

**WIC**

POSITION PAPER

National WIC Association

Building a Healthier America
Your Child Has You. And You Have WIC

Breastfeeding Promotion and Support in the WIC Program

Purpose of Document

The recommended use of this document is to provide WIC staff with clear guidance on breastfeeding promotion within the WIC Program. This position paper replaces previous breastfeeding promotion papers* developed by the National Association of WIC Directors, now known as the National WIC Association.

**Breastfeeding Promotion in the WIC Program Position Paper (1992) and Guidelines for Promoting Breastfeeding in the WIC Program Position Paper (1994)*

Background

The National WIC Association, a voluntary non-profit organization founded in 1983, promotes quality nutrition services, breastfeeding support, and sound management practices within the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC provides a variety of breastfeeding activities under the guidance of the United States Department of Agriculture (USDA). In 1989, the USDA set aside 8 million dollars in state WIC grant funds to be spent annually for breastfeeding promotion and support. This has increased to 35.5 million dollars in 2004.

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NWA

2001 S Street, NW

Suite 580

Washington, DC

20009

ph. (202) 232-5492

fx. (202) 387-5281

www.nwica.org

History

For many years, NWA's activities have helped strengthen, encourage, and support the WIC Program's effort to promote and support breastfeeding: (1)

1988	Established NWA Breastfeeding Promotion Committee.
1989	Developed the position paper, <i>Breastfeeding Promotion in the WIC Program</i> . (2)
1990	Became a member of the USDA Breastfeeding Promotion Consortium. (3) Developed the position paper, <i>Guidelines for Promoting Breastfeeding in the WIC Program</i> . (4)
1992	Updated the 1989 version of the position paper, <i>Breastfeeding Promotion in the WIC Program</i> . (5)
1994	Updated the 1990 position paper, <i>Guidelines for Promoting Breastfeeding in the WIC Program</i> , changing title to <i>Guidelines for Breastfeeding Promotion and Support in the WIC Program</i> . (6)
1997	Developed the position paper, <i>Guidelines for WIC Agencies Providing Breast Pumps</i> . (7)
1998	Developed the position paper, <i>Guidelines for Issues Related to HIV/AIDS in the WIC Program</i> . (8) Proposed the language for <i>The William Goodling Child Nutrition Reauthorization Act of 1998</i> (PL105-336) that authorized the use of WIC food grant funds for the provision of breast pumps.

Promoting breastfeeding as the norm for infant feeding continues to be a major priority in the WIC Program and for NWA. All WIC staff has a role in promoting and providing support for the successful initiation and continuation of breastfeeding in the first year of life and beyond.

Rationale for Breastfeeding Support in the WIC Program

NWA supports human milk as the best infant nutrition for the first year of life and beyond with the introduction of solid foods at the appropriate age. NWA challenges all WIC staff to actively promote breastfeeding as the norm for infant feeding. (9, 10)

Infants fed human milk receive multiple health, nutritional, environmental and economic benefits compared to infants fed artificial baby milk (formula). Human milk helps infants grow and mature properly, especially in the first year of life when the brain doubles in size. Human milk has over 200 constituents, most not duplicated in artificial baby milk, and provides immunological protection against a variety of illnesses. Unlike artificial baby milk, human milk changes in composition to meet the growing infant's nutritional needs. (11, 12, 13)

Conversely, research shows that non-breastfed infants are less healthy. These babies experience more frequent infections including otitis media, pneumonia, diarrhea, meningitis, urinary tract infection, and necrotizing enterocolitis. (14, 15, 16) Studies have shown that infants not breastfed are at increased risk for childhood-onset diabetes mellitus, obesity, juvenile rheumatoid arthritis, childhood cancers like lymphoma and leukemia, and intestinal diseases such as Celiac Disease and Crohn's Disease. (17, 18, 19, 20, 21, 22, 23) Additional risks of not breastfeeding are increased incidence of asthma, allergies, multiple sclerosis, respiratory syncytial virus and Sudden Infant Death Syndrome. (24, 25, 26, 27, 28, 29)

