. Foster the establishment of breastfeeding support groups, and refer mothers to them on discharge from the hospital or clinic.

Human milk is the most economical form of feeding. It is always available, ready to serve at body temperature, and free of contamination. Although human milk is not sterile, healthy full-term infants can tolerate varying amounts of nonpathogenic and pathogenic organisms. Human milk's protection against infection can provide additional cost savings in terms of fewer medical visits and less time lost from work for the employed mother.

Breastfed infants, especially beyond 2 to 3 months old, tend to grow at a satisfactory but slower rate than bottle-fed infants.

Contraindications to breastfeeding include the following (Lawrence and Lawrence, 2011; American Academy of Pediatrics Section on Breastfeeding, 2012; Wagner, Greer, American Academy of Pediatrics Section on Breastfeeding, et al, 2008):

• Maternal chemotherapy antimetabolites and certain antineoplastic drugs

• Active tuberculosis not under treatment in the mother

• HIV in the mother *in the industrialized world:* In the developing world, risks to non-breastfeeding infants from malnutrition and infectious disease are significant, so the benefits of breastfeeding may outweigh the risk of acquiring HIV from human milk (American Academy of Pediatrics Section on Breastfeeding, 2012)

• Galactosemia in the infant

• Maternal herpes simplex lesion on a breast

• Cytomegalovirus (CMV): May be a risk to extremely low birth weight preterm infants (<1500 gm). CMV is not a risk for full-term infants whose mother is seropositive for CMV.

• Maternal substance abuse with street drugs (e.g., phencyclidine [PCP], cocaine, and cannabis) (Note: Adequately-nourished narcotic-dependent mothers may be encouraged to breastfeed if