

Breastfeeding in facilities



Rationale and evidence for the new Ten Steps to Successful Breastfeeding

16 November 2018

What is a WHO guideline?

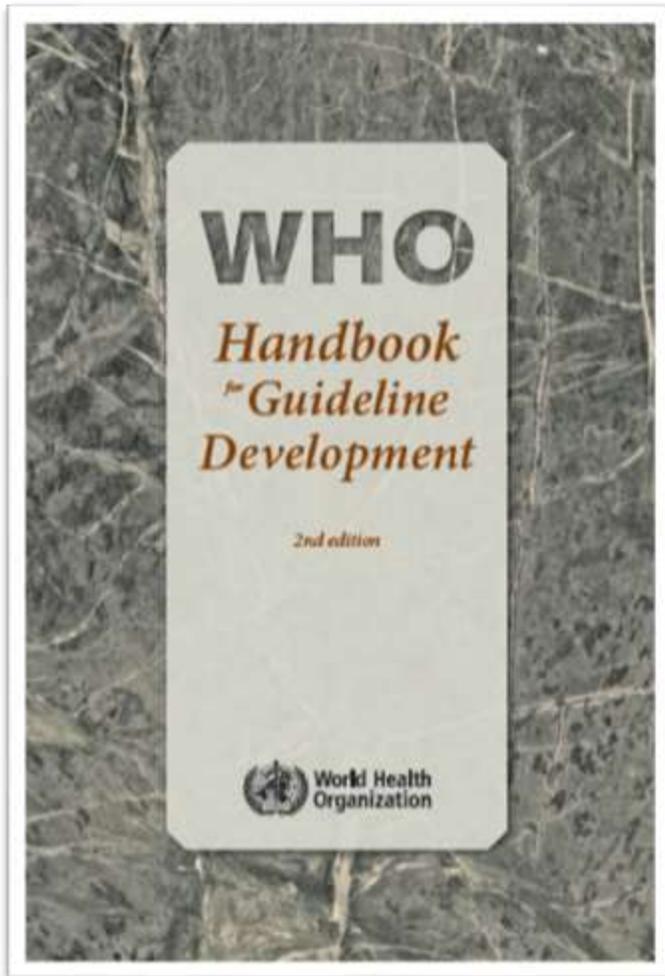
WHO guideline

- is any document, whatever its title, that contains **WHO recommendations** about health interventions, whether they be clinical, public health or policy interventions

What is not a WHO guideline?

- established principles (e.g. human rights)
- WHO Secretariat reports (e.g. WHA resolutions)
- report facts or review existing practices
- standards for manufacturing
- standard operating procedures
- “how to” documents