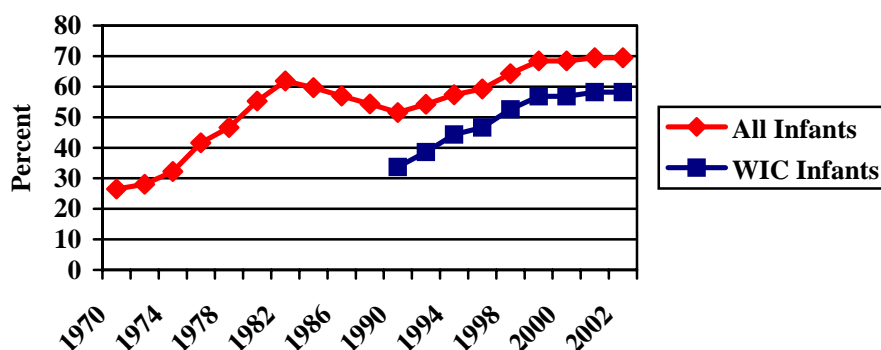
In addition to the benefits received by breastfed infants, breastfeeding mothers also experience health benefits. Breastfeeding stimulates the uterus to contract, reducing postpartum bleeding; delays ovulation; and may help mothers return to their pre-pregnancy weight more readily. (30) Research studies show that mothers who breastfeed have lower incidence of osteoporosis and breast, uterine, and ovarian cancers. (31, 32, 33, 34, 35, 36) Breastfeeding also promotes bonding because of the hormones released during skin-to-skin contact. (37)

Breastfeeding offers multiple economic and environmental benefits as well. A minimum of \$3.6 billion dollars a year would be saved if breastfeeding increased from current levels (64% in hospital and 29% at 6 months) to those recommended by the U.S. Surgeon General (75% and 50% respectively). Parents of breastfed babies miss fewer days of work due to illness, thus benefiting their employers and, subsequently, the economy. Artificial baby milk costs \$1,000 or more for a year's supply with the additional burden of the nation and community bearing the environmental cost of its production and disposal. (38, 39, 40, 41, 42)

Breastfeeding Trends in the WIC Program

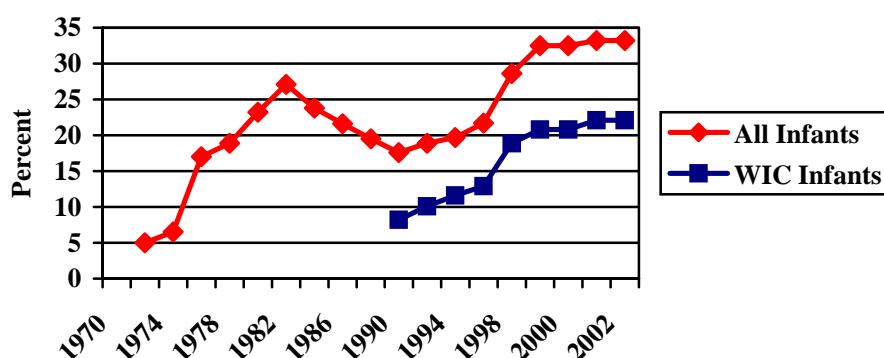
Hospital initiation rates for all infants in the United States climbed from 24.7% in 1971 to 70.1% in 2002. (43) The breastfeeding rates at birth of WIC and non-WIC participants are shown in Graph 1. The graph shows that WIC mirrors national statistics but gains in initiation are at a faster rate. The gains in breastfeeding initiation in the general population have been attributed largely to increases in breastfeeding rates among the low-income (WIC) population. (43)

Graph 1: Breastfeeding Initiation Rates



Note: WIC breastfeeding initiation rates were not available until 1990.

Breastfeeding rates for infants at six months have increased in the last decade but at a much slower rate in comparison to initiation rates (43, 44), as seen in Graph 2.

Graph 2: Breastfeeding Rates at 6 MonthsNote:

WIC breastfeeding rates at 6 months were not available until 1990.

