Promote, Protect, and Support Breastfeeding: What is the Role of Obstetricians?

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The World Health Organization recommends exclusive breastfeeding for the first 6 months of an infant’s life. In Hong Kong, although many mothers initiate breastfeeding, most do not continue as long as they had planned. Common reasons for discontinuation were insufficient breast milk, tiredness and fatigue, return to work, lack of support, and introduction of formula feeding before 1 month. The American College of Obstetricians and Gynaecologists strongly supports breastfeeding and calls on its Fellows, other related professionals, hospitals, and employers to support women in choosing to breastfeed their infants. Obstetricians, in collaboration with paediatricians, lactation consultants and other disciplines can help promote, protect, and support breastfeeding in the antepartum, intrapartum, and postpartum period. They can also support policy efforts in hospitals and workplaces that enable women to breastfeed. All obstetricians should improve their knowledge about breastfeeding to benefit babies and mothers.

Introduction

The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of an infant’s life. The benefits of breastfeeding to the baby and their mother are well documented and include protection from infection, biological signals to promote cellular growth and differentiation, reduced maternal postpartum blood loss, and reduced risk of ovarian and breast cancer1-6. Breastfeeding is also good for society and the environment. This article will discuss the reasons for low exclusive breastfeeding rates at 4 to 6 months, and how obstetricians can help promote, protect, and support breastfeeding.

Discontinuation of Breastfeeding

In Hong Kong, the breastfeeding rate on hospital discharge increased from 19.0% in 2002 to 86.3% in 20157. Nonetheless, the exclusive breastfeeding rate for babies up to 4 to 6 months old was only 27%7. In other words, although many mothers initiated breastfeeding, most did not continue. Common reasons for discontinuation were insufficient breast milk, tiredness and fatigue, return to work, lack of support, and introduction of formula feeding before 1 month78. If mothers experience breastfeeding problems and health care providers are ill-equipped to manage these problems and instead advise mothers to supplement with formula, then mothers are more likely to discontinue exclusive breastfeeding9. Previously, residents and obstetrician-gynaecologists have been found to be ill-informed about the benefits of breastfeeding and clinical management10. Training in infant nutrition was lacking or inadequate11.

Support Breastfeeding

Support from health care providers in the hospital, from family members at home, from employers in the workplace, and from the community can increase a mother’s confidence and experience in breastfeeding12-16. The American College of Obstetricians and Gynaecologists (ACOG) strongly supports breastfeeding and calls on its Fellows, other related professionals, hospitals, and employers to support women in choosing to breastfeed their infants13. Obstetricians are in an ideal position to assist women to make an informed decision about feeding, offer anticipatory guidance, support normal lactation, and manage breastfeeding problems17. It is preferable to integrate care by the obstetrician, paediatric provider, and lactation consultant and involve family members17,18. On the contrary, an opinion leader strategy (i.e. an expert to influence the behaviour of health care professionals) should

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be discouraged as it does not improve breastfeeding rates\textsuperscript{19}.

**Training**

Obstetricians should be adequately trained and continuously educated if they are to provide accurate information about breastfeeding to expectant mothers and be prepared to support them should any breastfeeding problems arise. The ACOG recommends that all obstetrician-gynaecologists and other obstetric care providers should develop and maintain knowledge and skills in anticipatory guidance, physical assessment and support for normal breastfeeding, and management of common lactation problems\textsuperscript{20}. The Department of Health has prepared an educational CD on breastfeeding for health care workers. The Obstetric and Gynaecological Society of Hong Kong has devised questions based on the CD. Fellows are able to complete the test and earn continuous medical education points that are accredited by the Hong Kong College of Obstetricians and Gynaecologists. In addition to knowledge and practical skills, obstetrician attitude to their responsibility for and the benefits of infant feeding counselling are equally important\textsuperscript{19}.

**Antepartum**

The ACOG recommends obtaining a breastfeeding history, identifying concerns and risk factors for breastfeeding difficulties, and communicating these to the infant’s health care provider\textsuperscript{20}. Physical examination of the breasts can identify congenital anomalies, inverted nipples or prior breast surgery, all of which can hinder lactation\textsuperscript{21}. Mothers should be counselled about the benefits of breastfeeding, starting as early as the first trimester\textsuperscript{18}. Those who are unable to obtain quality health care for socio-economic reasons are more likely to face greater barriers to initiation and continuation of breastfeeding\textsuperscript{18}. Provider encouragement has been shown to significantly increase breastfeeding initiation, especially among low-income, young, less-educated, or single women\textsuperscript{22}. Although breast milk is the best, some mothers choose not to or cannot breastfeed. Health care providers should be sensitive to their needs\textsuperscript{18}. Patient demographics rather than physician practice predict low breastfeeding rates\textsuperscript{23}.

Obstetricians can help clarify misconceptions. Maternal hepatitis B virus (HBV) infection, common in Hong Kong, was one of the reasons for the persistently low breastfeeding rate\textsuperscript{24}. It is important to provide appropriate counselling on its safety with regard to mother-to-child transmission of HBV after newborns have received hepatitis B vaccine and immunoglobulin at birth, in order to allay the fear and anxiety of HBV surface antigen–positive mothers\textsuperscript{24}. Transmission of hepatitis C through breastfeeding has not been documented.

