As PhD prepared nurse I am a clinician, educator and researcher. Holding a joint appointment between the University of Pennsylvania School of Nursing and the Children’s Hospital of Philadelphia, I have a tremendous burden to ensure that health care providers possess evidence based breastfeeding skills and knowledge. Health care providers must ensure that women and their families are successful with both making an informed decision to start breastfeeding and to continue to breastfeed! I would also ask you to reflect upon this statement. Educated health professionals transform breastfeeding culture.

As the part of the largest health care profession in the United States with 2.6 million nurses – I would urge this delegation to understand the absolute critical role of nurses in changing breastfeeding behaviors. Nurses are at
the bedside 24 hours per day, seven days per week and they live and work in the community influencing families and health throughout the lifespan. Nurses are expected to have a core knowledge regarding health promotion, risk reduction and disease prevention. Nurses are critical in providing health education to patients and have the power to influence the health promotion and disease prevention behaviors of their patients. Yet, nurses’ lack of knowledge surrounding breastfeeding has been well documented.

Additionally, since the lactation consultant (LC) profession was established in 1985, nurses have given away and continue to give away their ability to care for breastfeeding families and instead rely solely on the LC. Often, the only thing a nurse does is pick up the phone, call the LC and say my work is done here! In many institutions, the LC has become “the keeper of all breastfeeding knowledge”. In turn, breastfeeding families receive lactation care only during brief interactions with a LC. Few
institutions have LC staff working 24 hours per day and seven days per week. This leads to extensive gaps in the provision of evidence based lactation care, support and education. It is of paramount importance that nurses possess the knowledge and skills to effectively care for breastfeeding families and that nurses believe it to be a vital part of their role as a health professional. Therefore, nursing programs and hospitals must make it a priority to educate both nursing students and nurses regarding evidence based lactation/breastfeeding support, care and advice.

All nurses regardless of whether they plan to work with childbearing families or children should receive basic education regarding breastfeeding and human lactation. We (Pugh, Spatz and the AAN Expert Panel on Breastfeeding) have published an article describing how human milk and breastfeeding education can be incorporated into the nursing curriculum. Education can and must be integrated into all classes so that breastfeeding is not only the cultural norm
but that a nurse understands that breastfeeding has an impact across the lifespan. This approach MUST occur both in schools of nursing and (I would offer –also schools of medicine!)

Those students who have aspirations to work with childbearing families and children need further, more intense and in-depth education regarding breastfeeding and human lactation. At the University of Pennsylvania School of Nursing an innovative model for providing nursing students with in-depth research based breastfeeding knowledge has been in place since 1995. The seminar course involves 28 hours of didactic and laboratory experience and 14 hours of clinical practicum. 265 students have graduated from this course and started and continued their nursing careers as passionate advocates of breastfeeding and expert providers of evidence based lactation care, support and education. All schools of nursing (and medicine) should have such course opportunities!
Knowing that breastfeeding education is not the norm in most schools of nursing, hospitals and community based organizations are likely to hire nurses with little to zero experience in providing breastfeeding care and support. Therefore, organizations MUST offer opportunities for nurses to receive on the job training. I have developed one such model at the Children’s Hospital of Philadelphia.

Breastfeeding Resource Nurses (BRNs) are staff nurses who work in various areas spanning both the inpatient and outpatient facilities of the CHOP network. These nurses take a two day-16 hour course on breastfeeding and human lactation and then go back to their individual units or areas to serve as resources to both families and other staff on the unit. Nurses receive continuing education credit for the course and credit for career advancement in the clinical ladder.

Over 600 nurses serve as Breastfeeding Resource Nurses. Every inpatient and outpatient area has a core
minimum number of BRNs based on the area’s exposure to breastfeeding families. By empowering beside nurses (BRNs) to embrace breastfeeding care, support, and education as a core function of their role as nurses, a tremendous change in institutional culture has been realized. Human milk rates have increased significantly in the institution – our Special Delivery Unit (for mothers of infants with complex anomalies) which will celebrate its two year birthday this month has a pumping initiation rate of 99.95%.

The visibility of breastfeeding and lactation support has become a core value that is visible across the network. BRNs have received research and program grant funding, published articles and position statements and presented at national conferences. It is imperative that all nurses possess an evidence based core knowledge regarding breastfeeding and the use of human milk.

Educated nurses should be the first level of intervention for all breastfeeding families. If this occurred in all
institutions, the burden on the LC would be decreased and the LC could focus on complex breastfeeding cases.

In closing: Educated health professionals change breastfeeding culture.