Many characteristics common to the WIC population, such as race, age, family income and education (45, 46) may contribute to the discrepancy between “All Infants” and “WIC Infants.” The WIC population has the fastest growing segment of infants breastfeeding at birth. Breastfeeding initiation rates for “WIC Infants” have increased from 33.7% in 1990 to 58.8% in 2002, demonstrating a 25.1 percentage point increase over this 12-year period. Breastfeeding initiation rates for “All Infants” increased from 51.5% in 1990 to 70.1% in 2002, representing only an 18.6 percentage point increase during the same 12 years. (43)

Healthy People 2010 Goals

The United States Department of Health and Human Services identified breastfeeding as a high priority health objective for the nation for the Year 2010. Its goal is to have at least 75% of mothers breastfeeding their infants in the early postpartum period, at least 50% continuing to breastfeed until their infants are six months of age, and at least 25% breastfeeding to one year. (47) WIC Program regulations require that all pregnant women “be encouraged to breastfeed unless contraindicated for health reasons.” NWA strongly supports WIC’s mission to educate WIC participants who are pregnant about the benefits of breastfeeding as well as the risks associated with not breastfeeding. Pregnant women make up 11% of the 8 million participants currently enrolled in the WIC Program. (48) The WIC Program advocates for breastfeeding by ensuring that women have the ability to make informed decisions about infant feeding and by supporting their decisions. (49)

WIC Helps to Overcome Barriers

Even though a multitude of nutritional, health, psychological, and economic benefits exist for breastfeeding (11, 45, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64), numerous barriers prevent women from this practice. (11, 45, 58, 59, 60, 62, 66, 67, 68, 69) WIC helps women overcome these barriers in many ways. (44, 59, 60, 70, 71, 72) For example:

- educating women and their families on the benefits of breastfeeding.
- providing ongoing breastfeeding support and appropriate referrals to lactation specialists.
- offering services by peer counselors.
- serving as a resource for health care professionals and educational institutions to provide consistent information in the community.

- issuing a food package for exclusively breastfeeding women.
- making available and/or helping to identify resources for breast pumps and other breastfeeding aids.
- offering telephone hotlines, resource lists, or websites for breastfeeding questions.
- referring WIC clients to community support groups.
- supporting breastfeeding legislation and social marketing campaigns to gain social acceptance for breastfeeding.
- creating breastfeeding-friendly environments.
- taking part in community-wide breastfeeding promotion events.

National Support of Breastfeeding

The federal government and other national workgroups support breastfeeding promotion initiatives in state and local programs as well as within the private sector. These include:

- the United States Department of Agriculture (USDA), which promotes breastfeeding through WIC Program regulations, publications, and funding. (5)
- the Centers for Disease Control and Prevention, which supports breastfeeding by awarding grants and by providing national statistical information on breastfeeding.
- the Department of Health and Human Services (DHHS), which in 2000, released its *HHS Blueprint for Action on Breastfeeding* to establish a comprehensive breastfeeding policy for the nation and to offer strategies to meet the Healthy People 2010 objectives. (47, 73)
- the United States Breastfeeding Promotion Consortium (BPC), whose mission is to foster dialogue between the breastfeeding advocacy community and federal agencies. (5, 6)
- the United States Breastfeeding Committee (USBC), whose mission is to improve the nation's health by working collaboratively to protect, promote and support breastfeeding. (74)
- the National Healthy Mothers, Healthy Babies Coalition (HMHB), which educates expectant mothers and their families through partnerships at the local, state and national levels. (5)

The WIC Program is most effective in breastfeeding promotion and education when it works with other relevant organizations and agencies. Many professional organizations have position papers and/or statements, which recommend breastfeeding as the preferred method of infant feeding. Some of these organizations are:

- American Academy of Family Physicians (56)
- American Academy of Pediatrics (57)
- American College of Obstetrics and Gynecology (75)
- American Dietetic Association (45)
- American Public Health Association (58)
- Association of Women's Health, Obstetric and Neonatal Nurses (66,76)
- National Association of Pediatric Nurse Practitioners (77)

