

Suggested Edits and Related Comments on 2021 WPSI Draft Recommendations

From USBC-affiliated Lactation Support Provider (LSP) Constellation: See: www.usbreastfeeding.org/lsp-const
Separate comments have been submitted for each recommended change to text, including rationale and citations

Clinical Recommendation

The Women's Preventive Services Initiative recommends comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods **up to 24 months or longer** to optimize the successful initiation and maintenance of breastfeeding / **chestfeeding / human milk feeding with no cost sharing**.

1A & 2C

Implementation Considerations

Lactation support services include consultation, counseling and psychosocial support, education, and breastfeeding equipment and supplies. Lactation support services should be delivered and provided **regardless of complexity** across the antenatal, perinatal, and postpartum periods to ensure successful preparation, initiation, and continuation of breastfeeding **with deliberate care to reduce barriers that drive disparities in breastfeeding rates**. **3C**

Lactation support services should be respectful, appropriately patient centered, **demonstrating cultural humility (ie. behaviors and attitudes congruent with valuing diversity and managing the dynamics of difference, to enable effective cross-cultural work)** as well as ~~culturally and~~ linguistically competent, and sensitive to those who are having difficulty with breastfeeding, regardless of the cause, **including infant loss**. **4C & 5C**

Lactation care clinicians include, but are not limited to, lactation consultants, breastfeeding counselors, peer counselors, **in addition, health professionals who have completed breastfeeding-specific training, for example,** certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, mental health professionals, and physicians. **To facilitate access for all families, qualified providers must be identified by, at minimum, language, geography, and training**. **6A & 7C**

Clinical trials of interventions including at least 5 in-person visits across antenatal, perinatal, and postpartum periods to promote and support breastfeeding showed benefit, but more visits may be required **beyond routine perinatal care**, including psychosocial counseling for breastfeeding, responsive to the needs of each individual family. **Common settings include but are not limited to hospitals (all units), birth centers, home visits, health care provider offices and/or clinics, WIC clinics and Health Departments, community settings, support groups (in person or online), and telehealth (including audio and/or video)**. **8C**

Breastfeeding equipment and supplies, as agreed upon by the **client woman** and **their** ~~her~~ lactation care provider/s, include, but are not limited to, double electric breast pumps (including pump parts and maintenance), **nipple shields, supplementers**, and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding **and/or lactation** and should not be predicated on prior failure of a manual pump. **9C**

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Notes	COMMENTS – In order of appearance in draft	CITATIONS
<p>1A Accuracy (Define postpartum period)</p> <p>978 characters</p>	<p>Text: The Women’s Preventive Services Initiative recommends comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods UP TO 24 MONTHS OR LONGER to optimize the successful initiation and maintenance of breastfeeding WITH NO COST SHARING.</p> <p>Rationale: The WHO (2018) stipulates “Breastfeeding counselling should be provided in both the antenatal period and postnatally, and UP TO 24 MONTHS OR LONGER.” (p. 4, emphasis added).</p> <p>Meanwhile, the National Women’s Law Center (2015) reported insurers tend to provide coverage for services at in-patient setting at time of birth, while others cover services only during first 2 months, and one insurer covered a single visit. Lactation challenges occur throughout the breastfeeding experience. Limiting the timeframe for lactation care will limit breastfeeding duration.</p>	<p>Citations: 503</p> <p>National Women’s Law Center. (2015). <i>State-of-Breastfeeding-Coverage-Health-Plan-Violations-of-the-Affordable-Care-Act.pdf</i>. National Women’s Law Center. https://nwlc.org/wp-content/uploads/2015/04/State-of-Breastfeeding-Coverage-Health-Plan-Violations-of-the-Affordable-Care-Act.pdf, pp. 5-7.</p> <p>World Health Organization, W. H. (2018). <i>Guideline: Counselling of women to improve breastfeeding practices</i>. https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding</p>
<p>2C Completeness (Include chestfeeding)</p> <p>876 characters</p>	<p>Text: The Women’s Preventive Services Initiative recommends comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding / CHESTFEEDING / HUMAN MILK FEEDING.</p> <p>Rationale: Human milk feeding includes a variety of experiences, and not all lactating parents identify as female, or as</p>	<p>Citations: 353</p> <p>Bamberger, E., Farrow, A. Language for Sex and Gender Inclusiveness in Writing, <i>Journal of Human Lactation</i>, 2021, Vol 37 (2) 251-259.</p> <p>Bamberger, E., JHL Editorial Team, Farrow, A. Gendered and Inclusive Language in the Preparation of Manuscripts: Policy Statement for the Journal of Human Lactation, <i>Journal of Human Lactation</i>, 2021, Vol 37 (2) 227-229.</p>