WHO guideline development process



Procedures and standards for WHO guidelines

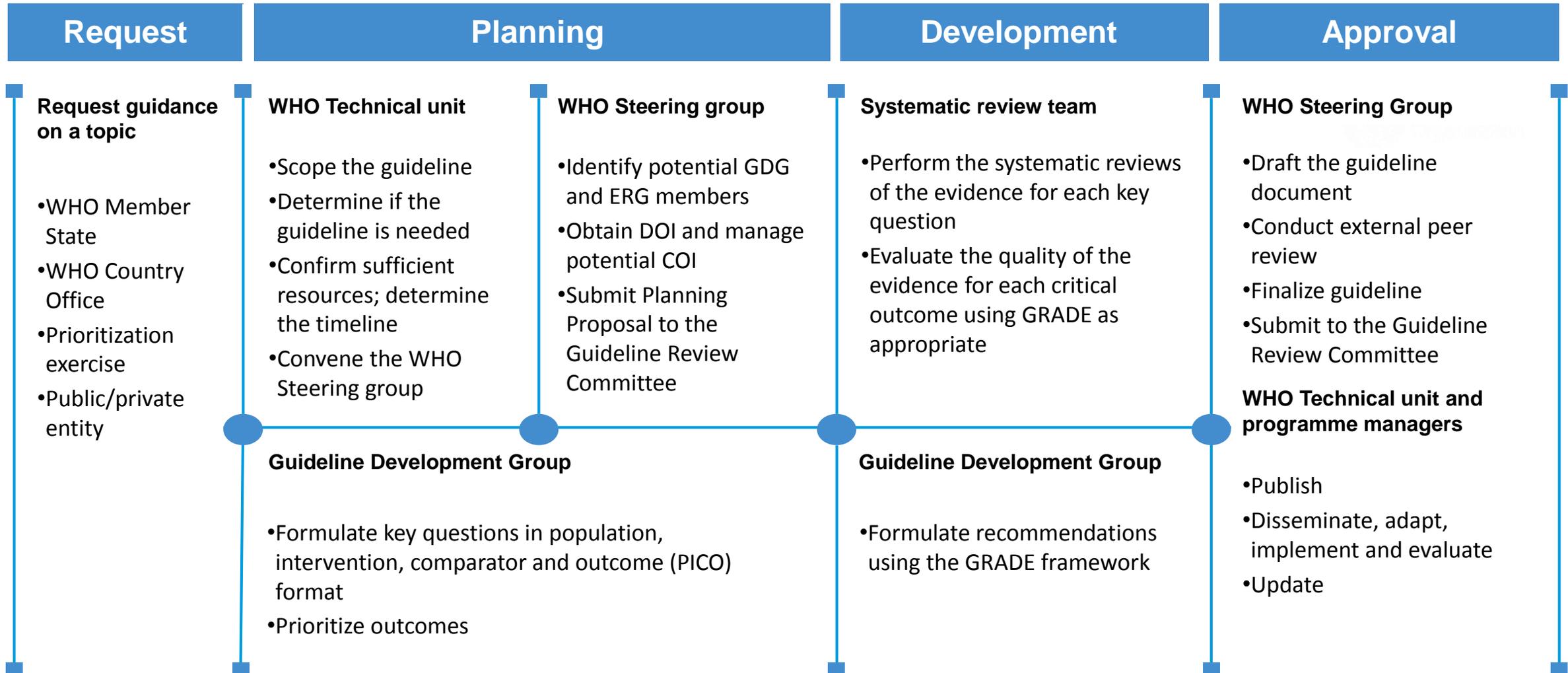
- Evidence-informed
- Transparent

Guidelines Review Committee Secretariat

Peer review feedback

Quality assurance process

WHO guideline development process



Breastfeeding in facilities

2017 Guideline



2018 Implementation Guidance



Step 1

Ten Steps to Successful Breastfeeding 1989

Have a written breastfeeding policy that is routinely communicated to all health-care staff.

Step 1

Hospital policies

Considerations

Acceptability:

- daunting task
- require frequent communication
- resources to create and implement

| Infant feeding policy | Risk ratio | 95% Confidence Interval | |
|-------------------------|------------|-------------------------|--|
| Exclusive breastfeeding | ns | | |

Step 1

Recommendation

Facilities providing maternity and newborn services should have a clearly written breastfeeding policy that is routinely communicated to staff and parents.

Step 1

Ten Steps to Successful Breastfeeding – Revised 2018

1 HOSPITAL POLICIES

Hospitals **support mothers** to breastfeed by...

- Not promoting infant formula, bottles or teats
- Making breastfeeding care standard practice
- Keeping track of support for breastfeeding

World Health Organization unicef

Step 2

Ten Steps to Successful Breastfeeding 1989

Train all health-care staff in the skills necessary to implement this policy.

Step 2

Staff competency

Considerations

Acceptability:

- helpful but lack of time
- lower priority compared to training on caring for mothers with complications

Step 2

Staff competency

Evidence

Two systematic reviews:

- improved knowledge but inconsistent effect on attitude
- increased compliance to Baby-friendly Hospital Initiative

Step 2

Recommendation

Health facility staff who provide infant feeding services, including breastfeeding support, should have sufficient knowledge, competence and skills to support women to breastfeed.

Step 2

Ten Steps to Successful Breastfeeding – Revised 2018



Step 3

Ten Steps to Successful Breastfeeding 1989

Inform all pregnant women about the benefits and management of breastfeeding.

