



Breastfeeding: Best for Baby and Mother

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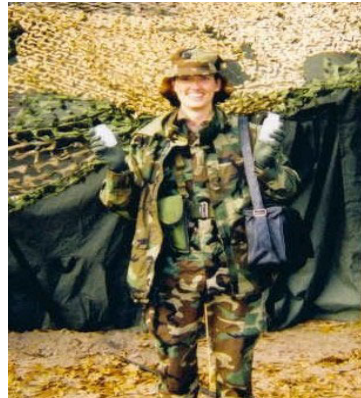
MERGING MOTHERHOOD WITH THE MILITARY

LCDR Julie Kellogg, MD, FAAP

Lisa Jones, RN, RLC, IBCLC, Madigan Army Medical Center, Ft Lewis, Washington

Women currently make up over 20% of the active duty force in the United States. During 1998 (the most recent year for which data was available), military women had a pregnancy rate of 15%. Attempting to meet mission needs can often undermine the exclusive 6-month breastfeeding continuation rates, let alone the optimal continuation goal of at least 1 year.

Today, supporting the active duty breastfeeding mother to meet mission needs without sacrificing maternal and infant health needs and parental goals can improve retention of trained soldiers. Active duty



LCDR Julie Kellogg, MC, USN

service members are potentially "on duty" 24 hours a day. Unlike the civilian work force, their hours can vary significantly. Duty may require

increased need for breast pumping to maintain lactation during periods of extended mother/infant separation.

In 2000, the Ft Lewis, Washington's *Policy on Support for Soldiers with Nursing Infants* was developed. This policy provides general guidance for unit commanders and active duty breastfeeding soldiers to meet mission needs and motherhood goals in an effort to reduce the loss of trained, qualified soldiers who otherwise might opt to discharge from the Army in order to ensure the ability to nurse their infant.

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CHECK OUT THE AAP BREASTFEEDING WEB PAGES

Abstracts presented at the November 2003 Section Education Program

[Http://www.aap.org/advocacy/bf/2003NCEAbstracts.pdf](http://www.aap.org/advocacy/bf/2003NCEAbstracts.pdf)

MATERNAL DRUGS DURING BREASTFEEDING

Jennifer Cox, MD, FAAP, Utah AAP Chapter Breastfeeding Coordinator

Nancy G. Powers, MD, FAAP, Kansas AAP Chapter Breastfeeding Coordinator

Pediatricians are commonly consulted about the use of maternal medications during breastfeeding. New data is available regarding pseudoephedrine, metformin, celecoxib, rofecoxib, and nicotine. Pseudoephedrine has been suspected of causing decreased milk supply in breastfeeding women. It is approved

for use in breastfeeding by the AAP, but a recent small placebo-controlled study published in the *British Journal of Clinical Pharmacology* raised further concerns about milk supply. The surprising finding was that even one dose of pseudoephedrine impacted supply. A single 60 mg dose decreased milk production

over the next 24 hours by a mean of 24%, a change that was most pronounced in the mothers with older infants. Given this data, pseudoephedrine use should be minimized in breastfeeding women; alternatives include oral antihistamines or nasal sprays.

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The American Academy of Pediatrics (AAP) offers the *Breastfeeding: Best for Baby and Mother* newsletter as a member benefit of the AAP Section on Breastfeeding. Information about the AAP Breastfeeding Promotion in Physicians' Office Practices (BPPOP-Phase II) program also is included. The newsletter is intended as a forum for sharing information about breastfeeding and AAP breastfeeding initiatives to facilitate networking among AAP members. The AAP provides this newsletter through its Department of Community Pediatrics Division of Community Health Services.

Comments and questions are welcome and can be directed to:

American Academy of Pediatrics
Division of Community Health Services
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 800/433-9016, ext 7821
Fax: 847/434-8000
E-mail: lactation@aap.org
Web site: www.aap.org

Advisory Committee

Nancy Powers, MD
Chairperson, Communications Committee
AAP Section on Breastfeeding
AAP Chapter Breastfeeding Coordinator, Kansas

Julia D. Block, MD, MPH
AAP Chapter Breastfeeding Coordinator, New York, Chapter 2, and Uniformed Services East

Jennifer Cox, MD
AAP Chapter Breastfeeding Coordinator, Utah

Joseph DiSanto, MD
AAP Chapter Breastfeeding Coordinator, Delaware

Karen Landers, MD, IBCLC
AAP Chapter Breastfeeding Coordinator, Alabama

AAP Staff

Betty Crase, IBCLC, *Manager*

Cyndy Rouse, *Division Assistant*

Thomas F. Tonniges, MD, *Director, Department of Community Pediatrics*

Lakecia Whipper, MA, *Evaluation Specialist*

Electronic mailing lists are available for AAP Chapter Breastfeeding Coordinators, members of the BPPOP-Phase II program, and members of the AAP Section on Breastfeeding. Contact program staff for information regarding participation.

