

AAP Bright Futures National Center

*Bright Futures: Guidelines for Health
Supervision of Infants, Children,
and Adolescents, 4th Edition*

***Promoting Healthy Growth
During Early Infancy***

Author: Jayne Barr, MD , MPH



**Bright
Futures..**

prevention and health promotion for infants,
children, adolescents, and their families™

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Author & Disclosure Information

Jayne Barr, MD, MPH

Associate Professor Internal Medicine and Pediatrics, APD Primary Care,
Metrohealth Case Western Reserve University, Cleveland, Ohio

I have nothing to disclose

Note: The recommendations in this presentation/training do not indicate an exclusive course of treatment or serve as a standard of care. Variations, taking into account individual circumstances, may be appropriate.

Citation: If you plan to use this resource, please cite or credit as: Barr, J. (2022) *Bright Futures: Promoting Healthy Growth During Early Infancy* [PowerPoint Slides]. 2022. Accessed <date>.

<http://www.aap.org/en/practice-management/bright-futures/bright-futures-in-clinical-practice/bright-futures-educational-resources>

This program is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$5,000,000 with 10 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

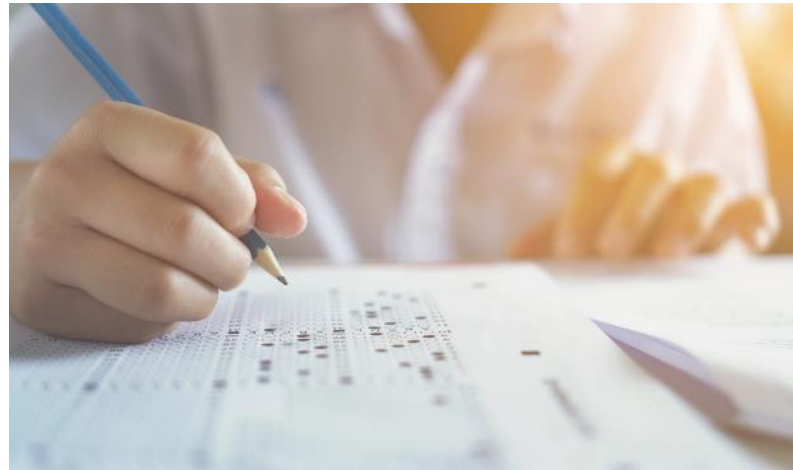


American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Pre-test

Evaluate your knowledge about the topic before the mini training. Please click on the pre-test link below.



Please click on link to be routed to the [pre-test](#)

Note: This is for learning purposes only
and is NOT approved for CME.

Main Objectives



As a result of completing this module, the participant will be able to:

- Promote healthy eating and growth starting in the newborn period.
- Identify important aspects of the maternal history.
- Develop an approach to assess parent responsiveness to infant hunger and satiety cues, breastfeeding in the absences of hunger, sleep duration and quality.
- Provide an overview of sociocultural, economic, or other barriers to food and nutritional needs.