Legislation

Federal and state legislation has been initiated to create a workplace and community environment supportive of breastfeeding. By May 2004, thirty-six states have enacted at least one breastfeeding law, with twenty-nine states having laws protecting the right to breastfeed in public. Other types of breastfeeding legislation include laws exempting breastfeeding mothers from jury duty and permitting breastfeeding in prison; providing workplace accommodation for breastfeeding mothers; protecting breastfeeding from being regarded as indecent exposure; and laws that govern hospital lactation services, donor milk banks, and family law cases. (78, 79) At the Federal level, legislation has been introduced in Congress to protect the health and well being of infants whose mothers return to work and to protect the right to breastfeed and express human milk in the workplace. (80)

Recommendations for Breastfeeding Promotion in the WIC Program

These recommendations were developed to assist local and state WIC agencies in initiating and enhancing breastfeeding promotion and support programs. They address training, clinic environment, coordinated efforts, program evaluation, breastfeeding education and support, and the food packages for breastfed infants and breastfeeding women.

Recommendation #1

Orient and train all WIC staff on breastfeeding promotion and support.

Recommendation #2

Develop policies that encourage a breastfeeding-friendly environment.

Recommendation #3

Coordinate with private and public health care systems, educational systems, and community organizations to promote and support breastfeeding.

Recommendation #4

Evaluate breastfeeding activities on an annual basis.

Recommendation #5

Offer appropriate breastfeeding education and support to all pregnant WIC participants.

Recommendation #6

Create policies to allow breastfeeding infants to receive a food package consistent with their nutritional needs.

Recommendation #7

Provide breastfeeding support throughout the postpartum period.

Suggestions for Implementation and Rationales

Recommendation #1

Orient and train all WIC staff on breastfeeding promotion and support.

Suggestions for Implementation

1. Develop orientation guidelines for state and local coordinators and other WIC employees that address:
 - clinic environment and related policies.
 - program goals and philosophy.
 - culturally appropriate breastfeeding promotion strategies.
 - current breastfeeding management techniques.
 - use of appropriate breastfeeding education materials.
 - assessment of individual needs and concerns about breastfeeding.
 - appropriate counseling techniques.
 - assessment of client's need for breastfeeding equipment and proficiency in its use.
 - impact of issuing artificial baby milk.
2. Provide on-going breastfeeding training for all WIC staff, such as:
 - statewide and local conferences and workshops.
 - events sponsored by other agencies and organizations.
 - other training methods, such as self-study packets or distance learning opportunities. (*WIC Nutrition Services Standard*)

Rationale:

- Orienting all new employees about WIC's policies, goals, and philosophy provides a foundation of knowledge from which program staff can project a positive attitude about breastfeeding.
- Training ensures that staff has the knowledge necessary to help participants make an informed infant feeding decision.
- On-going training is necessary because information about breastfeeding management continues to evolve.
- Participation in breastfeeding training is essential to successful implementation of breastfeeding promotion programs.

Recommendation #2

Develop policies that encourage a breastfeeding-friendly environment.

Suggestions for Implementation

1. Consistently promote breastfeeding as the preferred method of infant feeding.
 - Mention breastfeeding first in all written and verbal communication when educating participants regarding infant feeding.

- Develop or procure culturally appropriate breastfeeding materials that meet the needs of WIC participants.
 - Use positive breastfeeding messages in all WIC educational programs and materials, including those designed for staff, participants, and outreach.
 - Communicate positive breastfeeding messages by using culturally appropriate pictures and posters.
 - Develop or procure waiting room materials (newsletters, children's books, etc.) that promote breastfeeding.
 - Develop workplace policies that are breastfeeding-friendly. (*WIC Nutrition Services Standard*)
 - Support breastfeeding in clinics.
 - Provide private space for staff and participants to breastfeed and/or express milk.
 - Provide furniture (foot stools and chairs with arms) that allows women to breastfeed comfortably.
2. Limit the visibility of artificial baby milk and related materials (*WIC Nutrition Services Standard*)
- Store supplies of baby bottles, nipples, and artificial baby milk out of view of participants.
 - Exclude the use of materials with pictures of baby bottles or those supplied by artificial baby milk manufacturers.

