



Topic Expert Group: Care procedures

Promotion of breastfeeding

Frauenfelder O, Oude-Reimer M, Camba F, Ceccatelli M, Hankes-Drielsma I, Jørgensen E, Silva E

Target group

Infants, parents, and families

User group

Healthcare professionals, neonatal units, hospitals, and health services

Statement of standard:

Infants are exclusively fed with human milk during their hospital stay and mothers are supported to exclusively breastfeed after discharge.

Rationale

Breastfeeding is the natural way of providing infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they are supported by their partner, family, the healthcare system and society at large.

Colostrum, the first breast milk produced around the time of delivery, is recommended by the World Health Organization (WHO) as the perfect food for newborn infants. (1) Feeding or expressing breast milk should be initiated within the first hour after birth or as soon as possible at least within the first 6 hours after birth. Exclusive breastfeeding is recommended up to 6 months of age. After the first six months breastfeeding is recommended as long as both, mother and child are comfortable with this. This is often culturally based. (1,2)

The Baby Friendly Hospital Initiative (BFHI) is a global effort to implement practices that protect and promote breastfeeding. The initiative was launched by WHO and UNICEF in 1991, following the Innocent Declaration of 1990. The initiative is a global effort to implement practices that protect and promote breastfeeding. (2) All hospitals are eligible to seek BFHI accreditation. (3)

Benefits

Short-term benefits

- Improved growth and neurodevelopment (3) (see TEG Nutrition)
- Reduced risk of necrotising enterocolitis and late-onset sepsis (4–6)
- Improved mother-infant bonding (7)
- Reduced neonatal mortality and infections in term infants (8)

Long-term benefits

- Reduced risk for overweight or obesity (9)
- Reduced risk of mortality due to diarrhoea and other infections (10)
- Improved intelligence tests and higher school attendance (11)
- Improved child development and reduced health costs (12)
- Reduced risk of breast cancer following a period of breastfeeding (13,14)
- Improved confidence and mental health for mothers (consensus)



Components of the standard

| Component | Grading of evidence | Indicator of meeting the standard |
|---|--|--|
| For parents and family | | |
| 1. All pregnant women and their partners are informed by healthcare professionals about the benefits of breastfeeding. (1) | A (High quality) B (High quality) | Patient information sheet |
| 2. Parents are informed and guided by healthcare professionals before or directly after birth on how to breastfeed and express, how to maintain lactation, and the importance of early skin-to-skin care and breastfeeding immediately after delivery, where possible. (2,15) | A (High quality) B (High quality) | Guideline, patient information sheet, training documentation |
| For healthcare professionals | | |
| 3. A unit guideline on breastfeeding and expression including transition from non-nutritive to nutritive sucking is adhered to by all responsible healthcare professionals. (15) | A (High quality) B (High quality) | Guideline |
| 4. Training on the importance of breastfeeding and how to encourage and guide mothers to breastfeed and express is attended by all responsible healthcare professionals. | B (High quality) | Training documentation |
| 5. All infants are placed in direct skin-to-skin contact with their mothers immediately following birth for at least an hour, where possible, to encourage oxytocin release and establish initial feeding. (16,17) | A (High quality) B (High quality) | Guideline |
| 6. Newborn infants receive no other milk than human milk, unless medically indicated for at least 24 hours after birth. (2) (see TEG Nutrition) | A (High quality) B (High quality) | Clinical records, guideline |
| 7. Breastfeeding is encouraged on demand unless medically indicated. (18) (see TEG Nutrition) | A (Moderate quality) | Clinical records, guideline |
| 8. Bottles are not offered to preterm infants whose mothers wish to breastfeed unless the mother has given | A (Moderate quality) B (High quality) | Clinical record, guideline |



permission and alternative methods of feeding have been discussed. (8)

For neonatal unit

| | | |
|---|--------------------------------------|-----------------------------|
| 9. A unit guideline on breastfeeding and expression including transition from non-nutritive to nutritive sucking is available and regularly updated. (15) | A (High quality) B (High quality) | Guideline |
| 10. Appropriate facilities to support the expression of mother's milk are available. (see TEG NICU design) | B (High quality) | Audit report |
| 11. Training on the importance of breastfeeding and how to encourage and guide mothers to breastfeed and express is provided. | B (High quality) | Training documentation |
| 12. Lactation consultants are available to support breastfeeding for parents and healthcare professionals. (18) | A (High quality) B (High quality) | Clinical records, guideline |