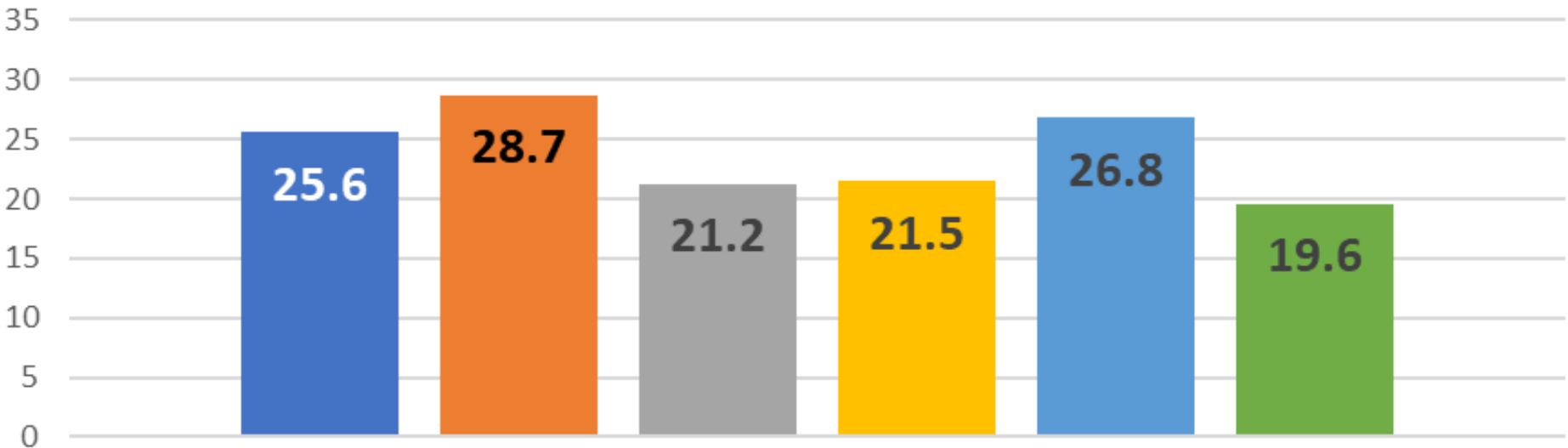
Scope in Pediatrics

- Adequate nutrition during infancy is essential in order to ensure the health, growth and development of infants and children.
- The pediatric health care professional will be able to:
 - ✓ Identify the role of the pediatric health care professional in promoting and protecting breastfeeding.
 - ✓ Describe the benefits of breastfeeding.
 - ✓ Identify reasons a mother may decide not to breastfeed.
 - ✓ Use best practices to promote healthy growth beginning in the newborn period and address the barriers that may be present.

Disparities Related to Breastfeeding

- There are disparities in breastfeeding.^{5,6}
- Hispanic women have higher rates to initiate breastfeeding. They are also more likely to supplement formula earlier and to introduce solids earlier.^{5,7}
- Fewer Black infants and Native American infants were exclusively breastfed the first 6 months of life as compared to White infants and a national average.⁵
- This disparity is especially true for low-income Black women who return to work earlier and are faced with various challenges.^{5,7}

First 6 months exclusive breastfeeding by ethnicity



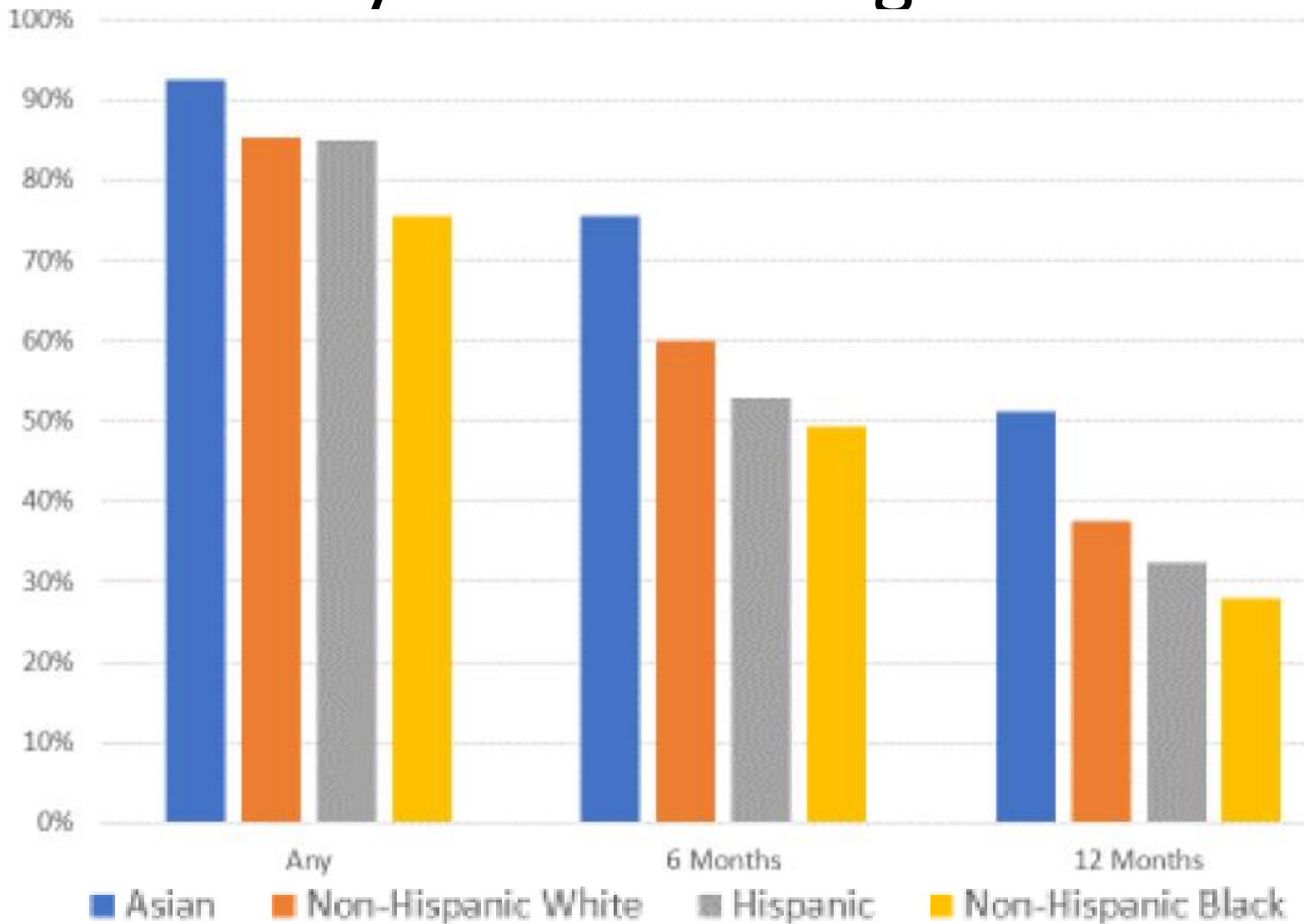
infants who are breastfed exclusively through 6 months (%)