Step 3

Antenatal care

Considerations

Values and preferences on content:

- not discussed enough
- especially on what to expect

Values and preference on delivery:

- not optimally done
- little sincerity or positive feelings conveyed

Step 3

Antenatal care

Considerations

Acceptability:

- many viewed supporting breastfeeding as being a part of their role
- many struggled about creating animosity

Step 3

Antenatal care

| Antenatal counselling | RR | 95% CI | |
|--------------------------------------------------------------------------------|------|--------|------|
| Initiation of breastfeeding (when provided by healthcare professionals) | 1.43 | 1.07 | 1.93 |
| Initiation of breastfeeding (when provided by non-healthcare professionals) | 1.22 | 1.06 | 1.40 |

Step 3

Recommendation

Where facilities provide antenatal care, pregnant women and their families should be counselled about the benefits and management of breastfeeding.

Step 3

Ten Steps to Successful Breastfeeding – revised 2018



Step 4

Ten Steps to Successful Breastfeeding 1989

Help mothers initiate breastfeeding within a half-hour of birth.

Step 4

Care right after birth

Considerations

Values and preferences of mothers:

- mothers valued

Acceptability to health care workers:

- favourable views towards early skin-to-skin contact
- safety concerns after caesarean delivery, anaesthesia or NICU

Step 4

Care right after birth

| Skin-to-skin contact | RR | 95% confidence interval | |
|---------------------------------------------------------------------|------|-------------------------|------|
| Exclusive breastfeeding at hospital discharge to 1 month post birth | 1.30 | 1.12 | 1.49 |
| Exclusive breastfeeding at 6 weeks to 6 months post birth | 1.50 | 1.18 | 1.90 |
| Breastfeeding at 1 month to 4 months post birth | 1.24 | 1.07 | 1.43 |

Step 4

Care right after birth

| Early initiation of breastfeeding | | RR | 95% CI | |
|----------------------------------------|------------|------|--------|------|
| Non-exclusive breastfeeding at 1 month | 2-23 hours | 1.15 | 1.13 | 1.17 |
| | > 24 hours | 1.27 | 1.24 | 1.31 |
| Not breastfeeding at 1 month | 2-23 hours | 1.26 | 1.07 | 1.48 |
| | > 24 hours | 2.48 | 1.92 | 3.21 |

Step 4

Recommendation

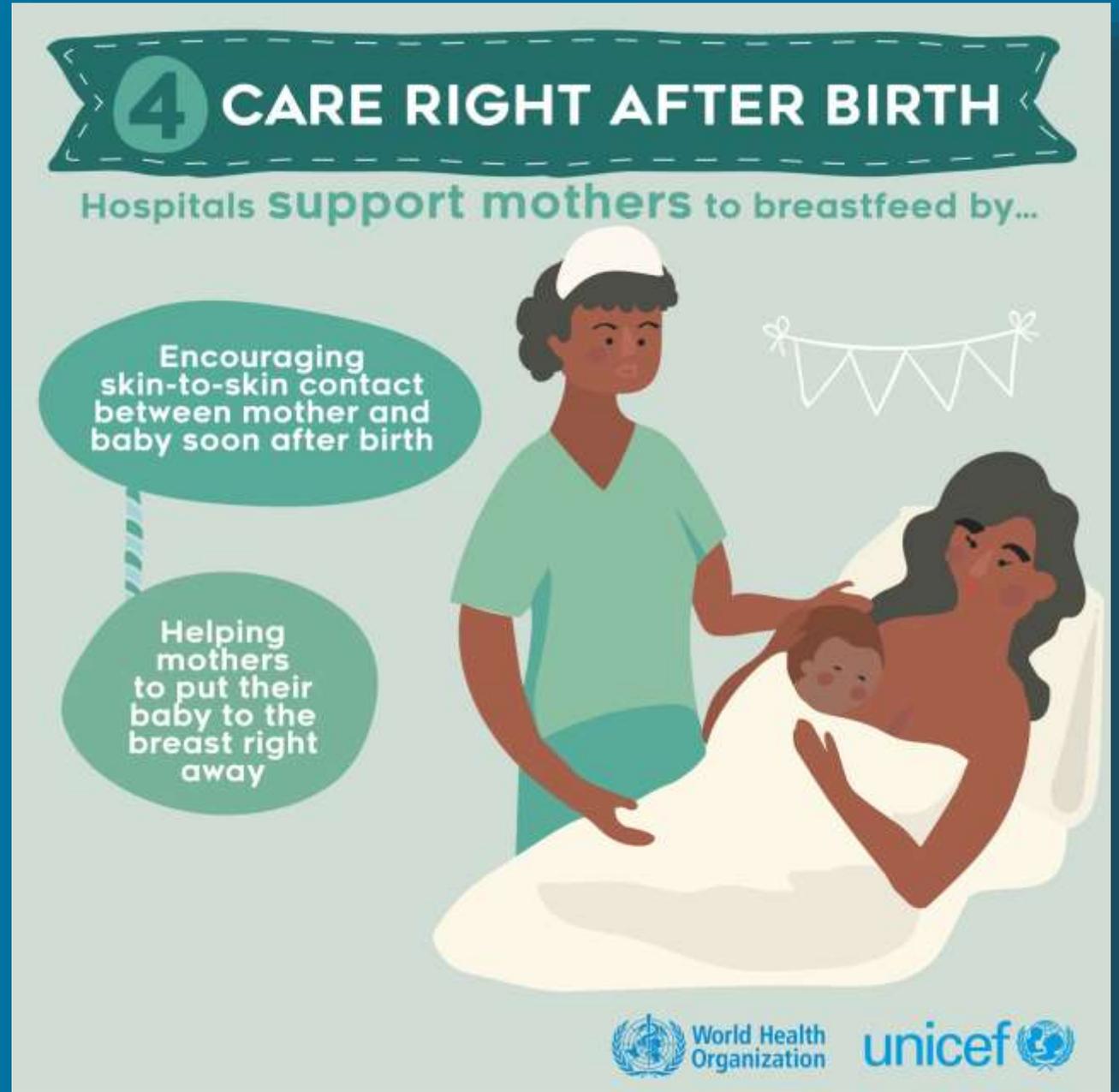
Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and encouraged as soon as possible after birth.

