retain, and motivate a high-quality, diverse force, personnel management must be revolutionized, changing business practices, policies, and procedures to reflect the commitment to the men and women of the DoD.

To meet this goal of revolutionizing business practices and policies, it may be helpful to benchmark internally and against other federal agencies (Table II).

A few DoD work sites already have strong programs in place. For instance, the National Security Agency has had an outstanding lactation support program since the late 1980s. It served as the template for several of the programs at agencies listed in Table II. Twelve nursing mothers’ rooms are distributed throughout the National Security Agency facility. Approximately 125 women are enrolled in the program at any given time. The program has the full support of the command, and administrative policies regarding time and space for breastfeeding have been incorporated into the local human resources regulations. Supervisors and employees receive periodic information about managing breastfeeding in the workplace. This creates an envi-
TABLE II
BENCHMARKING LACTATION SUPPORT PROGRAMS

| Large DoD work sites with programs |
| National Security Agency            |
| Pentagon                            |
| Wright Patterson Air Force Base     |
| Naval Air Station Rota, Spain       |
| Government agencies with programs   |
| Department of Agriculture           |
| Department of Labor                 |
| Department of State                 |
| Department of Transportation        |
| Office of Personnel Management      |
| Government Accounting Office        |
| National Institutes of Health       |

environment of mutual understanding and cooperation. It is felt that the program benefits both mothers and the agency.

In terms of laws related to breastfeeding at work, the Right to Breastfeed Act was enacted into law in September 1999. This statute "ensures a woman's right to breastfeed anywhere on federal property where she and her child are authorized to be." Legislation is currently pending before Congress that seeks to amend the Civil Rights Act of 1964 to protect breastfeeding mothers. Laws in 21 states provide affirmative statutory establishment of the right to breastfeed. The statutes in Connecticut and New Jersey include fines and imprisonment provisions for public establishments that infringe on a woman's right to breastfeed. Minnesota, Tennessee, and Hawaii require employers to accommodate breastfeeding mothers who return to work by providing unpaid break time for breastfeeding (unless doing so would unduly disrupt the operations of the employer) and making reasonable efforts to provide a room or other location close to the work area, other than a toilet stall, where the employee can express her breast milk in privacy. Additionally, in Hawaii it is considered an unlawful discriminatory practice for an employer to "refuse to hire or employ, or bar or discharge from employment, or withhold pay, demote, or penalize a lactating employee because an employee breastfeeds or expresses milk at the workplace." 46

Official Service Policies
Currently, there is minimal DoD policy guidance concerning breastfeeding. All services provide 42 days of convalescent leave after delivery and deferment from deployment until 4 months (the Coast Guard allows 6 months) postpartum. The Navy is the only service that has a written policy that directly addresses breastfeeding. Guidance regarding breastfeeding is included as part of the regulation that governs management of pregnant service women. The policy allows women to breastfeed during time allotted for breaks and meals provided that they have permission from their commander. The Navy also provides the most detailed advice of any service for the assessment of possible risks of breastfeeding in its guide to reproductive and developmental hazards for occupational health professionals.

Information and Resources Provided to Service Women
Although breastfeeding guidance and counseling is part of the well-child program under TRICARE, there is no definition of what this includes. 49 There are also no "official" documents produced by DoD or TRICARE that discuss the benefits, possible risks, or administrative procedures involved in breastfeeding while serving on active duty. Because of this, it is very difficult to assess the information and resources available to service women (Fig. 1).

Based on the results of our survey, DoD hospitals get a mixed evaluation in terms of breastfeeding support. Prenatal and inpatient support were usually good, but outpatient support was less robust. This was mainly because of a lack of resources. The level of support was based almost entirely on the amount of interest of key nurses and doctors at each facility. The institutions with the best programs had obtained outside funding such...
as “Putting Prevention Into Practice” grants to establish their programs and had wholehearted backing from the chain of command at the hospital and base.

One hospital had such an excellent program that it had been accredited as a “Baby-Friendly” hospital under the Baby-Friendly Hospital Initiative of the World Health Organization and the United Nations Children’s Fund. The initiative is based on the World Health Organization/United Nations Children’s Fund “Ten Steps to Successful Breastfeeding” and recognizes hospitals and birth centers that have taken steps to provide an optimal environment for the promotion, protection, and support of breastfeeding. Only 31 hospitals and birth centers in the United States can claim this distinction (Table III).51

Whereas almost all facilities (95%) had at least one trained lactation consultant on staff, most were part-time. The presence of a full-time lactation consultant on staff was not related to status of the facility as a medical center or the number of deliveries per month. In fact, four of six facilities with a full-time lactation consultant were community hospitals with less than 100 deliveries per month. Part-time lactation consultants were usually active duty or civilian nurses who took on the role as an additional duty because of their commitment to breastfeeding. The emphasis of the duties of all lactation consultants was on prenatal breastfeeding education and inpatient consultation.

Virtually all facilities (95%) provided prenatal breastfeeding classes. Because there are no official TRICARE or DoD guidelines for breastfeeding education, the information in these classes was usually based on materials provided by civilian groups that promote breastfeeding, physician advocacy groups, local/state health departments, and formula manufacturers. Posters and pamphlets available in the clinics typically came from the same sources.

