



Breastfeeding

AWHONN supports breastfeeding as the optimal method of infant nutrition. AWHONN believes that women should be encouraged to breastfeed and receive instruction and support from the entire health care team to successfully initiate and sustain breastfeeding. Discussions with the woman and her significant others concerning breastfeeding should begin during the preconception period and continue through the first year of life or longer.

National Goals

AWHONN supports the promotion of breastfeeding and recognizes the importance of working in

AWHONN supports the incorporation of breastfeeding education into the basic educational preparation of all providers of women and infants' health care. Nursing curriculum should include content related to:

- breast anatomy and the physiology of lactation;
- techniques and methods of breastfeeding;
- infant, maternal, and economic benefits of breastfeeding;
- importance of educating women, families and their support systems about the benefits of breastfeeding; and
- culture as an influence on breastfeeding decision-making and support.

Information on other infant feeding techniques should be presented, including alternatives to breastfeeding such as cup, spoon, syringe and bot

tuberculosis until treatment is established; and the need for medications contraindicated in breastfeeding – where the risk of morbidity outweighs the benefits of breastfeeding.

If a woman chooses to or must use formula feeding instead of breastfeeding, it is important the woman, family and support system understand the proper use of formula. Education should include information about formula preparation and storage as well as risks of contamination of the formula, feeding systems, and/or water supply. These women should be informed about how to determine if a particular feeding system and/or formula is recalled.

Due to lack of clinical research, medications, herbal and other nutritional supplements should be used with discretion by breastfeeding women. It is important to encourage women to discuss their medications, herbal and other nutritional supplements with a health care provider who has expertise in breastfeeding and is knowledgeable about prescription and over-the-counter medications' and supplements' interactions with breastfeeding.

Culture

AWHONN recognizes that cultural beliefs and values may influence the choice to breastfeed; therefore, health care providers should understand and be prepared to address cultural issues in all aspects of breastfeeding promotion. All women have the right to expect culturally-sensitive breastfeeding support. Breastfeeding has different meanings and levels of acceptance in different cultures; therefore, it is critical that providers explore the specific breastfeeding concerns of the individuals with whom they are working.

Breastfeeding Support for Vulnerable and Premature Newborns

Nurses, other health care providers and facilities should implement strategies to assist the mothers of vulnerable and preterm babies to receive breast milk whenever possible.

Premature infants have additional stresses in their environment, and breast milk has been shown to decrease some of the complications associated with prematurity. There is evidence that breast milk can decrease the rate of necrotizing enterocolitis and sepsis in this population of newborns. Research has shown that these vulnerable newborns are usually physiologically more stable during the act of breastfeeding compared to infant feeding from a bottle or other source.

Because the evidence points to the benefits of breast milk to decrease infant morbidity and mortality, mothers should be encouraged and supported during this vulnerable preterm period to provide breast milk for their infant if possible.

Premature infants are subdivided by gestational age into a category known as late preterm infants, those born between 34 and 36 completed weeks of gestation. These preterm infants often look and act like full-term infants; however, they have many of the same physiologic vulnerabilities as smaller preterm babies. They have immature suck and swallow reflexes and may have altered sleep-wake states, therefore they may have significant challenges to successful initiation and maintenance of br

Public Policy

ⁱ Department of Health and Human Services. *Healthy People 2010*. Obtained on 9/10/2007 at:
<http://www.healthypeople.gov/document/html/objectives/16-19.htm>

ⁱⁱ Department of Health and Human Service. *Healthy People 2010 Midcourse Review*. Obtained on 11/7/2007 at:
<http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA16ProgressHP.htm>