# Breastfeeding Curricular Content of Family Nurse Practitioner Programs

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#### **ABSTRACT**

**Introduction**: Health care provider support is essential for breastfeeding success. Family Nurse Practitioners (FNP) are in a unique position to promote and manage breastfeeding. There is a gap in the literature regarding the amount and type of breastfeeding curricular content in FNP programs.

Method: An online survey of FNP programs was conducted. Data collection included program descriptors, didactic breastfeeding coursework, and clinical breastfeeding opportunities available to students.

Results: No programs offered courses specific to breastfeeding: 82% of programs devoted 1 to 2 hours of didactic lactation content. More than three quarters of the programs offered students breastfeeding counseling opportunities; no programs, however, identified specific breastfeeding clinical competencies.

Discussion: FNPs can play an integral role in breastfeeding promotion and counseling. There appears to be a lack of education provided to FNPs regarding breastfeeding management. Creative approaches that incorporate lactation education into FNP programs may increase FNPs' breastfeeding knowledge and enhance their ability to provide support to breastfeeding families. J Pediatr Health Care. (2016) ■,

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Conflicts of interest: None to report.

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0891-5245/\$36.00

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http://dx.doi.org/10.1016/j.pedhc.2016.07.006

#### **KEY WORDS**

Breastfeeding, curricula, family nurse practitioner, lactation, nursing education

## **INTRODUCTION**

It is widely recognized that breastfeeding provides significant health benefits for both infants and mothers (American Academy of Pediatrics, 2012; U.S. Department of Health and Human Services, 2014). These health benefits were underscored in the 2011 Surgeon General's Call to Action, which states, "Breastfeeding is one of the most highly effective preventative measures a mother can take to protect the health of her infant and herself" (U.S. Department of Health and Human Services, 2014, p. 1). In a summary of systemic reviews and meta-analyses of breastfeeding and health outcomes, Ip et al. (2007) found that infants who were breastfed experienced a lower rate of health problems, including decreased episodes of diarrheal illness, ear infections, severe lower respiratory tract infections, diabetes, obesity, and sudden infant death syndrome.

Professional organizations support the recommendation of exclusive breastfeeding for the first 6 months of life, with continued breastfeeding for a year or more (American Academy of Pediatrics, 2012; American Academy of Family Practice Physicians, 2012; National Association of Pediatric Nurse Practitioners, 2013). Despite these strong recommendations, U.S. national breastfeeding rates—which vary significantly between different demographic groups—continue to fall below projected national goals (Centers for Disease Control and Prevention, 2014, 2016; Table 1).

A major factor in breastfeeding success is knowledgeable support from health care professionals; however, a lack of breastfeeding education for both nurses and physicians has been reported extensively in the

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TABLE 1. U.S. national breastfeeding rates (%) compared with Healthy People 2020 breastfeeding goals

Duration of breastfeeding	Ever	Breastfeeding at 6 months	Breastfeeding at 1 year	Exclusive breastfeeding at 3 months	Exclusive breastfeeding at 6 months
Healthy People 2020 Goals	81.9	60.6	34.1	46.2	25.5
US National Rates	79.2	49.4	26.7	40.7	18.8
Highest U.S. State score	92.8	63.1	38.4	56.1	25.4
Lowest U.S. State score	61.1	28.9	10.0	28.8	10.1
Sources: Centers for Disease Control and Prevention (2014, 2016).					

literature (Freed, 1993; Freed et al., 1995; Pound, Williams, Grenon, Aglipay, & Plint, 2014; Spear, 2006). In addition, the U.S. Department of Health and Human Services (2014) reports that opportunities are limited for future physicians and nurses to obtain education and training on breastfeeding and that "the information on breastfeeding in medical texts is often incomplete, inconsistent, and inaccurate" (p. 47). The literature cites numerous studies addressing the need for increased breastfeeding education for nursing students; however, the focus has been almost exclusively on undergraduate nursing programs (Ahmed, Bantz & Richardson, 2011; Howett, Spangler, & Cannon, 2006; Spatz & Sternberg, 2005).

Historically, breastfeeding management has been relegated to providers who specialize in pediatric and women's care. The 2013 Nurse Practitioner Specialty core competencies developed by the National Organization of Nurse Practitioner Faculty (2013) reflected this emphasis by identifying breastfeeding and

human lactation competencies for Pediatric and Women's Health Nurse Practitioners. In the last decade, there has been a sizable increase in the proportion of students pursuing Family Nurse Practitioner (FNP) education compared with those pursuing Pediatric Nurse Practitioner

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education (Freed, Dunham, & Loveland-Cherry, 2010). Although no national data are available indicating how many FNPs practice in maternal–child health, the number of FNP graduates in the United States has doubled since 1996, increasing the likelihood of FNPs providing primary care services to mothers and infants.

Although no specific competencies regarding management of breastfeeding exist for FNPs, the National Organization of Nurse Practitioner Faculties iden-

tifies core competencies for all nurse practitioners regardless of their specialty focus. One competency focuses on providing "the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, and counseling..." (National Organization of Nurse Practitioner Faculties, 2014, p. 12). Given the health benefits of breastfeeding, provision of lactation support and management clearly falls within this competency. Graduates of FNP programs are "prepared to provide care for individuals and families across the age span" (American Association of Colleges of Nursing, 2013, p. 9); therefore, they are in a unique position to promote and provide ongoing breastfeeding support to infants, women, and families. Little is known, however, about the educational preparation of FNP students in the field of breastfeeding and human lactation.

### LITERATURE REVIEW

Health care providers' advice and support have a considerable influence on a mother's decision to breastfeed and on her ability to maintain lactation (DiGirolamo, Grummer-Strawn, & Fein, 2003, DiGirolamo, Grummer-Strawn, & Fein, 2008; Feldman-Winter, Schanler, O'Connor, & Lawrence, 2008; Phillipp, Merewood, & O'Brien, 2001). Lack of support from professionals has been identified as a major barrier to breastfeeding promotion (Bartick, Stuebe, Shealy, Walker, & Grummer-Strawn, 2009). Graffy and Taylor (2005) examined women's perspective on the information, advice, and support they received regarding breastfeeding. Mothers reported conflicting and inappropriate advice offered by health care providers and believed they did often not receive the support they needed to be successful in their breastfeeding attempts.

Despite the importance of a strong breastfeeding knowledge base in breastfeeding management, a significant lack of breastfeeding training and education for health care providers is reported in the literature. Landmark studies conducted in the 1990s identified the knowledge deficit among both physicians

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