



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, ideally beginning with skin to skin contact and early infant-led breastfeeding within the first hour of life. At about 6 months of age, with the addition of appropriate complementary solid foods, continuation of breastfeeding is recommended until at least age one year and longer as mutually desired by the mother and infant (American Academy of Breastfeeding [ABM], 2015; American Academy of Pediatrics [AAP], 2012; AAP, 2018 American College of Obstetricians and Gynecologists, 2016; American Dietetic Association, 2009; United States Breastfeeding Committee [USBC], 2010; United States Department of Health & Human Services [USDHHS], 2009; USDHHS, 2011; World Health Organization [WHO], 2017; UNICEF, 2017).

Given the benefits of breastmilk and breastfeeding to the infant, mother, society, and environment, NAPNAP affirms that exclusive feeding of breastmilk represents optimal feeding for newborns and infants. Optimizing infant feeding is a key strategy for promoting health through the lifespan. Evidence suggests that breastmilk provides infants and children with increased protection against infection, acute illness and chronic conditions across the lifespan (AAP, 2012; McNeil, Lobbok, & Abrahams, 2010). Suboptimal breastfeeding, defined as non-exclusive breastfeeding and/or breastfeeding for less than AAP recommendations, may jeopardize the infant's health and increase the risk of infant morbidity and mortality (ABM, 2015; AAP, 2018; WHO, 2017). These risks include, but are not limited to, higher risk of sudden infant death syndrome (SIDS), neurocognitive delays, and increased incidence of diabetes, cancers, gastroenteritis, respiratory and ear infections, and dental malocclusions (AAP 2012; ABM 2015; Binns, Lee, & Low, 2015; Rollins et al., 2016; Victora et al., 2016).

Breastmilk also plays an important role in neurodevelopment and cognitive function especially in preterm infants (Schwarzenberg & Georgieff, 2018). 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 (AAP 2012; Bartick et al., 2017; Sullivan et al., 2010). Therefore, NAPNAP affirms enacting specific strategies to increase human milk intake for the premature infant as well (Fugate, Hernandez, Ashmeade, Miladinovic, & Spatz 2015).

Breastfeeding is remarkably beneficial for the mother, with decreased risks of metabolic and cardiovascular disease, breast cancer, ovarian cancer, and improved birth spacing (Rollins et al., 2016; Victora et al., 2016). Breastfeeding also helps new mothers lose weight that was gained during pregnancy decreasing their risk of diabetes or other chronic disorders related to obesity (Bartick et al., 2017).

Research indicates that suboptimal breastfeeding in the United States results in an excess of 3,340 premature maternal and child deaths (Bartick et al., 2017). The associated costs of suboptimal breastfeeding in the U.S accounted for \$3.0 billion in direct medical costs, \$1.3 billion in non-medical costs, and \$14.2 billion for premature death costs (Bartick et al., 2017). Studies have shown breastfeeding bestows benefits to the greater society (Bartick et al., 2017; Rollins et al., 2016; Victora et al., 2016). Conversely, suboptimal breastfeeding has been shown to have a significant healthcare burden economically with increased rates of healthcare utilization and illness.

Efforts to promote, and support breastfeeding should be viewed as an important public health priority for healthcare professionals charged with the care of women, infants and children. Exclusive breastfeeding should be encouraged for all mothers and in the rare instance where breastfeeding is contraindicated or is significantly limited, exclusive feeding of donor breastmilk should be considered through a Human Milk Banking Association of North America (HMBANA) facility (2018). Supplemental feedings should only be given to infants when medically warranted as their use may interfere with the establishment of good maternal supply (ABM, 2009; Holmes et al, 2013; Kellams et al, 2017). When unique situations arise, which require the need to induce lactation (or re-lactation), supportive efforts should be initiated for breastmilk production to ensure the infant receives breastmilk.

Promoting and supporting breastfeeding is an integral component of pediatric health care offered by pediatric nurse practitioners (PNPs) and their fellow pediatric-focused advanced practice registered nurses (APRNs). An infant's nutrition, beginning with maternal nutrition in pregnancy through the child's second birthday is critical to neurodevelopment and lifelong mental health along with providing short and long term positive healthcare outcomes (AAP, 2018; ABM, 2013). Pediatric-focused APRNs can positively influence breastfeeding practices by implementing maternal-child health evidence-based practices (EBP) including identifying barriers to breastfeeding, ensuring equitable health care with careful follow-up, providing EBP anticipatory guidance, and through advocacy for breastfeeding-friendly practices. All these actions in the primary care setting serve to improve breastfeeding initiation, exclusivity, and duration from the immediate postpartum period through weaning (AAP, 2012; Heinig et al., 2009; USDHHS, 2011).

