

A call to action:

REQUIRED BREASTFEEDING EDUCATION FOR DIETETICS STUDENTS

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Breastfeeding has many benefits for both mothers and infants, and promoting this practice as the ideal feeding method can help reduce health disparities, therefore leading to improved health of the community.

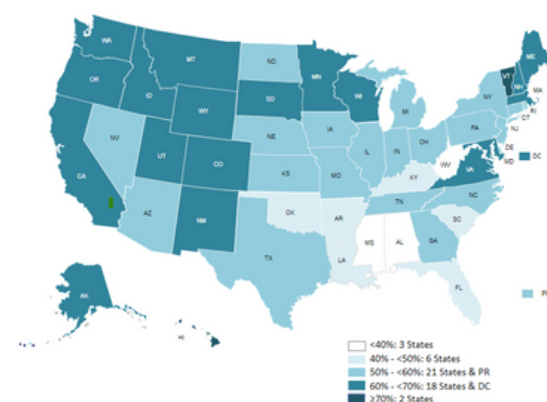
Executive Summary:

Breast or chest feeding is recommended for at least the first two years of life by the American Academy of Pediatrics and other health professionals. Furthermore, it is recommended that infants exclusively breast or chest feed for the first six months of life (1). Offering human milk is strongly linked with improved health outcomes for the parent, infant, and child (1, 2). Although breast and chest feeding usually begins at birth, a successful breast and chest feeding journey requires access to continued and coordinated support in the community (3). The Academy of Nutrition and Dietetics' (AND) position on breast and chest feeding includes a call for Dietitians to promote and support breast or chest feeding (4). While AND's positions promotes that Dietitians be effective in supporting breast and chest feeding families, Dietitians report a lack of knowledge and confidence in supporting breast or chest feeding (5).

To ensure that Dietitians have the skills, knowledge, and confidence to support breast and chest feeding, curriculum at the bachelors and graduate levels must include breast and chest feeding courses that train students in basic and advanced breast and chest feeding knowledge and skills.



Percent of infants breastfed at 6 months



Introduction

Dietitians and dietetic technicians, registered (DTR) are the food and nutrition experts for individuals across the lifespan, including the critical prenatal and infant period. Promoting health and nutrition during the first 1,000 days of a child's life, from pregnancy through age two, has been shown to be an opportunity of time with a huge potential impact on the child's growth, development, and lifelong health.(6) Breast or chest feeding is the gold standard and the normal feeding method for infants; and the method of feeding recommended and encouraged by the Academy of Nutrition and Dietetics (AND),(4) American Academy of Pediatrics,(7) Dietary Guidelines for Americans,(8) and the World Health Organization.(9)

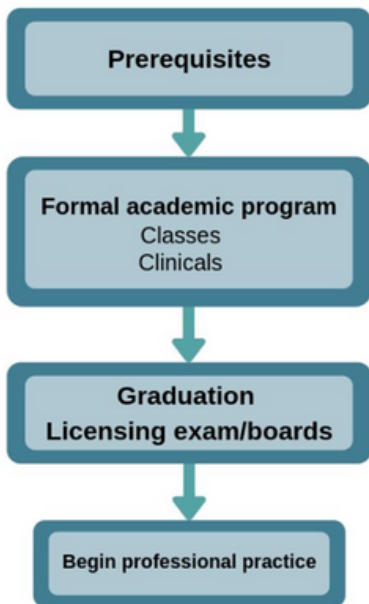
Healthy People 2030 Breastfeeding Objectives

Healthy People 2030 Breastfeeding Objectives*	Baseline	Target
Increase the proportion of infants who are breastfed exclusively through 6 months of age.	24.9%+	42.4%
Increase the proportion of infants who are breastfed at 1 year.	35.9%+	54.1%

*[Healthy People 2030 Breastfeeding Objectives](#) 

+Baseline rates represent infants born in 2015, [National Immunization Survey](#).

Typical healthcare pathway



Commission on Dietetic Registration statistics report that as of Feb. 13, 2023, there are 110,649 dietitians, with an additional 4,218 DTRs in the United States.(10) AND recommends dietitians and DTRs provide vital information and support to families in order to promote breast or chest feeding.(4) The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves about half of the infants born in the US,(11) providing WIC staff and WIC dietitians an opportunity to make a massive difference in how infants are fed. However, a lack of training in breastfeeding exists among dietitians. A study surveying final-year dietetics students at a University in Australia found that although most students, 85%, felt they could influence breastfeeding rates, none of the surveyed students felt their studies and training provided adequate information on breastfeeding.(12)

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Currently, in the U.S., the 2022 Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accreditation Standards for Nutrition and Dietetics Didactic Programs do not include any requirements for students to learn about breast or chest feeding.(13) The average new dietitian, who has completed a Didactic Program in Dietetics (DPD) and dietetic internship, has very little knowledge or training to help breast or chest feeding people. This is a gap in learning that can be detrimental to breast or chest feeding rates across the U.S., leading to poorer health outcomes for families and communities.