The recommendations listed in this newsletter and in the mentioned publications do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. This newsletter and the materials mentioned within this newsletter discuss titles published by organizations other than the American Academy of Pediatrics. Statements and opinions expressed in these publications are those of the authors and not necessarily those of the American Academy of Pediatrics.

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AAP AND RELATIONSHIPS WITH INDUSTRY: AN UPDATE

By Lawrence M Gartner, MD, FAAP, Chairperson, Executive Committee

The issue of the American Academy of Pediatrics financial ties to commercial interests emerged during the summer of 2002 with the publication of the *New Mother's Guide to Breastfeeding*, an AAP Section on Breastfeeding (SOBr) book edited by Joan Meek, MD. The AAP Department of Marketing and Publications with approval from the Executive Director, Dr. Joe Sanders, signed a contract with the Ross Product Division of Abbott Laboratories to purchase up to one million copies of the *New Mother's Guide to Breastfeeding* to distribute in some manner of their choosing. Ross has purchased 300,000 copies and through November of 2003 approximately 30,000 copies of the book have been sold through the AAP Bookstore and by retail or on-line book sellers. Obviously, the sale generated a sizeable cash profit for the Academy, estimated between \$500,000 to \$1.7 million. Dr. Sanders stated that the AAP Board of Directors "...has supported the reality that it has been and will increasingly be necessary to join in mutually beneficial activities with corporate sponsors." On the other hand, AAP financial staff estimate that contributions to the AAP from industry account for only 6 percent of the total Academy budget at present.

Under the contract described above, AAP allowed Ross to reprint the lower part of the front cover with the Ross Teddy Bear logo and the words "Ross Pediatrics" in bold type. The leadership and staff of the Section on Breastfeeding were never told about the sale or the conditions of the sale. The staff and members became aware of the sale and overprinting of the cover only when a copy of the book was thrust into their hands by appalled breastfeeding advocates at other breastfeeding meetings. The breastfeeding community, including the Section on

Breastfeeding leadership, was outraged. Many letters from both AAP members and other interested parties were sent to the AAP Board of Directors and the Executive Director protesting the conditions of the sale.

On August 26, 2002, a letter to the AAP Board of Directors from the Executive Committee of the Section on Breastfeeding and all of the Section's Committee Chairs strongly protested the sale of the book to a formula manufacturer, inclusion of commercial identification of infant formula on the cover, and the manner in which the sale was made without permission of the authors (SOBr members). Several specific concerns were elucidated in our letter to the board:

- ◆ Concern: the implication that the infant formula company had sponsored the book, giving the potential reader legitimate concern that the contents of the book might be tainted with a bias in favor of infant formula. This was, of course, not the case.
 - ◆ Concern: failure of the AAP Department of Marketing and Publications Department and the Office of the Executive Director to follow the pertinent guidelines contained in Chapter 5 of the *AAP Board of Directors Policy and Procedure Manual* (reviewed and re-approved in January 2002 by the AAP Executive Committee.)
 - ◆ Concern: violation of the World Health Organization *International Code of Marketing of Breast-milk Substitutes, by AAP and Ross* (at least in spirit, if not "by the letter" of the specific restrictions)
 - ◆ Probable direct marketing of infant formula, via the book, by use of the book as a gift to parents
- The AAP marketing department has

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recently negotiated a second sale of 300,000 copies of the *New Mother's Guide to Breastfeeding* based on the recently developed "Guidelines for Special Sales" document (2003), which provides procedural guidance on marketing of books and other AAP publications. It has had only limited distribution. It states that the editor or author of a publication shall be contacted prior to finalization of a sale and that there must be a statement that the book is "A gift from ____" and that the book is a product of the AAP was not influenced by the purchaser/distributor of the book. Also, placement of this acknowledgment must not imply any endorsement of the purchaser's product. These are steps in the right direction. Dr. Meek and the SOBr Leadership Team were notified of this second sale. Of significance, the Ross acknowledgment will only be on the *inside* of the front cover.

