

Breastfeeding

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports, protects, and promotes breastfeeding as the ideal and normative method for feeding infants, including the provision of human milk for preterm and other vulnerable newborns. Women should be encouraged and supported to exclusively breastfeed for the first six months of an infant's life and continue to breastfeed for the first year and beyond. AWHONN partners with other maternal-child health organization to improve cultural, institutional, and socioeconomic systems so that more women and newborns can experience the numerous physiologic and psychosocial benefits of breastfeeding.

Physiologic and Psychosocial Benefits of Breastfeeding

The myriad of benefits of breastfeeding are documented extensively in the literature, and new benefits continue to be identified. Emerging research also indicates stronger associations between longer duration of exclusive breastfeeding and enhanced maternal and infant benefits (American Academy of Pediatrics [AAP], 2012; Ip, Chung, Raman, Trikalinos, & Lau, 2009).

For infants, breastfeeding has short-term and long-term health benefits. In the short-term, breastfeeding reduces the risk of gastroenteritis, necrotizing enterocolitis, ear infections, pain following minor procedures, hospital readmissions, respiratory infections, Sudden Infant Death Syndrome (SIDS), and urinary tract infections. In the long-term, breastfeeding reduces the risk of asthma, atopic dermatitis, cardiovascular disease, celiac disease, diabetes, childhood inflammatory bowel disease, obesity, and sleep disordered breathing. Further, breastfeeding is associated with increased cognition and neurodevelopment (AWHONN, in press).

Breastfeeding is also beneficial to the mother's health. Postpartum benefits include decreased blood loss, lower risk of postpartum infection and anemia, and greater weight loss. Breastfeeding also has been associated with reduced risk of maternal disease later in life including breast cancer, diabetes (type II), hypertension, cardiovascular disease, metabolic syndrome,

ovarian cancer, osteoporosis, and rheumatoid arthritis (AWHONN, in press).

Additionally, mothers who feel empowered to breastfeed successfully are more likely to breastfeed exclusively and continue breastfeeding. Self-efficacy, which has been defined as the woman's perceived ability to successfully master a task such as breastfeeding, is associated with an increased duration of breastfeeding at six months (Kingston, Dennis, & Sword, 2007; McCarter-Spaulling & Gore, 2009; Wilhelm, Rodehorst, Stepan, Hertzog, & Berens, 2008). Researchers have also shown that women who participated support workshops focused on breastfeeding self-efficacy were more likely to exclusively breastfeed at eight weeks postpartum than women who did not attend such workshops (Noel-Weiss, Rupp, Cragg, Bassett, & Woodend, 2006).

Breastfeeding enhances the relationship between a mother and her infant by improving bonding. For example, skin-to-skin contact during breastfeeding has been shown to improve the infants' vital signs, especially immediately after birth (Moore & Anderson, 2007). Indeed, it is theorized that many of the identified health benefits of breastfeeding may be related to not only the composition of human milk, but also to the close contact between the mother and her infant during feeding (Moore, Anderson, Bergman & Doswell, 2012). Breastfed infants also have more control over how much food they eat and when they eat (Hung & Berg, 2011; Widström et al., 2011), which may be part of the association between reduced rates of obesity among breastfed infants (AAP, 2012).

Public Health Benefits of Breastfeeding

In addition to the numerous health benefits associated with breastfeeding, there are a number of financial benefits for families, society, public and private insurers, employers, and government programs. In a cost analysis of the financial benefits of breastfeeding, the authors concluded that if 90% of new mothers breastfed exclusively for six months, 13 billion health care dollars would be saved (Bartick & Reinhold, 2010).

When an infant is breastfed, the family saves approximately \$1,500/year in direct costs for feeding supplies and formula. The family also saves indirect costs related to fewer medical bills and fewer lost days of work because the infant is healthier (USDHHS, 2011). When employers supported breastfeeding, they received a \$3 return for every \$1 invested in a lactation program. Reduced turnover rates led to cost savings in recruitment and training, less absenteeism, and reduced costs for health insurance claims (United States Breastfeeding Committee [USBC], 2013).

Breastfeeding is also beneficial to the environment and does not require manufacturing plants, packaging, storage, transportation, or refrigeration; it generates no waste and is a renewable resource (Save the Children, 2012). Researchers estimated that for every one million formula-fed infants, 150 million containers used in formula packaging were disposed of, many in landfills (USDHHS, 2011).

The Role of the Nurse

In the United States, 98% of all births occur in hospitals where nurses are the primary health care providers supporting women from labor and birth through discharge. Nurses play a vital role in preparing, educating, encouraging, and supporting women to breastfeed and are instrumental in facilitating initiation and continuation of breastfeeding.

Nurses and other health care professionals who care for mother-infant dyads should acquire the knowledge and demonstrate the competence needed to provide consistent and evidence-based breastfeeding information and support throughout the preconception, prenatal, and postpartum periods. If the health care professional does not possess the knowledge and skills needed to provide support, consultation with or referral to a lactation specialist or other clinical expert should be offered for all mother-infant dyads.

The USBC has developed core competencies that detail the knowledge, skills, and attitudes that health professionals should possess in order to help women prepare for, initiate, and sustain breastfeeding (USBC, 2010). Academic education programs for all health care professionals should include content on lactation.

All women have the right to expect culturally sensitive breastfeeding promotion and support. Health care providers should strive to understand and

be prepared to address cultural issues in all aspects of breastfeeding promotion and support for the population of women they serve. Breastfeeding has different meanings and levels of acceptance in different cultures; therefore, it is essential that providers explore the specific breastfeeding concerns of the individuals with whom they are working. All women have the right to obtain information about the benefits of breastfeeding so that they are able to make informed decisions.

Nurses and other health care providers should support each woman's choice of infant nutrition by providing women with information about the risks and benefits of various feeding options to facilitate informed decision making. There may be certain rare instances when a woman wants to breastfeed, but is unable to or should avoid doing so, including some women who have had breast surgery, women with HIV infection, certain substance use disorders, untreated tuberculosis, or who are taking medications contraindicated in breastfeeding. In these situations, women should be given information by their nurses and encouraged to further consult with their health care providers to help them make infant feeding decisions. There may be other instances where women erroneously think that breastfeeding is contraindicated (e.g., smoking cigarettes), and nurses should provide correct information regarding these misconceptions. Nurses should encourage women to discuss their medications and herbal and other nutritional supplements with a health care provider who has expertise in breastfeeding and is knowledgeable about the interactions of prescription and over-the-counter medications and supplements with breastfeeding.

If a woman chooses to or is required to formula feed instead of breastfeed, nurses should help her, her family, and other support persons understand how to safely prepare, feed, and store formula and bottles. Education and resources should also include information about the risks of contamination of formula, feeding systems, and/or water supply. Women should be advised to monitor whether a particular feeding system and/or formula is recalled for safety or other reasons.

International Code of Marketing of Breast-milk Substitutes

AWHONN supports the goals the World Health Organization (WHO) set forth in the *International Code of Marketing of Breast-milk Substitutes* released in 1981 in an effort to improve

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