

Fallon, V.M., Harrold, J.A. & Chisholm, A. (2019). The impact of the UK Baby Friendly Initiative on maternal and infant health outcomes: A mixed-methods systematic review. *Maternal and Child Nutrition*. <https://doi.org/10.1111/mcn.12778>

This systematic review of the Unicef UK Baby Friendly Initiative includes papers published between 2002 and 2015. The review demonstrates that the Unicef UK Baby Friendly Initiative increases breastfeeding rates up until the age of six weeks and that this is consistent with studies conducted in other resource rich countries.

However, the review also questions the efficacy of the UK Baby Friendly Initiative and its impact on mothers, concluding that Baby Friendly needs to be 'situationally modified in resource rich settings'. It is important to note, however, that a situational modification was indeed undertaken in the UK in 2012, using some of the papers cited. As a result, the UK standards were expanded to include enhanced staff communication skills, responsive feeding, supporting all parents (regardless of feeding method) to build close and loving relationships with their baby and enhanced support for parents who are formula feeding their baby. A global revision of the Baby Friendly Hospital Initiative was also published by the World Health Organization (WHO) in 2018, drawing on the success of the more holistic UK standards.

The Baby Friendly Initiative is recognised as one part of a multi-faceted approach required to improve infant feeding practices in countries such as the UK where there is an entrenched formula feeding culture. Its purpose is to support the implementation of evidence based, mother-centred best practice standards in healthcare settings, designed to support all families with infant feeding and relationship building. There is a large and growing body of evidence demonstrating that the Baby Friendly Initiative is an important part of any national strategy to support mothers to breastfeed for as long as they wish.

See below for further references, including the current Unicef UK Baby Friendly Initiative standards, the current WHO Global Baby Friendly Hospital Initiative standards, evidence for the effectiveness of the Baby Friendly Initiative and the evidence based policy recommendations in the UK.

NB: ** indicates studies that were included in the Fallon, V.M., Harrold, J.A. & Chisholm, A. (2019) review.

CURRENT UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS (2012 TO PRESENT)

- **Unicef UK (2012)** The evidence and rationale for the Unicef UK Baby Friendly Initiative standards.
<https://www.unicef.org.uk/babyfriendly/about/evidence-and-rationale-for-the-baby-friendly-standards/>
This document brings together all the evidence behind Unicef UK Baby Friendly's standards around infant feeding and relationship building. It collates the considerable body of knowledge and skills, research, practice and policy into one place. The work critically analyses the available evidence and highlights both good practice and gaps in the current information.
- **Unicef UK (2012)** Guide to the Unicef UK Baby Friendly Initiative standards
<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>
The Baby Friendly standards provide a roadmap for services to improve care. Through a staged accreditation programme, health professionals are enabled to support all mothers with feeding and to help parents to build a close and loving relationship with their baby.
The standards now include a focus on Achieving Sustainability (2016), designed to support services to maintain high standards of care for the longer term.

CURRENT WHO/UNICEF GLOBAL BABY FRIENDLY HOSPITAL INITIATIVE STANDARDS

- **WHO/UNICEF (2018)** Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018
<https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>
The revision of the global standards complement, underpin and reinforce the Unicef UK approach:
 - Integration of the programme more fully into the healthcare system and within a broader context, and a focus on sustainability over time
 - Governments to be more involved in the national implementation of the Baby Friendly Initiative, including national leadership, co-ordination and data collection
 - Strengthened monitoring and implementation of the International Code of Marketing Breastmilk Substitutes and WHA resolutions ("the Code")
 - Global call for scaling up the Baby Friendly Initiative to 100% coverage of maternity units.

KEY EVIDENCE (NATIONAL SURVEYS, SYSTEMATIC REVIEWS AND META-ANALYSES) FOR THE EFFECTIVENESS OF THE BABY FRIENDLY INITIATIVE

- **Scottish Maternal and Infant Nutrition Survey (2018)**
<https://www.gov.scot/publications/scottish-maternal-infant-nutrition-survey-2017/>
Scotland's Maternal and Infant Nutrition Survey highlighted marked improvements in breastfeeding rates – particularly the rise in breastfeeding at six months from 32% in 2010 to 43% in 2017. The results highlight the positive impact of a national infant feeding strategy, including supporting 100% of maternity and community services in Scotland to achieve Baby Friendly accreditation.
- **Lubold, AM, (2017)** The effect of family policies and public health initiatives on breastfeeding initiation among 18 high-income countries: a qualitative comparative analysis research design, International Breastfeeding Journal, doi: 10.1186/s13006-017-0122-0
This study, conducted across 18 countries, found that the most common pathway leading to low breastfeeding initiation included the necessary condition of low national adherence to the Baby-Friendly Hospital Initiative.