- National Average
- Non-Hispanic White
- Non-Hispanic Black
- Hispanic
- Non-Hispanic Asian
- Native American

Source: Data derived from [United States, 2019. MMWR Morb Mortal Wkly Rep 2021](#)



Any Breastfeeding Initiation



Bright Futures
prevention and health promotion for infants,
children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Disparities Related to Breastfeeding

- The disparities in breastfeeding are associated with differences in health outcomes for Black infants, as compared to White infants.^{5,7}
- Barriers to initiating breastfeeding^{6,7}
 - Absence of lactation support
 - Maternal health complications
 - Lack of trust
 - Implicit biases

Overview: What Pediatric Health Care Professionals Can Do

- Ensure hospitalized mothers have access to support and education concerning breastfeeding immediately after birth through discharge.^{6,7}
- Assess internal implicit biases that may impact breastfeeding support.^{6,7}
- Understand cultural, societal, and familial influences that may impact a woman's decision to breastfeed.^{6,7}
- Need to be able to communicate and discuss the health benefits of breastfeeding^{6,7}
- To have awareness of the alternatives to breastfeeding.



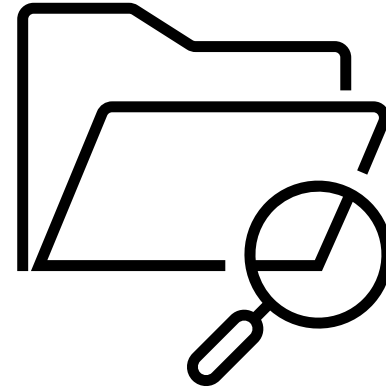
Discussing Alternatives to Breastfeeding

- While the AAP recommends exclusive breastfeeding for approximately 6 months and supports continued breastfeeding until 2 years (or beyond), there are considerations which health care professionals should have awareness¹⁴
- Contraindications to breastfeeding
 - Classis galactosemia
 - Maternal infections (brucellosis, active herpetic lesions)
 - Marijuana use
 - Maternal medications
- Medical necessity of supplementation
- Parental preference
- Adoption, gender-diverse families

Case Study

Mom is 30-year-old female

- Delivered first child, a boy
 - No complications, vaginal delivery
 - Infant weighs 7lbs 8oz, 19" long
 - Apgar scores: 7 at 1-min., 9 at 5-min.
- Mom indicates she will breastfeed
 - Inquiring about feeding and what to expect
 - Plans to return to work full-time
 - Has received many conflicting information about breastfeeding



Self-Assessment

What does the Bright Futures Previsit Questionnaire reveal about the mom and infant?