	having breasts. Gender nonconforming and intersex individuals suffer discrimination and lack of access to healthcare as a result of denial of coverage for “gender specific” care. Inclusive language of all types of human milk feeding can facilitate care providers and insurance companies’ coverage of lactation support services and supplies for all individuals.	
3C Completeness (All visits regardless of complexity should be covered with no cost sharing) 720 characters	<p>Text: Lactation support services include consultation, counseling and psychosocial support, education, and breastfeeding equipment and supplies. Lactation support services should be delivered and provided REGARDLESS OF COMPLEXITY across the antenatal, perinatal, and postpartum periods to ensure successful preparation, initiation, and continuation of breastfeeding WITH DELIBERATE CARE TO REDUCE BARRIERS THAT DRIVE DISPARITIES IN BREASTFEEDING RATES.</p> <p>Rationale: All visits, regardless of complexity, under the Breastfeeding Support and Supplies Preventive Services need to be processed with no cost sharing to reduce barriers that drive disparities in breastfeeding rates. (Lind et al., 2014; Reis-Reilly et al., 2018).</p>	<p>Citations: 883</p> <p>Dalton, V. K., Carlos, R. C., Kolenic, G. E., Moniz, M. H., Tilea, A., Kobernik, E. K., & Fendrick, A. M. (2018). The impact of cost sharing on women’s use of annual examinations and effective contraception. <i>American Journal of Obstetrics and Gynecology</i>, 219(1), 93.e1-93.e13. https://doi.org/10.1016/j.ajog.2018.04.051</p> <p>Lind, J. N., Perrine, C. G., Li, R., Scanlon, K. S., Grummer-Strawn, L. M., & Centers for Disease Control and Prevention (CDC). (2014). Racial disparities in access to maternity care practices that support breastfeeding—United States, 2011. <i>MMWR. Morbidity and Mortality Weekly Report</i>, 63(33), 725–728.</p> <p>Reis-Reilly, H., Fuller-Sankofa, N., & Tibbs, C. (2018). Breastfeeding in the Community: Addressing Disparities Through Policy, Systems, and Environmental Changes Interventions. <i>Journal of Human Lactation</i>, 34(2), 262–271. https://doi.org/10.1177/0890334418759055</p>
4C Completeness (Define culturally and linguistically competent) 838 characters	<p>Text: Lactation support services should be respectful, appropriately patient centered, DEMONSTRATING CULTURAL HUMILITY (BEHAVIORS AND ATTITUDES CONGRUENT WITH VALUING DIVERSITY AND MANAGING THE DYNAMICS OF DIFFERENCE, TO ENABLE EFFECTIVE CROSS-CULTURAL WORK) AS WELL AS /culturally and linguistically competent, and</p>	<p>Citations: 497</p> <p>Foronda C, Baptiste DL, Reinholdt MM, Ousman K. Cultural Humility: A Concept Analysis. <i>J Transcult Nurs</i>. 2016 May;27(3):210-7. doi: 10.1177/1043659615592677. Epub 2015 Jun 28. PMID: 26122618.</p>

