



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

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IN REPLY REFER TO

BUMEDINST 6000.14

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BUMED INSTRUCTION 6000.14

From: Chief, Bureau of Medicine and Surgery

Subj: SUPPORT OF SERVICEWOMEN WITH NURSING INFANTS

Ref: (a) OPNAVINST 6000.1B
(b) MCO 5000.12E
(c) DOD Directive 1010.10 of August 22, 2003
(d) BUMEDINST 4001.4A
(e) DOD 5500.7-R of August 30, 1993

Encl: (1) Policy Guidance for Medical Support of Servicewomen with Nursing Infants
(2) Breastfeeding Support Resources List

1. Purpose. To set guidelines for policy development to support commands with servicewomen with nursing infants per references (a) through (e).
2. Applicability. This instruction pertains to Navy Medical Department personnel at Navy military treatment facilities (MTFs) and medical activities who provide maternity care services, postpartum care, and/or care for newborn infants in the first year of life to military service members and their infants.
3. Background. The factors that affect breastfeeding are complex, varied, and different in each situation; however, the impact of workplace conditions and health care practices can be major contributors to the success or erosion of breastfeeding. References (a) and (b) direct commanders in their support of breastfeeding servicewomen on return to work. Reference (c) directs the implementation of programs which promote health and prevent disease in a culture that values actions that achieve optimal health.
4. Policy. Medical Department personnel will provide workplace assistance to servicewomen in their decision to breastfeed. Enclosure (1) provides guidance for MTF policy development.
5. Action. Addressees will incorporate policy guidelines outlined in enclosure (1) into their local policies, as appropriate, and familiarize themselves with the information regarding breastfeeding support provided in enclosure (2).


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POLICY GUIDANCE FOR MEDICAL SUPPORT OF SERVICEWOMEN WITH NURSING INFANTS

1. Background

a. The Surgeon General of the United States has emphasized breastfeeding as one of the most important contributors to infant and maternal health and has delineated national targets to increase the proportion of mothers who breastfeed their infants, per reference (a), available at: <http://www.4woman.gov/Breastfeeding/bluprntbk2.pdf>. In August 2003, the Department of Defense launched the Family Centered Care initiative and released the Department of Defense/Veterans Affairs (DOD/VA) Clinical Practice Guideline for the Management of the Uncomplicated Pregnancy to provide world class perinatal and early childhood care to military members and their families. These initiatives include the provision of breastfeeding support to families who decide to breastfeed their infants. TRICARE policy incorporates breastfeeding counseling in its program of well-child care.

b. Research has shown that active duty servicewomen exceed the national target for breastfeeding initiation; however, duration rates quickly decline to markedly below the national breastfeeding rates at 2 weeks and beyond. This is of particular concern since there is strong evidence that 6 months of exclusive breastfeeding reduces diarrhea, ear infections, and respiratory illnesses in infants in the first year of life. Given the evidence of the direct relationship between breastfeeding and illness reduction, efforts to increase breastfeeding rates will decrease health care costs and increase workplace productivity. The evidence also exists that breastfeeding lessens maternal postpartum blood loss, and decreases the risk of ovarian and pre-menopausal breast cancer. Health care providers are particularly influential as servicewomen make decisions about and learn how to breastfeed, prepare to re-enter the workplace, and continue to nurse their infants in the first year.

2. Definition and Resources. Breastfeeding is defined to include feeding breast milk at the breast or bottle. Enclosure (2) provides a representative collection of resource information intended to facilitate the implementation of policy and procedures. Further information is available at: <http://navymedicine.med.navy.mil/womenshealth/>.

3. Breastfeeding Support Program. MTFs that provide maternity care services, postpartum care, and/or care for newborn infants in the first year of life to military service members and their infants shall develop a Breastfeeding Support Program commensurate with the needs of the patient population. The program will be overseen and executed by qualified personnel possessing the competencies required to guide the delivery of experienced and informed breastfeeding support in the prenatal months through the first year of life. A focus on active duty workplace concerns must be incorporated in the developed program. Occupational health/industrial hygiene

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personnel are available to interpret the Navy Occupational Safety and Health Program, as necessary, and to collaborate with shore and Fleet Commanding Officers (COs) and Officers in Charge (OICs) to ensure that an Occupational Exposures of Reproductive or Developmental Concern Questionnaire (per OPNAVINST 5100.23F) has been completed and that the current industrial hygiene site survey identifies potential environmental and occupational hazards that may impact a servicewoman's decision to breastfeed. It is recommended that the MTF Breastfeeding Support Program integrate a process by which the health care staff and servicewoman can interface with local relief organizations (e.g., Navy Marine Corps Relief Society, Air Force Aid Society, the Army Emergency Relief, The Special Supplemental Nutrition Program for Women, Infants and Children (WIC), etc.), if necessary, for needs-based support for the acquisition of a breast pump.

4. The WHO/UNICEF "Ten Steps to Successful Breastfeeding" is a list of evidence-based interventions that summarize the maternity and newborn care practices necessary to support breastfeeding in a health care facility, available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/WHO_CHD_98.9.pdf. Research shows that infants born in hospitals following these steps were more likely to be breastfeeding exclusively at 3 to 6 months of age and to have fewer gastrointestinal infections and eczema in the first year of life when compared with infants born at hospitals not following these recommendations. Navy MTFs are encouraged to incorporate the WHO/UNICEF "Ten Steps to Successful Breastfeeding" guidance, available at: <http://www.unicef.org/newsline/tenstps.htm> into local policy as it is developed. Development and implementation of a policy of this nature is best undertaken by a multidisciplinary team.

