



NAPNAP Position Statement on Breastfeeding

The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes that exclusive breastfeeding for at least 6 months and continued for the first 12 months and beyond represents normal infant feeding (American Academy of Pediatrics, 2005; American College of Obstetricians and Gynecologists, 2000; American College of Nurse-Midwives, 2004; American Dietetic Association, 2003; Fiocchi, Assa'ad, & Bahna, 2006; US Department of Health and Human Services, 2000b; United States Breastfeeding Committee, 2000) and is a key strategy in promoting infant health. Infants who are breastfed have superior nutritional and immunological benefits than infants who are not breastfed (American Academy of Pediatrics, 2005). Additional benefits of breastfeeding include positive developmental and psychosocial outcomes, positive impact on the mother/infant relationship, decreased maternal health risks, decreased health care costs and decreased environmen-

tal waste (American Academy of Pediatrics, 2005; Weimer, 2001). NAPNAP recognizes that there may be individual and/or family circumstances in which breastfeeding is contraindicated or must be limited.

Protection, promotion, and support of breastfeeding are integral components of pediatric health care. Pediatric nurse practitioners (PNPs) can significantly influence breastfeeding practices by providing families with accurate and current information about the importance of breastfeeding, promoting and supporting breastfeeding efforts among individuals and the community, and implementing strategies for increasing breastfeeding rates and duration. PNPs assist families in identifying barriers to breastfeeding and help them find solutions to overcome those barriers. Advocacy for breastfeeding includes anticipatory guidance, clinical assistance, legislative support, and promoting breastfeeding-friendly policies in birthing centers and other health care institutions.

NAPNAP recommends that all PNP educational programs provide comprehensive, culturally appropriate, and evidence-based education and clinical experiences in lactation and breastfeeding. NAPNAP encourages continuing education in management of the breastfeeding dyad, including attainment of a solid knowledge base and skill level to effectively manage the clinical care of breastfeeding infants. PNPs must be able to identify resources in their communities to assist the breastfeeding dyad with issues related to breastfeeding complications, maternal health, and medications.

NAPNAP encourages its membership to:

1. Promote informed choice about infant feeding practices by educating expectant parents, family members, adolescents, and society at large about the nutritional, social, and economic importance of normal infant feeding.
2. Support breastfeeding within individual practice settings and the community at large.
3. Participate in the design and implementation of local and national policies that promote and support breastfeeding and remove barriers to breastfeeding, including those in the workplace.
4. Work with birthing facilities to ensure evidenced-based guidelines and practices (such as the International Lactation Consultant Association's [ILCA's] Clinical Guidelines for the Establish-

Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on November 4, 2006.

All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

© 2007 National Association of Pediatric Nurse Practitioners. Cherry Hill, NJ. All rights reserved. The document replaces the 1993 and 2001 NAPNAP Position Statement on Breastfeeding.

J Pediatr Health Care. (2007). 21, 39A-40A.

0891-5245/\$32.00

doi:10.1016/j.jpeds.2006.12.002

ment of Exclusive Breastfeeding) (ILCA, 2005).

5. Support the goals of Healthy People 2010 that promote increasing breastfeeding rates to 75% at birth, 50% continuation until 6 months of age, and 25% continuation at 12 months and beyond (US Department of Health and Human Services, 2000a).
6. Serve as an educational resource for other health care professionals, the general public, and employers regarding the benefits of breastfeeding, thus correcting personal biases and knowledge deficits that may hinder support of breastfeeding.
7. Educate mothers about the long-term health benefits of breastfeeding exclusively for at least the first 6 months of infant life.

In summary, NAPNAP, an organization that promotes optimal health for children, acknowledges the importance of breastfeeding to infants, mothers, families, and society. Furthermore, NAPNAP encourages PNPs to promote, protect, and support breastfeeding, as normal, expected, and achievable infant feeding.

The National Association of Pediatric Nurse Practitioners would like to acknowledge the contribution of the Breastfeeding Education Special Interest Group and the

following members for their contribution to this statement:

Mimi McCully, CPNP, IBCLC (Coordinator)

Jane A. Johnston Balkam, PhD, APRNBC, CPNP, IBCLC

Stephanie C. Butkus, MSN, RN, CPNP, IBCLC

Kittie Frantz, RN, CPNP-PC

Karen Haveman, MSN, CPNP, RN-BC, IBCLC

Leslie Larsen, RN, MS, CPNP

Kris McHarg, CPNP, IBCLC

Julie McCarron, MS, CNM

Sallie Page-Goertz, MN, CPNP, IBCLC

Pamela Whitlow, MSN, CNNP, CPNP, CLC

Patricia Young, RN, APN, C, IBCLC

REFERENCES

- American Academy of Pediatrics. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115, 496-506.
- American College of Nurse Midwives. (2004). *Midwives advocate for expanded breastfeeding support*. Retrieved September 9, 2006, from American College of Nurse Midwives website: <http://www.midwife.org/new-search.cfm>.
- American College of Obstetricians and Gynecologists. (2000). Breastfeeding: maternal and infant aspects. *ACOG Educational Bulletin*, 258, 3-15.
- American Dietetic Association. (2003). Promotion of breast-feeding. *Journal of the American Dietetic Association*, 97, 662-6.
- Fiocchi, A., Assa'ad, A., & Bahna, S. (2006). Food allergy and the introduction of solid foods to infants: a

consensus document. *Annals of Allergy, Asthma and Immunology*, 97, 10-21.

International Lactation Consultant Association. (2005). *Clinical guidelines for the establishment of exclusive breastfeeding*. Retrieved September 9, 2006, from International Lactation Consultant Association website: <http://www.ilca.org/pubs/ClinicalGuidelines2005.pdf>.

United States Breastfeeding Committee. (2000). *Statement on exclusive breastfeeding*. Presented at the bi-annual meeting of the United States Breastfeeding Committee, Washington, DC. Retrieved September 9, 2006, from United States Breastfeeding Committee website: <http://www.usbreastfeeding.org/Position-Statements/Exclusive-Breastfeeding.html>.

US Department of Health and Human Services. (2000a). Breastfeeding, newborn screening, and service systems. Section 16-19. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: US Government Printing Office. Retrieved September 9, 2006, from Healthy People 2010 website: <http://www.healthypeople.gov/document/tableofcontents.htm>.

US Department of Health and Human Services. (2000b). *Breastfeeding. HHS blueprint for action on breastfeeding*. Washington, DC: US Department of Health and Human Services. Office of Women's Health. Retrieved September 9, 2006, from Women's Health.gov website: <http://www.4woman.gov>.

Weimer, J. (2001). The economic benefits of breastfeeding: a review and analysis. *ERS Food Assistance and Nutrition Research Report No. 13*. USDA Economic Research Service, Washington, DC.