Nurses play an important role in encouraging or discouraging breastfeeding in the U.S. (Jaeger, M., et.al., 1997). Intensive support from the nurse is vitally important for the early stages of establishing a breastfeeding relationship between mother and infant. A study of 2,017 parents found that women were 4 times more likely to breastfeed if encouraged to do so by a nurse or a physician (Lu, 2001). Nurses should be aware that their breastfeeding attitude, infant-feeding counseling practices and hospital routines they practice may play a large role in promoting or inhibiting exclusive breastfeeding practices. Nurses are teachers, care givers and lactation specialists. They have an ethical obligation not to violate their patients’ trust or compromise their health and should convey accurate information about breastfeeding that includes the health, economic and societal benefits for mothers and infants. Nurses should discourage practices that act as barriers for breastfeeding; they need to actively participate in breastfeeding promotion.

By now, every doctor, every health care provider and parent in America has heard the news: breastfeeding is best for babies. Each species of mammal makes a unique kind of milk, which meets all the nutritional requirements of its offspring at the beginning of life. Each species’ milk has specific qualities that insure the survival of the young in a particular environment. This principle is known as the biological specificity of milk. Mother seals, for example, make a high-fat milk because baby seals need lots of body fat to survive in cold water. Since brain development is crucial to the survival of humans, human milk provides nutrients for rapid brain growth. All mammal species produce milk, but the composition of milk for each species varies widely; other kinds of milk are often very different from human breast milk. Human milk is made for human babies. It contains over 100,000 different components, is ever changing and contains living cells. It is the multifunctionality of the components of breast milk that makes it a unique fluid that promotes growth and protection of the human infant.

The health advantages of breastfeeding have been widely discussed in medical and consumer literature. For mothers, these benefits include; decreasing endometrial, ovarian and thyroid cancer, osteoporosis and rheumatoid arthritis. The health benefits for infants have also been well documented in scientific research. Infants who are not breastfed and are fed artificial baby milk (ABM) have lowered immunologic protection against a variety of childhood diseases, increased risk of ear, respiratory and gastrointestinal illnesses in the first year of life, SIDS, some childhood leukemias and lymphoma, eczema, allergies, asthma, Type I Diabetes Mellitus, Chron’s Disease and Ulcerative Colitis as adults.

In spite of the noted health benefits, the United States has one of the lowest rates of breastfeeding in the industrialized world, and one of the highest rates of infant mortality. 2004 breastfeeding statistics for the US are described as; 73.8% initiation; at 6 mos, 41.5 %; at 12 mos 20.9%. These rates were not for exclusive breastfeeding. Exclusive breastfeeding rates were noted to be: 30.5% at 3 mos, and 11.3% at 6 mos. The Healthy People 2010 US Goals for breastfeeding are: 75% initiation rate, 60% exclusive breastfeeding at 3 mos and 25% exclusive breastfeeding at 6 mos. Although a rise in national breastfeeding rates has occurred since the nadir of the 1950's and 60's, the 2004 rates remain low when compared with other developed countries. Sweden, for example, has a >98% initiation rate and a 6-month breastfeeding rate of 80%. Declines in
breastfeeding have been most striking among low income populations, mothers under 25 years of age, first time mothers, women with no high school education, black women, women living in the East/North Central regions of the US and WIC recipients.

Data derived from published reports (Ball, 1999) and US Government sources speak to the direct and indirect economic benefit of breastfeeding. $3.6 billion would be saved if the prevalence of exclusive breastfeeding increased to those recommended by Healthy Children 2010 program(Weimer, 2001).

Barriers to breastfeeding practices in the US have been identified as: aggressive formula marketing by the Infant Formula Council, lack of support from family, friends and in the work place, insufficient knowledge or lack of prenatal education, hospital routines, cultural attitudes, returning to work while breastfeeding and a cultural acceptance that formula feeding is normal.

The United States Breastfeeding Committee (2002) established four goals to accomplish its mission of protecting, promoting and supporting breastfeeding in the US. These goals are: 1) Ensure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families; 2) Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children; 3) Ensure that all federal, state and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding; 4) Increase protection, promotion and support for breastfeeding mothers in the work force.

The health of our Nation is one of our most important resources. Breastfeeding, a relatively basic, simple and cost-effective measure, can have a significant impact on establishing the foundation for a lifetime of optimal health and can result in reduced healthcare spending. The US can return to being a breastfeeding culture if healthcare providers, policy makers and families make it a national priority. Our goal as health professionals should be to help women understand the benefits of breastfeeding, acknowledge barriers that may prevent them from breastfeeding, and allow them to make an informed decision about what is the best way to feed their infant. It’s the right thing to do.

References


References