- **Pérez-Escamilla, R, et al (2016)** Impact of the Baby Friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. *Maternal & Child Nutrition*, doi: 10.1111/mcn.12294

This study, conducted across 19 countries, found that adherence to the Baby Friendly Hospital Initiative has a positive impact on: early breastfeeding initiation, exclusive breastfeeding at hospital discharge and breastfeeding duration. Adherence to the Ten Steps was also linked to a significant decrease in the incidence of gastrointestinal infections and atopic eczema at 1 year of age. Follow-up research found a positive impact on children's IQ and academic performance, as well as an increased likelihood that mothers would breastfeed their subsequent children for at least three months.
- **Rollins NC, et al (2016)** Why invest, and what it will take to improve breastfeeding practices? *Lancet*, Volume 387, No. 10017, pp. 491–504, 30 January

In 2016, The Lancet published a 2-part series on breastfeeding. Analysis of data from 28 systematic reviews and meta-analyses, of which 22 were commissioned specifically for the Series, demonstrate that the Baby Friendly Initiative is shown to be highly effective in improving breastfeeding practices.
- **Sinha, B. et al (2015)** Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis. *Acta Paediatrica*, Special Issue: Impact of Breastfeeding on Maternal and Child Health. Volume 104, Issue Supplement S467, pages 114-134.

In 2015, *Acta Paediatrica* published a special issue on the impact of breastfeeding on maternal and child health. One study looked at the impact of the Baby Friendly Initiative; this review found that breastfeeding practices are responsive to interventions delivered in health systems, communities and homes, with the largest effects achieved when interventions are delivered in combination. The Baby Friendly Initiative and its standards around care and infant feeding are demonstrated to be highly effective in improving breastfeeding rates.

EVIDENCE-BASED POLICY RECOMMENDATIONS IN THE UK. UNICEF UK BABY FRIENDLY INITIATIVE RECOMMENDED IN:

- **NICE Antenatal care (CG 62)** <https://www.nice.org.uk/guidance/cg62>

Before or at 36 weeks, pregnant women should receive “*breastfeeding information, including technique and good management practices that would help a woman succeed, such as detailed in the UNICEF Baby Friendly Initiative.*”
- **NICE Postnatal care (CG 37)** <https://www.nice.org.uk/guidance/CG37>

“*All maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard.*”
- **NICE Maternal and Child Nutrition (PH11)** <https://www.nice.org.uk/guidance/ph11>

“*Implement a structured programme that encourages breastfeeding, using BFI as a minimum standard. The programme should be subject to external evaluation.*”
- **NICE Quality standard, Postnatal Care (QS 37)**

<https://www.nice.org.uk/guidance/qs37>

“*NICE guideline CG37 recommends that all maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard. If providers implement a locally developed programme, this should be evidence-based, structured, and undergo external evaluation. The structured programme should be delivered and coordinated across all providers, including hospital, primary, community and children's centre settings. Breastfeeding outcomes should be monitored across all services.*”
- **Nuffield Trust & RCPCH (2018) International comparisons of health and wellbeing in early childhood (2018)**

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

“The provision and quality of postnatal and health care visiting play an important role in encouraging mothers to breastfeed (Bhutta and others, 2013). An important step is in ensuring all maternity units across the UK achieve and maintain Unicef UK Baby Friendly Initiative accreditation.”

▪ **RCPCH (2017) State of Child Health Report**

<https://www.rcpch.ac.uk/resources/state-child-health-2017-full-report>

“All maternity services should achieve and maintain UNICEF Baby Friendly Initiative accreditation.”

▪ **Chief Medical Officer report (2012) ‘Our children deserve better’**

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

“While many attempts have been made to improve this, there are two particularly important areas for further effort: increasing involvement with WHO and UNICEF’s Baby Friendly Initiative; and monitoring and examining the effects of allowing formula milk to advertise health claims.”

▪ **Association of Directors of Public Health: Best start in life (2018)**

<http://www.adph.org.uk/wp-content/uploads/2018/05/ADPH-Position-Statement-Best-Start-in-Life-1-1.pdf>

“The UNICEF Baby Friendly Initiative is an example of an evidence-base programme working with families to encourage breastfeeding.”

▪ **Health matters: giving every child the best start in life (2016)**

<https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life>

“Creating the right environment to promote and support breastfeeding is crucial. UNICEF Baby Friendly Initiative provides a robust evidence based framework to develop a whole system approach.”

▪ **Early Years: Six High Impact Areas for HV. Area 3: Breastfeeding (2016)**

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

“Health visitors can ensure a whole system approach to promoting breastfeeding by implementing the UNICEF UK Baby Friendly Standards and supporting other settings to become baby friendly, including training for early years staff.”