While Chapter 5 of the *AAP Board of Directors Policy and Procedure Manual* gave some reasonable guidance to the process, this manual is not available to AAP members or to staff. It can be accessed on the AAP Web site [only](#) by

the AAP Board of Directors and the Executive Committee. A copy of Chapter 5 was provided to our Section only after repeated requests. Chapter 5 has a number of specific guidelines for product promotion. In addition, this document states that "The first step in establishing a collaborative relationship must be consultation with other department directors and program staff who may have either a direct or tangential relationship to the program content . . ." At no time were any of the breastfeeding initiatives staff or Section ever consulted or even made aware of the decisions regarding the conditions of the sale of our book.

In the Section's initial letter to Dr. Sanders and the Board, the Section on Breastfeeding formally recommended that the AAP develop a "strong policy" on the marketing of AAP products and on "relationships with commercial enterprises" for the AAP at large. It was further urged that "a specially appointed committee" develop recommendations on these matters with input from all AAP members, with publication of the document in *Pediatrics* and on the pub-

lic AAP Web site. At a March 2003 meeting of all of the chairs of AAP Committees and Sections (with most members of the AAP Board of Directors and AAP Executive Committee present), the chairs voted *unanimously* to approve the recommendation from the SOBr for a member-based task force to develop the document on relationships with industry.

Despite the resounding endorsement of an open process for establishment of Academy policy, AAP President, E Stephen Edwards, MD, stated that the Board rejected this recommendation because the "task force process would be too lengthy" and "the final decision of accepting and endorsing a policy remains the responsibility of the board" (*AAP News, August 2003*). Dr. Edwards announced that the Board of Directors has "developed and approved" a document entitled: "*Principles for Interaction with Industry and Other Organizations*." In addition, Dr. Edwards noted that the Board of Directors "approved modifications to the existing policies that appear throughout our

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Timeline of Events: The AAP and Relationships with Industry

- ❖ January 2002: *AAP Board of Directors Policy and Procedure Manual*, Chapter 5, regarding financial ties to industry were reviewed and re-approved by the AAP Executive Committee
- ❖ Summer 2002: Publication of *A New Mother's Guide to Breastfeeding* with proprietary marketing information on the front cover
- ❖ August 2002: Letter from SOBr Leadership to Board of Directors expressing concerns about ties to commercial interests, and dissatisfaction regarding the sale of our book without our knowledge
- ❖ August 2002: SOBr recommending reevaluation of ties to Industry
- ❖ March 2003: A formal vote all of the chairs of AAP Committees and Sections which *unanimously* approved the recommendation for a member-based task force to review AAP ties to industry
- ❖ August 2003: Dr. Edwards (president of AAP) reporting that "the final decision of accepting and endorsing a policy remains the responsibility of the board"
- ❖ August 2003: Board unveiling "*Principles for Interaction with Industry and Other Organizations*"
- ❖ September 2003: *AAP Board of Directors Policy and Procedure Manual* is not accessible on the AAP Web pages
- ❖ October 2003: SOBr Chair urging transparent process to have members review and provide input to a detailed set of guidelines for relationships with industry, which would then be published for public access

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Board Policy Manual.” The Manual is also referenced in the new statement but has been inaccessible on the AAP Web site or Members Only Channel.

The new *Principles for Interaction with Industry and Other Organizations* is, at best, only an introductory statement of the broadest generalizations. Clearly the very important *details* are in the Board manual. I urge the Board and Executive Committee to make the manual available to all members. In addition, a more specific and detailed set of guidelines should be extracted from the Board Manual and published as a public document for all to see as is appropriate for a not-for-profit, tax-exempt organization which should practice full transparency on all business matters.

Carden Johnston, MD, the current AAP President, has recently informed me that a more detailed and extensive document on relationships with industry is under review by the Board of Directors but has not been circulated for review by other AAP leadership or membership. I urged Dr. Johnston to request general comments widely before approving this document.

The Board of Directors can still carry out the unanimous mandate of the chairs of the committees and sections by establishing a task force or utilizing the existing Bioethics Committee to review the contents of the Board manual and create a comprehensive document on AAP relations with commercial enterprises. Such a document should cover donations, sponsorships, publications, marketing, research support, grants, lectureships, awards, building projects, exhibitions, advertising and any other aspects the task force sees fit to include. The task force or committee should be charged to solicit input from the membership and from all components of the Academy, including chapters, committees and sections.