Initiatives directed towards increasing the support of lactating women returning to work are paramount, as the challenge of pumping for a child while working is one of the leading causes for early cessation of breastfeeding (Rollins et al., 2016). Mothers who are at risk for early cessation of breastfeeding due to social health determinants must also be the focus of breastfeeding initiatives. Maternal self-efficacy is a factor that affects breastfeeding success. The Tri-Core Breastfeeding model incorporates maternal self-efficacy strategies, lactation support, and education within the patient-family medical home for the pediatric-focused APRN to incorporate in breastfeeding promotion (Busch, Logan, & Wilkinson, 2014). NAPNAP affirms the need for pediatric-focused APRNs to implement pediatric primary care breastfeeding interventions incorporating the Tri-Core conceptual model. Pediatric-focused APRNs' positive support within the health care systems, for breastfeeding-friendly workplaces, for family and community programs, and for focused strategies for populations at-risk to improve breastfeeding rates aligning with the Healthy People 2020/2025 goals is encouraged (USDHHS, 2011).

NAPNAP recommends that comprehensive, evidence-based, and culturally sensitive educational and clinical experiences in lactation and breastfeeding be included in all educational programs that prepare pediatric health care providers. NAPNAP also recommends that pediatric healthcare 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 2020/2025 that promote increasing breastfeeding rates nationally to contribute to improving the health of all persons (USDHHS, 2011). NAPNAP recognizes and affirms the significance of the WHO/UNICEF Baby Friendly Ten Steps international strategy and encourages hospitals to incorporate these steps into mother-infant dyad care (WHO, 1998; UNICEF/WHO, 2018).

NAPNAP encourages all pediatric healthcare providers to:

1. Promote informed choice about infant feeding practices by educating expectant parents, their family members, and society about the nutritional, neurodevelopmental, social, and economic advantages of breastmilk. Educate families on the potential short and long-term health risks of not breastfeeding for both mother and child (AAP 2012; ABM, 2013; Bartick et al., 2017; Binns et al., 2016; Rollins et al., 2016). Identify and reduce the actual and perceived barriers to initiation and continuation of breastfeeding at all phases of the childbearing/childrearing cycle. Provide counsel and support for all families pursuing the use of donor milk and/or breastmilk induction/re-lactation with EBP information and resources. Acknowledge that if maternal breastmilk is unavailable, donor human milk as a substitute is preferred (AAP 2012; ABM, 2009; Kellams et al., 2017). NAPNAP emphasizes the importance of interprofessional healthcare team collaboration and seeks to establish joint EBP care measures with vested healthcare partners to promote, protect, and support the breastfeeding dyad.
2. Provide expert clinical care for breastfeeding families utilizing a ‘family centered care’ approach (ABM, 2013). Identify support systems necessary to promote and sustain the nutritional goals of breastfeeding families and for those who choose to feed breastmilk to their babies (AAP 2012, ABM 2015; USDHHS, 2011). Assess breastfeeding at all infant/child visits and provide appropriate management/care to the breastfeeding dyad. Provide lactation support onsite or refer breastfeeding families to a lactation consultant, community support group and/or peer-group when appropriate. Facilitate, support, and promote primary care support strategies that collaborate with the UNICEF/WHO’s Ten Steps to Successful Breastfeeding initiative (2018).
3. Advocate for breastfeeding support and promotion by emphasizing maternal self-efficacy lactation support and education within practice settings, hospitals, communities, and at the legislative level among all populations, especially those at risk for early cessation (ABM 2013; ABM, 2009; Busch et al., 2013). Provide assistance to populations with lower breastfeeding rates who may lack access to provider and community lactation support. Populations with lower rates of breastfeeding include those that identify as African American, lower socio-economic status, unmarried, less formally educated, young maternal

age, participants of the Women-Infant-Children program (WIC), and/or report unintended pregnancy (Jones, Power, Queenan, & Schulkin, 2015). Women who are disproportionately affected by adverse social outcomes derive the most health and economic benefits of breastfeeding (Jones et al., 2015).