To maintain licensure, dietitians must complete 75 continuing education units every five years, and many breast or chest feeding trainings are acceptable; however, usually at a cost. Breast or chest feeding is the foundation of infant feeding, and should be taught in the DPD coursework, to promote knowledge at no additional fee to students. Therefore, a requirement of providing breast or chest feeding education and training to dietetics students' needs to be included within the accreditation standards for DPD programs.

Approaches

Of the few studies examining attitudes and beliefs in breast or chestfeeding education among dietetic students, most use surveys to conduct their research. Financial factors can be a barrier to public health dietitians pursuing certifications or additional education regarding breast or chestfeeding.

With the high costs of International Board Certified Lactation Consultants (IBCLC) certification, breast or chestfeeding education and certification are an area that most WIC agencies can help financially provide as part of their working expectations.

In a survey conducted by the National WIC Association in April 2021, dietitians stated that additional continuing educational opportunities was secondary to pay in working with Women, Infants, and Children (WIC) program.(14) Additionally, low morale among dietitians working for WIC, beyond just pay, include little to no continuing education opportunities.(14)

“ **Eight of the twelve (dietitians) believed that training standards at the bachelor’s degree level were insufficient to allow early career RDNs to promote breast or chestfeeding as the first food and foundation of health.** ”

During a survey with twelve dietitians who are IBCLCs, three stated they struggled with breast or chestfeeding their own children because they lacked professional training in lactation during their dietetics education. (15) In general, regardless of personal breast or chestfeeding experience, 75% of the total interviewees believed dietetics training curricula should contain more lactation-specific education. (15) Eight of the 12 (dietitians) believed that training standards at the bachelor’s degree level were insufficient to allow early career dietitians to promote breastfeeding as the first food and foundation of health. Of those interviewed, 25% believed that dietitians aren’t advocating for breast or chestfeeding and that our profession needed to “step up.” (15) Lastly, only two dietitians worked in a WIC program. Although these numbers are small, they reflect a bigger landscape of the declining advocates that promote breast or chestfeeding.

One of the few programs across this nation that addresses breast or chestfeeding education as an undergraduate degree program reflects the high cost of providing maternal child health services. Union Institute and University, non-profit, regionally accredited university has a bachelor’s degree program in Maternal Child Health: Human Lactation. This program is supported by the Commission on Accreditation of Allied Health Education Program (CAAHEP). The Bachelor of Science major in Maternal Child Health is the only CAAHEP-accredited Pathway 2 program that leads to a bachelor's degree. This program is \$545 per unit with 120 units to complete the degree. (16)

Students who completed both lifecycle and community nutrition courses had higher knowledge and attitude scores than those who completed only one or neither course. (17) Online survey results show dietetic students have positive attitudes toward breast or chestfeeding but may need further education in breast or chestfeeding recommendations, techniques, and barriers. (17) Final-year students studying nutrition and dietetics, who were given a survey to complete, had positively expressed their intention to support and promote breast or chestfeeding. (18)

Obstacles Breastfeeding Mothers and Families Face

- **Lack of experience or understanding among family members of how best to support mothers and babies.**
- **Not enough opportunities to communicate with other breastfeeding mothers.**
- **Lack of up-to-date instruction and information from health care professionals.**
- **Hospital practices that make it hard to get started with successful breastfeeding.**
- **Lack of accommodation to breastfeed or express milk at the workplace.**
- **Lack of paid family leave**
- **Racial, ethnic, social and economic disparities**

The lack of both breastfeeding promotion and a mother's familial support has led to the decline of breastfeeding duration in the US. In the absence of familial support, health care providers and professionals may fill this role. RDN's serve as a wealth of knowledge and can be a source of support encouragement for mothers throughout their breastfeeding journey.

The Academy of Nutrition and Dietetics position paper from 2011 emphasized its own role in providing continuing education opportunities and encouraging universities to review and update their undergraduate and graduate training programs relating to breastfeeding.(9)

Incorporating critical education and training into an RDN's coursework during their formal academic years can greatly increase their ability to transfer knowledge and training to the public.

Policy Recommendations

- Require coursework for undergraduate DPD students within the ACEND accreditation standards on breastfeeding benefits, basics, and strategies to promote and encourage breast and chest/feeding.
- Minimum requirement of one, 3-unit class for DPD students.
- Minimum requirement of one, 3-unit class for graduate students. Must differ from undergraduate course.

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