



# **Core Competencies in Breastfeeding Care and Services for All Health Professionals**

**Revised Edition**

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## About USBC

The United States Breastfeeding Committee (USBC) is an independent nonprofit coalition of more than 40 nationally influential professional, educational, and governmental organizations. Representing over half a million concerned professionals and the families they serve, USBC and its member organizations share a common mission to improve the Nation's health by working collaboratively to protect, promote, and support breastfeeding. For more information on USBC, visit [www.usbreastfeeding.org](http://www.usbreastfeeding.org).

## Background

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>1</sup> 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.<sup>2</sup> Lack of breastfeeding is a significant risk to the public health of our nation and increases health care spending.<sup>3</sup>

In order to establish and maintain breastfeeding, women need education and support from a knowledgeable health care community.<sup>4</sup> Evidence-based knowledge, skills, and attitudes are lacking among health professionals in many disciplines.<sup>5</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 human lactation and breastfeeding, leave many providers without satisfactory answers for their patients.<sup>6 7</sup>

## Purpose

These core competencies in breastfeeding care and services were developed to provide health professionals with a guideline and framework to integrate evidence-based breastfeeding knowledge, skills, and attitudes into their standard health care delivery practices.

The United States Breastfeeding Committee recommends that *all* health professionals possess the core competencies identified in this document in order to integrate breastfeeding care effectively and responsibly into current practice and thus provide effective and comprehensive services to mothers, children, and families.

## Effecting Change

Educators are in a unique position to lead the way by incorporating these core competencies into the undergraduate, graduate, and post-graduate curricula of health professionals.<sup>8 9 10 11</sup> These core competencies provide a structure 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>12</sup> and the Agency for Healthcare Research and Quality (AHRQ).<sup>13</sup>

Maternal and child health (MCH) education and practice is based upon a life cycle framework that recognizes that there are pivotal periods in human development that present both risks and opportunities for improving health outcomes for individuals and populations.<sup>14</sup> In particular, USBC calls upon MCH leaders to emphasize the synergistic value of these breastfeeding core competences to the health of women, children, and families.

## Breastfeeding Core Competencies

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.

***At a minimum, every health professional should understand the role of lactation, human milk, and breastfeeding in:***

- The optimal feeding of infants and young children<sup>3 15</sup>
- Enhancing health and reducing:
  - long-term morbidities in infants and young children<sup>2 15</sup>
  - morbidities in women<sup>15 16</sup>

***All health professionals should be able to facilitate the breastfeeding care process by:***

- Preparing families for realistic expectations<sup>17</sup>
- Communicating pertinent information to the lactation care team<sup>18</sup>
- Following up with the family, when appropriate, in a culturally competent manner after breastfeeding care and services have been provided<sup>19</sup>

***USBC proposes to accomplish this by recommending that health professional organizations:***

- Understand and act upon the importance of protecting, promoting, and supporting breastfeeding as a public health priority<sup>2 3 16 20 21</sup>
- Educate their practitioners to:
  - appreciate the limitations of their breastfeeding care expertise<sup>18 22</sup>
  - know when and how to make a referral to a lactation care professional<sup>18 22</sup>
- Regularly examine the care practices of their practitioners and establish core competencies related to breastfeeding care and services<sup>21 23</sup>

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

*All health professionals should understand the:*

- 1.1 basic anatomy and physiology of the breast<sup>8 24</sup>
- 1.2 role of breastfeeding and human milk in maintaining health and preventing disease<sup>2 15</sup>
- 1.3 importance of exclusive breastfeeding, and its correlation with optimal health outcomes<sup>15 25</sup>
- 1.4 impact of pregnancy, birth, and other health care practices on breastfeeding outcomes<sup>20 26</sup>
- 1.5 role of behavioral, cultural, social, and environmental factors in infant feeding decisions and practices<sup>27 28</sup>
- 1.6 potentially adverse outcomes for infants and mothers who do not breastfeed<sup>29</sup>
- 1.7 potential problems associated with the use of human milk substitutes<sup>30</sup>
- 1.8 few evidence-based contraindications to breastfeeding<sup>31 32</sup>
- 1.9 indications for referral to lactation services<sup>18</sup>
- 1.10 resources available to assist mothers seeking breastfeeding and lactation information or services<sup>31 33</sup>
- 1.11 effects of marketing of human milk substitutes on the decision to breastfeed and the duration of breastfeeding<sup>34 35</sup>

