



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6000.14B
BUMED-M3
12 Feb 2019

BUMED INSTRUCTION 6000.14B

From: Chief, Bureau of Medicine and Surgery

Subj: SUPPORT OF WOMEN IN LACTATION AND BREASTFEEDING

Ref: (a) OPNAVINST 6000.1D
(b) MCO 5000.12E
(c) DoD Instruction 1010.10 of 28 April 2014
(d) NMCPHC-TM-OEM 6260.01C
(e) TRICARE Policy Manual 6010.60-M
(f) DoD 5500.7-R, Joint Ethics Regulation, August 1993

Encl: (1) Policy Guidance for Support of Women in Lactation and Breastfeeding
(2) Breastfeeding Support Resources

1. Purpose. To set guidelines for policy development to support commands with women in lactation and breastfeeding per references (a) through (f). This is a complete revision and must be read in its entirety.
2. Cancellation. BUMEDINST 6000.14A.
3. Scope and Applicability. This instruction applies to all active duty and full-time support Navy personnel, all Navy reservists and reserve commands, all Navy civilian employees, all Navy commands and activities, and all government civilian and contract employees who provide care or support the provision of health care.
4. Background. The factors which affect breastfeeding are complex, varied, and different in each situation; however, the impact of workplace conditions and healthcare practices can be major contributors to the success or failure of breastfeeding. References (a) and (b) direct commanders to support Service women 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. Reference (d) addresses occupational exposures to Service members who breastfeed, and provides guidance to occupational medicine providers caring for breastfeeding women. Reference (e), TRICARE Policy Manual, chapter 8, section 2.6 covers manual and standard electric breast pumps. In the outpatient setting, the provision of free formula samples is prohibited by reference (f).
5. Policy. Commands will provide workplace support to women in their decision to breastfeed. Enclosure (1) provides guidance for command policy development and will remain in effect until

canceled by a Defense Health Agency Procedural Instruction. Enclosure (2) provides a representative collection of resource information intended to facilitate the implementation of policy and procedures.

6. Action. Commands must 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).

7. Review and Effective Date. Per OPNAVINST 5215.17A, Healthcare Operations (BUMED-M3) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following guidance in OPNAV Manual 5215.1 of May 2016.

8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/ Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

9. Forms

a. DD Form 2642 TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment is available at: <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2642.pdf>.

b. NAVMED 6260/8 Occupational Exposures of Reproductive or Developmental Concern – Supervisor's Statement is available at: <https://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

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c. NAVMED 6260/9 Occupational Exposures of Reproductive or Developmental Concern – Worker’s Statement is available at:
<https://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.



C. FORREST FAISON III

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

POLICY GUIDANCE FOR
SUPPORT OF WOMEN IN LACTATION AND BREASTFEEDING

1. Background

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. The Surgeon General's Call to Action to Support Breastfeeding 2011 is available at:
<http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>.

b. The American Academy of Pediatrics endorses exclusive breast milk feeding for infants from birth up to 6 months of age, with continuation of breastfeeding for 1 year or longer as mutually desired. In August 2003, the Department of Defense (DoD) launched the Family Centered Care initiative and released the DoD and Veterans Affairs (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 during inpatient maternity stays, outpatient obstetric visits, and 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.

c. Data suggests active duty Service women exceed the national target for the initiation of breastfeeding, yet studies show a 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 rates of ear infections, respiratory illnesses, asthma, atopic dermatitis, sudden infant death syndrome, gastroenteritis, and diarrhea in the infant. Evidence also suggests children who were breastfed have less risk of childhood obesity and type-2 diabetes mellitus. 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 healthcare costs and increase workplace productivity through reduced absenteeism, improved morale, and Service member retention. Evidence also indicates breastfeeding lessens maternal postpartum blood loss and decreases the risk of ovarian and pre-menopausal breast cancer, cardiovascular disease, and type-2 diabetes mellitus.

d. Women face a variety of challenges with the initiation of and the continuation of breastfeeding. Significant barriers to lactation and breastfeeding include: social norms, lack of social or family support, employment, child care issues, and health services. Healthcare providers are particularly influential as women make decisions about whether to breastfeed, as they learn how to breastfeed, and as they prepare to re-enter the workplace while continuing to breastfeed.