For hospital

| | | |
|--|------------------|------------------------|
| 13. Training on the importance of breastfeeding and how to encourage and guide mothers to breastfeed and express is ensured. | B (High quality) | Training documentation |
| 14. Appropriate facilities to support the expression of mother's milk are available, including private rooms/space for breastfeeding and expressing milk. (see TEG Nutrition, TEG NICU Design) | B (High quality) | Audit report |
| 15. Accreditation by the WHO Baby friendly hospital initiative (BFHI) is in place. (19) | B (High quality) | Audit report |

For health service

| | | |
|--|--|-------------------------|
| 16. A national guideline on breastfeeding and expression is available and regularly updated. | B (High quality) | Guideline |
| 17. Post discharge support regarding breastfeeding is provided. (20,21) | A (Moderate quality) B (High quality) | Audit report, guideline |



Where to go – further development of care

| Further development | Grading of evidence |
|--|---|
| For parents and family | |
| <ul style="list-style-type: none">Collaborate with healthcare professionals with regard to the breastfeeding wheel. (15) | A (Low quality) B (Moderate quality) |
| For healthcare professionals | |
| N/A | |
| For neonatal unit | |
| N/A | |
| For hospital | |
| N/A | |
| For health service | |
| <ul style="list-style-type: none">Develop a policy to support exclusive breastfeeding for at least six months. (22) | A (High quality) |

Getting started

Initial steps

For parents and family

- Parents are verbally informed about the benefits of breastfeeding.
- Parents are encouraged to use skin-to-skin contact immediately after birth, where possible.
- Guide mothers to understand the behavioural signs of hunger.

For healthcare professionals

- Attend training on the importance of breastfeeding and how to encourage and guide mothers to breastfeed and express.

For neonatal unit

- Develop and implement a unit guideline on breastfeeding and expression including transition from non-nutritive to nutritive sucking.
- Develop information material on the benefits of breastfeeding.
- Provide appropriate equipment for expression of mother's milk.

For hospital

- Support healthcare professionals to participate in training on the importance of breastfeeding and how to encourage and guide mothers to breastfeed and express.

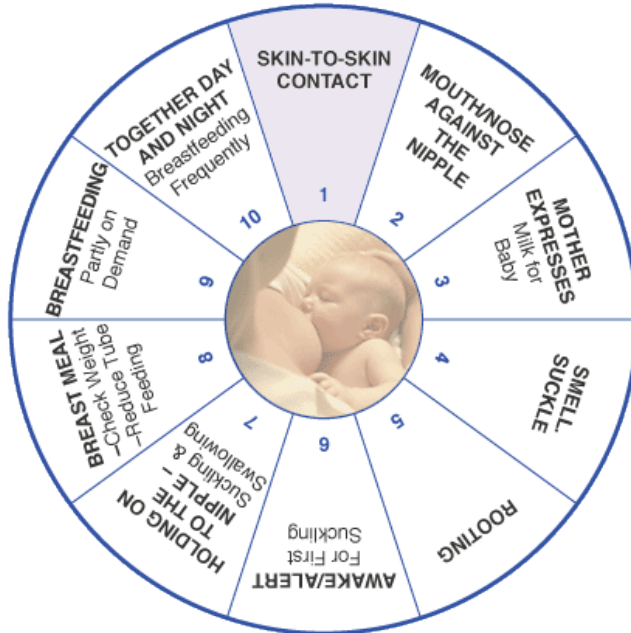
For health service

- Develop and implement a national guideline on breastfeeding and expression.
- Develop awareness-campaigns regarding the benefits of breastfeeding.



Description

Breastfeeding wheel (23)



