

# Core Competencies in Breastfeeding Care for All Health Professionals<sup>1</sup>

## Purpose\_\_\_\_\_

Breastfeeding is a basic and cost-effective measure that has a significant positive impact on short- and long-term health outcomes for individuals and populations.<sup>2</sup> Lack of breastfeeding is a significant risk to the public health of a nation, and increases health care spending. The greatest health impact is found with early initiation, exclusive breastfeeding for the first six months of life, and continued breastfeeding with appropriate complementary foods for the first year of life and beyond.

In order to establish and maintain breastfeeding, women need support from a knowledgeable health care community, yet evidence-based knowledge, skills, and attitudes are lacking among health professionals in many disciplines. The purpose of developing basic competencies in breastfeeding care and services is to encourage health professionals to integrate evidence-based knowledge, skills, and attitudes into professional education and standard health care delivery, providing effective and comprehensive services to mothers and families. These core competencies provide a framework for educators to respond to the emerging necessity of educating **all** health care providers regarding breastfeeding and human lactation in the context of findings from the World Health Organization (WHO)<sup>3</sup> and the Agency for Healthcare Research and Quality (AHRQ).<sup>4</sup>

The volume of new information, advances in treatments and technologies, and health care system challenges, combined with the relative paucity of professional training in lactation, leaves many providers without satisfactory answers for their patients.

The United States Breastfeeding Committee recommends that all health care professionals possess the core competencies identified in this document in order to integrate breastfeeding care effectively and responsibly into current practice.

Competence in the following areas represents the **minimal** knowledge, skills, and attitudes necessary for health professionals from **all** disciplines to provide patient care that protects, promotes, and supports breastfeeding.

### *All health professionals should at a minimum:*

- *Understand the importance of protecting, promoting, and supporting breastfeeding as a public health priority*
- *Provide breastfeeding support*
- *Appreciate limitations of their breastfeeding expertise*
- *Know how and when to make a referral to a lactation professional*

## Knowledge\_\_\_\_\_

### *All health professionals should understand:*

- 1.1 the Ten Steps to Successful Breastfeeding<sup>5</sup>
- 1.2 the impact of pregnancy, birth, and other health care practices on breastfeeding outcomes
- 1.3 basic anatomy and physiology of the breast
- 1.4 the role of breastfeeding and human milk in maintaining health and preventing disease
- 1.5 the importance of exclusive breastfeeding,<sup>6</sup> and its correlation with optimal health outcomes
- 1.6 the role of behavioral, cultural, social, and environmental factors in infant feeding decisions and practices
- 1.7 the few evidence-based contraindications to breastfeeding
- 1.8 the potentially adverse outcomes for infants and mothers who do not breastfeed
- 1.9 the potential problems associated with the use of infant formula
- 1.10 the existence and intent of the International Code of Marketing of Breast-milk Substitutes
- 1.11 the indications for referral to lactation services
- 1.12 the resources available to assist mothers seeking breastfeeding and lactation information or services

## **Skills**\_\_\_\_\_

*All health professionals should be able to:*

- 2.1 practice in a manner that preserves breastfeeding
- 2.2 identify mothers and families who would benefit from specific breastfeeding support services
- 2.3 seek assistance from and refer to appropriate lactation specialists
- 2.4 effectively use new information technologies to obtain current evidence-based information about breastfeeding and human lactation

*In addition to the skills listed above, all health professionals who care for childbearing women, infants, and young children should be able to:*

- 2.5 assist in early initiation of breastfeeding
- 2.6 obtain appropriate history
- 2.7 assess the lactating breast
- 2.8 perform an infant feeding observation
- 2.9 provide mothers with evidence-based breastfeeding information
- 2.10 recognize normal and abnormal infant feeding patterns
- 2.11 use effective counseling skills
- 2.12 offer strategies to address problems and concerns in order to maintain breastfeeding
- 2.13 know how and when to use technology and equipment to support breastfeeding
- 2.14 collaborate and/or refer for complex breastfeeding situations
- 2.15 provide and encourage use of culturally appropriate education materials
- 2.16 safeguard privacy and confidentiality
- 2.17 develop a plan of care
- 2.18 share evidence-based knowledge and clinical skills with other health professionals
- 2.19 preserve breastfeeding under adverse conditions

## **Attitudes**\_\_\_\_\_

*All health professionals should:*

- 3.1 value breastfeeding as an important health promotion and disease prevention strategy
- 3.2 recognize and respect philosophical, cultural, and ethical perspectives influencing the use and delivery of breastfeeding care and services
- 3.3 respect the confidential nature of providing breastfeeding care and services
- 3.4 recognize the importance of delivering breastfeeding care and services that are free of commercial conflict of interest or personal bias
- 3.5 understand the importance of tailoring information and services to the family's culture, knowledge, and language level
- 3.6 seek coordination and collaboration with interdisciplinary teams of health professionals
- 3.7 recognize the limitations of their own lactation knowledge and breastfeeding expertise
- 3.8 recognize when personal values and biases may affect or interfere with breastfeeding care and services provided to families
- 3.9 encourage workplace support for breastfeeding
- 3.10 support breastfeeding colleagues
- 3.11 support family-centered policies at federal, state, and local levels



## References

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- <sup>1</sup> Based on: National Coalition for Health Professional Education in Genetics. *Core Competencies in Genetics for Health Professionals*. 3<sup>rd</sup> ed. Lutherville, MD: National Coalition for Health Professional Education in Genetics; 2007.
- <sup>2</sup> United States Breastfeeding Committee. *Breastfeeding in the United States: A National Agenda*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; 2001.
- <sup>3</sup> Horta BL, Bahl R, Martines JC, Victora CG. *Evidence on the long-term effects of breastfeeding: Systematic Reviews and Meta-Analyses*. Geneva, Switzerland: World Health Organization; 2007.
- <sup>4</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>5</sup> World Health Organization/UNICEF. *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. Geneva, Switzerland: World Health Organization; 1989.
- <sup>6</sup> “Exclusive” breastfeeding is defined as no other oral nutrition except at the breast. “Nearly exclusive” breastfeeding is defined as the baby receiving vitamin supplements and no oral intake other than breastfeeding. Together these constitute “full” breastfeeding. Labbok M, Krasovec K. Toward consistency in breastfeeding definitions. *Stud Fam Plann*. 1990;21(4):226-230.
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