**Intrapartum**

Maternal care practices can influence breastfeeding rates. Facilitating immediate skin-to-skin contact between mother and infant and early initiation of breastfeeding are well known measures to improve breastfeeding\textsuperscript{25}. Obstetricians should be aware that a prolonged second stage of labour and Caesarean delivery are associated with delayed lactogenesis, while unmedicated spontaneous vaginal delivery is associated with positive breastfeeding outcomes\textsuperscript{26}. Mother-friendly care including non-pharmacological pain relief, mobilisation, and presence of partner during labour should be encouraged.

**Postpartum**

When there are concerns about lactation during the first few days following birth, the infant must be carefully assessed for jaundice, as well as weight loss\textsuperscript{25,26}. Parents should be supported in their decision to breastfeed\textsuperscript{25}. Lactation consultants can provide valuable support and education for new mothers. Obstetricians can educate women who breastfeed about the option of breast pumps and expressed breast milk\textsuperscript{25}. For newborn’s excessive weight loss (more than 10% of the birth weight) or neonatal jaundice that requires phototherapy, a paediatric consultation should be arranged.

**Infants in the Neonatal Intensive Care Unit**

For preterm infants, human milk offers special benefits in host defence, gastrointestinal development, special nutrition, and neurological outcome\textsuperscript{1,27,28}. Human milk is associated with improving outcomes of infants in the neonatal intensive care unit (NICU). Yet, mothers in the NICU face difficulties including delayed onset of lactation and insufficient milk. Obstetricians can help mothers make an informed decision to breastfeed in NICU and provide appropriate support\textsuperscript{29}. Mothers may prefer pumping milk to feeding from the breast. It is important to select an appropriate breast pump to optimise breast milk supply and prevent injury. As women are unique in their response to individual pumps, one particular pump style or brand may not suit all\textsuperscript{30}.

**Infection**

Good hygiene during expression, storage, and feeding should be in place to reduce contamination of human milk with group B streptococcus, meticillin-resistant *Staphylococcus aureus*, or other pathogens\textsuperscript{31}. In
the presence of varicella-zoster virus, measles, or herpes on
the breast, the mother can temporarily pump and discard her
milk until the infection is clear. Human immunodeficiency
virus and active tuberculosis before treatment are contra-
indications to breastfeeding.

Breast Pain
Some level of breast pain is common in breastfeeding
women. Early nipple pain due to suboptimal positioning
and latch need to be corrected. For persistent pain, other
causes including dermatitis, infection, vasospasm,
depression, functional pain, and other rare concerns should
be investigated. A careful history should be obtained along
with physical examination of the mother’s breasts for mass
or infection, and the infant’s mouth for tongue tie, infection,
and abnormal suck mechanics31. When women experience
breastfeeding problems, they are at risk of postpartum
depression, and should be screened and managed appropriately31. Treatment of the underlying cause, and
working with a lactation consultant are recommended31.

Medications
The effects of medication on breast milk or feeding
should be assessed before being prescribed26. Most
medications appear in breast milk in very small and safe
amounts, and are compatible with breastfeeding32. The
few exceptions are drugs of abuse, antimetabolites such as
chemotherapy, and radioactive compounds. It is not good
practice to stop breastfeeding when a new medication is
prescribed because little or no information is immediately
available. Up-to-date resources are available online,
for example, LactMed Drugs and Lactation Database
Before prescribing, careful assessment of the infant is
necessary in all cases, especially in vulnerable infants
including those who are preterm, at risk of apnoea, sick,
or poorly growing32. The use of multiple drugs with similar
side-effects of respiratory depression and sedation should
be avoided. For contraception, non-hormonal contraceptive
methods are preferred as oestrogen-containing oral
contraceptives can decrease milk supply. As a second
choice, progestogen-only pills may be prescribed.

After prescription, the infant should be monitored
for non-specific signs including sedation, drowsiness,
or changes in sleep pattern32. If non-specific signs occur,
proxy markers can be assessed. For example, checking
infant prothrombin time if the mother is taking warfarin,
or plasma drug levels when taking antiepileptic drugs is
recommended.

Policy
The ACOG recommends that obstetrician-
gynaecologists and other obstetric care providers should
be at the forefront of policy efforts to enable women to
breastfeed21.

Baby-friendly Hospital Initiative
In 1991, the WHO and the United Nations Children’s
Fund (UNICEF) first launched the Baby-friendly Hospital
Initiative (BFHI) aiming to give every baby the best start in
life by removing breastfeeding barriers in health facilities
and encouraging women to implement the ‘Ten Steps to
Successful Breastfeeding’33,34. Delivery at designated
‘baby-friendly’ facilities has been shown to increase
breastfeeding rates35. Different hospitals in Hong Kong
have different levels of participation in the BFHI.

Marketing Code
The International Code of Marketing of Breast-milk
Substitutes was developed by the WHO and UNICEF in
1981 to protect breastfeeding36. Similar coding was drafted
in Hong Kong. Some of the relevant rules include: (a) no
promotion of products (breastfeeding substitutes, feeding
bottles or teats) in or through health care facilities, (b)
no gifts or personal samples to health care workers, and
(c) health care workers should never pass samples on to
mothers36. In the past, formula company–produced infant
feeding literature, pregnancy literature, and free formula
offers were commonly used12.

Support at the Working Place
Allowing breastfeeding breaks, provision of safe
working conditions, and a comfortable, private place to
breastfeed and express milk are all effective means of
supporting and protecting breastfeeding37.

Conclusions
Obstetricians, in collaboration with the paediatric
provider, lactation consultant and other disciplines, can
help promote, protect, and support breastfeeding in the
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