Source

1. World Health Organization. Infant and young child feeding: Model Chapter for textbooks for medical students and allied health professionals. Geneva: World Health Organization; 2009.
2. World Health Organization. Breastfeeding [Internet]. WHO. [cited 2018 Jun 14]. Available from: <http://www.who.int/topics/breastfeeding/en/>
3. World Health Organization (WHO). Implementation of the Baby-friendly Hospital Initiative [Internet]. WHO. [cited 2018 Jun 14]. Available from: http://www.who.int/elena/bbc/implementation_bfhi/en/
4. Fallon EM, Nehra D, Potemkin AK, Gura KM, Simpser E, Compher C, et al. A.S.P.E.N. clinical guidelines: nutrition support of neonatal patients at risk for necrotizing enterocolitis. JPEN J Parenter Enteral Nutr. 2012 Sep;36(5):506–23.
5. Oddy WH. Breastfeeding protects against illness and infection in infants and children: a review of the evidence. Breastfeed Rev Prof Publ Nurs Mothers Assoc Aust. 2001 Jul;9(2):11–8.
6. Cacho NT, Parker LA, Neu J. Necrotizing Enterocolitis and Human Milk Feeding: A Systematic Review. Clin Perinatol. 2017 Mar;44(1):49–67.
7. Schwarze CE, Hellhammer DH, Stroehle V, Lieb K, Mobascher A. Lack of Breastfeeding: A Potential Risk Factor in the Multifactorial Genesis of Borderline Personality Disorder and Impaired Maternal Bonding. J Personal Disord. 2015 Oct;29(5):610–26.
8. World Health Organization. Early initiation of breastfeeding to promote exclusive breastfeeding [Internet]. WHO. [cited 2018 Jun 14]. Available from: http://www.who.int/elena/titles/early_breastfeeding/en/



9. Uwaezuoke SN, Eneh CI, Ndu IK. Relationship Between Exclusive Breastfeeding and Lower Risk of Childhood Obesity: A Narrative Review of Published Evidence. *Clin Med Insights Pediatr.* 2017;11:1179556517690196.
10. Raheem RA, Binns CW, Chih HJ. Protective effects of breastfeeding against acute respiratory tract infections and diarrhoea: Findings of a cohort study. *J Paediatr Child Health.* 2017 Mar;53(3):271–6.
11. Horta BL, Loret de Mola C, Victora CG. Breastfeeding and intelligence: a systematic review and meta-analysis. *Acta Paediatr Oslo Nor* 1992. 2015 Dec;104(467):14–9.
12. Victora CG, Horta BL, de Mola CL, Quevedo L, Pinheiro RT, Gigante DP, et al. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil. *Lancet Glob Health.* 2015;3(4):e199–e205.
13. Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, et al. Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta Paediatr.* 2015 Dec;104:96–113.
14. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet.* 2016;387(10017):475–490.
15. Becker GE, Smith HA, Cooney F. Methods of milk expression for lactating women. *Cochrane Database Syst Rev.* 2016 Sep 29;9:CD006170.
16. Oras P, Thernström Blomqvist Y, Hedberg Nyqvist K, Gradin M, Rubertsson C, Hellström-Westas L, et al. Skin-to-skin contact is associated with earlier breastfeeding attainment in preterm infants. *Acta Paediatr Oslo Nor* 1992. 2016 Jul;105(7):783–9.
17. Cong X, Ludington-Hoe SM, Hussain N, Cusson RM, Walsh S, Vazquez V, et al. Parental oxytocin responses during skin-to-skin contact in pre-term infants. *Early Hum Dev.* 2015 Jul;91(7):401–6.
18. Meier PP, Johnson TJ, Patel AL, Rossman B. Evidence-Based Methods That Promote Human Milk Feeding of Preterm Infants: An Expert Review. *Clin Perinatol.* 2017 Mar;44(1):1–22.
19. World Health Organization. Baby-friendly Hospital Initiative [Internet]. WHO. [cited 2018 Jun 14]. Available from: <http://www.who.int/nutrition/topics/bfhi/en/>
20. Fleurant E, Schoeny M, Hoban R, Asiodu IV, Riley B, Meier PP, et al. Barriers to Human Milk Feeding at Discharge of Very-Low-Birth-Weight Infants: Maternal Goal Setting as a Key Social Factor. *Breastfeed Med Off J Acad Breastfeed Med.* 2017 Feb;12:20–7.
21. Briere C-E, McGrath JM, Cong X, Brownell E, Cusson R. Direct-breastfeeding in the neonatal intensive care unit and breastfeeding duration for premature infants. *Appl Nurs Res ANR.* 2016;32:47–51.
22. Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet Lond Engl.* 2016 Jan 30;387(10017):491–504.
23. Husebye ES, Kleven IA, Kroken LK, Torsvik IK, Haaland OA, Markestad T. Targeted Program for Provision of Mother's Own Milk to Very Low Birth Weight Infants. *PEDIATRICS.* 2014 Aug 1;134(2):e489–95.

First edition, November 2018

Lifecycle

5 years/next revision: 2023



european standards of
care for newborn health

Recommended citation

EFCNI, Frauenfelder O, Oude-Reimer M et al., European Standards of Care for Newborn Health: Promotion of breastfeeding. 2018