



Breastfeeding: Best for Baby and Mother

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New Publications Now Available

The AAP/ACOG Breastfeeding Handbook for Physicians



At last! The Breastfeeding Handbook for Physicians is available for purchase. This manual provides physicians of all specialties with a concise reference on breastfeeding

and human lactation. Congratulations are in order for the members of the AAP and ACOG that worked on this book. It has been very well-received and promises to improve practice.

To order your copy of this resource visit the AAP Bookstore at <http://www.aap.org/bst/> or call 866/843-2271 or 847/434-4000 (outside the US or Canada).

AAP Speaker's Kit: Breastfeeding Support and Promotion

The revised edition of the AAP Speaker's Kit Breastfeeding Support and Promotion will inform and educate health professionals and their colleagues on the topic of breastfeeding. Available for free download on the Breastfeeding Initiatives Web site, this tool will be easily accessible and will encourage sharing of knowledge and information. The kit includes Power Point slides and accompanying speaker's notes. Use this kit to educate your Chapter, staff in your hospital or practice, community workers, public health workers, and anyone who has the potential to be involved in breastfeeding support and promotion. This kit was made available by a grant from the US Department of Health and Human Services, Office on Women's Health, Reference Number 03T030012.

To download this kit visit www.aap.org/breastfeeding.

Contribute to the Section on Breastfeeding

Did you know that when you contribute to the AAP Friends of Children Fund that you can specifically earmark your contribution for the Section on Breastfeeding or the Breastfeeding Promotion in Physician's Office Practices program. To contribute to the Friends of Children Fund visit <http://www.aap.org/donate/fcfdonate.htm> and remember to specify where your contribution goes by filling in the please apply my gift to field (*hint*: enter Section on Breastfeeding or the Breastfeeding Promotion in Physician's Office Practices Phase III Program)

Allow me to introduce myself!

Hello! My name is Lauren Kotch, and I am the new manager of the breastfeeding initiatives here at the AAP. I come to you from the AAP Early Education and Child Care Initiatives and the Healthy Child Care America Back to Sleep Campaign. I am actively searching for an assistant to join our team, and will introduce him or her to you in the next newsletter. Please do not hesitate to contact me with any questions or concerns you may have. I look forward to working with you!

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American Academy of Pediatrics



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Dining Out in Illinois

By Mary Dobbins, MD

Illinois Chapter Breastfeeding Coordinator

Illinois babies are “dining out” more easily since new legislation was signed into state law in August 2004. Senate Bill 3211 was introduced by state Sen. Don Harmon (D-Oak Park) after a Suburban Chicago constituent informed him that she had been chastised by the manager of a health-club after nursing her infant in the club’s daycare area.

The new law gives a mother the right



Illinois babies are dining out more easily since legislation was passed!

to nurse her child in any place - public or private - that she is otherwise authorized to be. The law does not require that the nipple area remain covered during breastfeeding. (Guidelines are given that, when in a place of worship, the mother should conform her actions to the norms of that particular setting.)

The Illinois law also enables any mother being denied this right to bring legal action to prevent future denial, and to also to be awarded compensation for “reasonable expenses of litigation”. This applies to both public and pri-

vate settings, but does not apply to denials occurring at a place of worship or a private residence. It is expected that laws such as this (which specifically cites the recommendations of the Surgeon General and the World Health Organization) and a 2001 Illinois law (which requires employers to provide space for mothers who desire to express milk) will help support breastfeeding as a part of mainstream, everyday culture. The newest legislation has received strong endorsement by Illinois first lady Patti Blagojevich, whose daughters have both been breastfed.

For more information on laws visit <http://www.la lecheleague.org/LawBills.html>

Supporting Breastfeeding and Lactation AND Getting Paid

Supporting Breastfeeding and Lactation: The Primary Care Pediatrician’s Guide to Getting Paid

Breastfeeding support can often be quite time-intensive initially but pays off in a healthier patient population. It is in your insurers’ best interests that you provide these services, and be reimbursed appropriately.