	<p>sensitive to those who are having difficulty with breastfeeding, regardless of the cause</p> <p>Rationale: Patients and clients thrive when served by a culturally reflective provider. Where not possible, the cultural humility model provides a crucial framework in the cases providers do not match the identify, background, and/or community of those served.</p> <p>Given these are emerging skills for many individuals, and an emerging commitment for many institutions, it is important to define what is meant within the WPSI guidelines.</p>	<p>U.S. Department of Health and Human Services, Office of Minority Health. 2000. Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda. https://minorityhealth.hhs.gov/Assets/pdf/checked/Assuring_Cultural_Competence_in_Health_Care-1999.pdf</p>
<p>5C Completeness (name infant loss) 590 characters</p>	<p>Text: Lactation support services should be respectful, appropriately patient centered, culturally and linguistically competent, and sensitive to those who are having difficulty with breastfeeding, regardless of the cause, INCLUDING INFANT LOSS.</p> <p>Rationale: After an infant loss, many parents choose to continue lactation as part of the grieving process, and/or need assistance to safely stop their milk production. Therefore, parents facing this tragic circumstance should be recognized within the WPSI guidelines, lest they be overlooked as a population in need of lactation support services.</p>	<p>Citations:</p>
<p>6A Accuracy (Keep provider list broad, but ensure providers have lactation-specific training) 996 characters</p>	<p>Text: Lactation care clinicians include, but are not limited to, lactation consultants, breastfeeding counselors, peer counselors and educators, IN ADDITION, HEALTH PROFESSIONALS WHO HAVE COMPLETED BREASTFEEDING-SPECIFIC TRAINING, FOR EXAMPLE, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, mental health professionals, and physicians.</p> <p>Rationale: While the named health professionals have great potential to support families, health care providers typically receive inadequate pre-service breastfeeding education. (UNICEF & WHO, 2021) Many report feeling they have “insufficient knowledge about breastfeeding</p>	<p>Citations: 768</p> <p>United Nations Children’s Fund (UNICEF) & World Health Organization. (2021). <i>Implementation Guidance on Counselling Women to Improve Breastfeeding Practices</i>. United Nations Children’s Fund. https://www.globalbreastfeedingcollective.org/media/1501/file/UNICEF-WHO-BF-Counseling-Guidance-2021.pdf. p. 18.</p> <p>United States Breastfeeding Committee. Lactation Support Providers Descriptors Table. Retrieved September 2021, from http://www.usbreastfeeding.org/page/lsp-descriptor-table</p>

	<p>and that they have low levels of confidence and clinical competence in this area.”(US DHHS, 2011)</p> <p>UNICEF & WHO (2021) state: “It should not be assumed...that health care professionals are inherently skilled in breastfeeding counselling, as the amount of specific training received is typically inadequate.”</p>	<p>U.S. Department of Health and Human Services. (2011). <i>The Surgeon General’s Call to Action to Support Breastfeeding</i>. U.S. Department of Health and Human Services, Office of the Surgeon General. http://www.surgeongeneral.gov/topics/breastfeeding/calltoactiontosupportbreastfeeding.pdf. Page 15.</p>
<p>7C Completeness (Implementation consideration – list of eligible LSPs)</p> <p>906 characters</p>	<p>Text: Lactation care clinicians include, but are not limited to, lactation consultants, breastfeeding counselors, peer counselors, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, mental health professionals, and physicians. TO FACILITATE ACCESS FOR ALL FAMILIES, QUALIFIED PROVIDERS MUST BE IDENTIFIED BY, AT MINIMUM, LANGUAGE, GEOGRAPHY, AND TRAINING.</p> <p>Rationale: Families report difficulty accessing preventive services with no cost sharing, in part due to insurance company failure to provide up-to-date lists of eligible (covered) lactation support services. Adding this sentence to the clinical guidance reduces the barriers that lead to inequities in breastfeeding rates by stressing the responsibility of insurers to support access to care that is covered, linguistically appropriate, and aligned with client’s needs.</p>	<p>Citations: 292</p> <p>National Women’s Law Center. (2015). <i>State-of-Breastfeeding-Coverage-Health-Plan-Violations-of-the-Affordable-Care-Act.pdf</i>. National Women’s Law Center. https://nwlc.org/wp-content/uploads/2015/04/State-of-Breastfeeding-Coverage-Health-Plan-Violations-of-the-Affordable-Care-Act.pdf, pp. 5-7.</p>
<p>8C Completeness (include list of settings)</p> <p>862 characters</p>	<p>Text: Clinical trials of interventions including at least 5 in-person visits across antenatal, perinatal, and postpartum periods to promote and support breastfeeding showed benefit, but more visits may be required BEYOND ROUTINE PERINATAL CARE, including psychosocial counseling for breastfeeding, RESPONSIVE TO THE NEEDS OF EACH FAMILY. COMMON SETTINGS INCLUDE BUT ARE NOT LIMITED TO HOSPITALS (ALL UNITS) BIRTH CENTERS, HOME VISITS, HEALTH CARE PROVIDER OFFICES AND/OR CLINICS, WIC CLINICS AND HEALTH DEPARTMENTS, COMMUNITY SETTINGS, SUPPORT GROUPS (IN PERSON OR ONLINE), AND TELEHEALTH (INCLUDING AUDIO AND/OR VIDEO).</p> <p>Rationale:</p>	<p>Citations: 920</p> <p>Ahluwalia IB, Tessaro I, Grummer-Strawn LM, et al. Georgia’s breastfeeding promotion program for low-income women. <i>Pediatrics</i> 2000;105:e85-e90</p> <p>Anderson AK, Damio G, Young S, Chapman DJ, Pérez-Escamilla R. A randomized trial assessing the efficacy of peer counseling on exclusive breastfeeding in a predominantly Latina low-income community. <i>Arch Pediatr Adolesc Med</i>. 2005;159:836-841.</p> <p>Gross SM, Resnik AK, Cross-Barnett C, Nanda J, Augustyn M, Paige D. The Differential Impact of WIC Peer Counseling</p>