All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery.

Step 4

Ten Steps to Successful Breastfeeding

– revised 2018



Step 5

Ten Steps to Successful Breastfeeding 1989

Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.

Step 5

Support mothers with breastfeeding

Considerations

Values and preferences:

- most found this helpful but sometimes inadequately done

Acceptability:

- too many barriers - on time, staff availability and skills
- negative attitude towards showing mothers how to breastfeed

Step 5

Support mothers with breastfeeding

| Practical support for breastfeeding | RR | 95% CI | |
|------------------------------------------------------------------------------|------|--------|------|
| Stopping any breastfeeding before last study assessment up to 6 months | 0.91 | 0.88 | 0.96 |
| Stopping exclusive breastfeeding before last study assessment up to 6 months | 0.88 | 0.85 | 0.92 |

Step 5

Recommendation

Mothers should receive practical support to enable them to initiate and maintain breastfeeding and manage common breastfeeding difficulties.

Mothers should be coached on how to express breastmilk as a means of maintaining lactation in the event of their being separated temporarily from their infants.

Step 5

Ten Steps to Successful Breastfeeding – revised 2018

5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...

- Checking positioning, attachment and suckling
- Giving practical breastfeeding support
- Helping mothers with common breastfeeding problems

World Health Organization unicef

Step 6

Ten Steps to Successful Breastfeeding 1989

Give newborn infants no food or drink other than breastmilk, unless medically indicated.

Step 6

Supplementing

Considerations

Values and preferences:

- where prelacteal feeds are acceptable, perceived as beneficial

Acceptability:

- early additional foods or fluids is the mother's choice and should be an option if that is what she wants
- protecting mothers from tiredness during the night was an acceptable reason

Step 6

Supplementing

| Giving any food or fluid | RR | 95% CI | |
|-------------------------------|------|--------|------|
| Any breastfeeding at 4 weeks | 0.83 | 0.73 | 0.94 |
| Any breastfeeding at 12 weeks | 0.68 | 0.53 | 0.87 |
| Any breastfeeding at 20 weeks | 0.69 | 0.50 | 0.95 |

Step 6

Recommendation

Mothers should be discouraged from giving any food or fluids other than breastmilk, unless medically indicated.

Step 6

Ten Steps to Successful Breastfeeding – revised 2018

6 SUPPLEMENTING

Hospitals **support mothers** to breastfeed by...