Parent would like more information on breastfeeding as they will be returning to work.

First child and parent is very happy.

Parent is not aware if child has special health care needs. Wants to know what to look for.

Is on maternity leave for 8 weeks.

Parent does not have specific concerns today. Wants to know what to be aware of.

CLEAR FORM

PATIENT NAME: Baby Boy Please print DATE:

American Academy of Pediatrics

BRIGHT FUTURES PREVISIT QUESTIONNAIRE
FIRST WEEK VISIT (3 TO 5 DAYS)

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. Thank you.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? No Yes, describe:
would like more information on breastfeeding since planning on returning to work in 8 weeks

TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?
This is my first child. I am very happy.

Does your baby have special health care needs? No Yes, describe:
not that I am aware of. What should I be looking for?

Have there been major changes lately in your family's life? No Yes, describe:
I am on maternity leave for 8 weeks.

Have any of your baby's relatives developed new medical problems since your last visit? No Yes Unsure. If yes or unsure, please describe.

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? No Yes Unsure

YOUR GROWING AND DEVELOPING BABY

Do you have specific concerns about your baby's development, learning, or behavior? No Yes, describe:
Not that I am aware of. What should I be looking for?

Check off each of the tasks that your baby is able to do.

<input checked="" type="checkbox"/> Stay awake for a short time to feed.	<input checked="" type="checkbox"/> Calm to an adult's voice.	<input checked="" type="checkbox"/> Move her arms and legs at the same time when startled.
<input checked="" type="checkbox"/> Make brief eye contact with an	<input checked="" type="checkbox"/> Lift and turn his head to the side briefly	



Self-Assessment

What does the self-assessment reveal about the mom and infant?

PATIENT NAME: Baby Boy Please print. **DATE:** _____

FIRST WEEK VISIT (3 TO 5 DAYS)

RISK ASSESSMENT

Vision Do you have concerns about how your baby sees? No Yes Unsure

ANTICIPATORY GUIDANCE
How are things going for you, your baby, and your family?

YOUR FAMILY'S HEALTH AND WELL-BEING

Living Situation and Food Security

Is permanent housing a worry for you? No Yes

Do you have the things you need to take care of your baby, such as a crib, a car safety seat, and diapers? Yes No

Does your home have enough heat, hot water, and electricity? Yes No

Do you have health insurance for yourself? Yes No

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? No Yes

Within the past 12 months, did the food you bought not last, and you did not have money to get more? No Yes

Do you need help in finding community support services, such as WIC or food stamps? No Yes

Family Support

Do you search the Internet to learn about how to care for your baby? No Yes

GETTING TO KNOW YOUR BABY

How You Are Feeling

Do you sleep when the baby sleeps? Yes No

Does your partner or do other family members help with the baby? Yes No

If you have other children, are you able to spend time with them? NA Yes No

CARING FOR YOUR BABY

Do you read to your baby? Yes No

Is a TV, computer, tablet, or smartphone on in the background when your baby is in the room? No Yes

Is your baby able to fully awaken for feedings? Yes No

Do you have questions about how to calm your baby? No Yes

When to Call Your Doctor/Emergency Planning

Do you know how to take your baby's temperature rectally? Yes No

Do you have a list of emergency phone numbers? Yes No

Do you have any questions about taking your baby out in public places? No Yes

FEEDING YOUR BABY

General Information

Does your baby feed well? Yes No

Do you have any questions about how your baby is growing? No Yes

Are you having problems burping your baby? Yes No

Can you tell when your baby is hungry? Yes No

Can you tell when your baby is full? Yes No

Does your baby have 5 or 6 wet disposable diapers (or 6-8 cloth diapers) and 3 or 4 stools a day? Yes No

PATIENT NAME: Baby Boy Please print. **DATE:** _____

FIRST WEEK VISIT (3 TO 5 DAYS)

FEEDING YOUR BABY (CONTINUED)

If you are breastfeeding, answer these questions.