Rationale:

- Including positive breastfeeding messages to promote breastfeeding as the preferred infant feeding choice reinforces WIC's position on breastfeeding.
- Research shows people are much more likely to retain pictorial messages. Thus, it is extremely important that these messages be consistent with verbal messages about breastfeeding.
- Breastfeeding materials distributed by manufacturers of artificial baby milk usually contain subtle message that undermine breastfeeding.

Recommendation #3

Coordinate with private and public health care systems, educational systems, and community organizations to promote and support breastfeeding.

Suggestions for Implementation

1. Exchange information and assure consistent messages with appropriate groups, such as:
 - breastfeeding promotion task forces, networks or steering committees
 - peer support groups
 - citizen/faith based groups
 - education system, including medical schools

- Head Start, EFNEP (Expanded Food and Nutrition Education Program) and other community and home visiting programs
 - teen pregnancy programs
 - family planning programs
 - father support groups
 - hospitals
 - physicians
2. Disseminate information such as this NWA position paper, *Breastfeeding Promotion and Support in the WIC Program* to state and local affiliates of groups such as:
- American Academy of Pediatrics
 - American Academy of Family Physicians
 - American College of Nurse Midwives
 - American College of Obstetricians and Gynecologists
 - American Dietetic Association
 - American Hospital Association
 - American Nurses Association
 - American Public Health Association
 - Association of Maternal and Child Health Programs
 - Association of Pediatric Nurse Practitioners
 - Association of Women's Health, Obstetrics and Neonatal Nurses
 - Association of Public Health State and Territorial Nutrition Directors
 - Department of Health and Human Services
 - Department of Labor
 - Department of Public Welfare
 - Head Start Programs
 - Healthy Mothers, Healthy Babies Coalitions
 - Indian Health Service
 - International Lactation Consultant Association
 - La Leche League International
 - March of Dimes
 - Maternal and Child Health Directors
 - National Association of Pediatric Nurse Practitioners
 - United States Department of Agriculture
3. Participate in and support coordinated breastfeeding promotion and support activities by:
- co-sponsoring training and continuing education programs.
 - sharing breastfeeding education materials with other healthcare providers.
 - developing local or state position statements, policies, and counseling and referral protocols.
 - facilitating linkages to community-based breastfeeding resources.

Rationale:

- Collaborative approaches to breastfeeding promotion create a strong supportive environment with consistent messages across all professional agencies.
- Serving as an adjunct to health care is a vital component of the WIC Program. Sharing WIC policies with appropriate health care programs and professional organizations encourages a strong cooperative working relationship with the health community to accomplish mutual goals.

Recommendation #4

Evaluate breastfeeding activities on an annual basis.

Suggestions for Implementation

1. Evaluate breastfeeding initiation and duration through:
 - WIC data collection.
 - periodic sample surveys of program participants.
 - Centers for Disease Control and Prevention surveillance systems.
 - state surveillance systems.
 - birth certificate information.
 - other breastfeeding data.
2. Collect information that examines infant feeding patterns including:
 - exclusive breastfeeding.
 - combination breastfeeding and artificial baby milk feeding:
 - mostly breastfeeding
 - equal parts breastfeeding and artificial baby milk feeding
 - mostly artificial baby milk feeding
 - not breastfeeding.
 - reasons why supplementation was initiated or when breastfeeding ceased. (*WIC Nutrition Services Standard*)
3. Obtain feedback from WIC participants to assess breastfeeding attitudes, reasons for infant feeding decisions, and the perceived value of the WIC program's breastfeeding support activities.
4. Monitor WIC policies and practices for their effect on breastfeeding promotion and support. For example:
 - participant orientation and education materials.
 - availability of artificial baby milk samples.
 - appropriate food package tailoring for breastfeeding mothers and infants.
 - clinic environment, including the display of breastfeeding materials and posters.
 - staff interaction with participants regarding infant feeding decisions and breastfeeding support.
 - local agency linkages with other community programs providing services to breastfeeding women.
 - staff training plans.
 - data collection and evaluation activities. (*WIC Nutrition Services Standard*)
 - staff participation in advocacy activities, special projects or initiatives, peer counselor activities, and breast pump programs.

