In a collaborative project between the Medical University of South Carolina (MUSC) and Mostar University Medical School, we sought to compare the rates of breastfeeding initiation at two urban university hospitals on two continents. Specifically, rates of breastfeeding initiation were measured at MUSC and at the Maternity Hospital K Mostar, Bosnia-Herzegovina, a post-war Croatian hospital. While both hospital have similar live birth rates per year (~2000), the Maternity Hospital is certified Baby Friendly since 1998. At MUSC, the rate of breastfeeding initiation of mothers delivering healthy newborns (defined by admission to normal newborn nursery) was 46% in 1999; the rate of sustained breastfeeding at three months had fallen to below 25%. In comparison, the rate of breastfeeding initiation at the Maternity Hospital during the same period was 85% (0-7 days), 65% at one month, and varied between 20-40% at 3 months. While mothers at both hospitals are encouraged to breastfeed, the rate of initiation was greatest in the Baby Friendly hospital; however by three months the rates of sustained breastfeeding were similar between hospitals. The prevailing reason given for discontinuation of breastfeeding among the Mostar mothers was insufficient milk supply. Upon discharge from the hospital, women in Bosnia-Herzegovina commonly supplement with formula despite health care professionals’ recommendations to the contrary. While the number of women available for follow-up in Charleston was too small for statistical analysis, of those contacted, most reported poor milk supply and returning to work as the main causes for discontinuation of breastfeeding. Despite large differences in lifestyle and health care delivery systems, sustained breastfeeding is a global problem. Health care professionals in the U.S. and Bosnia-Herzegovina were not able to meet the recommendations of the AAP, UNICEF and WHO for sustained breastfeeding during the first year of life. To achieve this goal on a global level, a mechanism to work with FORM with FORM with FORM with FORM with FORM with FORM with health care professionals’ recommendations to the contrary. The number of women available for follow-up in Charleston was too small for statistical analysis of those contacted, most reported poor milk supply and returning to work as the main causes for discontinuation of breastfeeding. Despite large differences in lifestyle and health care delivery systems, sustained breastfeeding is a global problem. Health care professionals in the U.S. and Bosnia-Herzegovina were not able to meet the recommendations of the AAP, UNICEF and WHO for sustained breastfeeding. To achieve this goal on a global level, a mechanism to continue breastfeeding beyond the neonatal period must be in place. Future international efforts must delineate the operative forces that lead to early termination of breastfeeding throughout the world.

**THE FEASIBILITY OF A SPECIALTY PRACTICE IN BREASTFEEDING MEDICINE: ONE SOLO PRACTICE IN STRATFORD, CONNECTICUT, USA**

Christina M. Smillie, MD, FAAP, IBCLC; Alicia M. Casucci, APRN

Breastfeeding medicine as a medical specialty is time intensive, and in the United States has been limited to university clinicians and a few private physicians who devote at least half time to primary care. Our objective is to describe the establishment and growth of a private solo specialty practice, limited to breastfeeding medicine, in an urban community in Connecticut. The practice’s medical, record, financial data, and correspondence were reviewed from January 1996 through June 2000. Results: “Breastfeeding Resources,” a private specialty practice, was established in January 1996, in Stratford, Connecticut, by the primary author, a board certified pediatrician who had been in primary care since 1980. The practice was self-financed, with no commercial loans. Contacts were established with physicians, lactation consultants, lay support groups, and insurance companies. Only 60 mother-infant dyads were seen in all of 1996, the minority by physician referral and very few paid by insurance coverage. In 1997, 1998, and 1999, the practice saw 135, 198, and 314 new dyads. In the first 6 months of 2000, the practice had seen 201 new dyads, 65% by physician referral, and 33% covered by insurance. In 1996-1998, breastfed, limited primarily to twins by 2000. The most common diagnoses in 1999 were low milk transfer, 103; delayed competency of infant latch, 93; nipple or breast candidiasis, 83; hyperlactation, 62; and plugged ducts or mastitis, 39. The practice was only able to break even and pay the physician’s salary when (1) we were on all major insurance plans in the area, (2) we began charging for both counseling and education. By the spring of 2000, the physician was able to pay herself and three part-time employees, including a lactation consultant. Conclusion: A solo practice in breastfeeding medicine in the US is feasible but financially challenging.

