



Defense Health Agency (DHA) Clinical Communities Speaker Series

2026 SEP CCSS: Mission Ready: Advancing Clinical Practices in Women's Health and Obstetrics

2026 SEP CCSS S01: Breastfeeding: From Physiology to Clinical Practice and Beyond

Resource List

For military clinicians, the [Early Childhood Nutrition and Breastfeeding Reports \(2026\)](#) highlights state-by-state infrastructure metrics, such as community support groups, Women, Infants, and Children (WIC) sites, and early care and education (ECE) breastfeeding support standards. Utilizing this data helps military healthcare providers connect transient military families to robust local community networks during permanent change of station (PCS) moves. Additionally, understanding these standardized structural metrics guides military treatment facility (MTF) leaders in establishing unit-level pumping spaces and commands to ensure compliance with federal and military operational policies.

The 2022 Academy of Breastfeeding Medicine (ABM) Clinical Protocol #36 outlines a modernized, anti-inflammatory approach to the mastitis spectrum, emphasizing gentle lymphatic drainage, cold compresses, and NSAIDs over the historical and harmful practice of "deep breast tissue massage." [Does the Academy of Breastfeeding Medicine's Clinical Protocol #36, "The Mastitis Spectrum" Promote Overtreatment and Risk Worsened Outcomes for Breast Feeding Families \(2023\)](#) is an updated commentary that aims to continue a respectful debate amongst clinicians and researchers. For military healthcare providers, this update is crucial for maintaining force readiness, as postpartum service members operating in high-tempo training or deployed environments are at elevated risk for lactation complications due to stress, dehydration, and body armor or gear-induced ductal compression. By shifting the clinical focus away from immediate, aggressive antibiotic prescription toward physiological management, this protocol reduces unnecessary clinical encounters and prevents antibiotic-resistance risks across the military health system. Ultimately, utilizing this evidence-based framework empowers military providers to deliver rapid, effective care that supports lactating service members in safely continuing their duties and meeting their personal breastfeeding goals.

Military providers can use strategies from the [Dietary Guidelines for Americans, 2020–2025, 9th ed.](#), to align MTF policies with broader Department of War (DoW) initiatives, such as updated parenthood, pregnancy, and postpartum policies (e.g., ADSD-2022-06 or equivalent branch directives). Understanding these frameworks can help clinicians design localized "lactation support" programs within military units, advocating for designated lactation spaces and scheduled pumping times during the duty day. This structural support directly improves unit morale, female soldier retention, and compliance with federal and military regulations.

Review of the [Infant and Young Child Feeding Factsheet \(2026\)](#) equips military medical planners with the data needed to justify the expansion of preventative pediatric and maternal care programs under the Defense Health Agency (DHA). Because exclusive breastfeeding significantly lowers the risk of childhood infections, asthma, and chronic diseases, applying these statistics directly lowers TRICARE utilization and military family healthcare costs. Furthermore, healthier pediatric dependents reduce domestic stressors for active-duty parents, which acts as a force multiplier by improving overall troop readiness and focus during missions.



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