This pamphlet is a guide to help pediatric practitioners get paid appropriately for their time as they incorporate more breastfeeding support into their practices.

Billing for problems with breastfeeding and lactation is just like billing for any other pediatric problem.

Pediatricians and other billable licensed practitioners (nurse practitioners* and physician assistants*) may:

- Use standard CPT codes, e.g., 99212-99215
- Use standard ICD-9-CM codes, e.g., 779.3 or 783.3
- Code based on time, if greater than 50% of time is spent in counseling or education
- Use modifier 25 appended to a separately reported office or other

outpatient service to bill for extended time spent on feeding problems at a well baby visit.

- Bill for care provided for the mother, often as a new patient, in addition to billing for the baby, if history, exam diagnosis and treatment are done for her.

The practice can also, under specific circumstances, charge for services provided by nurses and such allied health professionals as lactation consultants, health educators, and nutritionists, using a variety of codes.

This pamphlet discusses:

1. Commonly used ICD-9-CM codes
2. Options for billing the three-to-five day visit
3. Billing for extra time spent at well baby visits
4. Use of time-based coding
5. Billing for consults
6. Billing for care provided for the mother
7. Billing for allied health professional services

*Unless restricted by their state or payors’ scope of practice limitations. This pamphlet does NOT discuss the detailed, important and specific guidelines affecting decisions about billing for nurse practitioners and physician assistants, i.e., whether credentialed and billed under their own names vs. billing for their services “incident to” physician care and thus billed under the physician’s name. That topic is beyond the scope of this pamphlet. However, all physicians employing such allied health care providers need to be aware of, and understand, the applicable billing rules, and apply them carefully—whether billing for feeding problems, or for any other medical services in the pediatric office.

To download a free copy of this complete document (the above is not complete) visit our Web site at www.aap.org/breastfeeding and click on the link for the Section on Breastfeeding.

“It is in your insurers’ best interests that you provide these services, and be reimbursed appropriately.”

Highlights and Updates from the Section on Breastfeeding

By Susan Landers, MD, FAAP, FABM
Section on Breastfeeding

Communications Committee Chair

“Acknowledging Breastfeeding as the First Immunization” was approved as an official AAP resolution: The SoBr Leadership Team (LT) is working to make the resolution more widely disseminated. Although the Childhood Immunization Support Program (CISP) has developed a poster that includes this information, breastfeeding is the secondary message. The LT recommended 1) developing marketing mate-

rials for the resolution and 2) having future SOBr-sponsored educational programs highlight sessions regarding immunizations and breastfeeding. Visit the CISP Web site to download the poster at http://www.cispimmunize.org/pro/ImmMedicalHome_PatientProResources.html.

Three \$1,000 Lectureship Grants on Breastfeeding will soon be available to Section members. These awards will be available to Section members in good standing who would like to hold an

educational session or activity related to breastfeeding that will increase the knowledge of pediatricians on the topic of breastfeeding management. A Request for Applications (RFA) will be available on the Web site this winter. A notice will also be circulated to all Chapter Breastfeeding Coordinators and Chapters about the availability of these funds. Keep your eyes peeled!

Did You Like Your Books?... Then Tell Your Friends! Seven hundred copies of the **AAP/ACOG Breastfeeding Handbook for Physicians** were purchased and sent to (cont'd p. 4)

CBC Update—from the Chief Breastfeeding Coordinator

By Julie Ware MD, FAAP, FABM,
IBCLC

We currently have 76 wonderful CBCs serving in 60 AAP Chapters. Not everyone has been accessible via email or snail mail, however. So if you receive the newsletter and have not heard from me this year, please let me know by emailing Julieware2@bellsouth.net !