**INTRODUCTION OF BREASTFEEDING INUKRAINE**

Tatiana Marushko, PhD; Ludmila Tutchenko, MD; Rostislav Marushko, PhD

In 1995 Ukraine became the member of international breastfeeding support cooperation. At that time according to the data of Ministry of Health the frequency of breastfeeding was 48-52% till 3 months of age and only 30% till 6 months. According to the state program of breastfeeding support adopted in 1996 about 50% of maternity homes were transformed into rooming in hospitals. Simultaneously there took place a program of teaching breastfeeding management to doctors and medical staff. But because of the absence of financial support the process of teaching was not systematic and good results were not obtained. With the following of 1996-1998, very few breastfeeding were seen in outpatient clinics, but limited primarily to twins by 2000. The most common diagnoses in 1999 were low milk transfer, 103; delayed competency of infant latch, 93; nipple or breast candidiasis, 83; hyperlactation, 62; and plugged ducts or mastitis, 39. The practice was only able to break even and pay the physician’s salary when (1) we were on all major insurance plans in the area, (2) we began charging for both counseling and education. By the spring of 2000, the physician was able to pay herself and three part-time employees, including a lactation consultant. Conclusion: A solo practice in breastfeeding medicine in the US is feasible but financially challenging.

**HUMAN MILK REDUCES OUTPATIENT INFECTIONS IN VERY LOW BIRTH WEIGHT INFANTS**

Jo-Ann B. Bier, MD; Tanya L. Olivier, BS; Anne E. Ferguson, MS; Betty R. Voehr, MD

Background: It has been previously shown that human milk reduces infections in very low birth weight (VLBW) infants (birth weight <1500 gms) in the special care nursery. Whether human milk continues to protect these vulnerable infants during their first year of life has not been previously studied. Objective: To determine if human milk reduces outpatient infections in VLBW infants. Methods: Thirty-nine VLBW have been enrolled in a prospective study examining the effect of human milk on the rate of infection during the first year of life. Twenty-four infants received human milk after their discharge from the special care nursery (SCN) and 15 received only formula. Background data was collected on all infants. All mothers were given a daily calendar on which they recorded any signs or symptoms of infections, outpatient pediatric visits, hospitalizations, feeding and daycare information. Calendar information was collected at one month post discharge at the time of the infants’ discharge, and at the infants’ three, seven, and twelve month (corrected ages) Neonatal Follow-up Clinic visits. To date, 7 and 12 month visits have been completed by thirty-four and twenty-three infants respectively. There were no differences in birth weight, gestational age, gender, maternal age or Hollingshead SES between the groups. The upper respiratory infection (URI) rates are shown:

<table>
<thead>
<tr>
<th># Days with URI at</th>
<th>Human Milk</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mo</td>
<td>0.625</td>
<td>4.5</td>
</tr>
<tr>
<td>3 mos</td>
<td>7.7</td>
<td>15.12</td>
</tr>
<tr>
<td>7 mos</td>
<td>16.2</td>
<td>36.26</td>
</tr>
<tr>
<td>12 mos</td>
<td>42.28</td>
<td>61.24</td>
</tr>
</tbody>
</table>

Parental tobacco use, number of siblings and attendance at day care were similar between the groups. Conclusion: We conclude that human milk reduces upper respiratory infections in VLBW infants during their first year of life. Breastfeeding should be enthusiastically supported in the special care nursery and after discharge.

**IMPACT OF AN EDUCATIONAL INTERVENTION FOR THE PROMOTION OF BREASTFEEDING AMONG HEALTH PROFESSIONALS IN PUERTO RICO**

José J. Gorrin, MD, MPH, FACOG; Ana M. Pamila, MD, MPH, IBCLC; René Dávila-Torres, MS

Previous studies among health professionals in Puerto Rico have shown profound deficiencies in knowledge about breastfeeding. The objective of this study was to evaluate the impact of an educational intervention directed at developing knowledge among health professionals for the routine management of human lactation and breastfeeding. The effect of the intervention was evaluated through pre- and post-tests administered to 127 health professionals in 3 groups (group 1 – 49, group 2 – 38, group 3 – 40). Less than 8% of the participants in the 3 groups demonstrated adequate knowledge regarding breastfeeding in the pre-test. After the educational intervention, however, over 88% of the participants demonstrated an adequate level of knowledge. A positive impact was thus shown to be produced by the educational intervention in changing levels of knowledge. Further studies are needed to ascertain whether these changes are maintained through time.