2. Definitions

a. Lactation. The secretion of milk from the mammary glands of the breast.

b. Breastfeeding. Feeding a child human breast milk directly from the breast.

c. Breast pump. Used to establish and maintain a good milk supply whenever there is separation of the mother and infant such as a maternal or infant hospital admission or when the mother has returned to work.

3. Breastfeeding Support Program. Medical treatment facilities (MTF) providing women's health services, maternity care services, postpartum care, or care for infants in the first year of life must 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 and through the duration of breastfeeding. A focus on workplace concerns must be incorporated in the program. Occupational health and 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 (CO) and officers in charge (OIC) to ensure a NAVMED 6260/8 Occupational Exposures of Reproductive or Developmental Concern - Supervisor's Statement and a NAVMED 6260/9 Occupational Exposures of Reproductive or Developmental Concern - Workers' Statement have been completed, and the current industrial hygiene site survey identifies potential environmental and occupational hazards that may impact a woman's decision to breastfeed. It is recommended the MTF Breastfeeding Support Program integrate a process by which the healthcare staff and breastfeeding woman 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); La Leche League; etc.).

4. TRICARE Coverage of Breast Pumps, Supplies, and Breastfeeding Counseling

a. Manual and Standard Electric Breast Pumps. TRICARE covers manual and standard electric breast pumps. Per reference (e), chapter 8, section 2.6, this change is effective December 19, 2014. One manual or standard electric breast pump and supplies are covered per birth event. The coverage is extended to all TRICARE beneficiaries, as well as for a female beneficiary who legally adopts an infant and intends to personally breastfeed the adopted infant. Prior authorization is not required. A prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife is required for coverage of the breast pump and should be submitted with the claim. The prescription must, at a minimum, indicate the type of breast pump prescribed (manual or standard electric). If a request is determined to be a duplicate, the claim may be denied. Cost shares and copays do not apply to manual or standard electric breast pumps and supplies.

b. Hospital Grade Breast Pumps. A hospital grade breast pump and supplies are covered for premature infants when hospitalized during the immediate postpartum period. Additionally, per reference (e), chapter 8, section 2.6, effective December 19, 2014, a hospital grade breast pump and supplies are covered when required to support initiation of lactation for mothers and infants who are separated due to illness or who are unable to feed directly from the breast due to maternal or infant medical complications, congenital anomalies, induced lactation, re-lactation, adoption, or other medical conditions for mother or infant which preclude effective feeding at the breast. For active duty Service members, if the claim is for a manual or standard electric pump, no additional MTF or Enhanced Multi-Service Market authorization is required. If the claim is for a heavy-duty pump, a prescription is required and must be on file. Copays and cost sharing do not apply for hospital grade breast pumps.

c. Breast Pump Supplies

(1) Covered Supplies. Standard power adapters, tubing and tubing adaptors, locking rings, bottles, bottle caps, splash protectors, and storage bags used with the breast pump are covered as necessary for up to 36 months post birth event. Up to two breast pump kits are also covered per birth event. The breast pump and supplies must be obtained from a TRICARE-authorized provider, supplier, vendor, or any civilian retail store or pharmacy for the breast pump, supplies, and kits to be covered. The beneficiary may request reimbursement from the Managed Care Support Contractor if they have paid out-of-pocket by submitting an approved and properly completed DD Form 2642 TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment with a copy of the prescription for the breast pump and itemized receipt(s). Cost shares and copays do not apply.

(2) Non-Covered Supplies. The breast pump benefit does not include coverage for the following items: breast pump batteries, battery-powered adapters, and battery packs; regular "baby bottles" (bottles not specific to pump operation), including associated nipples, caps, and lids; travel bags and other similar carrying accessories; breast pump cleaning supplies; baby weight scales; garments and other products that allow hands-free pump operation; ice packs, labels, labeling lids and other similar products; nursing bras, bra pads, breast shells and other similar products; and over-the-counter creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples. These items are excluded from coverage, are not reimbursable by TRICARE, and are the patient's responsibility.

d. Breastfeeding and Lactation Counseling. Per reference (e), chapter 8, section 2.6, effective 19 December 2014 covers breastfeeding and lactation counseling. Breastfeeding and lactation counseling must be the only service being provided during the visits and billed using one of the preventive counseling codes 99401-99404. Breastfeeding and lactation counseling is only covered when rendered by a TRICARE-authorized individual professional provider (e.g., physician, physician assistant, nurse practitioner, nurse midwife, or registered nurse), outpatient hospital, or clinic. These counseling sessions are in addition to the lactation counseling that may be provided during an inpatient maternity stay, outpatient visit, or well-child visit. Copays and cost shares do not apply.