- Giving only breast milk unless there are medical reasons
- Prioritizing donor human milk when a supplement is needed
- Helping mothers who want to formula feed to do so safely

World Health Organization unicef

Step 7

Ten Steps to Successful Breastfeeding 1989

Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.

Step 7

Rooming-in

Considerations

Values and preferences:

- most mothers preferred to room-in
- significant portion would choose not to at night

Acceptability:

- some viewed rooming-in favourably
- most felt that it was not necessary; to allow the mothers to rest
- in NICU, limits to resources

Step 7

Rooming-in

| Rooming-in | RR | 95% CI | |
|----------------------------------------------|------|--------|------|
| Exclusive breastfeeding at 4 days postpartum | 1.92 | 1.34 | 2.76 |
| Any breastfeeding at 6 months | ns | | |

Step 7

Recommendation

Facilities providing maternity and newborn services should enable mothers and their infants to remain together and to practice rooming-in throughout the day and night. This may not apply in circumstances when infants need to be moved for specialized medical care.

Step 7

Ten Steps to Successful Breastfeeding – revised 2018



Step 8

Ten Steps to Successful Breastfeeding 1989

Encourage breastfeeding on demand.

Step 8

Responsive feeding

No evidence identified from randomized controlled trials to inform on the effect of optimum feeding patterns on breastfeeding practices among term or preterm infants.

Step 8

Responsive feeding

Considerations

Values and preferences:

- mothers valued demand feeding; needed more support
- in NICU, needed more support to transition to demand feeding

Acceptability:

- differing views on demand feeding: unaware; uncomfortable; standard care except in specialized units

Step 8

Recommendation

Mothers should be supported to practice responsive feeding as part of nurturing care.

Step 8

Ten Steps to Successful Breastfeeding – revised 2018



Step 9

Ten Steps to Successful Breastfeeding 1989

Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

Step 9

Bottles, teats and pacifiers

Considerations (PACIFIER)

Values and preferences:

- valued the use of pacifies and dummies
- only a minority would withhold the pacifier
- some concern about hygiene, losing the pacifier, and effect on teeth
- mothers of preterm and very preterm infants suggested including as a step: "Offer the infant a pacifier for relief of pain, stress and anxiety, and for stimulating the uptake of nutrients during tube-feeding. Introduce bottle-feeding when there is a reason".

Step 9

Bottles, teats and pacifiers

Considerations (PACIFIER)

Acceptability:

- “almost universal ambivalence by staff towards the use of teats and dummies”
- varied on whether advising on pacifier use easy or an obstacle
- some felt the practice in the hospital was inconsistent; not open for discussion
- some were not aware of the effect of pacifiers or dummies

Step 9

Bottles, teats and pacifiers

Considerations (BOTTLES and TEATS)

Values and preferences:

- using a bottle easy and convenient; no need for training
- using a cup difficult, messy, time consuming, and the infant would not seem satisfied

Acceptability:

- disliked cup feeding and were ambivalent about bottle feeding
- bottles were preferred to other methods of feeding

Step 9

Bottles, teats and pacifiers

| TERM infants: avoidance of PACIFIER | RR | 95% CI | |
|---------------------------------------|----|--------|--|
| Any breastfeeding at discharge | ns | | |
| Exclusive breastfeeding at 3-4 months | ns | | |
| Any breastfeeding at 3-4 months | ns | | |
| Any breastfeeding at 6 months | ns | | |

No adverse events were reported on the provision or avoidance of pacifiers among term infants.

Step 9

Bottles, teats and pacifiers

| TERM infants: avoidance of BOTTLES and TEATS | RR | 95% CI | |
|----------------------------------------------|----|--------|--|
| Any breastfeeding at discharge (day 5) | ns | | |
| Any breastfeeding at 2 months of life | ns | | |
| Any breastfeeding at 6 months of life | ns | | |

Studies that reported on adverse outcomes reported adverse events, no reported cases of aspiration or apnea, and no difference in mean oxygen saturations between cup-fed and bottle fed infants during feeds.