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

*All health professionals should be able to:*

- 2.1 practice in a manner that protects, promotes, and supports breastfeeding<sup>2 3 16 23</sup>
- 2.2 gather breastfeeding history information sufficient to identify mothers and families who would benefit from specific breastfeeding support services<sup>36</sup>
- 2.3 seek assistance from and refer to appropriate lactation specialists<sup>23 25</sup>
- 2.4 safeguard privacy and confidentiality<sup>37</sup>
- 2.5 effectively use new information technologies to obtain current evidence-based information about breastfeeding and human lactation<sup>23 38</sup>

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

*All health professionals should:*

- 3.1 value breastfeeding as an important health promotion and disease prevention strategy<sup>31 39</sup>
- 3.2 recognize and respect philosophical, cultural, and ethical perspectives influencing the use and delivery of breastfeeding care and services<sup>19 23</sup>
- 3.3 respect the confidential nature of the provision of breastfeeding care and services<sup>37</sup>
- 3.4 recognize the importance of delivering breastfeeding care and services that are free of commercial conflict of interest or personal bias<sup>23 24 35</sup>
- 3.5 understand the importance of tailoring information and services to the family's culture, knowledge, and language level<sup>19 40</sup>
- 3.6 seek coordination and collaboration with interdisciplinary teams of health professionals<sup>18</sup>
- 3.7 recognize the limitations of their own lactation knowledge and breastfeeding expertise<sup>18</sup>
- 3.8 recognize when personal values and biases may affect or interfere with breastfeeding care and services provided to families<sup>8</sup>
- 3.9 encourage workplace support for breastfeeding<sup>41</sup>
- 3.10 support breastfeeding colleagues<sup>42 43 44</sup>
- 3.11 support family-centered policies at federal, state, and local levels<sup>9</sup>

All health professionals do not need to have the level of competence expected of those practitioners who care for childbearing women, infants, and young children. Health professionals who care for childbearing women, infants, and young children can be further divided into two groups:

1. Those that provide **primary care** are front-line practitioners who care for women of childbearing age and/or infants and young children.
2. Those that provide **secondary care** may be front-line practitioners or practitioners with enhanced knowledge and skills specifically referable to the use of human milk and breastfeeding.

***Those health professionals who provide primary and secondary care for childbearing women, infants, and young children should be able to:***

- 4.1 understand the evidence-based *Ten Steps to Successful Breastfeeding*<sup>26 45</sup>
- 4.2 obtain an appropriate breastfeeding history<sup>46</sup>
- 4.3 provide mothers with evidence-based breastfeeding information<sup>25</sup>
- 4.4 use effective counseling skills<sup>19</sup>
- 4.5 offer strategies to address problems and concerns in order to maintain breastfeeding<sup>25 47</sup>
- 4.6 know how and when to integrate technology and equipment to support breastfeeding<sup>37</sup>
- 4.7 collaborate and/or refer for complex breastfeeding situations<sup>48</sup>
- 4.8 provide and encourage use of culturally appropriate education materials<sup>34</sup>
- 4.9 share evidence-based knowledge and clinical skills with other health professionals<sup>36 49</sup>
- 4.10 preserve breastfeeding under adverse conditions<sup>25 50</sup>

***In addition, those health professionals who provide secondary or more direct “hands-on” care for childbearing women, infants, and young children should also be able to:***

- 5.1 assist in early initiation of breastfeeding<sup>51</sup>
- 5.2 assess the lactating breast<sup>52</sup>
- 5.3 perform an infant feeding observation<sup>38 52</sup>
- 5.4 recognize normal and abnormal infant feeding patterns<sup>52 53</sup>
- 5.5 develop and appropriately communicate a breastfeeding care plan<sup>52 53</sup>

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