



## **Breastfeeding**

AWHONN supports breastfeeding as the optimal method of infant nutrition. AWHONN believes that women should be encouraged to breastfeed and receive instruction and support from the entire health care team to successfully initiate and sustain breastfeeding. Discussions with the woman and her significant others concerning breastfeeding should begin during the preconception period and continue through the first year of life or longer.

### **National Goals**

AWHONN supports the promotion of breastfeeding and recognizes the importance of working in concert with national and international maternal child health and breastfeeding promotion organizations. Specifically, AWHONN supports the Healthy People 2010 initiative goal to increase the proportion of mothers who breastfeed their babies. This goal includes efforts to raise the rate of breastfeeding initiation in the early postpartum period to 75%, to increase to 50% the proportion of women who continue breastfeeding until their infants are six months of age, and to 25% the proportion of infants who are breastfed until one year of age.<sup>1</sup>

Recognizing that not all women can or will make a choice to breastfeed, AWHONN advocates for expanding federal goals related to national breastfeeding rates. AWHONN supports an exclusive breastfeeding initiation rate of 90%, a 75% six month breastfeeding rate and a 50% one year breastfeeding goal by 2025. We do so because of the research supporting substantial benefits to both infant and mother, which are summarized below.

### **Research**

AWHONN endorses increased breastfeeding-related research in order to further document the importance of breastfeeding and breast milk to infant and maternal health. AWHONN calls for federal support for research that further elucidates:

- physiologic and health benefits of breast milk compared with infant formula;
- physiologic and health benefits of breastfeeding for mothers and infants;
- facilitators and barriers to successful breastfeeding, including consideration of cultural issues that influence breastfeeding initiation and duration;
- unique health considerations and outcomes for vulnerable and preterm infants;
- social and financial impact of breastfeeding; and
- safety and efficacy of banked breast milk.

### **Nursing Education**

AWHONN supports the incorporation of breastfeeding education into the basic educational preparation of all providers of women and infants' health care. Nursing curriculum should include content related to:

- breast anatomy and the physiology of lactation;
- techniques and methods of breastfeeding;
- infant, maternal, and economic benefits of breastfeeding;
- importance of educating women, families and their support systems about the benefits of breastfeeding; and
- culture as an influence on breastfeeding decision-making and support.

Information on other infant feeding techniques should be presented, including alternatives to breastfeeding such as cup, spoon, syringe and bottle feeding. Specifically, this information should include the indications, special considerations, and potential complications associated with each of these methods, as well as patient teaching and support strategies.

### **Nurses Role**

Nurses and other health care providers who care for mother-infant dyads of all ages should demonstrate minimal competencies for providing accurate information and support. This includes the preconception, prenatal and postpartum periods. Consultation and/or referral to a lactation consultant or other clinical expert should be considered for all mother-infant dyads. Research indicates that the attitudes and level of knowledge of health care providers who support women learning to breastfeed can directly impact the ability of a mother to successfully breastfeed.

Nurses and other health care professionals should relay consistent, supportive messages about breastfeeding. Nurses may often be the sole health care provider available to assist and support the initiation and maintenance of breastfeeding. It is critical that nurses caring for the mother-infant dyad provide an environment that supports non-separation of the mother and baby whenever possible. The implementation of practices developed by the Baby Friendly Hospital Initiative (BFHI) can increase initiation and duration of breastfeeding.

While breastfeeding is the optimal form of infant nutrition, it is important that health care providers recognize that not all women can or will choose to breastfeed. Some women may have clinical circumstances that preclude them from breastfeeding their infant. Other women may have had past experience or social concerns that cause them not to breastfeed. Nurses should offer referral to a lactation consultant or other breastfeeding specialist for women who have difficulty or concerns about their ability to breastfeed.

Nurses and other health care providers should support each woman's choice of infant nutrition and assist her to select and utilize the best infant nutrition available. There may be certain instances, while not routine, that a woman wants to breastfeed, but should avoid breastfeeding. A woman is encouraged to make this decision in consultation with her health care provider. Such situations include, but are not limited to: HIV infection; substance abuse; active

tuberculosis until treatment is established; and the need for medications contraindicated in breastfeeding – where the risk of morbidity outweighs the benefits of breastfeeding.

If a woman chooses to or must use formula feeding instead of breastfeeding, it is important the woman, family and support system understand the proper use of formula. Education should include information about formula preparation and storage as well as risks of contamination of the formula, feeding systems, and/or water supply. These women should be informed about how to determine if a particular feeding system and/or formula is recalled.

Due to lack of clinical research, medications, herbal and other nutritional supplements should be used with discretion by breastfeeding women. It is important to encourage women to discuss their medications, herbal and other nutritional supplements with a health care provider who has expertise in breastfeeding and is knowledgeable about prescription and over-the-counter medications' and supplements' interactions with breastfeeding.

### **Culture**

AWHONN recognizes that cultural beliefs and values may influence the choice to breastfeed; therefore, health care providers should understand and be prepared to address cultural issues in all aspects of breastfeeding promotion. All women have the right to expect culturally-sensitive breastfeeding support. Breastfeeding has different meanings and levels of acceptance in different cultures; therefore, it is critical that providers explore the specific breastfeeding concerns of the individuals with whom they are working.

### **Breastfeeding Support for Vulnerable and Premature Newborns**

Nurses, other health care providers and facilities should implement strategies to assist the mothers of vulnerable and preterm babies to receive breast milk whenever possible.