Step 9

Bottles, teats and pacifiers

| PRETERM infants: avoidance of PACIFIER | RR | 95% CI | |
|-----------------------------------------------|----|--------|--|
| Full breastfeeding at discharge | ns | | |
| Any breastfeeding at discharge | ns | | |
| Any breastfeeding at 3 months after discharge | ns | | |
| Any breastfeeding at 6 months after discharge | ns | | |

Preterm infants given non-nutritive sucking or oral stimulation had

- shorter length of hospital stay
- fewer days to full oral feeding

Step 9

Bottles, teats and pacifiers

| PRETERM infants: avoidance of BOTTLES and TEATS | RR | 95% CI | |
|-------------------------------------------------|------|--------|------|
| Full breastfeeding at discharge | 1.47 | 1.19 | 1.80 |
| Full breastfeeding at 3 months after discharge | 1.56 | 1.37 | 1.78 |
| Full breastfeeding at 6 months after discharge | 1.64 | 1.14 | 2.36 |

No difference between preterm infants given feeds with or without use of bottles:

- days to reach full sucking feeds; length of hospital stay
- episodes of infection; episodes of milk aspiration

Step 9

Recommendation

Mothers should be supported to recognize their infants' cues for feeding, closeness and comfort, and enabled to respond accordingly to these cues with a variety of options, during their stay at the facility providing maternity and newborn services.

If expressed breastmilk or other feeds are medically indicated for **TERM infants**, feeding methods such as cups, spoons or feeding bottles and teats may be used during their stay at the facility.

Step 9

Recommendation

For **PRETERM** infants who are unable to breastfeed directly, non-nutritive sucking and oral stimulation may be beneficial until breastfeeding is established.

If expressed breastmilk or other feeds are medically indicated for **PRETERM** infants, feeding methods such as cups or spoons are preferable to feeding bottles and teats.

Step 9

Ten Steps to Successful Breastfeeding

– revised 2018



Step 10

Ten Steps to Successful Breastfeeding 1989

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

Step 10

Discharge

Considerations

Values and preferences:

- most mothers valued linkage to breastfeeding support
- gave them a greater sense of security in caring for their infants

Acceptability:

- linkage to continuing support was challenging
- gaps and lack of communication between health care providers in the continuum of care

Step 10

Discharge

| Access to ongoing support | RR | 95% CI | |
|-------------------------------|----|--------|--|
| Any breastfeeding at 4 months | ns | | |

Step 10

Recommendation

As part of protecting, promoting and supporting breastfeeding, discharge from facilities providing maternity and newborn services should be planned for and coordinated, so that parents and their infants have access to ongoing support and appropriate care.

Step 10

Ten Steps to Successful Breastfeeding – Revised 2018



Ten Steps to Successful Breastfeeding

– Revised 2018

The TEN STEPS to Successful Breastfeeding

1 HOSPITAL POLICIES
Encourage support mothers to be allowed to:
- stay with their babies 24 hours a day
- breastfeed on demand
- have private space for breastfeeding

2 STAFF COMPETENCY
Encourage support mothers to be allowed to:
- be supported by staff who have received specific training in breastfeeding support
- be supported by staff who have received specific training in breastfeeding support

3 ANTENATAL CARE
Encourage support mothers to be allowed to:
- be encouraged to start breastfeeding as soon as possible after birth
- be encouraged to start breastfeeding as soon as possible after birth

4 CARE RIGHT AFTER BIRTH
Encourage support mothers to be allowed to:
- be encouraged to start breastfeeding as soon as possible after birth
- be encouraged to start breastfeeding as soon as possible after birth

5 SUPPORT MOTHERS WITH BREASTFEEDING
Encourage support mothers to be allowed to:
- be encouraged to start breastfeeding as soon as possible after birth
- be encouraged to start breastfeeding as soon as possible after birth

6 SUPPLEMENTING
Encourage support mothers to be allowed to:
- be encouraged to start breastfeeding as soon as possible after birth
- be encouraged to start breastfeeding as soon as possible after birth

7 ROOMING-IN
Encourage support mothers to be allowed to:
- be encouraged to start breastfeeding as soon as possible after birth
- be encouraged to start breastfeeding as soon as possible after birth

8 RESPONSIVE FEEDING
Encourage support mothers to be allowed to:
- be encouraged to start breastfeeding as soon as possible after birth
- be encouraged to start breastfeeding as soon as possible after birth