The SOBr Leadership Team remains concerned about the impact of formula marketing on breastfeeding promotion, but is also concerned with the broader issue of AAP relationships with industry.

Note: Dr Gartner's comments do not necessarily reflect the views of the AAP's leadership. The industry guidelines Dr Gartner refers to are in draft form and are not yet available. They will be reviewed at the May 2004 meeting of the Board of Directors. Once approved, the guidelines will be circulated widely for member input.

MATERNAL DRUGS DURING BREASTFEEDING

[Continued from p 1]

Metformin is a medication used in the management of Type II diabetes, and increasingly used to promote fertility in women with polycystic ovarian syndrome. A study published in *Diabetologia* assessed breastmilk metformin concentrations in seven women who were on therapeutic doses of metformin. Milk concentration was found to be very low (a mean relative infant dose of 0.28%), and infant blood levels of metformin ranged from undetectable to extremely low. The authors concluded that metformin use in breastfeeding mothers is safe.

Thomas Hale, RPh, PhD, pharmacologist, Medical School Faculty at Texas Tech University and author of *Medications and Mother's Milk*, spoke at the Human Lactation conference in Amarillo, Texas in June, 2003. Dr. Hale presented unpublished data regarding metformin, celecoxib, rofecoxib, and nicotine. In all cases, the data was reassuring that very small amounts of these medications reach the infant. Nicotine patches of 21 mg resulted in NO detectable nicotine in the infants. Some cotinine was detected, but it is much less active than nicotine.

References

Transfer of Metformin into human milk T.W.Hale, J.H. Kristensen, et al. *Diabetologia* (2002) 45:1509-1514

Pseudoephedrine: effects on milk production in women and estimation of infant exposure via breastmilk Khalidah Alijazaf, Thomas W. Hale, Kenneth F. Ilett, et al. 2003 Blackwell Publishing Ltd *Br J Clin Pharmacol*, 56, 18-24

BREASTFEEDING PROMOTION IN PHYSICIANS' OFFICE PRACTICES - PHASE II

BETTY CRASE, IBCLC, RLC

The Breastfeeding Promotion in Physicians' Office Practices (BPPOP-Phase II) program is a breastfeeding promotion and management program developed for providers of pediatric and obstetric care serving families of racially and ethnically diverse backgrounds. The program provides physicians and other health professionals with culturally sensitive breastfeeding educational materials and resources to increase breastfeeding rates in underserved populations. The BPPOP-Phase II program is funded by the US Department of Health and Human Services, Maternal and Child Health Bureau. The goals of the program are to:

- * increase the number of pediatricians, obstetricians, family physicians, and other health care providers who effectively promote and manage breastfeeding in racially and ethnically diverse populations;
- * develop strategies for breastfeeding promotion and support that bring together health professional organizations and public health representatives to increase the incidence and duration of breastfeeding and to decrease racial and ethnic disparities.

Benefits of the program include a special

resource kit of educational materials is provided to program participants, including strategies to help physicians more effectively promote, support, and manage breastfeeding with all families in their practices. The AAP staff provides program participants with technical assistance regarding breastfeeding concerns. Regional collaborative action groups implement breastfeeding strategies and initiatives in underserved populations.



To measure the effectiveness of this program, a *Physician Self-assessment Questionnaire* is being administered to assess breastfeeding knowledge, skills, and breastfeeding rates in physicians' practices before and after receiving culturally sensitive resources and technical assistance. Another measure is the *Parent Survey Tool (PST)*. The *PST* is administered to mothers visiting their physician for

a 6-week postnatal exam or a 1-year well-baby exam. The *PST* will help assess the breastfeeding practices of the physicians' patient group. Physician participants will complete an overall program evaluation survey.

The BPPOP-Phase II program was submitted to the AAP Institutional Review Board for an expedited review and received an unconditional approval as an evaluation research study design. The pretest phase of the study involving administration of the Physician Self-Assessment Questionnaire and the Parent Survey Tool was conducted July 2003 through September 2003. An educational resources kit with 23 publications/productions, assembled in conjunction with the 11-organization BPPOP-Phase II Project Advisory Committee, was distributed in August 2003. This educational intervention lasts for 6-months at which time the posttest phase with the re-administration of the evaluation tools will take place (March 2004).

For general information about the program, please contact the Betty Crase, IBCLC, RLC, Manager, Breastfeeding Initiatives at 800/433-9016, ext 4779, fax 847/228-6432, or by e-mail at bcrase@aap.org.