5. Command Breastfeeding and Breast Pumping Areas. 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. COs and OICs must ensure the availability of a private, clean room for expressing breast milk. A separate toilet space is unacceptable for breast milk expression due to sanitary concerns. Commands must ensure breastfeeding staff or beneficiaries have ready access to running water for hand washing and pump equipment cleaning near or within the same room as the lactation room. The lactation room must also have electrical outlets and be located within a reasonable proximity of the workspace. Breastfeeding mothers may store breast milk in an insulated container for up to 24 hours and it may be refrigerated for up to 5 days. Breast milk should be contained and labeled to avoid contamination by other items located in the vicinity.
6. MTF Breastfeeding Support Programs. 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 and reduce healthcare 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 women who have decided to breastfeed, and to assist those commands in reintegrating breastfeeding women into the workplace, especially in supporting women who deliver a premature infant and Service women who are breastfeeding. Local breastfeeding support policies will prohibit harassment and discrimination of breastfeeding women. Work supervisors are expected to support staff members who wish to utilize the lactation room to express breast milk. Work supervisors can receive education on typical pumping routines from local lactation consultants or MTFs for guidance on monitoring their personnel. Breastfeeding Support Programs are encouraged to consult with and address the needs of Service women and their infant(s) in military child development centers, as well.
7. Child Care Centers in MTFs. Based upon evidence, breastfeeding should be supported for up to 1 year, or longer if the mother desires. All accommodations should be made to provide human milk to the infant or toddler based on the mother's preferred nutritional plan. Warming milk to body temperature is often preferred by infants and should be accommodated by child development centers staff within their guidelines for safe handling of breast milk.
8. Ten Steps to Successful Breastfeeding. The World Health Organization/United Nations Children's Fund (WHO/UNICEF) "Ten Steps to Successful Breastfeeding" is a list of evidence-based interventions summarizing the maternity and newborn care practices necessary to support breastfeeding in a healthcare facility. Research shows 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. Navy MTFs are encouraged to incorporate the WHO/UNICEF "Ten Steps to Successful Breastfeeding" (https://www.unicef.org/nutrition/index_breastfeeding-ten-steps.html), into local policy as it is developed. Development and implementation of a policy of this nature must be undertaken by a multidisciplinary team.

9. DoD/VA Clinical Practice Guideline for the Management of Pregnancy. The DoD/VA Clinical Practice Guideline for the Management of Pregnancy, also known as the 9-Visit Pathway (https://www.healthquality.va.gov/guidelines/WH/up/mpg_v2_1_full.pdf), 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.

10. Use of Formula

a. Evidence indicates 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). The provision of formula requires a thoughtful medical decision, an in-depth discussion with the family, informed consent, and a provider order.

b. If medically indicated or if the mother has given informed consent after thorough discussion to use formula to feed her infant(s) while hospitalized, then formula may be provided to the infant(s) in a quantity sufficient to provide food for the infant(s) until additional formula can be obtained from commercial sources. When formula is medically indicated, the mother should be informed of the medical indication prior to feeding the infant formula whenever possible.

c. Infant formula must be accounted for, controlled, and issued consistent with standard medical supply procedures.

d. In the outpatient setting, the provision of free formula samples is prohibited by reference (f). If a provider determines an immediate medical necessity to feed (provide formula to an infant), then any formula provided must 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.

11. Breastfeeding Education and Training. Baby-Friendly USA, Inc., a non-profit 26 United States Code (U.S.C.) §501(c)(3) organization, is the accrediting body and national authority for the Baby Friendly Hospital Initiative in the United States. Evidence from Baby-Friendly, USA, Inc. suggests that healthcare staff should receive education and training following Baby Friendly USA, Inc. guidelines in order to relay consistent, supportive messages about breastfeeding in the prenatal and postpartum periods. The United States Preventive Services Task Force, a panel of primary care physicians and epidemiologists appointed by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality, 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 healthcare staff education and training as well as family education offerings.