9 BOTTLES, TEATS AND PACIFIERS
Encourage support mothers to be allowed to:
- be encouraged to start breastfeeding as soon as possible after birth
- be encouraged to start breastfeeding as soon as possible after birth

10 DISCHARGE
Encourage support mothers to be allowed to:
- be encouraged to start breastfeeding as soon as possible after birth
- be encouraged to start breastfeeding as soon as possible after birth

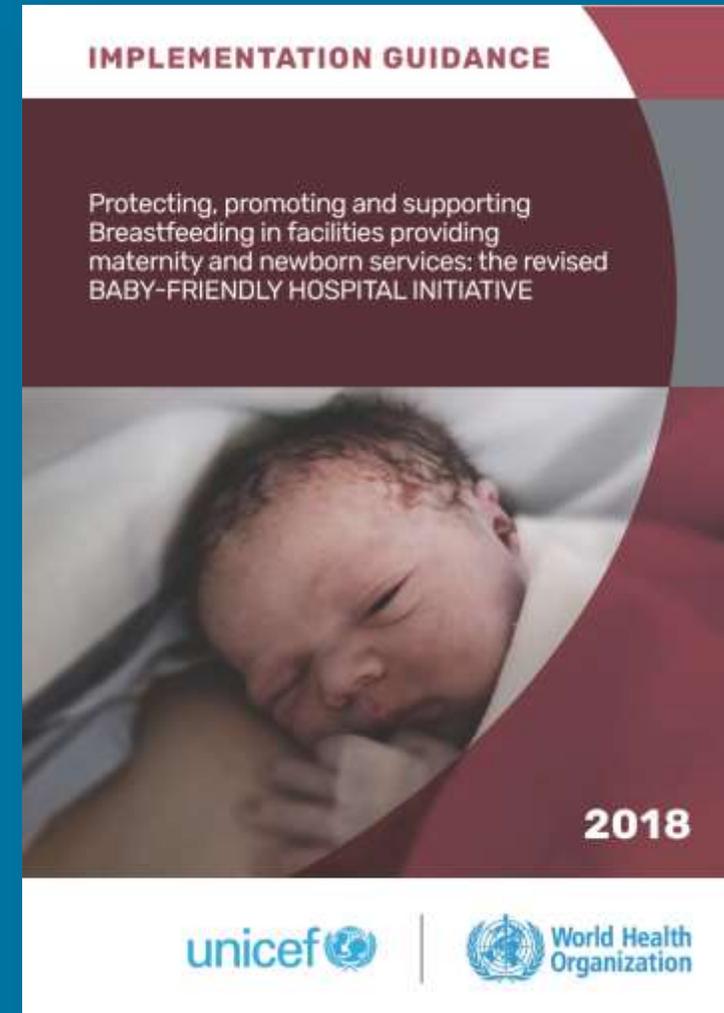
World Health Organization
unicef

Breastfeeding in facilities

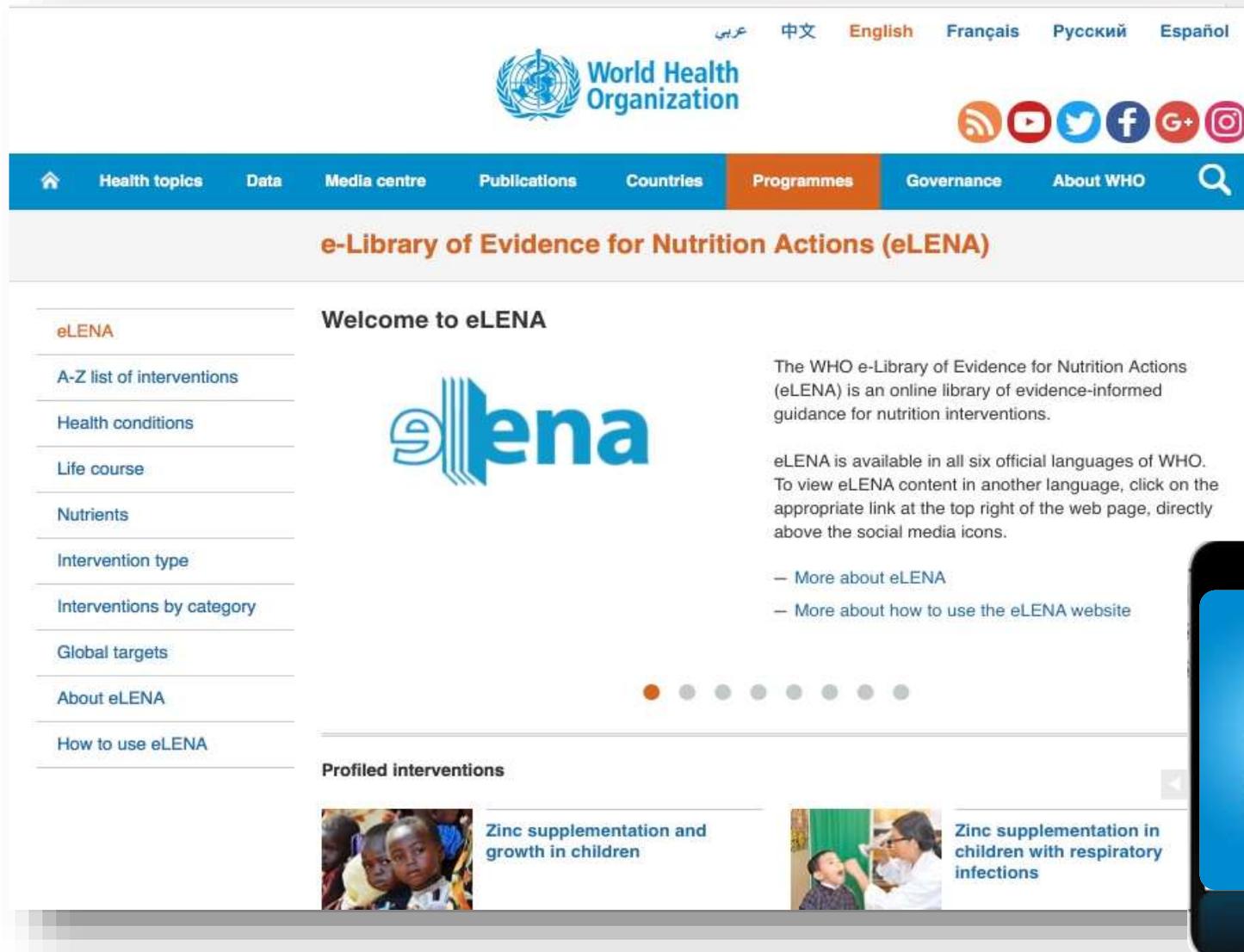
2017 Guideline



2018 Implementation Guidance



Compilation of guidelines



The screenshot shows the WHO eLENA website interface. At the top, there are language options: العربية, 中文, English, Français, Русский, and Español. The WHO logo and name are prominently displayed. Below the navigation bar, the title "e-Library of Evidence for Nutrition Actions (eLENA)" is shown. A sidebar on the left lists various categories: eLENA, A-Z list of interventions, Health conditions, Life course, Nutrients, Intervention type, Interventions by category, Global targets, About eLENA, and How to use eLENA. The main content area features a "Welcome to eLENA" section with the eLENA logo and a description: "The WHO e-Library of Evidence for Nutrition Actions (eLENA) is an online library of evidence-informed guidance for nutrition interventions." It also states that eLENA is available in all six official languages of WHO and provides links for "More about eLENA" and "More about how to use the eLENA website". Below this, there is a "Profiled interventions" section with two featured items: "Zinc supplementation and growth in children" and "Zinc supplementation in children with respiratory infections".



The screenshot shows the App Store page for the WHO ELENAmobile app. The app is by AngloMediaSA and is available on the App Store for iOS devices. The description states: "Access the latest WHO nutrition guidelines and evidence-informed guidance for nutrition interventions via the eLENA mobile app." The app is free and was updated on June 16, 2017. It is compatible with iPhone, iPad, and iPod touch. The page also includes a "What's New in Version 1.2.14" section, customer ratings, and iPhone screenshots showing the app's interface with categories like "RECENTLY ADDED", "HEALTH CONDITIONS", "LIFE COURSE", "NUTRIENTS", and "INTERVENTION TYPE".



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