SOCIETY OF PEDIATRIC NURSES

SPN Position Statement: The Role of Pediatric Nurses in the Promotion and Protection of Human Milk and Breastfeeding

INTRODUCTION/PROBLEM STATEMENT

The World Health Organization (WHO) (2019), the American Academy of Pediatrics (AAP) (2012), the Association of Women's Health Obstetric & Neonatal Nurses (2015), and the National Association of Neonatal Nurses (NANN) (2015) recommend that infants be breastfed for a full year and exclusively breast fed for the first six months to optimize health and developmental outcomes. However, despite improvements in breastfeeding initiation rates in the United States, , exclusive breastfeeding for the recommended 6 months and breastfeeding continuation for a full year remain low (Centers for Disease Control & Prevention, 2019).

Breastfeeding Rates-2019 (based on 2016CDC data)	Percentage
Initiation	83.8%
Any breastfeeding at 6 months	57.3%
Exclusive breastfeeding at 6 months	25.4%
Breastfeeding at 1 year	36.2%

In addition to low rates of breastfeeding overall in the United States, there are health disparities in breastfeeding across racial and socio-economic lines. Data indicate breastfeeding initiation rates among African American women are nearly 20% lower than among Caucasian women. Additionally, women of the lowest income level have substantially lower breastfeeding initiation rates when compared to women in the highest income bracket (Centers for Disease Control & Prevention, 2019). Thus, those infants who may benefit most from the receipt of human milk and breastfeeding are at most risk for not receiving it. This is concerning since human milk and breastfeeding may play an important role in the mitigation of toxic stress (Hallowell, Froh, & Spatz, 2016). Pediatric nurses play a critical role in helping families make an informed decision about human milk and breastfeeding and ensuring that all families can meet their personal breastfeeding goals.

DEFINITION(S)

The WHO (2019) defines exclusive breastfeeding for the first six months as the provision of 100% human milk (no juice, no water, no infant formula, no complementary foods). Exclusive breastfeeding includes direct breastfeeding as well as the provision of human milk through other means (bottle, feeding tube, cup, etc.).

RATIONALE AND SUPPORTING INFORMATION

From an ethical perspective, all available evidence indicates that infants have increased morbidity and mortality without access to human milk, so, pediatric nurses must advocate for their patients through promotion and support of breastfeeding (Froh & Spatz, 2014). Whether working in the community setting or a pediatric facility, pediatric nurses are obligated to present the supporting evidence for human milk and breastfeeding to all families. Pediatric nurses cannot assume that families have had the opportunity to make an informed feeding choice. Nurses should also be aware of situations in which breastfeeding is contraindicated. These exceptions include: mothers who test positive for Human Immunodeficiency Virus (HIV) or Human T-lymphotropic virus (HTLV) type 1 or 2, mothers with suspected or confirmed Ebola virus disease (CDC, 2018), or mothers undergoing chemotherapy or radiation treatment (AAP, 2012). If the mother is using illicit street drugs such as cocaine or phencyclidine (PCP), they should not breastfeed (CDC, 2018). However, mothers enrolled in a supervised treatment program who are HIV

negative and not using other illicit drugs should be strongly encouraged to breastfed (CDC, 2018). Finally, breastfeeding is also contraindicated in infants diagnosed with classic galactosemia, a rare genetic metabolic condition which limits absorption of milk protein (CDC, 2018).

The health and developmental rewards of human milk provision are well documented:

- Decreased incidence and severity of infections (ear [Bowatte, et al., 2015], gastrointestinal, respiratory, and urinary [Chamova, et al, 2018] (AAP, 2012) and sepsis (Hair et al., 2016).
- Deceased incidence and severity of necrotizing enterocolitis (AAP, 2012; Cacho, Parker & Neu, 2017; Herman & Carroll, 2014)).
- Decreased early childhood gastroenteritis (Bentley, et al., 2016).
- Improved feeding tolerance, and advancement of feeds for vulnerable infants (decreased total parenteral nutrition [TPN] days) (Ghandehari, Lee & Rechtman 2012; Assad, Elliott & Abraham, 2016).
- Decreased retinopathy of prematurity (Hair et al., 2016)
- Decreased bronchopulmonary disease (Hair et al., 2016)
- Decreased cardiovascular risk (Umer, et al, 2019)
- Decreased respiratory infection and illness (Gorlanova, et al. 2016).
- Improved brain development (increase in white matter and grey matter) and improved intelligence and developmental outcomes (Deoni et al., 2013; Isaacs et al., 2010; Deoni et al, 2018; Luby et al., 2016)
- Decreased risk of sudden infant death syndrome (SIDS) (AAP, 2012; Thompson, et al, 2017)
- Improved long term health outcomes (reduction in obesity, diabetes, heart disease) (Spatz & Lessen, 2011; Horta, Loret De Mola & Victoria: 2015)
- Enhanced long term protection of gastrointestinal system (reduction in irritable bowel syndrome, Crohn's disease, celiac disease) (Spatz & Lessen, 2011; Xu et al, 2017)
- Reduced risk of childhood cancers (leukemia and lymphoma) (AAP, 2012; Amitay, Dubnov-Raz, & Keinan-Boker, 2016)
- Decreased mortality (Hair et al., 2016; Victoria et al., 2016)
- Decreased cost (Assad, Elliott & Abraham, 2016)

For pediatric nurses working in the community setting, early and on-going support and care of the breastfeeding mother and child is essential. The most common breastfeeding challenges include sore nipples related to poor attachment, ankyloglossia (tongue-tie), hyperbilirubemia (increased bilirubin), and poor weight gain (Kent et al., 2015). These challenges must be addressed immediately and with supportive attention to the breastfeeding mother to prevent the compromise of maternal milk supply. Without ongoing breast stimulation and emptying, prolactin levels fall to a non-pregnant state within 7-14 days after delivery. The early days of the breastfeeding relationship are the most critical; if the mother is not well supported with evidence-based practices during the first 2 weeks after delivery, achievement of a full milk supply may not be feasible.

POSITION and/or RECOMMENDATIONS

Pediatric nurses have a critical role during the first few weeks after delivery to ensure that the mother establishes an abundant milk supply and navigates common breastfeeding challenges. While the majority of this responsibility falls to nurses in the maternity specialty, pediatric nurses are next to encounter and care for the breastfeeding dyad.

All pediatric nurses should be familiar with technology that supports the use of human milk and breastfeeding. All pediatric nurses be proficient in the assembly and operation of hospital grade breast pumps and the ability to observe and evaluate a pumping session to ensure the mother is using the correct shield/flange size and technique to maximize milk production. Pediatric nurses should be knowledgeable about normal milk production (440-1220 ml. per 24 hours once established with an average of around 700-800 ml.) and equipped to perform infant weights pre- and post-breastfeeding to assess milk transfer. Pediatric nurses play a critical role in providing evidence-based lactation support, education, and referral to lactation specialist or other reputable sources of information when appropriate (Spatz, 2014).

The Society of Pediatric Nurses Clinical Practice Guideline for the Use of Human Milk and Breastfeeding for the Hospitalized Infant/Child goes beyond the Immediate Neonatal Care to include evidence-based strategies to

promote and maximize the benefits of breastfeeding. These guidelines contain additional information regarding the Baby Friendly Hospital Initiative (BFHI) and the Spatz 10 steps for protection and promotion of human milk and breastfeeding in vulnerable infants (American Academy of Nursing, 2015; Spatz, 2004; Spatz, 2018)

Barriers to the provision of evidence- based lactation education and parental support in environments such as the NICU are well documented (Rossman, Meier & Spatz, 2018). Research demonstrates that mothers in specialized environments appreciate breastfeeding support by pediatric nurses, and there are a number of proven models to promote nurses' knowledge and efficacy in meeting this need (Ranch, Jamten, Thorstensson, & Elkstrom-Bergstrom, 2019; Froh, Dahlmeier & Spatz, 2017; Spatz, Evans & Froh, 2017). The Society of Pediatric Nurses encourages pediatric nurses to seek training to increase confidence and competence in order to support breastfeeding mothers and infants and to implement programs that encourage and support breastfeeding for families in their care.

RESOURCE(S)

The Centers for Disease Control and Prevention
www.cdc.gov/breastfeeding

The Office of Women's Health
www.womenshealth.gov/breastfeeding

The United States Breastfeeding Committee
www.usbresatfeeding.org

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