

# Summary of USPSTF Final Recommendation

## Primary Care Behavioral Counseling Interventions to Support Breastfeeding

April 2025



### What does the USPSTF recommend?

**For all pregnant and postpartum women:**

Provide interventions or referrals during pregnancy and after birth to support breastfeeding.



### To whom does this recommendation apply?

- This recommendation applies to all adolescents and adults who are pregnant, and their infants and children. Interventions may involve partners, other family members, and friends.
- This recommendation does not apply in circumstances where there are contraindications to breastfeeding (such as certain maternal medical conditions or infant metabolic disorders). The USPSTF did not review the evidence on interventions directed at breastfeeding of preterm infants, for whom additional nutritional needs may be present.



### What's new?

- This recommendation is consistent with the 2016 recommendation on primary care interventions to support breastfeeding.



### How to implement this recommendation?

- To achieve the benefits of breastfeeding interventions, it is important that evidence-based interventions are readily accessible for all patients who are pregnant or postpartum.
- Behavioral counseling interventions that help increase breastfeeding rates include breastfeeding education and support.
  - Breastfeeding education typically includes a formalized program to convey general breastfeeding knowledge and focuses on the benefits of breastfeeding, practical breastfeeding skills, and the management of common breastfeeding complications.
  - Breastfeeding support can include providing information about the benefits of breastfeeding, psychological support, and direct support during breastfeeding observations.
- Interventions may be provided by a variety of professionals, including nurses, midwives, clinicians, or lactation care providers. Support may also be provided by trained peers.
- Interventions may be provided in a variety of delivery settings: in person, remote delivery (via video, telephone, or text), in-home visit, in hospital, or in medical office. Interventions may also be delivered to an individual or in a group setting.
- Interventions that occur over multiple periods (ie, during prenatal, peripartum, and postpartum periods) tend to have greater effects.



## What additional information should clinicians know about this recommendation?

Variables associated with lower breastfeeding rates include Black race, being younger than 30 years, participating in the Special Supplemental Nutrition Program for Women, Infants, and Children, being unmarried, living in a nonmetropolitan area, or having high school as the highest education level achieved.



## Why is this recommendation and topic important?

- Breastfeeding has been associated with both child health benefits (lower rates of asthma, respiratory and gastrointestinal tract infections, and infant mortality) and maternal health benefits (lower rates of ovarian cancer, hypertension, and type 2 diabetes).
- Currently in the US, 27.2% of infants at 6 months of age are exclusively breastfed. The Healthy People 2030 goal is to increase this to 42.4% of infants.



## What are additional tools and resources?

[The Centers for Disease Control and Prevention](#) provides resources for families and public health programs.

[The Eunice Kennedy Shriver National Institute of Child Health and Human Development](#) provides educational materials for patients.

[The US Department of Labor](#) provides a fact sheet on Fair Labor Standards Act protections for employees to pump breast milk at work.

[The National Institutes of Health](#) has created a drug and lactation database, LactMed®, that contains information on drugs and other chemicals that may pass from breast milk to the infant.



## Where to read the full recommendation statement?

Visit the [USPSTF](#) website or the [JAMA](#) website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.