▪ **Commissioning Infant Feeding Services (2016)**

<https://www.gov.uk/government/publications/infant-feeding-commissioning-services>

“Every maternity unit, health visiting service, neonatal unit and children’s centre should be implementing the Unicef UK Baby Friendly Initiative standards, and ensure that universities are teaching their future health professionals to Unicef UK Baby Friendly standards.”

▪ **A Framework for Personalised Care and Population Health for nurses, MWs, HVs & AHPs (2016)**

<https://www.health-ni.gov.uk/publications/framework-personalised-care-and-population-health-nurses-midwives-health-visitors-and>

Unicef UK Baby Friendly Initiative included as an example of good practice.

▪ **Nursing and midwifery actions at the three levels of public health practice (2014)**

<https://www.gov.uk/government/publications/nursing-and-midwifery-actions-at-the-three-levels-of-public-health-practice>

Recommendation for *“Promotion of breastfeeding in hospitals and at community level: – universal baby friendly standard reached by all care staff and breastfeeding welcome promoted in public places.”*

OTHER STUDIES WHERE THE BABY FRIENDLY INITIATIVE IS EVALUATED (BY YEAR)

2018 studies

- **Biggs, K, Hurrell, K, et al, (2018).** Formula milk supplementation on the postnatal ward: A cross-sectional analytical study. *Nutrients*, doi.org/10.3390/nu10050608

This study found that in concordance with Unicef Baby Friendly standards, attention to specific features of the postnatal ward working environment, and targeted support for mothers and midwives may all lead to improved exclusive breastfeeding rates at hospital discharge.

- **Patterson, J, Keuler, N, and Olson, B, (2018).** *The effect of maternity practices on exclusive breastfeeding rates in US hospitals. Maternal & Child Nutrition, doi.org/10.1111/mcn.12670*
This study on the impact of the Baby Friendly Hospital Initiative maternity practices on exclusive breastfeeding rates in US hospitals found that whilst many individual practices impacted on breastfeeding rates, only a collection of practices could explain the variability in rates between services.
- **Patterson, J, et al (2018).** *The effect of Baby-friendly status on exclusive breastfeeding in U.S. hospitals. Maternal & Child Nutrition, DOI: 10.1111/mcn.12589*
This study of U.S. hospitals found that Baby Friendly hospital designation was positively correlated with exclusive breastfeeding, independent of demographic variables.
- **Procaccini, D, & Curley, A, (2018).** *Baby-Friendly practices minimize newborn infants' weight loss. Breastfeeding Medicine, doi.org/10.1089/bfm.2017.0182*
This study explored the impact of Baby-Friendly practices on newborn weight loss and breastfeeding rates. The researchers found that exclusive breastfeeding increased in all ethnic groups after Baby-Friendly practices were put in place, and there was a statistically significant effect of Baby-Friendly designation on weight loss for day 0–2 in exclusively breastfed infants.
- **Speath, A. et al (2018).** *Baby-Friendly Hospital designation has a sustained impact on continued breastfeeding. Maternal & Child Nutrition, doi: 10.1111/mcn.12497*
The results of this study support continued investment into Baby Friendly hospitals. Babies born in current Baby Friendly hospitals were found to breastfeed the most and the longest, and even a former Baby Friendly Hospital designation shows a sustained effect on continued breastfeeding.

2017 studies

- **Wilson, E, (2017).** *Room for improvement in breast milk feeding after very preterm birth in Europe: Results from the EPICE cohort. Maternal and Child Nutrition, doi: 10.1111/mcn.12485*
This European study found that BFHI accreditation positively impacted rates of breastmilk feeding at discharge after very preterm birth.

2016 studies

- **Bærug, A, et al (2016).** *Effectiveness of Baby-friendly community health services on exclusive breastfeeding and maternal satisfaction: a pragmatic trial. Maternal & Child Nutrition, doi: 10.1111/mcn.12273.*
This study into the effectiveness of implementing the Baby-friendly Initiative (BFI) in community health services in Norway found that implementing the BFI in community health services increased rates of exclusive breastfeeding until six months.
- **Groleau, D (2016),** *Empowering women to breastfeed: Does the Baby Friendly Initiative make a difference? Maternal & Child Nutrition, doi: 10.1111/mcn.12370*
This research around implementing the Baby Friendly Hospital Initiative in Canada has found that a flexible, family-centred approach is most successful.
- **Munn, A, et al (2016).** *The Impact in the United States of the Baby-Friendly Hospital Initiative (BFHI) on Early Infant Health and Breastfeeding Outcomes. Breastfeeding Medicine, doi:10.1089/bfm.2015.0135.*
This study found that the BFHI facilitated successful breastfeeding initiation and exclusivity. The limited data available on breastfeeding duration also suggested

that breastfeeding duration increases when mothers have better exposure to Baby Friendly practices.

