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IN REPLY REFER TO
BUMEDINST 6000.14A
BUMED-M3
27 Aug 2014

BUMED INSTRUCTION 6000.14A

From: Chief, Bureau of Medicine and Surgery

Subj: SUPPORT OF SERVICEWOMEN IN LACTATION AND BREASTFEEDING

Ref: (a) OPNAVINST 6000.1
(b) MCO 5000.12E
(c) DoD Directive 1010.10 of August 22, 2003
(d) BUMEDINST 4001.4A
(e) DoD 5500.07-R of August 30, 1993
(f) TRICARE Policy Manual 6010.54-M

Encl: (1) Policy Guidance for Medical Support of Servicewomen with in Lactation and Breastfeeding
(2) Breastfeeding Support Resources List

1. Purpose. To set guidelines for policy development to support commands with servicewomen in lactation and breastfeeding per references (a) through (f).
2. Cancellation. BUMEDINST 6000.14.
3. Applicability. This instruction pertains to Navy Medical Department personnel at medical treatment facilities (MTFs) and medical activities who provide maternity care services, postpartum care, and/or care for infants in the first year of life to military Service members and their infants.
4. Background. The factors that affect breastfeeding are complex, varied, and different in each situation; however, the impact of workplace conditions and health care practices can be major contributors to the success or failure of breastfeeding. References (a) and (b) direct commanders to support servicewomen upon return to work. Reference (c) directs the implementation of programs which promote health and prevent disease in a culture that values actions to achieve optimal health.
5. Policy. Medical Department personnel will provide workplace support to servicewomen in their decision to breastfeed. Enclosure (1) provides guidance for MTF policy development.
6. Action. Addressees will incorporate policy guidelines outlined in enclosure (1) into their local policies, as appropriate, and familiarize themselves with the information regarding breastfeeding support provided in enclosure (2).

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7. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.



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**POLICY GUIDANCE FOR MEDICAL SUPPORT OF SERVICEWOMEN
IN LACTATION AND BREASTFEEDING**

1. Background

a. Per reference (a), the Surgeon General of the United States has emphasized breastfeeding as one of the most important contributors to infant and maternal health and has delineated national targets to increase the proportion of mothers who breastfeed their infants, and has released The Surgeon General's Call to Action to Support Breastfeeding 2011 available at: <http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>. The American Academy of Pediatrics endorses exclusive breast milk feeding for infants from birth up to about 6 months of age, with continuation of breastfeeding for 1 year or longer as mutually desired. In August 2003, the Department of Defense launched the Family Centered Care initiative and released the Department of Defense/Veterans Affairs (DoD/VA) Clinical Practice Guideline for the Management of the Uncomplicated Pregnancy to provide world class perinatal and early childhood care to military members and their families. These initiatives include the provision of breastfeeding support to families who decide to breastfeed their infants. In 2009, the updated DoD/VA Clinical Practice Guideline for Pregnancy Management was released. The guideline includes breastfeeding education at each visit. TRICARE policy incorporates breastfeeding counseling in its program of well-child care. On 31 March 2010, The Joint Commission retired the Pregnancy and Related Conditions core measure set and replaced it with the new Perinatal Care core measure set, including Exclusive Breast Milk Feeding.

b. Data suggests active duty servicewomen exceed the national target for the initiation of breastfeeding yet shows marked decline in the duration and continuation of breastfeeding at 2 weeks and beyond, as compared to national breastfeeding rates. This is of particular concern since there is strong evidence that exclusive breastfeeding reduces ear infections, respiratory illnesses, asthma, atopic dermatitis, sudden infant death syndrome, gastroenteritis, and diarrhea. Providing breast milk to preterm infants decreases the incidence of necrotizing enterocolitis and death. Given the evidence of the direct relationship between breastfeeding and illness reduction, efforts to increase breastfeeding rates will decrease health care costs and increase workplace productivity through reduced absenteeism, improved morale, and Service member retention. The evidence also exists that breastfeeding lessens maternal postpartum blood loss, decreases the risk of ovarian and pre-menopausal breast cancer, reduces the development of childhood obesity, childhood asthma, and type-2 diabetes mellitus. Women face a variety of issues with regard to the initiation and continuation of breastfeeding. Significant barriers to lactation breastfeeding include: Social norms; lack of social/family support; employment; child care issues; and health services. Health care providers are particularly influential as Service women make decisions about and learn how to breastfeed, prepare to re-enter the workplace, and continue to nurse their infants in the first year.

2. Definition and Resources. Lactation: The secretion of milk from the mammary glands of the breast. Breastfeeding: Feeding child human breast milk through sucking and nursing. (Human breast milk can also be fed to the infant by bottle.) Breast pump—used when: The mother is

lactating too much; breastfeeding becomes uncomfortable; and the mother is busy or if the mother will not be available to feed her baby directly from the breast. Enclosure (2) provides a representative collection of resource information intended to facilitate the implementation of policy and procedures.

