

RESPONSE OF THE SURGEON GENERAL

As previously noted, participants in this Surgeon General's Workshop were selected for their expertise and for representation of professional organizations, voluntary organizations, and government agencies with an interest in breastfeeding. Diverse groups have joined together in focusing on breastfeeding and human lactation—a topic considered as top priority by the Office of the Surgeon General. The Recommendations presented this afternoon become a national statement, synthesized and promulgated by the Office of the Surgeon General with the active involvement of the many organizations that you represent. This shared approach has been a major factor in the continuing success of the two previous workshops. The report of each has been a national, not a federal,

The first report, Report of the Surgeon General's Workshop on Maternal and Infant Health—published in January 1981—reviewed the status of perinatal health at that time and outlined social strategies for improvement. Professional and voluntary organizations and state and local governments have utilized the report for policy and program initiation. The report became the basis for the Healthy Mothers/Healthy Babies Coalition and its subsequent activities.

The second report, Report of the Surgeon General's Workshop on Children With Handicaps and Their Families, was published in February 1983. From this report many ensuing activities serve as examples of the effectiveness of this approach:

- The scope of the problem has been further defined by the Vanderbilt Policy Study on Chronic Illness in Children;
- Standards for regionalized, comprehensive care are being developed through a diabetes project at Michigan State University and a program of projects for juvenile rheumatoid arthritis throughout the nation;
- Several efforts involving insurers from both the public and private sectors to improve the financing of care for these children has been ongoing since the Workshop. Professional organizations have collaborated in this activity;
- Three projects in Illinois, Louisiana, and Maryland are focusing on moving ventilator-dependent children from institutional settings to home or home-like settings through the use of multidisciplinary teams;
- A network project for agencies serving disabled children is providing consultation, technical assistance, and resource sharing in approximately 20 states.

We expect no less from the report of this Workshop.

Now, in response to your specific recommendations, please remember that the one hour between your presentations and my response is insufficient to reply in the depth and breadth your efforts deserve.

Some of your recommendations are the responsibility of other cabinet departments; that doesn't mean we won't address them. Some recommendations are impossible without legislation. While I will not ignore these concerns, neither can I make any promises. Finally, it is inevitable that some of your recommendations overlap those coming from other groups.

Several themes seem recurrent. One is the establishment of breast-feeding as the norm. The issuance of the Workshop Report by the Surgeon General will, in effect, reply to this recommendation by providing a basis for promotion by professional and voluntary organizations.

A second theme is universal education. We can and will encourage formal education of professionals through curricula of health providers via the Bureau of Health Professions and of the public through the media: magazines, newspapers, radio, and TV.

We can and will encourage continuing education for health providers in practice. We will ask state Maternal and Child Health (MCH) agencies to work with local chapters of professional organizations to accomplish this goal.

When it comes to education of public officials, I suggest that legislative and regulatory approaches and models like those in New York State we heard about last night be made available to people in a position to do something about the issue.

In reference to the workplace, the Division of Maternal and Child Health and I will, through this Report and other means available to us, emphasize the problems in the workplace and address the issue by every avenue open to us through private industry and public employers. We will inform them about the concerns raised by the Workshop participants. I will continue to enunciate in public addresses the challenges facing employers and possible solutions. In the long run, legislation is necessary to accomplish some of your goals. I promise that your concern will be communicated.

We will attempt to develop a continuum of postpartum care which involves immediate follow-up, and to encourage public health agencies to adopt promotion and support of breastfeeding as standard practice. We will continue to work with professional organizations (providers and hospitals) to promote breastfeeding in the private sector.

I am enthusiastic about the details enunciated in the recommendations. The best way I know to express your concerns is to transmit specific recommendations to the Assistant Secretary for Health and appropriate agencies and to ask for a response.

Please remember that mine is a quick response to a number of issues with high priority in your work groups. My office and the MCH staff will carefully consider your written and oral reports and attempt to come up with a more detailed and appropriate response.

We are grateful for your participation in this Workshop and are

counting on your commitment to share your recommendations and to promote them within your organizations.

The Report will be sent to selected groups of those people able to effect the recommended changes—for example, members of Congress, staff members of appropriate House and Senate committees, and appropriate members of agencies and of the private sector. I give you my personal assurance that your suggestions and recommendations at this Workshop will receive the attention of the Office of the Surgeon General. We will:

- Disseminate this Report widely;
- Follow through on your recommendations where possible—even when they cross departmental lines;
- Keep you informed of the results of this Workshop;
- Be responsive to your concerns.



EXCERPT FROM CLOSING REMARKS

Frank Young, M.D.