Thanks to the 10 CBCs (representing the following Chapters— AL, CT, DC, IL, LA, MS, NE, NM, NY, PR) who presented (or presented by proxy) their current successes and challenges with “Developing a Community Plan for Breastfeeding” at the AAP National

Conference and Exhibition in Washington DC in October (and also thanks to Nancy Danoff from Washington who prepared a presentation that we ran out of time to present!). Our Gulf Coast CBCs have done (and are doing) an incredible job in very adverse conditions. Be sure to read Dr Bienvenu’s and Dr Glick’s accounts of the Hurricane’s on pages 5-6!

To alleviate some confusion about Chapter Presidents and their relationship to their CBC we have sent a letter to each president and executive director with the CBC job description and roster. Each President has now formally

been informed of the CBC role and that they will be asked to reaffirm the appointments annually. To view the new job description visit www.aap.org/breastfeeding.

Any new CBC we are made aware of will receive a welcome packet that includes: a welcome letter; a listing of WIC Breastfeeding Coordinators, Title V Contacts, Chapter Presidents, and Section on Breastfeeding members in their Chapter; the CBC Job Description; the CBC Survey results; the new policy statement; the new AAP/ACOG Handbook (Gold Book); and the breastfeeding coding document. Please welcome the following new CBC’s—listed on page 4.

Coming in 2006—Breastfeeding Medicine Journal

This new peer-reviewed medical journal enables physicians to better understand all of the complexities and benefits of breastfeeding. To receive your free issue, please send an e-mail with your full contact information to cfalvey@liebertpub.com.

Breastfeeding Medicine covers: epidemiologic and physiologic benefits; health risks of artificial feeding; impact on physical and psychological health; breastfeeding management in health and disease; indications and

contraindications; use of medications by the breastfeeding mother; plus related social, cultural and economic issues. It is the official journal of the Academy of Breastfeeding Medicine. Ruth A. Lawrence, MD serves as editor-in-chief, with Cynthia Howard, MD, MPH serving as Deputy Editor.

Watch for more information about this important new journal - visit www.liebertpub.com/bfm



Section on Breastfeeding Highlights and Updates—cont'd

all current members of the SOBr. Fifty copies have been reserved as an incentive for the next 50 newly joining members. A copy of the CDC Guide to Breastfeeding Interventions was also distributed to SoBr members. For those who did not receive a copy, one can be obtained at the following CDC Web site:

<http://www.cdc.gov/breastfeeding/resources/guide.htm>.

Policy Statement on Breastfeeding and Disasters The Chapter Breastfeeding Coordinators's (CBC's) recent work related to the aftermath of Hurricanes Katrina and Rita (read about it on page 5) has spurred an interest among the Leadership Team in writing this policy statement. In disaster situations, breastfeeding can be a life and death issue, and rescue workers need to know how to assist breastfeeding mothers. Several other organizations, such as Well Start, La Leche League International, International Lactation Consultants Association, already have statements outlining these issues. There are plans to develop a statement specifically for the US by means of collaborative efforts through the United States Breastfeeding Committee. For more information visit the USBC Web site at www.usbreastfeeding.org. A subcommittee (Drs Feldman-Winter, Marinelli, Calnen) will develop an Intent for Statement and a draft statement to be submitted for review at the next Board Oversight Committee meeting. Please send any information/articles you have about supporting breastfeeding in disasters via the electronic mailing list for inclusion in the literature review. In addition to a policy statement, the LT felt that it would be important to link with other disaster preparedness and bioterrorism initiatives within the AAP to ensure that the protection, promotion, and support of optimal infant and young child feeding was not overlooked.

National WIC Association (NWA) Peer-Counselor Programs Alice Leni-

han, the SOBr liaison from the NWA, reports that the USDA has allocated \$15 million for breastfeeding support initiatives, specifically the Peer Counselor Program. The NWA will need good pediatric medical back-up for the peer counseling program, and outlined the importance of collaboration in this effort. It is likely that CBC's will serve as advisors for this program. The new peer counseling program is part of the larger USDA funded Loving Support Campaign. Learn more at http://www.nal.usda.gov/wicworks/Learning_Center/loving_support.html.