MERGING MOTHERHOOD WITH THE MILITARY

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One example where mission and maternal support is currently applied is during field-training exercises (FTX) at Ft. Lewis. During such exercises, nursing soldiers must remain at the field location 24 hours a day from a few days to a couple of weeks. Rarely can soldiers return home during this period, and lactating mothers are separated from their nursing infants. Unit commanders, Army Community Health Nurses and Madigan Army Medical Center's Lactation Consultant worked together to assess information to identify perceived and actual barriers to successful breastfeeding support in the field environment. Pre-deployment education included suggestions for supplies to take to the field, such as effective manual breastpumps, sanitizers/cleaners, storage bags, identity labels, and small coolers.

Topics such as finding time/places to pump, preventing engorgement, erecting privacy spaces, hand expression of milk and milk storage safety were addressed. Commanders found that their initial concerns of increased cost, time, and mission conflicts were not realized. Commands used daily courier runs to transport expressed breastmilk back to Headquarters where infant caregivers could pick up supplies and coolers could be exchanged.

Appropriate planning, coordination and supportive education can meet completion of military mission and maternal goals. Changes in current policies and education of soldiers and commands can result in enhanced individual satisfaction, reduce maternal-child health cost issues associated with early weaning and promote retention of trained soldiers within this specialty work force.

BREASTFEEDING RESEARCH: NEW APPLICATIONS OF EXISTING TECHNOLOGY

By Nancy G. Powers, MD, FAAP, Kansas AAP Chapter Breastfeeding Coordinator

"Team Australia" (Peter Hartman and colleagues from The University of Western Australia) brought a live demonstration of applied technology to Amarillo, Texas. Dr. Hartman and colleagues have developed several novel uses of ultrasound, as well as new breast pump features, in order to learn more about the lactating breast. Team Australia was featured at the conference, "HUMAN LACTATION: Current Research and Clinical Implications," sponsored by Texas Tech University School of Medicine Women's Health Research Institute. The meeting was held June 9-12, 2003 in Amarillo.

Dr. Hartman and his colleagues worked to develop an innovative mapping technique to determine "storage capacity" of the breasts of individual subjects. Ongoing analysis has confirmed this concept, but additional data has shown that storage capacity is NOT related to the size of the breast (as previously reported).

Ultrasound imaging has advanced to the point where very good resolution allows an expert examiner to pinpoint ducts in the

lactating breast. In the "resting" state, the ducts average 2 millimeters in diameter, but there is great inter-individual variation from 0.5 millimeters to 1 cm. The lumen of the duct is filled with milk and appears black, as compared to the duct tissue, which appears white. With mother and baby "on stage" for a real-time presentation, the sonographer obtained an image of one breast while the baby breastfed from the contralateral breast. During active suckling with milk-ejection, the ducts expanded in diameter as the milk-fat swirled through the ducts, moving toward the nipple, and then moving in the opposite direction when the milk was NOT removed (in this instance). In addition to visualizing internal breast anatomy, this research team has used real-time ultrasound to visualize the oral cavity and oral-motor coordination of the infant during suckling. The real-time ultrasound images were breathtaking!

Another application of ultrasound by Team Australia has been developed to map the arterial blood supply to the mammary gland. By using flow Doppler, the arterial flow is visualized and quantified. Thus, the artery is literally "drawn" on the breast with paint. As the sonogra-

pher proceeds from the internal mammary artery, a large branch takes off across the superior portion of the breast with various patterns of sub-branches. Secondly, the lateral thoracic artery provides flow to the inferior-lateral aspect of the breast. Again, the arterial patterns show variability (of pattern and percent blood flow through each artery) between breasts of the same woman, as well as variation from woman to woman. The arterial patterns in a given subject DO NOT follow the superficial venous patterns.

Finally, for this live demonstration, a specially adapted electric breast pump was fitted with tubing (instead of a collection bottle). As the breast was pumped, the tube was moved to a test-tube collection bottle EVERY MINUTE, to quantify the amount of milk removed. On the contralateral breast, ultrasound imaging documented the presence of milk ejection. At completion of the pumping session, one could see the relationship of milk ejection to the quantity of milk removed.

Keep your eyes open for publication of these cutting-edge reports. There is much more detail involved than I am able to cover in a short summary of this nature. Dr. Hartman's research colleagues are Donna Ramsay, MS and Jacqueline Kent, PhD.