4. Serve as an educational resource for other healthcare professionals, employers, and the general public regarding breastfeeding. Current research indicates that there is insufficient and inconsistent lactation education among professionals and in nursing programs. Advocate for curricula improvements to prepare the current and next generation of pediatric healthcare providers (Boyd & Spatz, 2013). Advocate for increased breastfeeding continuing education for all NPs who care for breastfeeding families. NAPNAP recognizes that PNs are uniquely qualified to be leaders in providing interprofessional lactation education and care by establishing core competencies in lactation education (United States Breastfeeding Committee, 2010).
5. Advocate for workplace employer/employee policies that seek to enable employed women who are breastfeeding to continue providing breastmilk to their children. This includes adhering to the Patient Protection and Affordable Care Act (PPACA, P.L. 111-148) workplace provisions, recommending employers enact policies and procedures allowing for women to pump their breastmilk when reasonable in safe, private, and sanitary rooms without fear of retribution (Dinour & Szaro, 2017). Current research has indicated the duration of maternity leave and one's employment status were found to inversely effect breastfeeding exclusivity and/or duration (Dinour & Szaro, 2017). PNs can advocate for longer maternal and paternal postpartum leave time and encourage employers to enact flexible working arrangements. These measures will reduce workplace barriers to improving breastfeeding rates and increase retention of employee's long term. Breastfeeding support for employees will reduce turnover, improve business outcomes, and benefit employee health causing a return on the investment of the employer (USDHHS, 2017).
6. Support and participate in the design and implementation of clinical practice, local and national policies, and local and regional breastfeeding coalitions to actively promote the continued development and implementation of appropriate breastfeeding initiatives. Advocate, practice, and contribute to specific interventions in the primary care setting that promote the 'Breastfeeding-Friendly Pediatric Office Practice' (Meek & Hatcher, 2017). 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.
7. Promote, protect, and support breastfeeding as a global strategy to reduce infant morbidity and mortality in both developed and developing countries (WHO, 2003; WHO 2017). Recognize the vital role and goals set forth by both the Innocenti Declaration and the International Code of Marketing of Breastmilk Substitutes to reduce inappropriate and unethical marketing of breastmilk substitutes to families worldwide and to affirm that, in the absence of true contraindications, all infants benefit from breastmilk (Rollins et al., 2016). NAPNAP recognizes and affirms the importance of national and global strategies to promote

gender equality and the empowerment of women and girls by increasing access to skilled care before, during and after childbirth and during lactation and beyond for the betterment of entire communities.

8. Recognize that infants are especially vulnerable during times of disaster, and breastmilk is the cleanest and safest food for an infant in disasters or emergencies. Support for women during a disaster to continue exclusive breastfeeding or returning to exclusive breastfeeding through re-lactation following a disaster is crucial to promote the positive health outcomes that result from the intake of human milk (ABM, 2009; Carothers & Gribble, 2014). Provide professional support and ensure that moms are instructed on hand expression and paper cup feeding during disaster situations (USBC, 2011; AAP, 2015; ABM, 2009).
9. Conduct research and quality improvement projects related to breastfeeding to formulate, generate, evaluate, and substantiate evidence-based practices for lactation support allowing NPs to be on the forefront of breastfeeding research (Boyd & Spatz, 2013). PNs in clinical practice and academia are encouraged to disseminate research findings with a lactation focus through scholarship.
10. Promote family and community support of breastfeeding, including a cultural and acculturation assessment of factors impacting breastfeeding initiation and duration (Jones, et al., 2015). NAPNAP recognizes the importance of identifying these factors and incorporating culturally sensitive lactation care by assessing for cultural factors that can influence the mother in her breastfeeding decisions. Pediatric-focused APRNs must assess whether there are individual family members, community leaders, or environmental and societal factors at play that may be influencing the success of breastfeeding resulting in a direct impact on initiation and duration of breastfeeding rates (Kimani-Murage, et al., 2015).

In summary, NAPNAP, an organization whose mission is to empower PNs, pediatric-focused APRNs and their interprofessional partners to enhance child and family health through leadership, advocacy, professional practice, education and research, acknowledges the importance of breastfeeding for infants, mothers, families, and society. Research has substantiated the significant medical, emotional, and economic benefits bestowed by breastfeeding (AAP, 2017; ABM, 2015; WHO, 2017). NAPNAP strongly supports the role of the pediatric-focused APRN in supporting lactating mothers in achieving their breastfeeding goals for their children.

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