We at the University of Rochester are very proud of the contributions of Dr. Lawrence in the development of a lactation cluster and in the subsequent plans for a Surgeon General's Workshop at this university. As members of the university, it is our pleasure to participate in this conference with other organizations and agencies devoted to Maternal and Child Health. We appreciate the opportunity it has given us to learn, and I have been pleased by the Workshop's focus on education. The educational experiments that have been suggested by this group will take months, even years to accomplish. For myself, as a bacteriologist who deals with a process of cellular division—a process occurring every 22 minutes-I recognize impatience. An experiment in bacteriology can be accomplished in a few hours. The experiments and learning processes of this conference will take far longer, and you—the participants—will be able to show the required patience. I challenge you to continue your efforts to see how public education, both in the media and in traditional academic settings, will serve our very important objectives.

As a corollary to the educational aspect of this conference, you can be proud of the Workshop's focus on the recognition that education must be universally directed. As your deliberations reinforced, we are not dealing with a particular segment of society. We are a diverse society with many needs and contributions. In this diversity, we recognize the partnership of the professional, the government, and the individual. You, the participants of this conference, represent this partnership through your varied backgrounds, agencies, and areas of expertise. You came to the conference with the responsibility of honestly and soundly exploring the topic of breastfeeding and human lactation, not to serve your own egos, but to serve mankind. You have met your responsibility.

Madonna and Child School of Burges Flemish, 15th c. colored drawing

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APPENDIX C

KEY ELEMENTS FOR PROMOTION OF BREASTFEEDING IN THE CONTINUUM OF MATERNAL AND INFANT HEALTH CARE

- 1. Primary-care settings for women of childbearing age should have:
 - a supportive milieu for lactation
 - educational opportunities (including availability of literature, personal counseling, and information about community resources) for learning about lactation and its advantages
 - ready response to requests for further information
 - · continuity allowing for the exposure to and development over time of a positive attitude regarding lactation on the part of the recipient of care.

2. Prenatal-care settings should have:

- a specific assessment at the first prenatal visit of the physical capability and emotional predisposition to lactation. This assessment should include the potential role of the father of the child as well as other significant family members. An educational program about the advantages of and ways of preparing for lactation should continue throughout the pregnancy.
- resource personnel—such as nutritionists/dietitians, social workers, public health nurses, La Leche League members, childbirth education groups—for assistance in preparing for lactation
- · availability and utilization of culturally suitable patient-education materials
- an established mechanism for a predelivery visit to the newborn care provider to insure initiation and maintenance of lactation
- · a means of communicating to the in-hospital team the infantfeeding plans developed during the prenatal course.

3. In-hospital settings should have:

- · a policy to determine the patient's infant-feeding plan on admission or during labor
- a family-centered orientation to childbirth including the minimum use of intrapartum medications and anesthesia
- · a medical and nursing staff informed about and supportive of ways to facilitate the initiation and continuation of breastfeeding (including early mother-infant contact and ready access by the mother to her baby throughout the hospital stay)

- the availability of individualized counseling and education by a specially trained breastfeeding coordinator to facilitate lactation for those planning to breastfeed and to counsel those who have not yet decided about their method of infant feeding
- on-going inservice education about lactation and ways to support it. This program should be conducted by the breastfeeding coordinator for all relevant hospital staff.
- proper space and equipment for breastfeeding in the postpartum and neonatal units. Attention should be given to the particular needs of women breastfeeding babies with special problems.
- the elimination of hospital practices/policies which have the effect of inhibiting the lactation process, e.g., rules separating mother and baby
- the elimination of standing orders that inhibit lactation, e.g., lactation suppressants, fixed feeding schedules, maternal medications
- discharge planning which includes referral to community agencies to aid in the continuing support of the lactating mother.
 This referral is especially important for patients discharged early.
- a policy to limit the distribution of packages of free formula at discharge only to those mothers who are not lactating
- the development of policies to support lactation throughout the hospital units (e.g., medicine, surgery, pediatrics, emergency room, etc.)
- the provision of continued lactation support for those infants who must remain in the hospital after the mother's discharge.

4. Postpartum ambulatory settings should have:

- a capacity for telephone assistance to mothers experiencing problems with breastfeeding
- a policy for telephone follow-up 1-3 days after discharge
- a plan for an early follow-up visit (within first week after discharge)
- the availability of lactation counseling as a means of preventing or solving lactation problems
- · access to lay support resources for the mother
- the presence of a supportive attitude by all staff
- a policy to encourage bringing the infant to postpartum appointments
- the availability of public/community-health nurse referral for those having problems with lactation
- a mechanism for the smooth transition to pediatric care of the infant, including good communication between obstetric and pediatric care providers.

APPENDIX D

SELECTED READINGS

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