

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)  
(A-25)

Introduced by: Fonda Martin

Subject: Clinical Lactation Care

Referred to: Reference Committee (Assigned by HOD)

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1 Whereas, research shows breastfeeding is associated with significant risk reduction of short-  
2 term and long-term illnesses and diseases compared to infant formula feeding<sup>1</sup>; and  
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4 Whereas, the American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for  
5 approximately 6 months after birth with continued breastfeeding, along with appropriate  
6 complementary foods introduced at about 6 months, as long as mutually desired by mother and  
7 child for 2 years or beyond<sup>2</sup>; and  
8

9 Whereas, nationally 83% of mothers/infant dyads leave the hospital breastfeeding, but only 25%  
10 meet the AAP six-month recommendation<sup>3</sup>, and the racial disparities are stark<sup>4</sup>; and  
11

12 Whereas, within the first several weeks after hospital discharge many mother/baby dyads  
13 experience breastfeeding difficulty<sup>5</sup>; and  
14

15 Whereas, mother's own milk is particularly important for premature and other critically ill NICU  
16 infants, yet physiologically it can be very difficult for those separated mothers to produce and  
17 pump an adequate milk supply<sup>6</sup>; and  
18

19 Whereas, clinical assessment and determination of lactation and breastfeeding issues can take  
20 more than an hour of a clinician's time and encounters often require specialized knowledge for  
21 the provision of risk-appropriate and safe clinical care<sup>7</sup>; and  
22

23 Whereas, currently there is a confusing array of lactation personnel with more than 20  
24 "credentials" that often represent only 2-5 days of abbreviated general breastfeeding education<sup>8</sup>;  
25 and  
26

27 Whereas, without a state license, anyone can call themselves a "lactation consultant" –with or  
28 without the requisite education, training, and verified competency; and  
29

30 Whereas, physicians risk liability for referrals for clinical patient care to anyone who does not  
31 have a state license to perform this clinical work<sup>9</sup>; and  
32

33 Whereas, without licensure of clinical lactation care personnel, there is no state oversight of  
34 their work and nationally there have been reports of patient harm<sup>10</sup>; and  
35

36 Whereas, the Federation of State Medical Boards states:

37 All discussions about changes in scope of practice should begin with a basic  
38 understanding of the definition of the practice of medicine and recognition that the  
39 education received by physicians differs in scope and duration from other health care  
40 professionals. Non-physician practitioners may seek authorization to provide services

that are included in the definition of the practice of medicine under existing state law<sup>11</sup>; and

Whereas, the American College of Obstetricians and Gynecologists, in their 2021 Committee Opinion, states: “Lactation consultants should be accessible to parents in the hospital and after the parent goes home. Although the Patient Protection and Affordable Care Act (ACA) covers breastfeeding support without cost sharing, this practice has yet to be fully implemented in most communities because of state licensure or insurance issues, or both”<sup>12</sup>; therefore be it

RESOLVED, that our American Medical Association recognizes the importance of clinical lactation care provided by qualified clinicians and clinical professionals.

Fiscal Note: Modest

Received: XX/XX/2025

#### REFERENCES

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2. Meek, J.Y., Noble, L., & Section on Breastfeeding. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 150(1), e2022057988. <https://pubmed.ncbi.nlm.nih.gov/35921640/>
3. Centers for Disease Control and Prevention. (2022). *Breastfeeding report card*. <https://www.cdc.gov/breastfeeding/pdf/2022-Breastfeeding-Report-Card-H.pdf>
4. Latest data available from CDC is from 2011-2015 showing 22.5% white, but only 14% Black, dyads were exclusively breastfeeding at 6 months. Anstey E. et al. *MMWR*, Vol 66 No 27 (July 14, 2017). <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6627a3.pdf> To address breastfeeding disparities, the national non-profit, The Center for Black Health & Equity, supports adding IBCLCs to the clinical healthcare team through state licensing. Their letter of support can be obtained by e-mailing [info@nlca.us](mailto:info@nlca.us).
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**RELEVANT AMA POLICY****AMA Support for Breastfeeding H-245.982**

1. Our AMA: (a) recognizes that breastfeeding is the optimal form of nutrition for most infants; (b) endorses the 2012 policy statement of American Academy of Pediatrics on Breastfeeding and the use of Human Milk, which delineates various ways in which physicians and hospitals can promote, protect, and support breastfeeding practices; (c) supports working with other interested organizations in actively seeking to promote increased breastfeeding by Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) recipients, without reduction in other benefits; (d) supports the availability and appropriate use of breast pumps as a cost-effective tool to promote breast feeding; and (e) encourages public facilities to provide designated areas for breastfeeding and breast pumping; mothers nursing babies should not be singled out and discouraged from nursing their infants in public places.
2. Our AMA: (a) promotes education on breastfeeding in undergraduate, graduate, and continuing medical education curricula; (b) encourages all medical schools and graduate medical education programs to support all residents, medical students and faculty who provide breast milk for their infants, including appropriate time and facilities to express and store breast milk during the working day; (c) encourages the education of patients during prenatal care on the benefits of breastfeeding; (d) supports breastfeeding in the health care system by encouraging hospitals to provide written breastfeeding policy that is communicated to health care staff; (e) encourages hospitals to train staff in the skills needed to implement written breastfeeding policy, to educate pregnant women about the benefits and management of breastfeeding, to attempt early initiation of breastfeeding, to practice "rooming-in," to educate mothers on how to breastfeed and maintain lactation, and to foster breastfeeding support groups and services; (f) supports curtailing formula promotional practices by encouraging perinatal care providers and hospitals to ensure that physicians or other appropriately trained medical personnel authorize distribution of infant formula as a medical sample only after appropriate infant feeding education, to specifically include education of parents about the medical benefits of breastfeeding and encouragement of its practice, and education of parents about formula and bottle-feeding options; and (g) supports the concept that the parent's decision to use infant formula, as well as the choice of which formula, should be preceded by consultation with a physician.
3. Our AMA: (a) supports the implementation of the WHO/UNICEF Ten Steps to Successful Breastfeeding at all birthing facilities; (b) endorses implementation of the Joint Commission Perinatal Care Core Measures Set for Exclusive Breast Milk Feeding for all maternity care facilities in the US as measures of breastfeeding initiation, exclusivity and continuation which should be continuously tracked by the nation, and social and demographic disparities should be addressed and eliminated; (c) recommends exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary food are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant; (d) recommends the adoption of employer programs which support breastfeeding mothers so that they may safely and privately express breast milk at work or take time to feed their infants; and (e) encourages employers in all fields of healthcare to serve as role models to improve the public health by supporting mothers providing breast milk to their infants beyond the postpartum period.
4. Our AMA supports the evaluation and grading of primary care interventions to support breastfeeding, as developed by the United States Preventive Services Task Force (USPSTF).
5. Our AMA's Opioid Task Force promotes educational resources for mothers who are breastfeeding on the benefits and risks of using opioids or medication-assisted therapy for opioid use disorder, based on the most recent guidelines.

[CSA Rep. 2, A05 Res. 325, A-05 Reaffirmation A-07 Reaffirmation A-12 Modified in lieu of Res. 409, A-12 and Res. 410, A-12 Appended: Res. 410, A-16 Appended: Res. 906, I-17 Reaffirmation: I-18]