Is breastfeeding uncomfortable or painful? No Yes

Do you eat foods that are high in protein (such as eggs, lean meat, poultry, fish, or beans) every day? Yes No

Are you continuing to take prenatal vitamins? Yes No

Do you take medications (either over-the-counter or prescription) or herbal supplements? No Yes

Are you giving your baby vitamin D drops? Yes No

If you are formula feeding, or providing formula supplementation, answer these questions.

Are you using iron-fortified formula? Yes No

Do you have any questions about using formula, such as how much it costs or how to prepare it? No Yes

SAFETY

Car and Home Safety

Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle? Yes No

Are you having any problems with your car safety seat? No Yes

Have you started developing habits that will help prevent you from ever forgetting your baby in the car? Yes No

Is your water heater set so the temperature at the faucet is at or below 120°F/49°C? Yes No

Safe Sleep

Does your baby sleep on his back? Yes No

Does your baby sleep in a crib? Yes No

Does your baby sleep in your room? Yes No

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition
For more information, go to <https://brightfutures.aap.org>.



Bright Futures
prevention and health promotion for infants,
children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Self-Assessment Questions



1. What are important aspects of the previsit questionnaire?
2. While examining the infant during this visit, what would you focus on?
3. What other maternal history would you need to know? (mental health, medical history and medications, perceptions of breastfeeding, etc.)?
4. What would you want staff to document and discuss with the mother?
5. What would be the focus on subsequent visits in regard to nutrition and promoting healthy growth? Any other areas that the clinician should discuss or review?
 - a. 1 Month Visit
 - b. 2 Month Visit

Click next to view responses.

Self-Assessment Feedback #1:

Based on this Previsit Questionnaire, what are some priorities to address during this visit?

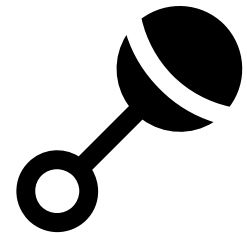
- Feeding practices
- Health care and food disparities
- Psychosocial concerns
- Financial concerns
- Family member smoking



Self-Assessment Feedback #2:

While examining the infant during this visit, what would you focus on?

- Summarize the information and the mother's concerns
- Discuss benefits of breastfeeding (eg, healthy growth)
- Review physical exam and highlight developmental milestones



Self-Assessment Feedback #3:

What other maternal history would you need to know?

- Mental health (remind mom to ask for help, rest/sleep when baby sleeps, voice any mental health concerns)
- Medical and family history
- Perceptions of breastfeeding



Self-Assessment Feedback #4:



What would you want staff to document and discuss with the mother?

- Address mother's concerns about breastfeeding and development
- Refer to lactation counseling

Self-Assessment Feedback #5:

What would be the focus of subsequent visits regarding nutrition/promoting healthy growth?

1 Month Visit

- Feeding strategies, hunger and satiety cues
- Discussion on preparing to return to work
- Ask about parent and family health and well-being
- Ask about social determinants (food insecurity, environmental tobacco exposure)

Self-Assessment 5 Continued:

What would be the focus of subsequent visits regarding nutrition/promoting healthy growth?

2 Month Visit

- General guidance on feeding
- Ask about parent and family health and well-being
- Ask about social determinants (food insecurity, environmental tobacco exposure)



Priorities for the First Week Visit

Priorities for the First Week Visit (3 to 5 Days)

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- ▶ Social determinants of health^a (risks [living situation and food security, environmental tobacco exposure], strengths and protective factors [family support])
- ▶ Parent and family health and well-being (transition home, sibling adjustment)
- ▶ Newborn behavior and care (early brain development, adjustment to home, calming, when to call [temperature taking] and emergency readiness, CPR, illness prevention [handwashing, outings] and sun exposure)
- ▶ Nutrition and feeding (general guidance on feeding [weight gain, feeding strategies, holding, burping, hunger and satiation cues], breastfeeding guidance, formula-feeding guidance)
- ▶ Safety (car safety seats, heatstroke prevention, safe sleep, safe home environment: burns)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

