



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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To optimize child health and developmental outcomes, the World Health Organization (WHO) (2022) and the Association of Women's Health Obstetric & Neonatal Nurses (AWHONN) (2021a, 2021b) recommend exclusive breastfeeding for the first six months of life, and continued breastfeeding with the addition of complementary foods for the first year and beyond. However, despite improvements in breastfeeding initiation rates in the United States, exclusive breastfeeding rates at six months and one year remain low (Centers for Disease Control & Prevention ([CDC], 2021). In addition, there are health disparities across racial and socioeconomic lines, putting infants born to low-income families and families of color at greater risk of not receiving human milk (CDC, 2021). This is concerning since human milk and breastfeeding may be essential in mitigating toxic stress (Hallowell, et al, 2016).

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 lactating families:

- The benefits of human milk include decreased incidence of gastrointestinal, respiratory, and urinary infections, necrotizing enterocolitis, sudden infant death syndrome (SIDS), cardiovascular disease, and childhood cancer (Parker et al., 2021). Human milk also improves brain development, intelligence, and developmental outcomes (Horta et al., 2018).
- Share what average milk production looks like and the need for early and frequent breast stimulation and emptying. Common concerns that lead to disrupted lactation include actual or perceived low milk supply, pain, and/or the infant's ability to latch effectively (American College of Obstetrics & Gynecologists ([ACOG], 2018).
- Mothers should not breastfeed or feed expressed milk if they have Human Immunodeficiency Virus (HIV) or Human T-lymphotropic virus (HTLV) type 1 or 2,

suspected or confirmed Ebola virus, or are using an illicit drug such as phencyclidine (PCP) or cocaine, or if the infant has classic galactosemia (CDC, 2022). Narcotic-dependent parents in supervised treatment programs and are HIV negative can breastfeed and/or provide milk (CDC, 2022).

- 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).
- Provide evidence-based lactation support, education, and referral to a lactation specialist or peer counseling when appropriate (Buckland et al., 2020).

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

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