3. Breastfeeding Support Program. MTFs that provide maternity care services, postpartum care, and/or care for newborn infants in the first year of life to military Service members and their infants shall develop a Breastfeeding Support Program commensurate with the needs of the patient population. The program will be overseen and executed by qualified personnel possessing the competencies required to guide the delivery of experienced and informed breastfeeding support in the prenatal months through the first year of life. A focus on active duty workplace concerns must be incorporated in the program. Occupational health/industrial hygiene personnel are available to interpret the Navy Occupational Safety and Health Program, as necessary, and to collaborate with shore and Fleet commanding officers (COs) and officers in charge (OICs) to ensure that an Occupational Exposures of Reproductive or Developmental Concern Questionnaire (per OPNAVINST 5100.23G CH-1) has been completed, and the current industrial hygiene site survey identifies potential environmental and occupational hazards that may impact a servicewoman's decision to breastfeed. It is recommended that the MTF Breastfeeding Support Program integrate a process by which the health care staff and servicewoman can interface with local relief organizations (e.g., Navy and Marine Corps Relief Society, The Special Supplemental Nutrition Program for Women, Infants and Children (WIC), etc.), if necessary, for needs-based support for the acquisition of a breast pump.

a. Per reference (f) Chapter 8, Section 2.6, heavy-duty hospital grade (HCPCS code E0604) electric breast pumps are covered (including services and supplies related to the use of the pump) for the mother of a premature infant. A premature infant is defined as a newborn with International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes 765.0 (extreme prematurity), 765.1 (other preterm infants), or 765.21 through 765.28 (35 to 36+6 weeks gestation) for services provided prior to International Classification of Diseases, 10th Revision (ICD-10) implementation or ICD-10 Clinical Modification (ICD-10-CM).

b. An electric breast pump is covered while the premature infant remains hospitalized during the immediate postpartum period. Electric breast pumps may be covered after the premature infant is discharged from the hospital. The ordering physician shall document the medical reason for continued use of an electric breast pump after the infant has been discharged in the CHCS/AHLTA referral. This documentation is also required for those premature infants who are delivered in non-hospital settings. Use of electric breast pumps for reasons of personal convenience (e.g., to facilitate a mother's return to work), even if prescribed by a physician, is specifically excluded from TRICARE coverage. Basic electric and manual breast pumps are not covered by TRICARE.

4. The World Health Organization/United Nations Children's Fund (WHO/UNICEF) "Ten Steps to Successful Breastfeeding" is a list of evidence-based interventions that summarize the maternity and newborn care practices necessary to support breastfeeding in a health care facility.

Research shows that infants born in hospitals following these steps were more likely to be breastfeeding exclusively at 3 to 6 months of age and to have fewer gastrointestinal infections and eczema in the first year of life when compared with infants born at hospitals not following these recommendations: http://www.who.int/nutrition/publications/evidence_ten_step_eng.pdf. Navy MTFs are encouraged to incorporate the WHO/UNICEF “Ten Steps to Successful Breastfeeding” guidance, available at: <http://www.unicef.org/newsline/tensteps.htm> into local policy as it is developed. Development and implementation of a policy of this nature shall be undertaken by a multidisciplinary team.

5. DoD/VA Clinical Practice Guideline for the Management of Pregnancy, also known as the 9-Visit Pathway (available at: <http://www.healthquality.va.gov/pregnancy.asp>) includes breastfeeding education beginning with the first prenatal visit. MTFs should consider this guideline when designing the provider education and patient interventions incorporated in the MTF Breastfeeding Support Program.

6. Evidence indicates that the provision of free formula samples without a medical indication is associated with the early cessation of breastfeeding. This directly contradicts efforts to support families who have decided to breastfeed their infant(s).

a. In the inpatient setting, giving property or gifts to patients that are not related to patient treatment is specifically prohibited under paragraph 4j of reference (d). Per paragraph 4k, if medically indicated or if the new mother has voiced a preference to use formula to feed her infant(s) while hospitalized, then formula may be provided to the infant in a quantity sufficient to provide food for the infant until additional formula can be obtained from commercial sources. Per references (d) and (e), infant formula must be accounted for, controlled, and issued consistent with standard medical supply procedures. Reference (d), enclosure (1), provides guidance for material managers who have the responsibility to monitor and distribute infant formula donated by or purchased from commercial manufacturers.

b. In the outpatient setting, the provision of free formula samples is prohibited by references (d) and (e). If a provider determines an immediate medical necessity to feed (provide formula to an infant), than any formula provided shall be no more than the amount needed to care for the infant’s immediate needs and to allow the parent(s) to obtain their own supply of formula from commercial establishments.

7. Evidence suggests that health care staff should receive education and training in order to relay consistent, supportive messages about breastfeeding in the prenatal and postpartum periods. The United States Preventive Services Task Force strongly recommends structured breastfeeding education and behavioral counseling programs to promote breastfeeding and increase duration rates. Effective programs use individual or group sessions, generally beginning during the prenatal period, led by specially trained nursing or lactation specialists. It is advisable that MTF Breastfeeding Support Programs incorporate direct health care staff education/training as well as family education offerings.