OBSTRUCTIVE SLEEP APNEA

Brian Palmer, DDS, has published 2 articles in *Sleep Review* to try to develop a link between the sleep and lactation specialties. Dr Palmer is hoping the articles will help elevate the breastfeeding to a new level of importance as well as a sharing of ideas between the sleep and breastfeeding specialties.

"The Uniqueness of the Human Airway" may be found at:

<http://www.sleepreviewmag.com/Articles.ASP?articleid=S0303F04>

"Prevention-the Key to Treating OSA/SDB-Part II" may be found at:

<http://www.sleepreviewmag.com/Articles.ASP?articleid=S0305F06>

RHODE ISLAND NURSING WORKING MOTHERS BILL

Laura Viehmann, MD, FAAP, Rhode Island AAP Chapter Breastfeeding Coordinator

On July 17, 2002, four doctors met over dinner to form The Physician's Committee for Breastfeeding in Rhode Island (PCBRI). With an overall goal of increasing breastfeeding rates and duration, we aimed to pass legislation to accommodate breastfeeding employees in the workplace, to increase physician knowledge regarding supporting breastfeeding, and to collaborate with other groups with similar goals. On July 17, 2003, 8 committee members gathered with family members to celebrate the passage of the nursing working mothers bill signed into law on June 27, 2003.

The speed of the passage of this legislation was the result of good timing combined with hard and collaborative work. Rhode Island's small size allowed monthly meetings with members from around the state. The regular meetings, enthusiasm of the members, and invaluable guidance from the state Department of Health (HEALTH) Legislative Liaison made it possible to pass the legislation in one session. We never took success for granted, so we worked hard to avoid alienating any who might prepare to battle us again in another session.

Our overall strategy included these key facets:

- we were prepared to compromise certain aspects of the bill to win passage;
- we spent several months contacting potential endorsers of the legislation;
- we reached out to several groups to add to the number of legislative contacts by constituents; and
- we met several times with the Chambers of Commerce to de-

velop a bill they would support, or at least not oppose.

Regarding the legislation itself, first we examined a Senate Bill introduced in 2001. The committee deemed the bill unmanageable for the small employer and it never made it to the floor. We looked at legislation from other states and quickly decided to add the sentence, "An employer is not required to provide break time under this section if to do so would unduly disrupt the operations of the employer." The Chambers of Commerce asked us to specify that the legislation apply to full day employees and that the total break time would not exceed 1 hour. The final review with the most reluctant lobbyist for the Chamber of Commerce changed few words, but required a lengthy conversation back and forth regarding each sentence, its import and acceptability. Ultimately, we won his full support. One point we discussed amongst ourselves was our willingness to compromise regarding the size of the place of employment. If necessary, we could add a clause exempting certain groups or sizes, but mostly we emphasized the ability of any employer to opt out with respect to undue disruption of operations, and further compromise was unnecessary. One suggestion for modification would have restricted break time to that already scheduled. Knowing that professional and salaried positions are not necessarily granted break time, we stubbornly resisted this suggestion. We wanted legislation that would impact all employees, not just hourly workers.

In the process of contacting outside endorsers for the legislation, we experienced the joy of working in Rhode Island. Our group had personal contacts at the medical and specialty societies, as well as in the business world and at the hospitals. The growing list of endorsers generated enthusiasm and some interesting comments. At Alcoa, a high production manufacturing facility, the contact commented that if accommodations for smoking breaks

were already in place, accommodating nursing mothers should be feasible and desirable. The endorsement from the Hospital Association of Rhode Island was unusual and facilitated by the enthusiasm for the legislation from the Chief Executive Officer of Rhode Island's first Baby Friendly Hospital. (He is married to a pediatrician, but she was not a member of the PCBRI.) Table 1 lists the endorsers.

We developed a one-page Breastfeeding Fact Sheet with references to take along to any meetings with potential endorsers or legislators. We carefully chose to keep it brief rather than comprehensive out of consideration for their time.

We relied on the knowledge of Helen Drew, the Legislative Liaison from the HEALTH to find sponsors for the bill in the House of Representatives. Good fortune allowed 2 of the 3 previous sponsors in the Senate to win reelection and sponsor the bill again. (In typical Rhode Island fashion, our senate sponsor, Rhoda Perry, had been CEO at the health center where I first worked after residency.)