New Legislative Committee—Join us! The SOBr has created a new Legislative Committee, co-chaired by Drs. Marinelli and Calnen, to address breastfeeding from the legislative perspective. If you are interested in joining this committee contact Lauren Kotch, Manager, Breastfeeding Initiatives at lkotch@aap.org and she will connect you with the Committee Chairs. The LT is hopeful to have a presentation from a member of AAP Department of Federal Affairs at the next meeting. This presentation will jump start the committee and help them to outline goals and activities. Look for more news about this committee, including the current status of federal and/or state legislation related to breastfeeding.

We're Growing Up—Becoming a Council The SOBr is hoping to become the Council on Breastfeeding sometime in the future. Our representative from the AAP Section Forum Management Committee is in support of the Section becoming a Council, but we are awaiting some necessary steps before we can move forward. We are hoping that AAP groups will be selected for Council status based on the "robustness" of their activities and not on the existence of a committee and a section. Our robustness obviously shows in the quality/quantity of our publications and other breastfeeding work. Moreover, the vision for Councils is to provide a mechanism to more easily bring AAP policy to implementation. One benefit

of obtaining Council status would be the additional funding for a larger number of members to attend bi-annual meetings.

SIDS Policy Statement Response The Section on Breastfeeding Leadership Team has submitted a response to the new policy statement on SIDS to Pediatrics. Upon approval it may be published in an upcoming edition. Please keep your eyes peeled. Specific points addressed in the response are the risks of banning bed-sharing altogether and the use of pacifiers.

Please contact Lauren Kotch at lkotch@aap.org if you have questions or concerns.

How do you like the newsletter? If you have comments or suggestions, please send them to Lauren Kotch at lkotch@aap.org.

NEW CBC's—Welcome!

Dr. Touraj Shafai – California 2
Dr. Diana Bienvenue - Louisiana
Dr. Thomas Tryon – Missouri
Dr. Julie Fleischer – Illinois
Dr. Patrice Colander – Vermont
Dr. David Louder – USE
Dr. Pam Greenspan – Nevada
Dr. Jenny Thomas – Wisconsin
Dr. Amy Kotler – New Jersey
Dr. Rebecca Collins - Kentucky

We are also thankful for the prior service of—

Dr. Ramzi Kilani – Missouri
Dr. Jay Gordon – California 2

Our CBC's Accounts of Hurricane Katrina - Where Breastfeeding Was Needed

By Diana Bienvenu MD, FAAP

Dr Diana Bienvenu is a pediatrician and a new Chapter Breastfeeding Coordinator in Shreveport, Louisiana.

Hurricanes Katrina and Rita directly affected my community and permanently impacted my life. Luckily, I was able to volunteer my time and expertise to others in need. We tried to help as many people as possible but ran up against many roadblocks. Breastfeeding could have been a savior for many of these people, but unfortunately not many mothers were breastfeeding their infants.

As you can imagine, the evacuees arrived at the shelter with close to nothing. The people that evacuated before the hurricanes packed 2-3 days of supplies, at most; they fully intended to return home, as they had done in the past, but this time it did not happen. Most of the evacuees had no transportation of their own to go to stores to buy supplies and little was supplied for them. This included baby products, such as formula, bottles, etc. Many were frequently moved from shelter to shelter (in state and out of state) with no sense of home, security, or continuity of care.

Because the number of evacuees was so overwhelming, overflow

from the traditional Red Cross shelters was placed in other types of facilities such as local churches and charitable organizations. Due to a lack of staff to care for everyone, we were not able to go out to these alternate facilities to identify breastfeeding mothers, or others in need. We remained at the Red Cross shelters with little direction or aid.