5. DOD/VA Clinical Practice Guideline for the Management of the Uncomplicated Pregnancy, also known as the 9-Visit Pathway, is available at: http://www.oqp.med.va.gov/cpg/UCP/up_base.htm and includes breastfeeding education beginning the first prenatal visit, available at: http://www.qmo.amedd.army.mil/pregnancy/patient_binder.pdf. MTFs should consider this guideline when designing the provider education and patient interventions incorporated in the MTF Breastfeeding Support Program.

6. Evidence indicates that the provision of free formula samples without a medical indication is associated with the early cessation of breastfeeding. This directly contradicts efforts to support families who have decided to breastfeed their infant(s).

a. In the inpatient setting, giving property or gifts to patients that are not related to patient treatment is specifically prohibited under paragraph 4j of reference (d). Per paragraph 4k, if medically indicated or if the new mother has voiced a preference to use formula to feed her infant(s) while hospitalized, then formula may be provided to the infant in a quantity sufficient to provide food for the infant until additional formula can be obtained from commercial sources. Per references (d) and (e), infant formula must be accounted for, controlled, and issued consistent with standard medical supply

procedures. Reference (d), enclosure (1), provides guidance for material managers who have the responsibility to monitor and distribute infant formula donated by or purchased from commercial manufacturers.

b. In the outpatient setting, the provision of free formula samples is prohibited by references (d) and (e). If a provider determines an immediate medical necessity to feed (provide formula to an infant) then any formula provided shall be no more than the amount needed to care for the infant's immediate needs and to allow the parent(s) to obtain their own supply of formula from commercial establishments.

7. Evidence suggests that health care staff should receive education and training in order to relay consistent, supportive messages about breastfeeding in the prenatal and postpartum periods. The United States Preventive Services Task Force (USPSTF) strongly recommends structured breastfeeding education and behavioral counseling programs to promote breastfeeding and increase duration rates. Effective programs use individual or group sessions, generally beginning during the prenatal period, led by specially trained nursing or lactation specialists. It is advisable that MTF Breastfeeding Support Programs incorporate direct health care staff education/training as well as family education offerings.

8. Providing accommodations for breast milk expression is key to the sustainment of breastfeeding rates and serves as a visible display of institutional support for this healthy behavior. Adequate provisions for pump setup, a doorway that can be secured to afford privacy and electrical outlets should be considered. Running water for hand washing and pump equipment cleaning should be readily accessible. MTFs will provide breastfeeding/breast pump areas for staff/beneficiaries and advise other work centers how to provide these areas. Affording the opportunity to utilize existing rooms (i.e., vacant offices or examination rooms) that provide privacy/seclusion is acceptable. MTFs will utilize existing space and resources to accomplish this.

9. Breastfeeding Support Programs which incorporate workplace assistance to Fleet and shore COs and OICs in their efforts to support their personnel have the potential to increase breastfeeding duration rates, reduce health care costs and lost work time. MTF and Clinic personnel are encouraged to develop plans to educate workplace supervisors, COs, and OICs in non-medical commands regarding the importance of supporting servicewomen who have decided to breastfeed and to assist those command(s) in reintegrating breastfeeding servicewomen into the workplace. The MTF Breastfeeding Support Program is encouraged to consult with and address the needs of servicewomen and their infant(s) in the military child development centers, as well.

BREASTFEEDING SUPPORT RESOURCES LIST *

1. Policies and Guidance

a. Centers for Disease Control and Prevention information related to breastfeeding is available at: <http://www.cdc.gov/breastfeeding/policies.htm> and Prevention National Immunization Program (Immunizations and Breastfeeding Resource) is available at: <http://www.cdc.gov/nip/recs/contraindications.htm>.

b. MCO 5000.12E, Marine Corps Policy Concerning Pregnancy and Parenthood available at: <http://www.usmc.mil/directiv.nsf/web+orders>.

c. OPNAVINST 6000.1B, Guidelines Concerning Pregnant Servicewomen available at: <http://neds.daps.dla.mil/>.

d. U.S. Department of Health and Human Services, Office on Women's Health, HHS Blueprint for Action on Breastfeeding, 2000. Available at: <http://www.4woman.gov/> or <http://www.cdc.gov/breastfeeding/report-blueprint.htm>.

e. U.S. Breastfeeding Committee Web site at: <http://www.usbreastfeeding.org/Publications.html>. A Paper entitled "Workplace Breastfeeding Support" provides alternatives to consider when developing worksite support programs predicated on the resources available to the organization.

2. Position Papers

a. American Academy of Pediatrics, Breastfeeding and the Use of Human Milk. PEDIATRICS Vol. 115, No. 2, February 2005, pages 496-506 is available at: <http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;115/2/496>.

b. American Academy of Family Physicians, Policy Statement on Breastfeeding, 2003 is available at: <http://www.aafp.org/x6633.xml>.

c. American College of Obstetricians and Gynecologists (ACOG) Educational Bulletin. You must register to access this Educational Bulletin. Breastfeeding: Maternal and Infant Aspects, 2000 available at: <http://www.acog.org>.

3. Evidence-based Clinical Practice Guidelines

a. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Evidence-based clinical practice guideline. Breastfeeding support: prenatal care through the first year. Jan 2000. Available at: http://www.guideline.gov/summary/pdf.aspx?doc_id=2927&stat=1&string=.

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b. International Lactation Consultant Association (ILCA), Evidence-based Guidelines for Breastfeeding Management During the First Fourteen Days. This is available under publications at: <http://www.ilca.org>.

c. U.S. Preventive Services Task Force (USPSTF). Behavioral Interventions to Promote Breastfeeding: Recommendations and Rationale. July 2003. Available at: <http://www.annfamned.org/cgi/reprint/1/2/79.pdf>.

** This Resource List is not intended to be restrictive. It is a representative sample of information available to personnel tasked to develop policy and implement a Breastfeeding Support Program.*

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