

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Interventions to Support Breastfeeding

Clinicians can help improve the health of people who breastfeed and their babies by providing interventions that support breastfeeding

WASHINGTON, D.C. – October 22, 2024 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on behavioral counseling interventions to support breastfeeding. The Task Force continues to recommend that healthcare professionals provide interventions that support breastfeeding to people who are pregnant or have recently given birth. **This is a B grade.**

Breastfeeding has proven health benefits for babies, including reducing the risk of infections and chronic diseases, and may also have health benefits for the person breastfeeding.

Interventions to support breastfeeding can help more mothers

to breastfeed and increase how long they do so. These interventions can include education and support (psychological, social, or practical), each of which may be provided individually or combined by clinicians, other professionals, or peers.

“Breastfeeding can help babies stay healthy by reducing their risk of infections and making it less likely that they’ll develop conditions like asthma,” says Task Force member Esa Davis, M.D., M.P.H. “While the decision to breastfeed is a personal one and often affected by conditions outside of the mom’s control, there are proven ways to support those who choose to breastfeed.”

While the health benefits of breastfeeding for babies are clear, breastfeeding rates in the United States remain modest. There are many complex historical, societal, cultural, and structural factors that may influence breastfeeding rates, including access to interventions. When talking to new parents about breastfeeding, clinicians should be mindful of factors contributing to disparities in breastfeeding rates and that not all people choose to, or are able to, breastfeed.

“It can often be hard for moms to get the support they need to breastfeed for as long as they’d like,” says Task Force member James Stevermer, M.D., M.S.P.H. “We need to make it easier for new parents to get help and are calling for more research to better understand the barriers to breastfeeding, as well as how to reduce them.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from October 22, 2024, to November 18, 2024, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Davis is a professor of family and community medicine, the associate vice president for community health at the University of Maryland Baltimore, and the senior associate dean of population and community medicine at the University of Maryland School of Medicine. She is the lead health equity strategist for the University of Maryland

Grade in this recommendation:

B: Recommended.

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Institute for Health Computing. Dr. Davis is also the director of the Transforming Biomedical Research and Academic Faculty Through Leadership Opportunities, Training, and Mentorship (TRANSFORM) program.

Dr. Stevermer is the vice chair for clinical affairs and Paul Revare, MD, professor of family and community medicine at the University of Missouri (MU). He also practices and teaches rural primary care at MU Health Care Family Medicine–Callaway Physicians. His scholarly activities focus on dissemination and evidence-based medicine.

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