In Shreveport we have a pediatric mobile van that goes to the underserved sections of town to provide health care for children whose families do not have transportation. Little did we know that this van would come in so handy during a disaster. We used the van to travel to the various shelters to provide care, in it we placed information about breastfeeding and disasters, the local La Leche League, etc, for health professionals and patients.

As far as I know, we only had a couple of breastfeeding moms at the shelters. One was there one day, and gone the next. Another was staying with relatives and simply came to the shelter for information. There were almost no breastfeeding mothers from the south Louisiana area. Many evacuees with infants were sent to the WIC office at the Louisiana State University Health Sciences Center for further assistance.

None of them were breastfeeding their babies; they all wanted formula.

“...teach doctors, nurses, parents, anyone who is willing to listen, about what an asset breastfeeding can be in the time of a disaster.....and feel free to use Hurricane Katrina as an example.”

When I speak with medical students and residents, I always include the issue of disasters as being yet another reason to promote breastfeeding in the community. When electricity is out and clean water is unavailable, a mother who is breastfeeding has one less worry about her infant's well being. In the past, I have always been able to find an example of a disaster to share with the students, where breastfeeding could have been helpful. I never dreamed I'd be able to use a disaster in my home state as an example. So, please, teach doctors, nurses, parents, anyone who is willing to listen, about what an asset breastfeeding can be in the time of a disaster.....and feel free to use Hurricane Katrina as an example.

In Mississippi— the needs of mothers and babies were massive and acute.

By Cris Glick, MD, FAAP

Dr Glick is a pediatrician and a Chapter Breastfeeding Coordinator in Jackson, Mississippi.

In the aftermath of Hurricane

Katrina, the needs of mothers and babies in Mississippi were massive and acute. Breastfeeding was clearly the best answer for many new infant/mother pairs with a lack of clean water, electricity, shelter, and other necessities of

living. It was hot and there were mosquitoes and flies everywhere. If we had supplies they were not sterile at best, and filthy at worst. As you might expect, delivery rates spiked throughout the state in the week after the (cont p. 6)

The DC Breastfeeding Coalition—An Excellent Example!

By Michal Young MD, FAAP and
Jenny Tender MD, FAAP

DC Chapter Breastfeeding Coordinators

The mission of the DC Breastfeeding Coalition, founded September of 2004, is to support, promote, and protect breastfeeding in the District of Columbia. The coalition unites breastfeeding advocates, health care providers and families, providing a forum for the development and exchange of resources to establish breastfeeding as the normal way to feed babies. Breastfeeding is the single intervention that confers a lifetime of health benefits during infancy and beyond.

The coalition was created by the merger of two breastfeeding support groups. Those groups were the Breastfeeding Taskforce - a community demonstration project funded by the Department of Health and Human Services, Office on Women's Health and the WIC Loving Support Steering Committee. The two committees shared the goal to support breastfeeding promotion in DC, had similar membership and a desire to continue working together to promote breastfeeding after funding ended.

The coalition membership currently is comprised of representatives from 5 of the 6 delivery and children's hospitals, the Breastfeeding Coordinators from the DC Chapter of the AAP, a Medela representative, representatives from the Department of Health, WIC, and the BLESS (Breastfeeding Lactation Education Support Services) Initiative. Individual member's activities have resulted in grants to help promote breastfeed-

including the USDA Funded Research Project 2003-2005 - Identifying barriers to breastfeeding and USDA OAF Service Grant: 2002-2004 that helped establish the BLESS Initiative.

As a coalition we have participated in the following events:

- **First Mini-Conference:** October 2004, participated in Surgical Grand Rounds at Howard University Hospital - hosted by the BLESS Initiative on supporting the breastfeeding dyad in a medical practice
- **Mother's Day Thank You Cards:** May 2005, joined with DC WIC and BLESS in sending cards to pediatric providers who support breastfeeding
- **Susan G Komen Race for the Cure:** participated under the banner BREASTFEEDING REDUCES YOUR RISKS OF BREAST CANCER

The goals of the coalition are as follows:

- Seeking 501 (C) 3 status
- Publishing a Breastfeeding Resource Guide for DC
- Establishing a Web site
- Hosting breastfeeding education forums
- Expanding membership
- Deciding whether to provide breastfeeding telephone advice vs. referrals
- Supporting the National Breastfeeding Support Center

Chapter Breastfeeding Coordinators are encouraged to begin or join breastfeeding coalitions in their states. For support in developing or starting a coalition contact Lauren Kotch at lkotch@aap.org.