Governor Carcieri assumed leadership in early January. A Republican Governor in a strongly Democratic state, he promised to reign in spending and reduce waste. As a retired CEO, we knew he had a business background but did not know how he felt about breastfeeding. An unexpected opportunity gave us the answer in the end of January. The Governor wanted to become known as accessible. A news article explained that he would be meeting with any Rhode Islander who wished to speak to him for five minutes on the fourth Thursday of every month. I called the number and was told that the systems were not yet ready and to call back. I was late

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RHODE ISLAND NURSING WORKING MOTHER'S BILL

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in calling back, but told the state police would do a background check and get back to me. I made it clear that I wanted to speak about the Nursing Working Mothers Bill. My beeper went off on a Saturday morning while I was paying for groceries and due to leave with the family for an engagement in Boston in less than one hour. I would be meeting with the Governor late in the afternoon of January 23. I prepared a folder with our Fact Sheet, a copy of the bill, my business card, and a cover letter. Without my knowledge, the Governor's office had already called HEALTH regarding the bill and learned of their support. The Governor was happy to report that his 4 children had breastfed, as had each of his 13 grandchildren. He understood the importance of draining breasts by pumping to avoid discomfort and the benefits of breastfeeding. He saw the policy of breaks to maintain breastfeeding as common sense and was a little surprised that we might need a bill. We had his support. The next morning, newspapers reported that the Governor's Open Door Thursday Program was so popular, they were already booking into August.

In the next months, we testified before the Health Education and Welfare Committee in the House and the Health and Human Services Committee in the Senate. We had a packet for each Representative and Senator containing copies of letters of endorsement. Kathy Moren, a Lactation Consultant who sets up and maintains corporate lactation programs, spoke about the economic benefits of prolonged breastfeeding to companies and families. A mother who had breastfed testified at each hearing. For the House, a woman spoke in painful and frustration-filled detail of how the only place she was allowed to pump was the handicapped stall in multi-stall bathroom. She described how she dragged a heavy-

duty extension cord across the tops of the stalls, how she couldn't keep up pumping under these circumstances for as long as she wished to nurse her baby, and how she ultimately left the company. In the Senate, a young woman in her last trimester of pregnancy read a prepared statement describing how the small jewelry firm for which she worked helped her find a time and place to pump her first born. She explained how the Human Resources Director had brought up the topic when she went to talk about her maternity leave. She glowingly described her deeper loyalty to the firm and her anticipation of having a pleasant experience again once her daughter was born. We had a letter from a pharmacist detailing how the large chain she worked for would give her no more time than her 30 minute lunch break in her 13 hour day and no place other than the small bathroom which other employees were hoping to use as well. She did not pump for more than 3 weeks. I testified last at each hearing. I emphasized that toilets and food preparation did not mix, that this type of accommodation was a win-win wellness policy, and that this bill gave the legislature an opportunity to make a family-friendly statement by supporting breastfeeding. While others viewed this bill as a woman's issue we always presented it in the light of a family benefit. Some opposed it, but the Chambers of Commerce were proud to stand by it, saying how hard they worked on this legislation.

Now we see our work ahead as finding ways to get more pumps available at reduced cost and developing an information package on pumping breastmilk at work for providers to share with mothers. We will need to develop materials for employers as well. We look

[Continued on P 9]

Table 1

Endorsers of the Nursing Working Mothers Bill

- *American Academy of Family Physicians, Rhode Island Chapter
- *American Academy of Pediatrics, Rhode Island Chapter
- *American Cancer Society, Rhode Island Chapter
- *American College of Obstetricians and Gynecologists, Rhode Island Chapter
- *Diabetes Foundation of Rhode Island
- *Electronic Data Systems Corporation
- *Healthy Babies, Happy Moms, Inc. (lactation counseling services)
- *Healthy Mothers, Healthy Babies Coalition of Rhode Island
- *Hospital Association of Rhode Island
- *Jitters Café
- *Mill River Pediatrics, Inc. (private practice)
- *Narragansett Bay Pediatrics (private practice)
- *Ocean State Action
- *Physicians Committee for Breastfeeding in Rhode Island
- *Rhode Island Breastfeeding Coalition
- *Rhode Island Department of Health
- *Rhode Island Medical Women's Association
- *Rhode Island Nutrition Council
- *Rhode Island WIC Supplemental Food Program
- *South County Family Medicine, Inc (private practice)
- *South County Hospital Administration
- *South County Hospital Medical Staff
- *South County Montessori School, Inc

NEW POSITION CREATED FOR SOBR: CHIEF, CHAPTER BREASTFEEDING COORDINATOR

Julie Ware, MD

Julie Ware, MD, has been appointed by Section on Breastfeeding Chairperson, Lawrence Gartner, MD, to take on the newly established role of Chief, Chapter Breastfeeding Coordinator for the American Academy of Pediatrics. The proposed functions of this position are, in cooperation with the SOBr Leadership Team: to facilitate communication with all Chapter Breastfeeding Coordinators (CBCs), share appropriate information across Chapters, and encourage CBCs to develop a distinct role or niche within their own Chapter.