Premature infants have additional stresses in their environment, and breast milk has been shown to decrease some of the complications associated with prematurity. There is evidence that breast milk can decrease the rate of necrotizing enterocolitis and sepsis in this population of newborns. Research has shown that these vulnerable newborns are usually physiologically more stable during the act of breastfeeding compared to infant feeding from a bottle or other source.

Because the evidence points to the benefits of breast milk to decrease infant morbidity and mortality, mothers should be encouraged and supported during this vulnerable preterm period to provide breast milk for their infant if possible.

Premature infants are subdivided by gestational age into a category known as late preterm infants, those born between 34 and 36 completed weeks of gestation. These preterm infants often look and act like full-term infants; however, they have many of the same physiologic vulnerabilities as smaller preterm babies. They have immature suck and swallow reflexes and may have altered sleep-wake states, therefore they may have significant challenges to successful initiation and maintenance of breastfeeding. These mother-infant dyads may require additional support, and it is important to refer them to a lactation consultant or other breastfeeding specialist.

## **Public Policy**

AWHONN supports the implementation of legislation and public health initiatives that would ensure the right to breastfeed; would increase the rate of breastfeeding in the U.S. population; and raise awareness of the benefits of breastfeeding. Such initiatives should include:

- Legislation that appropriately supports breastfeeding in public and/or private locations;
- Exclusion of breastfeeding from state and federal indecency legislation;
- Culturally specific public health campaigns that encourage women to breastfeed, particularly within populations at-risk for not breastfeeding such as African-American, Native American and Asian-Pacific Islander;
- Increased funding for the Women, Infants and Children (WIC) Nutrition breastfeeding program;
- Increased funding for the Title V Block Grant Program and the Healthy Start Initiative to ensure continued federal emphasis on breastfeeding;
- Reimbursement by health plans for lactation specialists and breastfeeding supplies;
- Efforts that encourage federal and private health plans to provide “hospital grade” breast pumps to women who need to express milk to support breastfeeding for their infant, whether hospitalized or in the home; and
- [Legislation and policies](#) that encourage employers to facilitate lactation in the workplace, including breaks for breastfeeding women and access to a private area for breastfeeding or milk expression.

## **Background**

AWHONN supports evidence-based breastfeeding practice. AWHONN has published guidelines for evidence-based nursing practice titled, *Breastfeeding Support: Prenatal Care Through the First Year, Second Edition*. This document is a primary source for the recommendations in this position statement.

The promotion of breastfeeding is an important public health intervention with many benefits for the mother and baby. Breastfeeding is less expensive than formula feeding and can contribute to significant health care cost savings. Some of the main health benefits are:

For infants:

- Decreased incidence or severity of infections such as GI and respiratory infections, otitis media, necrotizing enterocolitis, gastroenteritis, meningitis, and urinary tract infections;
- Potential protective effect against sudden infant death syndrome (SIDS);
- Potential protective effect against childhood and adult-onset diseases such as insulin-dependent diabetes, allergies, asthma, lymphoma, ulcerative colitis, and adult-onset hypertension.

For women:

- Enhanced mother-infant attachment, maternal role attainment and self-esteem;
- Enhanced uterine involution resulting in less postpartum blood loss and reduced risk of infection;

- Reduced risk of osteoporosis, ovarian cancer, and premenopausal breast cancer and rheumatoid arthritis.

AWHONN is a member of the U.S. Breastfeeding Committee. This coalition of breastfeeding and health professional organizations works to increase the rate of breastfeeding across the nation. <http://usbreastfeeding.org/>

One initiative that has shown success in the promotion of the initiation of breastfeeding is the Baby Friendly Hospital Initiative (BFHI) in the USA. The principles of the BFHI have been shown to increase breastfeeding initiation rates among participating hospitals when compared with national averages. <http://www.babyfriendlyusa.org/eng/01.html>

The Healthy People 2010 mid-term review indicates that for breastfeeding in the early postpartum period, the U.S. has moved 55% toward the target goal of 75% of mothers who breastfeed their infants. For breastfeeding at 6 months, the statistics reveal the U.S. has moved 19% closer to the goal of 50% of women who continue breastfeeding until their infants are six months of age. And finally, for breastfeeding at 1 year, the data show the U.S. has moved 44% closer to the goal of 25% of infants who are breastfed until one year of age. This indicates that breastfeeding rates for the immediate and 6 – 12 months postpartum are slightly increased.<sup>ii</sup>

By 2007, 32 states have passed laws that allow women to breastfeed in any public or private locations. Another 20 states have exempted breastfeeding from the states public indecency laws. A few states have implemented state breastfeeding awareness campaigns.

*Breastfeeding position statement approved by the Executive Board, November 1991, 1993, 1995; withdrawn for revision 1997; approved by the AWHONN Board of Directors, June 1999.*

*Role of the Nurse in the Promotion of Breastfeeding position statement approved by the AWHONN Board of Directors, June 1999.*

*Breastfeeding and the Role of the Nurse in the Promotion of Breastfeeding position statements combined and reaffirmed by the AWHONN Board of Directors, December 1, 2007.*

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<sup>i</sup> Department of Health and Human Services. *Healthy People 2010*. Obtained on 9/10/2007 at:  
<http://www.healthypeople.gov/document/html/objectives/16-19.htm>

<sup>ii</sup> Department of Health and Human Service. *Healthy People 2010 Midcourse Review*. Obtained on 11/7/2007 at:  
<http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA16ProgressHP.htm>