All facilities surveyed practiced “rooming in.” Under this policy, the infant stays in the same room with his or her mother instead of being kept in the nursery. Sixty-eight percent of hospitals surveyed had a designated nursing mothers’ room equipped with a hospital grade breast pump, refrigerator, hand washing facility, and appropriate supplies. This type of room is an important resource for mothers with a baby in the neonatal intensive care unit and for mothers on the hospital staff who wish to breastfeed.

After returning to work, military mothers had substantially less support. Only 47% of hospitals surveyed had support and advice programs for working mothers. No hospital had teaching programs that were specifically targeted at maintaining breastfeeding while making the transition back to work/duty. Similarly, only one hospital had programs that were specifically designed to educate commanders, supervisors, and peers of breastfeeding mothers about the benefits of breastfeeding and how to support new mothers. Only 16% of hospitals reported that their patients had access to loan programs for hospital grade breast pumps. Even less facilities (11%) reported that their bases had lactation support rooms available at work sites outside of the hospital.

**Discussion**

Although state and local laws and policies do not always apply to federal installations, it is clear from the discussion above that breastfeeding is gaining status as a “right” and as workplace issue for women. It can be argued that to comply with its strategic vision for personnel and to keep pace with the rapidly evolving support for breastfeeding, DoD should consider establishing a policy on breastfeeding.

The fact that the Navy has a written policy that addresses breastfeeding is an important step. Even though it stops short of endorsing breastfeeding and providing support facilities, this policy provides a mother who wishes to breastfeed (or express breast milk) at work a legal justification for making her request. Similarly, it allows the supervisor to cite a regulation when authorizing time for breastfeeding. This can be critical, because when dealing with controversial issues in the absence of policy guidance, the default answer can be to deny the request.

Overall, the people involved in supporting breastfeeding were very caring, dedicated, and enthusiastic. It is commendable that all facilities practice rooming in. This allows the mother to respond to feeding cues from her infant and promotes more frequent feeding. More frequent feeding prevents sore nipples, breast engorgement, and early weaning.52 Rooming in increases breastfeeding rates, particularly when combined with one-on-one observation and assistance by a knowledgeable person such as a lactation consultant or peer counselor.53

The biggest limitation was the lack of resources. Lactation consultants are key resources because even residency-trained pediatricians, obstetricians, and family practitioners often have deficits in knowledge of breastfeeding benefits and management of common clinical problems related to breastfeeding.54 Nurses may also lack appropriate knowledge regarding breastfeeding because many traditional nurse training programs do not include extensive instruction on lactation support.55 The net effect of this knowledge vacuum can be inappropriate management of lactation and a bias toward early use of formula when breastfeeding complications arise.53,56 (It should be emphasized that the studies cited above concerning lack of breastfeeding knowledge were conducted in civilian not military hospitals. The quality of military graduate and continuing medical education concerning breastfeeding has not been well studied.)

Given the scarcity of resources, the fact that the duties of the

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**TABLE III**

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<th>TEN STEPS TO SUCCESSFUL BREASTFEEDING</th>
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| 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 an 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” by allowing mothers and infants to remain together 24 hours a day.  
8. Encourage breastfeeding on demand.  
9. Give no artificial teats, pacifiers, dummy, or soothers to breastfeeding infants.  
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center. |
lactation consultants were focused on prenatal classes and consultation in the early postpartum period was appropriate. Most women make their decisions concerning infant feeding early in pregnancy,37 and breastfeeding support is particularly critical during the early postpartum period.37

However, the lack of military-specific breastfeeding educational materials and classes was potentially problematic. Although the content of the materials and classes provided was generally very helpful, the emphasis was largely on the benefits of breastfeeding and the process of breastfeeding. Less attention was paid to how to overcome obstacles related to breastfeeding or expressing breast milk at work and how to recognize exposures that might pose risks to breastfeeding. These are important topics for active duty mothers to understand. Additionally, materials provided by formula companies may contain subtle messages that discourage breastfeeding.38

Another problem arose from the part-time nature of many of the lactation consultant positions. This made it difficult for some facilities to provide adequate services for the patient population, especially at night, on weekends, and holidays. It also made it hard to staff community/command education programs and to provide dedicated support for mothers after they returned to work. This is a decisive time for active duty mothers who want to breastfeed because return to work has been associated with early weaning in multiple studies.29–31,19–21 The low numbers of lactation support facilities outside of the hospital and the rarity of breast pump loan programs compounded the lack of dedicated support.

Unfortunately, lack of resources was not the only problem. The majority of hospitals provided commercial discharge packs that contained formula samples. This has been shown to reduce the duration of exclusive breastfeeding.62

Conclusion

Breastfeeding provides substantial benefits for infants, mothers, and society. To maximize these benefits and meet the goals of Healthy People 2010, the DoD and TRICARE should consider establishing written guidelines and devoting additional resources to support breastfeeding. Part II of this series will discuss the resources required to optimally support breastfeeding and policy issues related to breastfeeding by active duty mothers.

References


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