Mississippi—cont'd

hurricane, both from the barometric pressure alterations and from increasing numbers of displaced expectant mothers. Formula disappeared from shelves of stores that were open and quickly was completely unobtainable in most locations. Breastfeeding became not a choice, but a necessity for life saving fluids and nutrition.

The Mississippi Chapter of the AAP, La Leche League, and Dr Becky Saenz, a well known certified breastfeeding advocate and family practitioner, formed a coalition to increase breastfeeding rates during the crisis, and to provide support, information, and supplies to mothers and their families, providers, and relief workers. Shelters were supplied with pumps, either manual or electric, depending on the status of each shelter. Doctors' offices and shelters were given brochures and letters supplied by the AAP to provide breastfeeding information in a natural disaster and to encourage breastfeeding for all displaced families.

In the first weeks after the disaster, due to a lack of electricity, and storage of breast milk was not feasible. On demand breastfeeding was encouraged and worked quite well considering the level of stress, chaos, and disorganization that many families faced. As more services became available, restaurants and other businesses that obtained electricity allowed mothers to store their milk on site.

Breastfeeding advocacy was seemingly minor in the overall hurricane recovery process, but created a small piece of normalcy in an otherwise chaotic and stressful time.

AAP Section on Breastfeeding

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Visit our new
Web site!
[www.aap.org/
breastfeeding](http://www.aap.org/breastfeeding)

**Breastfeeding: Best for
Baby and Mother
Winter 2005**

Things to do:

- Read the Gold Book
- Submit an article to the newsletter
- Join a committee
- Thank your state CBC for all he or she does
- Visit the new Web site
- Download and present the Speaker's Kit

Section on Breastfeeding

The American Academy of Pediatrics (AAP) is an organization of 60,000 pediatric medical, surgical, and subspecialists committed to the attainment of optimal physical, mental, and social for all children, adolescents, and young adults.

The Section on Breastfeeding, established in July 2000, offers networking and educational opportunities for AAP members interested in breastfeeding promotion and management. Currently, there are 650 members, making it one of the larger sections in the Academy.

Section Objectives:

1. Maintain a permanent body for development of AAP policy recommendations on breastfeeding.
2. Enhance and expand educational efforts of the Academy in the area of breastfeeding, including presentation of educational sessions at AAP national meetings, coordination of national Continuing Medical Education (CME) conferences, development of educational publications and curricula, provision of materials and technical assistance to practitioners, and other educational initiatives.
3. Develop liaison and collaborative relationships with other sections and committees of the Academy and with outside organizations.

Section Activities:

Committee Opportunities: 9 committees - Communications, Education, Finance, Legislative, Liaison Relationships, Membership, Nominations, Policy, and Research.

Educational and Networking Opportunities: An annual business meeting is held as well as other educational sessions and activities at AAP national, state, and other conferences.

Breastfeeding Promotion in Physicians' Office Practices Program: The Breastfeeding Promotion in Physicians' Office Practices (BPPOP III) program works to provide culturally effective breastfeeding promotion and support to underserved families toward Healthy People 2010 breastfeeding initiation and duration goals.

Chapter Breastfeeding Coordinators: Encourages state activities related to the support and promotion of breastfeeding.

Recognition: Members can highlight their programs and activities in the newsletter.

Development and Publication: The Section develops books and other documents to educate physicians and others on breastfeeding.

Policy Statements: The Section develops policy statements and reviews statements relevant to breastfeeding.



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