8. Providing accommodations for breast milk expression is essential to the sustainment of breastfeeding and serves as a visible display of institutional support for this healthy behavior. Adequate provisions for breast pump setup, a doorway that can be secured to afford privacy and electrical outlets must be available. A toilet space is unacceptable for breast milk expression due to sanitary concerns. Running water for hand washing and pump equipment cleaning must be readily accessible. MTFs will provide breastfeeding/breast pump areas for staff/beneficiaries and advise other work centers how to provide these areas. Affording the opportunity to utilize existing rooms (i.e., vacant offices or examination rooms) that provide privacy/seclusion is acceptable. MTFs will utilize existing space and resources to accomplish this.

9. MTF Breastfeeding Support Programs which incorporate workplace assistance to Fleet and shore COs and OICs in their efforts to support their personnel have the potential to increase breastfeeding duration rates, reduce health care costs and lost duty time. MTF and outpatient clinic personnel are encouraged to develop plans to educate workplace supervisors, COs, and OICs in non-medical commands regarding the importance of supporting servicewomen who have decided to breastfeed, and to assist those command(s) in reintegrating breastfeeding servicewomen into the workplace, especially in supporting servicewomen who deliver a premature infant. Local breastfeeding support policies will prohibit harassment and discrimination of breastfeeding servicewomen. Requests to express breast milk or breastfeed an infant should be handled on a case by case basis; however, breastfeeding is not a reason for granting excessive time for meals or exemption from work. Work supervisors are expected to support staff members who wish to utilize the lactation room to express milk. Work supervisors can receive education on typical pumping routines from local Lactation Consultants or MTF for guidance on monitoring their personnel. Breastfeeding Support Programs are encouraged to consult with and address the needs of servicewomen and their infant(s) in military child development centers, as well.

BREASTFEEDING SUPPORT RESOURCES LIST *

1. Policies and Reference

- a. Academy of Breastfeeding Medicine: <http://www.bfmed.org/Resources/Protocols.aspx>.
- b. Centers for Disease Control and Prevention, Breastfeeding: <http://www.cdc.gov/breastfeeding/>, including *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*, 2013; Guidelines for Vaccinating Pregnant Women: <http://www.cdc.gov/vaccines/pubs/preg-guide.htm>.
- c. MCO 5000.12E, Marine Corps Policy Concerning Pregnancy and Parenthood available at: <http://community.marines.mil/news/publications/Documents/MCO%205000.12E%20W%20CH%201-2.pdf>.
- d. OPNAVINST 6000.1 - Guidelines Concerning Pregnant Servicewomen available at: <http://doni.daps.dla.mil/allinstructions.aspx>.
- e. United States Breastfeeding Committee (USBC) Web site at: <http://www.usbreastfeeding.org/>, including *Core Competencies in Breastfeeding Care and Services for All Health Professionals*, 2010; *Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding*, 2013: <http://www.usbreastfeeding.org/Portals/0/Publications/Implementing-TJC-Measure-EBMF-2013-USBC.pdf>.
- f. U. S. Department of Health and Human Services, Office on Women's Health, <http://womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/employee's-guide-to-breastfeeding-and-working.pdf>.
- g. WHO/UNICEF "Ten Steps to Successful Breastfeeding" guidance, available at: <http://www.unicef.org/newsline/tenstps.htm>.

2. Position Papers

- a. American Academy of Pediatrics (AAP), 2012: <http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552>.
- b. Academy of Breastfeeding Medicine (ABM), 2008, 2013: http://www.bfmed.org/Media/Files/Documents/pdf/Statements/ABM_Position_on_Breastfeeding%20bfm.2008.9988.pdf; http://www.bfmed.org/Media/Files/Documents/pdf/Statements/ABM_position_on_mothersinworkplace_2013.pdf.

- c. American Academy of Family Physicians (AAFP), Position Paper on Breastfeeding, 2008: <http://www.aafp.org/about/policies/all/breastfeeding-support.html>.
- d. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). *Breastfeeding and Lactation in the Workplace*, 2008: https://www.awhonn.org/awhonn/content.do;jsessionid=F020E7951CED7D25F04A2846207F12CF?name=07_PressRoom/07_PositionStatements.htm.
- e. National Association of Neonatal Nurses (NANN), 2009: http://www.nann.org/pdf/09nicu_milk.pdf.

3. Evidence-based Clinical Practice Guidelines

- a. American Dietetic Association (2009). Promoting and Supporting Breastfeeding, Volume 109, Issue 11, Pages 1926-1942.
- b. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Evidence-based clinical practice guideline. Breastfeeding support: Prenatal care through the first year. Jan 2000. Available at: <http://www.AWHONN.org>.
- c. International Lactation Consultant Association (ILCA): <http://www.ilca.org>.
- d. U.S. Preventive Services Task Force (USPSTF): <http://www.uspreventiveservicestaskforce.org/uspstf/uspbrfd.htm>; *Behavioral Interventions to Promote Breastfeeding: Recommendations and Rationale*, 2003: <http://www.annfammed.org/cgi/reprint/1/2/79.pdf>.

** This Resource List is not intended to be restrictive. It is a representative sample of information available to personnel tasked to develop policy and implement a Breastfeeding Support Program.*

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