NAPNAP Position Statement on Breastfeeding

The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes that optimal nutrition for newborns and infants consists of exclusive breastfeeding for the first 6 months of life, the addition of appropriate solid foods at 6 months, and continued breastfeeding until 12 months of age or more (American Academy of Pediatrics [AAP], 2012; American College of Obstetricians and Gynecologists, 2007; American Dietetic Association, 2009; Fiocchi, Assa’ad, & Bahna, 2006; United States Breastfeeding Committee [USBC], 2010; United States Department of Health & Human Services [USDHHS], 2009; USDHHS, 2011; World Health Organization [WHO], 2003). Optimizing infant feeding is a key strategy in promoting the health of all people. Evidence suggests that breast milk provides infants and children with increased protection against infection, acute illness, obesity, and other chronic conditions across the life span (AAP, 2012; McNiel, Labbok, & Abrahams, 2010). Premature infants receive significant benefits from human milk, including lower rates of sepsis and necrotizing enterocolitis, reduced hospital admissions, lower mortality rates, reduced long-term growth failure, and fewer neurodevelopmental disabilities (Furman, Taylor, Minich, & Hack, 2003; Sisk, Lovelady, Dillard, Gruber, & O’Shea, 2007; Sullivan et al., 2010; Vohr et al., 2006; Vohr et al., 2007). Breastfeeding also is beneficial for the mother, with a decreased risk of metabolic, cardiovascular, and other chronic diseases (Stuebe, 2009). Additionally, breastfeeding decreases health care costs and environmental waste (Bartick & Reinhold, 2010). In rare instances where breastfeeding is contraindicated or is significantly limited, exclusive feeding of breast milk can be accomplished through the use of donor breast milk. Therefore given the benefits of breast milk and breastfeeding to the baby, mother, and environment, NAPNAP affirms that exclusive feeding of breast milk represents the optimal feeding strategy for newborns and infants.

Promoting breastfeeding is an integral component of pediatric health care. Pediatric nurse practitioners (PNPs) influence breastfeeding practices by identifying and overcoming barriers, providing evidence-based information and anticipatory guidance, and ensuring quality health care with careful follow-up, as well as through advocacy for breastfeeding-friendly practices. These actions serve to improve breastfeeding initiation and duration (AAP, 2012; Heing et al., 2009; USDHHS, 2011). NAPNAP recommends that comprehensive, evidence-based, and culturally sensitive educational and clinical experiences in lactation and breastfeeding be included in all programs that prepare pediatric health care providers. NAPNAP also recommends that pediatric health care providers participate in continuing education opportunities dedicated to the promotion of breastfeeding. These opportunities would include obtaining the knowledge, skills, and strategies to effectively manage the clinical care of the breastfeeding dyad. NAPNAP also supports the goals of Healthy People 2020 that promote increasing breastfeeding rates nationally to contribute to improving the health of all Americans (USDHHS, 2009).

NAPNAP encourages all pediatric health care providers to:

1. Promote informed choice about infant feeding practices by educating expectant parents, family members, and society about the nutritional, social, and economic advantages of feeding breast milk. This endeavor includes identifying and...
reducing the actual and perceived barriers to initiation and continuation of breastfeeding at all phases of the childbearing/childrearing cycle. Also included would be offering parents the option of using donor breast milk if breastfeeding is not possible.

2. Identify support systems necessary to support the nutritional goals of breastfeeding mothers and those who choose to exclusively feed breast milk to their babies (USDHHS, 2011).

3. Advocate for breastfeeding within individual practice settings, the community, and at the legislative level.

4. Serve as an educational resource for other health care professionals, employers, and the general public regarding breastfeeding.

5. Participate in the design and implementation of local and national policies that promote and support breastfeeding and remove barriers to breastfeeding, including those in the workplace.

6. Participate in local and regional breastfeeding coalitions to actively promote the continued development and implementation of appropriate breastfeeding care policies in health facilities and communities.

7. Identify breastfeeding experts to participate on organizational committees and governing boards for the purpose of ensuring that breastfeeding promotion, protection, and support concerns are addressed in the development of policies and programs affecting women and children.

8. Promote, protect, and support breastfeeding as a global strategy to reduce infant morbidity and mortality in both developed and underdeveloped countries (WHO, 2003).

9. Recognize that infants are especially vulnerable during times of disaster, both human-made and natural; breast milk provides protection and is especially important at this time. Breastfeeding dyads require special consideration and protection in disaster situations (USBC, 2011).

10. Conduct research and quality improvement projects related to breastfeeding so that the PNPs can provide evidence-based care to the breastfeeding dyad and families.

In summary, NAPNAP, an organization that promotes optimal health for children through leadership, practice, advocacy, education, and research, acknowledges the importance of breastfeeding for infants, mothers, families, and society.

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ADDITIONAL RESOURCES REGARDING BREASTFEEDING


REFERENCES