BREASTFEEDING SUPPORT RESOURCES

1. Policies and References

- a. Academy of Breastfeeding Medicine: <http://www.bfmed.org/protocols>
- b. Baby Friendly USA: <https://www.babyfriendlyusa.org/>
- c. Centers for Disease Control and Prevention, Breastfeeding: <https://www.cdc.gov/breastfeeding/index.htm>
- d. Hale, T. W., & Rowe, H. E. (2017). Medications and Mothers' Milk (17th ed.). New York, NY: Springer Publishing Company.
- e. Healthy People 2020 Breastfeeding Objectives: <https://www.cdc.gov/breastfeeding/policy/hp2020.htm>
- f. Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (UNICEF and WHO): https://www.unicef.org/nutrition/index_24807.html
- g. International Lactation Consultant Association: <http://www.ilca.org/home>
- h. La Leche League: <https://www.llli.org/>
- i. National Institutes of Health LactMed Database: <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- j. Office on Women's Health, U.S. Department of Health and Human Services, Breastfeeding Resources: <https://www.womenshealth.gov/printables-and-shareables/health-topic/breastfeeding>
- k. Surgeon General's Call to Action to Support Breastfeeding: <https://www.surgeongeneral.gov/library/calls/breastfeeding/>
- l. The Ten Steps to Successful Breastfeeding: <https://www.babyfriendlyusa.org/about-us/10-steps-and-international-code>
- m. United States Breastfeeding Committee: <http://www.usbreastfeeding.org/>
- n. Wambach, K. & Riordan, J. (2015). Breastfeeding and Human Lactation (5th ed.). Burlington, MA: Jones & Bartlett Learning.

- o. Marine Corps Order 5000.12E, Marine Corps Policy Concerning Pregnancy and Parenthood: <http://www.marines.mil/Portals/59/Publications/MCO%205000.12E%20W%20CH%201-2.pdf>
- p. OPNAVINST 6000.1D, Navy Guidelines Concerning Pregnancy and Parenthood: <https://doni.documentservices.dla.mil/Directives/06000%20Medical%20and%20Dental%20Services/06-00%20General%20Medical%20and%20Dental%20Support%20Services/6000.1D.pdf>
- q. DoD Instruction 1010.10, Health Promotion and Disease Prevention: <http://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/101010p.pdf>
- r. DoD Directive 5500.07, Standards of Conduct: <http://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/550007p.pdf>
- s. Tricare Policy Manual 6010.60-M: <http://manuals.tricare.osd.mil/pages/DisplayManual.aspx?SeriesId=TP15>
- t. NMCPHC-TM-OEM 6260.01C, Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals: <https://www.med.navy.mil/sites/nmcphc/Documents/policy-and-instruction/oem-reproductive-and-developmental-hazards-a-guide-for-occupational-health-professionals.pdf>

2. Position Statements

- a. American Academy of Family Physicians Position on Breastfeeding: <https://www.aafp.org/about/policies/all/breastfeeding-support.html>
- b. American Academy of Pediatrics Position on Breastfeeding: <http://pediatrics.aappublications.org/content/129/3/e827>
- c. American College of Nurse-Midwives Position on Breastfeeding: <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000248/Breastfeeding%20statement%20May%202011.pdf>
- d. American College of Obstetricians and Gynecologists Position on Breastfeeding: <https://www.acog.org/About-ACOG/ACOG-Departments/Breastfeeding>
- e. Academy of Nutrition and Dietetics Position on Breastfeeding: <https://www.eatright.org/health/pregnancy/breast-feeding/breast-feeding-benefits-for-baby-and-mom>
- f. American Dietetic Association Position on Breastfeeding: <https://www.sciencedirect.com/science/article/pii/S0002822309016071>

g. Association of Women's Health, Obstetric and Neonatal Nurses Position on Breastfeeding: <https://www.awhonn.org/?Breastfeeding>

h. National Association of Neonatal Nurses Position on Breastfeeding: http://nann.org/uploads/About/PositionPDFS/1.4.3_Use%20of%20Human%20Milk%20and%20Breastfeeding%20in%20the%20NICU.pdf

i. National Association of Pediatric Nurse Practitioners Position on Breastfeeding: [http://www.jpndhc.org/article/S0891-5245\(12\)00187-3/pdf](http://www.jpndhc.org/article/S0891-5245(12)00187-3/pdf)

j. U.S. Preventive Services Task Force Position on Breastfeeding: <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breastfeeding-primary-care-interventions>

