



SPN Position Statement

THE ROLE OF PEDIATRIC NURSES IN THE PROMOTION AND PROTECTION OF HUMAN MILK AND BREASTFEEDING

All SPN Position statements are valid for two years after approval date.

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Original Author: Diane L. Spatz, PhD, RN-BC, FAAN

Revision Author: Nicole Conover, MSN, CRNP

To optimize child health and developmental outcomes, the World Health Organization (WHO, 2023) the American Academy of Pediatrics (AAP) (Meek et. al, 2022), and the Association of Women's Health Obstetric & Neonatal Nurses (AWHONN, 2021a; AWHONN, 2021b) recommend exclusive breastfeeding for the first 6 months of life and continued breastfeeding with the addition of complementary foods for the first year and beyond. The WHO (2023) and AAP (2022) have recently updated their position statements on breastfeeding, specifically recommending a breastfeeding duration of at least 2 years. However, despite improvements in breastfeeding initiation rates in the United States, exclusive breastfeeding rates at 6 months and 1 year remain low (Centers for Disease Control & Prevention [CDC], 2024). In addition, there are health disparities across racial and socio-economic lines, putting infants born to low-income families and families of color at greater risk of not receiving human milk (CDC, 2022).

The Society of Pediatric Nurses (SPN) recognizes that pediatric nurses play a critical role in helping families make informed decisions about human milk and breastfeeding, and ensuring that all families can meet their personal breastfeeding goals. Pediatric nurses should provide the following evidence-based guidance to all lactating families:

- The benefits of human milk for infants include decreased risk for infectious disease, including gastrointestinal and respiratory illness and otitis media, reduced risk of chronic diseases like asthma, ulcerative colitis, Crohn's disease, type 1 diabetes, eczema, and obesity, as well as a reduced risk of life-threatening conditions such as leukemia, sudden infant death syndrome, necrotizing enterocolitis and overall infant mortality (Meek et. al, 2022).
- Nurses should teach parents about risk factors that could delay secretory activation (for example high body mass index and/or excessive gestational weight gain, diabetes, primiparity, and age) and those that may impact having a normal milk production of 500 to 1,000 milliliters per day (for example: breast surgery, glandular hypoplasia, history of chemotherapy/radiation) (Spatz et. al, 2024a).
- Nurses should take a proactive approach to ensure the development of a robust milk supply. Spatz et. al, 2024b). Strategies include early frequent skin-to-skin contact, breastfeeding, and initiation of pumping a double electric breast pump if the infant cannot latch and suckle effectively or if there are extensive risk factors for lactation initiation (Spatz et. al, 2024b). Nurses should receive education on how to choose the appropriate type of breast pump, select modes of expression, and determine the best timing for pumping sessions according to their patients' specific needs (Meier et. al, 2016).

Nurses should provide evidence-based lactation support, education, and referrals to a lactation specialist or peer counseling when appropriate (Kehinde et. al, 2023). Additional special considerations may be necessary for preterm, critically ill, or other vulnerable infants, or certain maternal conditions.

- Families of hospitalized infants should be educated on the following: initiating lactation through pumping, frequency of pumping to establish milk supply, milk storage, care of pumping equipment, oral care with human milk for the infant, skin-to-skin contact, and non-nutritive suckling to facilitate direct breastfeeding (AWHONN, 2021a; 2021b; Kehinde et. al, 2023).

- Preterm infants who are fed human milk have superior brain development: more mature and connected cerebral white matter with less injury, larger brain volumes, and more nuclear gray matter (Belfort & Inder, 2022). Human milk feeding (higher doses) is also known to protect against intraventricular hemorrhage in preterm infants (Zheng et. al, 2023).
- Mothers should not breastfeed or feed expressed milk if they have Human T-lymphotropic virus type 1 or 2, suspected or confirmed Ebola virus, or are using an illicit drug such as phencyclidine or cocaine, or if the infant has classic galactosemia (CDC, 2025a).
- Narcotic-dependent parents in supervised treatment programs who are human immunodeficiency virus negative can breastfeed and/or provide milk (CDC, 2025a).
- Mothers who have HIV and wish to breastfeed can receive evidence-based counseling that allows for shared decision-making (CDC, 2025b).
 - These mothers should be advised to achieve and maintain viral suppression through antiretroviral therapy (ART) during pregnancy, delivery, and after birth. This decreases the risk of transmission through breastfeeding to less than 1%, but not to zero (CDC, 2025b). If the mother chooses to breastfeed, providers must emphasize the importance of taking ART as directed and sustaining an undetectable viral load (CDC, 2025b).

The Society of Pediatric Nurses encourages pediatric nurses to seek training to increase their confidence and competence in supporting breastfeeding mothers and infants and to implement individualized programs that encourage and support breastfeeding for families in their care.

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