

## U.S. breastfeeding medicine- The 'New World' facing practitioners, payers and policymakers

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**B**reastfeeding Medicine has become a new and emerging field within healthcare in the United States (U.S.). Decades of laboratory data, population-based studies and financial modeling have shown the enormous health and economic benefit breastfeeding can have on all populations: rich and poor, first-world and third-world, technologically-advanced and technologically-deficient. In the U.S., a country notorious for having the most expensive (but not most effective) healthcare globally, increased breastfeeding-support is being recognized as a cost saving effort that will significantly improve health outcomes for both mother and baby.

In the U.S. it will take the combined efforts of healthcare providers, health insurers, government and policymakers to have a real and sustainable impact on breastfeeding initiation and duration.

It is necessary to utilize evidence-based medicine, lactation-specific education/training, effective public policy and business fundamentals in concert to meaningfully benefit a nation's health via improved breastfeeding. In the U.S. breastfeeding has moved to center stage as a health-promoter and a cost-saver. Effective support of breastfeeding can benefit two individuals simultaneously at a relatively nominal cost is a fact that few other interventions can demonstrate. The role of healthcare providers is critical in making breastfeeding success, attainable, achievable and the 'norm' again.

Physicians, nurse practitioners and physician assistants have been poorly trained by their professional schools and residencies and graduate feeling uncomfortable and ill-equipped to adequately support breastfeeding