Recommended Screenings: First Week Visit

Screening		
Universal Screening	Action	
Hearing	If not yet done, hearing screening test should be completed. ³	
Newborn: Blood	Verify screening was obtained and review results of the state newborn metabolic screening test. Unavailable or pending results must be obtained immediately. If there are any abnormal results, ensure that appropriate retesting has been performed and all necessary referrals are made to subspecialists. State newborn screening programs are available for assistance with referrals to appropriate resources.	
Selective Screening	Risk Assessment ^b	Action if Risk Assessment Positive (+)
Blood Pressure	Children with specific risk conditions	Blood pressure measurement
Vision	+ on risk screening questions	Ophthalmology referral

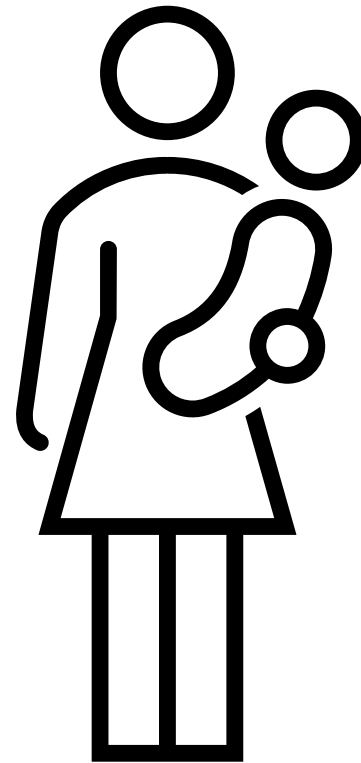
³ Any newborn who does not pass the initial screen must be rescreened. Any failure at rescreening should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention Program.

^b See the *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.

Anticipatory Guidance

What the “experts” would focus on...

- Nutrition and feeding
 - Recognize signs of hunger, fullness; develop feeding routine
 - Exclusive breastfeeding for about the first 6 months provides ideal nutrition, supports best growth and development
 - Iron-fortified formula is a recommended substitute, if needed
- Social Determinants of Health
 - Programs like WIC and SNAP are available to help you if you have concerns about your food situation
- Parent and family health and well-being
 - Make sure to ask for help from family or friends
 - Rest and sleep when baby sleeps



Use of Visit Documentation Form

Well Child | First Week Visit (3 to 5 Days) Name: _____

ANTICIPATORY GUIDANCE

Discussed and/or handout given

SOCIAL DETERMINANTS OF HEALTH

- Living situation and food security
- Environmental tobacco exposure
- Family support

PARENT AND FAMILY HEALTH

- Transition home and sibling adjustment

NUTRITION AND FEEDING

- General feeding guidance
- Breast/formula-feeding guidance

NEWBORN BEHAVIOR AND CARE

- Early brain development; calming
- When to call; CPR; illness prevention

SAFETY

- Car safety seats
- Safe sleep
- Heatstroke prevention
- Burn prevention

PLAN

Immunizations: Vaccine Administration Record reviewed Administered today: _____ Up-to-date for age

Universal Screening:

Newborn blood screening: Result: Pending Normal Needs follow-up: _____

Newborn hearing screening: Result: Passed BL Referred right/left/BL Needs follow-up: _____

Selective Screening (based on risk assessment) (See Previsit Questionnaire.):

BP Vision

Comments/results:



Source: [Bright Futures Tool & Resource Kit, 2nd Edition](#)

What Else Can You Discuss?

- Discuss the infant's weight and ways to promote continual breastfeeding.
- Explore any barriers to breastfeeding.

Well Child | First Week Visit (3 to 5 Days) Name: _____

ANTICIPATORY GUIDANCE

Discussed and/or handout given

<input checked="" type="checkbox"/> SOCIAL DETERMINANTS OF HEALTH <ul style="list-style-type: none">• Living situation and food security• Environmental tobacco exposure• Family support	<input checked="" type="checkbox"/> NUTRITION AND FEEDING <ul style="list-style-type: none">• General feeding guidance• Breast/formula-feeding guidance	<input checked="" type="checkbox"/> SAFETY <ul style="list-style-type: none">• Car safety seats• Safe sleep• Heatstroke prevention• Burn prevention
<input checked="" type="checkbox"/> PARENT AND FAMILY HEALTH <ul style="list-style-type: none">• Transition home and sibling adjustment	<input checked="" type="checkbox"/> NEWBORN BEHAVIOR AND CARE <ul style="list-style-type: none">• Early brain development; calming• When to call; CPR; illness prevention	

