

QUESTION: How can I find a breastfeeding friendly pediatrician for my baby?

KAREN PRIOR ANSWERS:

You are very wise to be searching for a physician that will support you in breastfeeding. It is a good idea to know where your physician stands in respect to breastfeeding before any medical issues arise so that you will not be surprised and find yourself in a situation where your choices are not being supported.

Many pediatricians schedule offer free consultations or interviews to prospective parents. Start shopping around for pediatricians while you are still pregnant. Because some doctors have "interview" days only once a week or month, you may want to start shopping around in your 6th or 7th month of pregnancy. It is important to know where your doctor stands on all issues that are important to you including vaccinations, circumcision, and breastfeeding. Ultimately, you want to find a physician that you feel totally comfortable with should a medical emergency arise and one that supports informed choices made by parents.

Don't limit your options to pediatricians. Some families choose a "family physician" to care for their child. This model of care had lots of advantages as all members of the family can be treated by the same doctor. Your doctor can get to know the family history and your preferences in care. The American Academy of Family Physicians (AAFP) has a policy that states, "Breastfeeding is the physiological norm for both mothers and their children. The AAFP recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for about the first six months of life and that, "Family physicians should have the knowledge to promote, protect, and support breastfeeding."(1)

You can start your search by asking other breastfeeding mothers who they use. If you don't know any other breastfeeding women they think about attending a breastfeeding support group or La Leche League meeting. This can be a great way to connect with other moms and start to build a support network before you have your baby. You can visit the La Leche League website to find a group near you. <http://www.llli.org>

Here are some questions you can ask during your physician interview:

How many breastfed babies do you have in your practice?

A doctor that has lots of breastfed patients and is supportive of breastfeeding will have experience protecting the breastfeeding relationship when baby requires medical treatment. Breastfed babies can grow and gain weight differently than formula fed babies. Breastfed babies should not be compared to formula fed babies; especially in the areas of growth, sleep, feeding patterns, readiness for solids and weaning. (2)

What is the average age of breastfed babies in your practice?

The American Academy of Pediatrics (AAP) states that, "Pediatricians and other health care professionals should recommend human milk for ALL infants in whom breastfeeding is not specifically contraindicated..." In the same policy statement the AAP recommends exclusive breastfeeding of babies for the first 6 months and that, "Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child." If a pediatrician has very few babies that are still breastfeeding at 4 months, 6 months, or even 8 months then you can question the support and encouragement that mothers are getting to breastfeed and follow the AAP guidelines.(3)

What is your protocol for treating jaundice?

Jaundice refers to an excess of bilirubin in a newborn baby's blood. A baby that is jaundice will have a yellowish to orangish tone of the skin. Some women find that they are advised to stop breastfeeding to help reduce baby's bilirubin levels. However, the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) stand strongly against this practice.(4) This practice can disrupt breastfeeding and bonding and has not proven to be helpful in most cases of jaundice. Be sure to report discoloration of baby's skin to your care provider. If you are encouraged to stop breastfeeding and/or to supplement a baby with formula, water, or glucose you can contact a lactation consultant or La Leche League Leader for information and support.

What age do you start recommending starting solid foods?

A common recommendation is to start babies on rice cereal as early as 4 months. This practice is not supported by the AAP and other health organizations. WHO, AAP, and AAFP all recommend exclusive breastfeeding for the first 6 months and state that breastfeeding should continue along with slow introduction of solid foods sometime in the second half of the first year and be continued as long as mutually desired. The World Health organization makes further recommendation that breastfeeding should continue "for up to two years or beyond".(5)

What is your protocol for a breastfed baby that is slow to gain weight?

After about 2-3 months of life breastfed babies may grow more slowly than formula fed babies. A breastfed baby who is compared to a formula fed baby may be said to have slow weight gain. A physician that is familiar with the new WHO growth charts for breastfed infants can properly diagnose whether slow weight gain may need clinical evaluation. (6) Weight gain is another situation where having a family physician can be beneficial, a doctor that knows the history of babies in your family can evaluate growth based on family history rather than a chart. It is not uncommon for babies to lose close to a pound of their body weight immediately following birth where IV fluids, antibiotics and/or Pitocin were used in labor. The overload of mom with fluids in labor can cause

baby to retain water weight at birth and thus lose greater than 10% of their weight in the first week. (7) Many things need to be considered if it is suspected that baby has lost too much weight or is gaining slowly. If you are faced with a "weight" issue you can contact a lactation consultant for information and support before making any decisions about supplementation.

Making informed decisions about our child's care is an important part of parenting. Having the support of a breastfeeding friendly physician can make these choices a little easier. Do your research and trust your instincts.

Resources:

(1) AAFP Policy

Statement: <http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpolicy.html>

(2) World Health Organization Child Growth Standards, 2006. Available at: <http://www.who.int/childgrowth/en/>.

(3) AAP POLICY STATEMENT: Breastfeeding and the Use of Human Milk PEDIATRICS Vol. 115 No. 2 February 2005, pp. 496-506 <http://pediatrics.aappublications.org/cgi/content/full/pediatrics;100/6/1035>

(4) American Academy of Pediatrics Clinical Practice Guideline on the Management of Hyperbilirubinemia, read Pediatrics July 2004, 114(1):297-316 <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;114/1/297>

(5) WHO (2006) The International Code of Marketing of Breast-milk Substitutes. Frequently Asked Questions. Geneva, World Health Organization. ISBN 92 4 159429 2

(6) WHO (2008) Growth Chart Standards <http://www.who.int/childgrowth/en/>

(7) Ann Blystad Keppler R.N., M.N. , "The Use of Intravenous Fluids During Labor" Birth Volume 15 Issue 2, Pages 75 - 79 Published Online: 31 Mar 2007

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Karen Prior combines a background in hatha yoga with her deep understanding of pregnancy and birth. She has worked with pregnant women since 1995, first as a prenatal yoga teacher then as a doula and most recently as a childbirth educator. She is a registered yoga teacher with the Yoga Alliance, a member of the International Association of Yoga Therapists, a certified DONA birth doula, Lamaze certified childbirth educator, a certified breastfeeding counselor, a clinical nutritionist and a retired La Leche League leader. Karen lives in Oklahoma with her husband and daughter.