In late August 2003, Dr. Ware sent an email survey to all Chapter Breastfeeding Coordinators on a special electronic mailing list. Some Chapter Coordinators have already responded. The survey questions, along with early responses, are summarized below.

1. Do you have a 'niche' as the CBC in your Chapter? If so, please describe what it is and how it evolved.

This question led to a group of diverse answers, from being the "one to call" for breastfeeding questions, to being the director of many of the Chapter-wide breastfeeding groups.

2. What are your priorities to promote breastfeeding in your Chapter this year?

California - Increase access to Lactation Consultant (LC) services for all families. Establish appropriate early postpartum support services for all mothers/families. Advocate for Baby-Friendly Hospital policies and practices.

Connecticut - Continue work on legislation. Work to increase breastfeeding

education in the state's two medical schools. Develop policy with Department of Children and Families for breastfeeding families .

Delaware - Continue work with physician education through presentation to Jefferson Medical Students and other physician groups.

New Jersey - Continue work on "Integrating Breastfeeding Education to



Eliminate Disparities," targeting hospitals with the lowest breastfeeding rates.

North Carolina - Continue work to educate physicians on breastfeeding benefits to their patients and families. Develop a statewide task force to promote and support breastfeeding across our diverse state.

Oklahoma - Work on making local hospital Baby Friendly.

Washington - Work to stop DSHS plan to cut costs by authorizing funding for only battery operated breast pumps. Persuade Washington Chapter to back Baby Friendly Hospital Initiative hospital standards statewide.

Washington DC - Work with the DC Breastfeeding Task Force to promote the upcoming National Breastfeeding Campaign. Work with Special Supplemental

Nutrition Program for Women, Infants, and Children - better known as the WIC Program, to enhance services for low-income women. Continue to educate AAP membership. Get breastfeeding placed as an indicator/item on pertinent documents.

3. What help do you need from the Section Leadership to help you do your job?
 - Each state listed a number of things that could help; the most frequent items are summarized below
 - AAP/American College of Obstetricians and Gynecologists *Breastfeeding Handbook for Physicians* is eagerly awaited by many CBCs
 - More slide kits on different aspects of breastfeeding
 - Help getting reimbursement for LC services
 - Funding for more educational materials for patients
 - Translation of educational materials into other languages
 - Getting rid of commercial messages on publications

As you can see from these varied responses, there are some wonderful breastfeeding initiatives in our Chapters around the United States and some similar requests for assistance. Dr. Ware looks forward to hearing from more of the CBCs and ongoing information sharing. Dr. Ware states, "I will do my best to solicit support from the Section Leadership. Please let me know how I can help you to be successful in your breastfeeding endeavors."

RHODE ISLAND NURSING WORKING MOTHER'S BILL

[continued from page 8]

Forward to the National Ad Council Campaign promoting breastfeeding and hope that it will continue to increase interest in breastfeeding. The bill has passed and the real work has just begun. Is it important to have legislation, even without a mandate? I would say "Absolutely!" I have seen how women react with a sense of importance when I tell them that there is a law in Rhode Island requesting that all employers make reasonable accommodations for mothers who need to express milk or breastfeed during work hours.

Join the Section on Breastfeeding!

The Section on Breastfeeding seeks to enhance educational efforts in the area of breastfeeding and develop collaborative relationships with other AAP sections, committees, and outside organizations.

Join today!

Contact the
**AAP Division of
Member Services**
at 800/433-9016,
ext 7143, or apply
online through the
**AAP Members
Only Channel.**



Benefits of section membership include

- Participate in annual section meetings at the AAP National Conference & Exhibition
- Have your programs and activities recognized in the *Breastfeeding: Best for Baby and Mother* newsletter
- Network through electronic mailing lists, committee activities, and section meetings
- Participate in educational program development, consultation, and technical assistance efforts

Section on Breastfeeding

American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007
E-mail: lactation@aap.org
Web: www.aap.org