PLAN

Immunizations: Vaccine Administration Record reviewed Administered today: _____ Up-to-date for age

Universal Screening:

Newborn blood screening: Result: Pending Normal Needs follow-up: _____

Newborn hearing screening: Result: Passed BL Referred right/left/BL Needs follow-up: _____

Selective Screening (based on risk assessment) (See Previsit Questionnaire.):

BP Vision

Comments/results:

Source: [Bright Futures Tool & Resource Kit, 2nd Edition](#)

Reinforcing the Anticipatory Guidance

American Academy of Pediatrics

BRIGHT FUTURES HANDOUT ► PARENT FIRST WEEK VISIT (3 TO 5 DAYS)

Here are some suggestions from Bright Futures experts that may be of value to your family.



✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Take help from family and friends.

✓ HOW YOU ARE FEELING

- Try to sleep or rest when your baby sleeps.
- Spend time with your other children.
- Keep up routines to help your family adjust to the new baby.

✓ BABY CARE

- Sing, talk, and read to your baby; avoid TV and digital media.
- Help your baby wake for feeding by patting her, changing her diaper, and undressing her.
- Calm your baby by stroking her head or gently rocking her.
- *Never hit or shake your baby.*
- Take your baby's temperature with a rectal thermometer, not by ear or skin; a fever is a rectal temperature of 100.4°F/38.0°C or higher. Call us anytime if you have questions or concerns.
- Plan for emergencies: have a first aid kit, take first aid and infant CPR classes, and make a list of phone numbers.
- Wash your hands often.
- Avoid crowds and keep others from touching your baby without clean hands.
- Avoid sun exposure.

✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until he is about 6 months old.
- Feed your baby when he is hungry. Look for him to
 - Put his hand to his mouth.
 - Suck or root.
 - Fuss.
- Stop feeding when you see your baby is full. You can tell when he
 - Turns away
 - Closes his mouth
 - Relaxes his arms and hands
- Know that your baby is getting enough to eat if he has more than 5 wet diapers and at least 3 soft stools per day and is gaining weight appropriately.
- Hold your baby so you can look at each other while you feed him.
- Always hold the bottle. Never prop it.

If Breastfeeding

- Feed your baby on demand. Expect at least 8 to 12 feedings per day.
- A lactation consultant can give you information and support on how to breastfeed your baby and make you more comfortable.
- Begin giving your baby vitamin D drops (400 IU a day).
- Continue your prenatal vitamin with iron.
- Eat a healthy diet; avoid fish high in mercury.

If Formula Feeding

- Offer your baby 2 oz of formula every 2 to 3 hours. If he is still hungry, offer him more.

FIRST WEEK VISIT (3 TO 5 DAYS)—PARENT

✓ SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Make sure your baby always stays in his car safety seat during travel. If he becomes fussy or needs to feed, stop the vehicle and take him out of his seat.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Never leave your baby in the car alone. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- Always put your baby to sleep on his back in his own crib, not your bed.
 - Your baby should sleep in your room until he is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should be used only with babies younger than 2 months.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F/49°C.

WHAT TO EXPECT AT YOUR BABY'S 1 MONTH VISIT

We will talk about

- Taking care of your baby, your family, and yourself
- Promoting your health and recovery
- Feeding your baby and watching her grow
- Caring for and protecting your baby
- Keeping your baby safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*
For more information, go to <https://brightfutures.aap.org>.



Bright Futures
prevention and health promotion for infants,
children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Summary: Teaching Points

- Remember to use the Previsit Questionnaires and Visit Documentation templates
- Assessment of infant development, as well as growth parameters, must be done at each visit
- Pediatric health care professionals can provide counseling and reassurance regarding breastfeeding



Summary: Teaching Points

- Understand the benefits of breastfeeding
- Educational handouts are helpful for teach back
- Think about disparities in breastfeeding and why they exist
- Identify and address barriers to breastfeeding
- Solids should not be introduced until the infant is 6 months old and is developmentally ready for introduction to solids



Post-test

Test your knowledge on the topic and review feedback on your responses. Please complete the post-test, link below.