	<p>Families drive health decisions. Providers must be responsive without assumption of their preferences or decisions.</p> <p>To address client's needs, several visits may be required beyond the global fee for birth and ped services, including referrals to lactation care providers.</p> <p>Families access care in a variety of settings which must be recognized as clinically appropriate.</p>	<p>Programs on Breastfeeding Initiation across the State of Maryland J Hum Lact. Nov 2009; 25(4):435-443</p> <p>Howell EA, Bodnar-Deren S, BalbierzA, et al. An intervention to extend breastfeeding among black and Latina mothers after delivery. <i>Am J Obstet Gynecol</i> 2014;210:39.e1-e5</p> <p>Renfrew MJ, McCormick FM, Wade A, et al. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database Syst Rev 2012;5:CD001141</p>
<p>9C Completeness (list the supplies) <i>989 characters</i></p>	<p>Text: Breastfeeding equipment and supplies, as agreed upon by the /woman\ CLIENT and /her\ THEIR lactation care provider/S, include, but are not limited to, double electric breast pumps (including pump parts and maintenance, NIPPLE SHIELDS, AT-BREAST SUPPLEMENTERS and /breast\ milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding OR LACTATION and should not be predicated on prior failure of a manual pump.</p> <p>Rationale: Lactation supplies are often cost prohibitive for families. Provision with no cost sharing and responsive to urgent need, reduces barriers.</p> <p>Human milk feeding includes a variety of experiences. Not all lactating parents identify as female. Gender nonconforming and intersex individuals suffer discrimination when denied "gender specific" care. Inclusive language of all types of human milk feeding facilitates care providers and insurance companies' coverage of lactation support services and supplies for all individuals.</p>	<p>Citations: 947</p> <p>Ahluwalia, I. B., Tessaro, I., Grummer-Strawn, L. M., MacGowan, C., & Benton-Davis, S. (2000). Georgia's Breastfeeding Promotion Program for Low-Income Women. <i>PEDIATRICS</i>, 105(6), e85–e85.</p> <p>Bamberger, E., Farrow, A. Language for Sex and Gender Inclusiveness in Writing, <i>Journal of Human Lactation</i>, 2021, Vol 37 (2) 251-259.</p> <p>Bamberger, E., JHL Editorial Team, Farrow, A. Gendered and Inclusive Language in the Preparation of Manuscripts: Policy Statement for the Journal of Human Lactation, <i>Journal of Human Lactation</i>, 2021, Vol 37 (2) 227-229.</p> <p>Fewtrell, M., Kennedy, K., Lukyanova, O., Wei, Z., Potak, D., Borovik, T., Namazova-Baranova, L., & Schanler, R. (2019). Short-term efficacy of two breast pumps and impact on breastfeeding outcomes at 6 months in exclusively breastfeeding mothers: A randomised trial. <i>Maternal & Child Nutrition</i>, 15(3).</p> <p>Pendleton, D. (2015, October 15). Making Billions From the Booming Breast-Pump Market. <i>Bloomberg.Com</i>.</p>