Rationale:

- Data collection helps identify and direct future breastfeeding promotion efforts. Review of successful strategies helps agencies measure progress toward meeting the health objectives for the nation.
- Collecting data on participants' breastfeeding patterns provides information on the WIC population's infant feeding practices and reasons why breastfeeding was supplemented or stopped. This will help states better focus their breastfeeding promotion activities.
- Collecting data on breastfeeding attitudes, infant feeding practices, and WIC-related promotion activities about breastfeeding assists state and local agencies to design more effective breastfeeding promotion program components.
- Implementing guidelines and policies will help improve breastfeeding initiation and duration rates among WIC participants.

Recommendation #5

Offer appropriate breastfeeding education and support to all pregnant WIC participants.

Suggestions for Implementation

1. Establish a breastfeeding protocol to:
 - integrate breastfeeding promotion into the continuum of prenatal nutrition education.
 - define the roles of all staff in the promotion of breastfeeding.
 - define situations when breastfeeding is contraindicated.
 - establish referral criteria.
2. Develop a mechanism to incorporate positive peer influence into the prenatal period, such as the provision of:
 - peer counselors.
 - breastfeeding classes.
 - breastfeeding recognition programs (e.g., photo displays, certificates, etc.).
 - opportunities for pregnant women to speak with breastfeeding women.
3. Identify cultural beliefs and attitudes towards breastfeeding and tailor interventions and education to meet the clients' needs by:
 - including an initial assessment of participants' knowledge, concerns, and attitudes related to breastfeeding.
 - providing breastfeeding education and support to each prenatal participant based on the above assessment.
 - encouraging anticipatory guidance in the 8th or 9th month of pregnancy to answer questions and help women plan for breastfeeding in the early postpartum period.
 - assisting women to identify their breastfeeding goals.
4. Educate prenatal women on hospital protocols that could negatively impact breastfeeding and train WIC staff on how to help women overcome such protocols. Some of these protocols include:

- epidurals during labor.
 - giving bottles to breastfed infants without medical indication.
 - rules against rooming-in.
5. Coordinate WIC's breastfeeding education activities with primary care providers by:
 - discussing WIC's position about breastfeeding as optimal for women and infants.
 - encouraging the sharing of educational materials between WIC and primary care providers.
 - identifying breastfeeding promotion and support services available in the community and referring participants as needed.
 6. Involve grandparents and other influential family members and friends in the promotion and support of breastfeeding.

Rationale:

- Making informed choices regarding the best method of infant feeding depends in part on staff's ability and efforts to address women's needs and concerns throughout the prenatal period.
- Positive peer influence has been shown to be a factor in a woman's decision to breastfeed.
- Assistance and emotional support from family and friends are critical to a woman's successful initiation and continuation of breastfeeding.
- To overcome potential barriers due to hospital and physician practices, women must be able to request the services that will facilitate successful breastfeeding, e.g., breastfeeding soon after delivery.
- Coordinating activities in the community increases the likelihood of women and families receiving consistent messages and information about breastfeeding.
- Local agency WIC staff who give relevant and valuable information help prepare women for their early breastfeeding experiences.

Recommendation #6

Create policies that allow breastfeeding infants to receive a food package consistent with their nutritional needs.