Please click on link to be routed to the [post-test](#).

Note: This is for learning purposes only and is NOT approved for CME.

Clinical Resources



- AAP Institute for Healthy Childhood Weight ([IHCW](#))
 - [Building a Foundation for Healthy Active Living](#) – provides numerous clinical resources to support better integration of early nutrition, healthy active living and obesity prevention into clinical care during the critical first 5 years of life.
 - [Food Insecurity Webinar](#)
 - [Conversations About Care Podcast](#)
- AAP [Breastfeeding Residency Curriculum](#): Faculty Implementation Guide
- AAP [Breastfeeding Overview](#)



Clinical Resources



Related AAP Policy/Guidelines/Reports/Resources

- AAP [Breastfeeding and the Use of Human Milk](#)
- [IHCW Collection](#) – Obesity guidelines, policy statements and reports
- [Bright Futures Guidelines, 4th Edition](#)
- Joint Bright Futures/IHCW/Maternal & Child Health Bureau Webinars
 - [Using Bright Futures to Achieve Excellence in Well-Child Care](#)
 - [Building a Foundation for Healthy Living: A Focus on Child Obesity Prevention During the First Five Years](#)
 - [Laying the Foundation for Obesity Assessment and Management: An Introduction to the AAP Obesity Prevention, Assessment, and Treatment Algorithm](#)



Resources for Families

- USDA [Dietary Guidelines for Americans](#)
- AAP [HealthyChildren.org](#) – includes numerous articles and resources about the importance of breastfeeding and promotes healthy growth and development.
- *Bright Futures Guidelines*, 4th Edition – [Parent and Patient Education](#)
- AAP IHCW [Healthy Active Living for Families](#)
- AAP IHCW [Building a Foundation for Healthy Active Living](#) – includes a series of resources (English and Spanish) developed to increase awareness and knowledge around key healthy active living behaviors.



References

1. American Academy of Pediatrics Institute for Health Childhood Weight. Professional Education. AAP.org. Accessed November 3, 2022. <https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight>
2. American Academy Pediatrics. Breastfeeding Curriculum. AAP.org. Accessed November 3, 2022. <https://www.aap.org/en/learning/breastfeeding-curriculum/>
3. Meek JY, Noble L; Section on Breastfeeding. Policy statement: breastfeeding and the use of human milk. *Pediatrics*. 2022;150(1):e2022057988
4. Beauregard JL, Hamner HC, Chen J, Avila-Rodriguez W, Elam-Evans LD, Perrine CG. Racial disparities in breastfeeding initiation and duration among US infants born in 2012. *MMWR Morb Mortal Wkly Rep*. 2019;68:745-748
5. Chiang KV, Li R, Anstey EH, Perrine CG. Racial and ethnic disparities in breastfeeding initiation. 2019. *MMWR Morb Mortal Wkly Rep* 2021;70:769–774
6. Kirksey, K. A social history of racial disparities in breastfeeding in the United States. *Social Science & Medicine*. 2021;289(5),114365
7. Mieso, BR, Burrow, H, & Lam, SK. Beyond Statistics: Uncovering the roots of racial disparities in breastfeeding. *Pediatrics*. 2021;147(5) e2020037887

References

8. Jones KM, Power ML, Queenan JT, Schulkin J. Racial and ethnic disparities in breastfeeding. *Breastfeed Med*. 2015;10(4):186-196
9. Hagan JF, Shaw JS, Duncan PM, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th Edition, American Academy of Pediatrics; 2017
10. US Department of Agriculture and US Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. Accessed November 3, 2022. <https://www.dietaryguidelines.gov/>
11. American Academy of Pediatrics. Nutrition. HealthyChildren.org. Accessed November 3, 2022. <https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/default.aspx>
12. American Academy of Pediatrics. Breastfeeding. HealthyChildren.org. Accessed November 3, 2022. <https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx>
13. American Academy of Pediatrics. Well-Child Visits: Parent and Patient Education. aap.org/brightfutures. Accessed November 3, 2022. <https://www.aap.org/en/practice-management/bright-futures/bright-futures-family-centered-care/well-child-visits-parent-and-patient-education/>
14. Meek JY and Noble L. Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*. 2022; 150(1):e2022057988.