<p>10A Accuracy (Research Recommendations)</p> <p><i>791 characters</i></p>	<p>Related to draft recommendation, “Research to understand the relationship between perinatal mood and anxiety disorders and breastfeeding” Comment: Perinatal mood may be related to obstetrical medications that are commonly used, so expand this to include the impact of birth practices on mood and BF outcomes.</p> <p>Related to draft recommendation, “Research on the optimal duration of exclusive breastfeeding” Comment: Why would we recommend reopening a study of optimal duration of exclusive breastfeeding? See Cochrane Review.</p> <p>Related to draft recommendation, “Evaluation of harms of interventions and counseling” Comment: Recommend removing this, as USPSTF has already done this.</p> <p>New research topic: Research impact of predatory marketing practice by commercial companies manufacturing breast milk substitutes.</p>	<p>Citations: 785</p> <p>Re perinatal mood & evaluation of harms in counseling: Patnode, C. D., Henninger, M. L., Senger, C. A., Perdue, L. A., & Whitlock, E. P. (2016). Primary Care Interventions to Support Breastfeeding: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA, 316(16), 1694-1705. https://doi.org/10.1001/jama.2016.8882</p> <p>Related to exclusive BF: Kramer, M. S., & Kakuma, R. (2012). Optimal duration of exclusive breastfeeding. The Cochrane Database of Systematic Reviews, 8, CD003517. https://doi.org/10.1002/14651858.CD003517.pub2</p> <p>Related to new research topic: Hastings, G., Angus, K., Eadie, D., & Hunt, K. (2020). Selling second best: How infant formula marketing works. <i>Globalization and Health</i>, 16(1), 77. https://doi.org/10.1186/s12992-020-00597-w</p>
<p>11Org – Consistent w Org Policy (Highlight LSP Descriptor Chart)</p> <p><i>622 characters</i></p>	<p>Rationale: Please see and consider recommending DHHS broadly distribute the Lactation Support Providers Descriptors Table.</p> <p>Lactation Support Providers include Lactation Consultants, Breastfeeding Counselors, Peer Counselors, and Lactation Educators, all of whom have specific training in lactation support.</p> <p>These providers offer families education, reassurance, skilled practical help and problem solving, and anticipatory guidance in the antenatal, birth and postpartum periods through to the first two years of an infant’s life. These providers need to be recognized and available for all lactating families across race, ethnicity,</p>	<p>Citations: 745</p> <p>United States Breastfeeding Committee. Lactation Support Providers Descriptors Table. Retrieved September 2021, from http://www.usbreastfeeding.org/page/lsp-descriptor-table</p> <p>Academy of Lactation Policy and Practice. (n.d.). <i>The CLC - Certified Lactation Counselor</i>. Retrieved September 9, 2021, from https://www.alpp.org</p> <p>CAPPA. (n.d.). Certified Lactation Educator™ (CLE®) CAPPA. https://cappa.net/. Retrieved September 9, 2021, from https://cappa.net/training-</p>

	language, geography, gender and sexual orientation, and during emergencies and humanitarian crisis.	certification/certified-lactation-educator- cle/ IBLCE. <i>What is an IBCLC</i> . (2017, May 8). IBLCE. https://iblce.org/about-iblce/ Lactation Education Resources. (n.d.). <i>Become a Certified Breastfeeding Specialist</i> . Retrieved September 9, 2021, from <a href="https://www.lactationtraining.com/cbs-
info">https://www.lactationtraining.com/cbs- info
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