3. Evidence Based Clinical Practice Guidelines

a. U.S. Preventive Services Task Force: <https://www.guideline.gov/summaries/summary/50527/final-recommendation-statement-breastfeeding-primary-care-interventions?q=breastfeeding>

b. World Health Organization (Human Immunodeficiency Virus Positive Mothers and Breastfeeding): <https://www.guideline.gov/summaries/summary/50523/guideline-updates-on-hiv-and-infant-feeding-the-duration-of-breastfeeding-and-support-from-health-services-to-improve-feeding-practices-among-mothers-living-with-hiv?q=breastfeeding>

c. Academy of Breastfeeding Medicine (Breastfeeding Friendly Office Policy): <https://www.guideline.gov/summaries/summary/46908/breastfeedingfriendly-physicians-office-optimizing-care-for-infants-and-children-revised-2013?q=breastfeeding>

d. AWHONN (Breastfeeding Recommendations for Mothers who Receive Medication Assisted Treatment for Opioid Use Disorders): http://c.ymcdn.com/sites/www.awhonn.org/resource/resmgr/Docs/Breastfeeding_Practice_Brief.pdf

4. Additional Articles

a. Bonuck, K., Stuebe, A., Barnett, J., Labbock, M. H., Fletcher, J., & Bernstein, P. S. (2014). Effect of primary care intervention on breastfeeding duration and intensity. *American Journal of Public Health*, 104, S119-S127. <http://dx.doi.org/10.2105/AJPH.2013.301360>

b. Brockway, M., Benzie, K., & Hayden, K. (2017). Interventions to Improve Breastfeeding Self-Efficacy and Resultant Breastfeeding Rates: A Systematic Review and Meta-Analysis. *Journal of Human Lactation* 33(3), 486-499.

- c. Campbell, L. A., Wan, J., Speck, P. M., & Hartig, M. T. (2013). Women, infant and children (WIC) peer counselor contact with first time breastfeeding mothers. *Public Health Nursing*, 31, 3-9. <http://dx.doi.org/10.1111/phn.12055>
- d. Kim, S., Park, S., Oh, Jiwon, Kim, J., & Ahn, S. (2018). Interventions promoting exclusive breastfeeding up to 6 months after birth: A systematic review and meta-analysis of randomized controlled trials. *International Journal of Nursing Studies*, accepted manuscript. <https://doi.org/10.1016/j.ijnurstu.2018.01.004>
- e. Maycock, B., Binns, C. W., Dhaliwal, S., Tohotoa, J., Hauck, Y., Burns, S., & Howat, P. (2013). Education and support for fathers improves breastfeeding rates: A randomized controlled trial. *Journal of Human Lactation*, 29, 484-490. <http://dx.doi.org/10.1177/0890334413484387>
- f. Sinha, B., Chowdhury, R., Sankar, M. J., Martines, J., Taneja, S., Mazumder, S., Bhandari, N. (2015). Interventions to improve breastfeeding outcomes: A systematic review and meta-analysis. *Acta Paediatrica: Nurturing of the child (Oslo, Norway: 1992)* 104(467), 114-134.
- g. Sudfeld, C. R., Fawzi, W. W., & Lahariya, C. (2012). Peer support and exclusive breastfeeding duration in low and middle-income countries: A systematic review and meta-analysis. *PLoS ONE*, 7(9), e45143. <http://dx.doi.org/10.1371/journal.pone.0045143>

Note: This resource list is not intended to be all inclusive. It is a representative sample of information available to personnel tasked to develop policy and implement a Breastfeeding Support Program. Links to non-DoD organizations are provided solely as a service and do not constitute an endorsement of the organization by Bureau of Medicine and Surgery or DoD, and none should be inferred. Bureau of Medicine and Surgery is not responsible for the content of the individual organization's Web sites found in this resource listing.