Suggestions for Implementation

1. Encourage all women to exclusively breastfeed for at least 6 months, to continue to breastfeed along with appropriate complementary foods at least until the infant is one year of age, and to continue thereafter for as long as mutually desired.
2. Educate mothers about the impact of supplementation on breastfeeding.
3. Print a positive breastfeeding message on vouchers that may be needed to enroll breastfed infants. For example:
 - "Breastfed babies are healthier babies"
 - "Thank you, Mom, for breastfeeding me"

4. Assess reasons why mothers want artificial baby milk. (*WIC Nutrition Services Standard*)
5. Give artificial baby milk vouchers or samples only when specifically requested by the caretaker and after counseling about breastfeeding.
6. Minimize the use of artificial baby milk for breastfeeding infants. If provided, give the powdered form. (*WIC Nutrition Services Standard*)

Rationale:

- Breastfeeding counseling builds the mother's confidence and insures that she is making an informed decision on the impact that artificial baby milk will have on her milk supply and on continued breastfeeding.
- Positive breastfeeding messages on WIC checks or vouchers reinforce the importance of breastfeeding.
- Powdered artificial baby milk can be prepared in as small a quantity as needed and it has a shelf life of one month after the can has been opened. Conversely, the minimum amount of the concentrated fluid artificial baby milk that can be prepared is 26 ounces, which must be used within 48 hours. This could cause mothers to replace a breastfeeding or overfeed their infants.
- Breastfeeding mothers may not fully understand the negative impact that artificial baby milk supplementation has on breast milk supply. This is especially important during the first 3-4 weeks when the milk supply is being established.
- Offering artificial baby milk to a breastfeeding woman, particularly in the first few weeks, undermines her confidence that she can breastfeed successfully. She also may find it difficult to refuse the artificial baby milk even though she had not planned to use it.

Recommendation #7

Provide breastfeeding support throughout the postpartum period.

Suggestions for Implementation

1. Develop a referral system of local resources to include:
 - professional support, such as International Board Certified Lactation Consultants (IBCLCs), and warm lines and hot lines.
 - peer support, such as peer counselors and resource mothers.
2. Refer women to lactation support in special situations, such as:
 - returning to work or school.
 - separation from infants due to hospitalization or illness.
 - multiple births.
 - infants with special needs.
 - When a breastfeeding aid is issued.
 - difficulties breastfeeding.

3. Teach breastfeeding families the important benefits of continued breastfeeding for both the mother and the infant through the infant's first year of life by:
 - providing education and support to breastfeeding families about how normal infant developmental changes, such as growth spurts and infant's interest in exploring, will affect the breastfeeding relationship.
 - educating families on the enhanced disease prevention associated with continued breastfeeding.
 - informing breastfeeding mothers that they can receive WIC benefits until the baby's first birthday.
 - using culturally appropriate posters and messages in waiting rooms and nutrition education areas.
4. Coordinate breastfeeding support with other programs and facilities such as:
 - maternal and child health programs
 - family planning programs
 - hospitals
 - Indian Health Service
 - community healthcare providers
 - day care centers
 - employers
 - schools
5. Develop protocols or guidelines regarding the distribution of breastfeeding aids, such as breast pumps, breast pads and breast shells. These include:
 - circumstances when the breastfeeding aid might be provided.
 - guidelines for participant instruction about using the aids.
 - evaluation of effectiveness of breastfeeding aids.

Rationale:

- Professional support assists the mother in overcoming breastfeeding challenges.
- Early and continuous support in the postpartum period helps women meet their breastfeeding goals.
- Peer support programs employ individuals who have successfully breastfed their infants and who express a positive, enthusiastic viewpoint of breastfeeding, and who share a common cultural and social background with the participants.
- Collaborative relationships result in consistent messages supporting breastfeeding, more efficient breastfeeding services, and decreased lactation problems. These efforts will have a more far-reaching effect as the incidence of breastfeeding increases.
- While most women have successful breastfeeding experiences without using breastfeeding aids, these aids can enhance breastfeeding success when their distribution is based on individual need and when instruction about the aid is provided.

Summary

The breastfeeding promotion and support that families receive through WIC is irreplaceable and may be the only support they receive. These recommendations are intended to create an atmosphere that encourages breastfeeding and provides specific ways to enhance its success.

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National and International Organizations that Support Breastfeeding

1. Academy of Breastfeeding Medicine (ABM)
191 Clarksville Road
Princeton Junction, NJ 08550
Phone: 877-836-9947, Extension 25
Web site: www.bfmed.org
2. American Academy of Family Physicians (AAFP)
Box 11210
Shawnee Mission, KS 66207-1210
Phone: 800-274-2237
Web site: www.aafp.org
3. American Academy of Pediatrics (AAP)
141 North West Point Blvd.
Elk Grove Village, IL 60009-1098
Phone: 847-434-4000
Web site: www.aap.org
4. American College of Nurse-Midwives (ACNM)
818 Connecticut Ave., Suite 900
Washington, D.C. 20006
Phone: 202-728-9860
Web site: www.midwife.org
5. American College of Obstetricians and Gynecologists (ACOG)
409 12th Street, S.W.
Box 96920
Washington, DC 20090-6920
Web site: www.acog.org
6. American Dietetic Association (ADA)
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
Phone: 800-877-1600
Web site: www.eatright.org
7. American Public Health Association (APHA)
800 I St., NW
Washington, DC 20001-3710
Phone: 202-777-2742
Web site: www.apha.org
8. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
2000 L Street, N.W., Suite 740
Washington, D.C. 20036
Phone: 800-673-8499
Web site: www.awhonn.org
9. Baby-Friendly USA
327 Quaker Meeting House Road
East Sandwich, MA 02537
Phone: 508-888-8092
Web site: www.babyfriendlyusa.org

10. Centers for Disease Control and Prevention (CDC)
1600 Clifton Rd.
Atlanta, GA 30333
Phone: 404-639-3311
Web site: www.cdc.gov
11. Doulas of North America (DONA)
Box 626
Jasper, IN 47547
Phone: 888-788-DONA
Web site: www.dona.org
12. National Healthy Mothers, Healthy Babies Coalition (HMHB)
121 North Washington Street Suite 300
Alexandria, VA 22314
Phone: 703-836-6110
Web site: www.hmhb.org
13. International Lactation Consultant Association (ILCA)
1500 Sunday Drive Suite 102
Raleigh, NC 27607
Phone: 919-861-5577
Web site: www.ilca.org
14. La Leche League International (LLLl)
Box 4079
Schaumburg, IL 60168-4079
Phone: 800-LA-LECHE
Web site: www.lalecheleague.org
15. National Alliance for Breastfeeding Advocacy (NABA)
254 Conant Road
Weston, MA 02493-1756
Web site: www.naba-breastfeeding.org
16. National Association of Pediatric Nurse Practitioners (NAPNAP)
20 Brace Road Suite 200
Cherry Hill, NJ 08034-2633
Phone: 856-857-9700
Web site: <http://www.napnap.org>
17. National WIC Association (NWA)
2001 S. Street NW Suite 580
Washington, DC 20009
Phone: 202-232-5492
Web site: <http://www.nwica.org>
18. National Women's Health Information Center (NWHIC)
DHHS Office of Women's Health
8550 Arlington Blvd., Suite 300
Fairfax, VA 22031
Phone: 800-994-9662
Web site: www.4woman.gov
19. Nursing Mothers Association of Australia (NMAA)
Lactation Resource Centre
P.O. Box 4000
Glen Iris, Victoria 3146, Australia

Phone: +61-3-9885-0855
Web site: www.breastfeeding.asn.au

20. United Nations Children's Fund (UNICEF)
UNICEF House
3 United Nations Plaza
New York, NY 10017
Phone: 212-326-7000
Web site: <http://www.unicef.org>
21. United States Breastfeeding Committee (USBC)
1500 Sunday Drive, Suite 102
Raleigh, NC 27607
Phone: 919-861-5589
Web site: www.usbreastfeeding.org
22. United States Department of Agriculture (USDA)
Food and Nutrition Service (FNS)
3101 Park Center Drive
Alexandria, VA 22302
Phone: 703-305-2052
Web site: <http://www.fns.usda.gov/wic>
23. World Alliance for Breastfeeding Action (WABA)
P.O. Box 1200
10850 Penang, Malaysia
Phone: 604-658-4816
Web site: www.waba.org.my
24. World Health Organization (WHO)
1775 K Street NW Suite 430
Washington, DC 20006
Phone: 202-331-9081
Web site: www.who.int/en/