- **Wouk, K, et al (2016).** *Systematic Review of Evidence for Baby-Friendly Hospital Initiative Step 3. Journal of Human Lactation*, <https://doi.org/10.1177/0890334416679618>

This American review explored the impact of prenatal breastfeeding education (Step 3 of the Global Baby Friendly Hospital Initiative) on breastfeeding rates. Findings suggest that prenatal interventions are effective at increasing breastfeeding initiation, duration, or exclusivity where they combine both education and interpersonal support.

2015 studies

- **** Thomson, G., Ebisch-Burton, K., & Flacking, R. (2015).** *Shame if you do—shame if you don't: Women's experiences of infant feeding. Maternal & Child Nutrition*, 11(1), 33–46. <http://doi.org/10.1111/mcn.12148>

This evaluation of the implementation of the Unicef UK Baby Friendly Initiative Community Award explored concepts of shame around infant feeding. The authors call for strategies and support that address personal, cultural, ideological and structural constraints of infant feeding.

2014 studies

- **Cox et al (2014).** *Factors Associated with Exclusive Breastfeeding at Hospital Discharge in Rural Western Australia. Journal of Human Lactation*, doi: [10.1177/0890334414547274](https://doi.org/10.1177/0890334414547274)

This study found that hospital practices are strong predictors of exclusive breastfeeding. The researchers suggest that greater emphasis on Baby-Friendly hospital practices in the early postpartum period may help the establishment of exclusive breastfeeding.

- **** Lagan, B. M., Symon, A., Dalzell, J., & Whitford, S. (2014).** *“The midwives aren't allowed to tell you”: Perceived infant feeding policy restrictions in a formula feeding culture. The Feeding your Baby Study. Midwifery*, 30, e49–e55

This qualitative study of mothers with a range of feeding experiences concluded that interpretation of guidance from the Unicef UK Baby Friendly Initiative may be restricting antenatal discussions about infant feeding and could incur a counter-productive emotional cost.

2013 studies

- **Nyqvist KH, et al (2013).** *Expansion of the Baby-Friendly Hospital Initiative Ten Steps to Successful Breastfeeding into Neonatal Intensive Care: Expert Group Recommendations. J Hum Lact published online 31 May* doi: [10.1177/0890334413489775](https://doi.org/10.1177/0890334413489775).

This paper supports the expansion of Baby Friendly standards into neonatal units

- **Parker M, Burnham L, Cook J, Sanchez BA, Philipp BL, Merewood A (2013).** *10 Years after Baby-Friendly Designation: Breastfeeding Rates Continue to Increase in a US Neonatal Intensive Care Unit. Journal of Human Lactation*, 1-5, May, online, doi: [10.1177/0890334413489374](https://doi.org/10.1177/0890334413489374).

This study found that Baby Friendly accreditation in US neonatal intensive care units, ten years after designation, continued to show positive rates for breastfeeding initiation and any breastfeeding at two weeks of age.

2012 studies

- **Beake S, Pellowe C, Dykes F, Wallace LM, Abbott S, Burt S, Anderson JK (2012).** *A systematic review of structured compared with non-structured breastfeeding programmes to support the initiation and duration of exclusive and any breastfeeding*

in acute and primary health care settings. *Maternal & Child Nutrition, Volume 8, Issue 2*, pp 141–161.

This study found the implementation of the Baby Friendly Initiative standards to be the most effective mechanism to raise breastfeeding initiation.

- **Del Bono E, Rabe B. (2012).** *Breastfeeding and child cognitive outcomes: Evidence from a hospital-based breastfeeding support policy. ISER Working Paper Series: 2012-29*
This study found that women giving birth in hospitals that participated in the Baby Friendly Initiative (BFI) were more likely to initiate breastfeeding and more likely to breastfeed exclusively at 4 and 8 weeks than comparable mothers giving birth in non-participating hospitals. This effect was especially in evidence for low income families. Significant effects of breastfeeding on cognitive outcomes were found between ages 3 and 7, as well as improvements in child emotional development and maternal mental health.
- **Figueredo SF, Mattar MJG, Abrão ACFV (2012)** *Baby-friendly Hospital Initiative – a policy of promoting, protecting and supporting breastfeeding. Acta Paul Enferm. 25(3) pp 459-63.*
This study found that implementation of Baby Friendly Initiative standards is associated with significant improvements in infant feeding practices within relevant healthcare environments, as well as increases in breastfeeding initiation
- **** Geddes, J. (2012).** *Breastfeeding: How to increase prevalence. Nursing Times, 108(32–33), 12–14.*
This study found a positive effect of the Baby Friendly Community Initiative on breastfeeding rates at 6-8 weeks, via staff training and telephone support to mothers
- **McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012)** *Infant Feeding Survey 2010, Health and Social Care Information Centre*
The last UK-wide infant feeding survey was conducted in 2010, and found that in line with engagement with the Baby Friendly Initiative, there was a rise in breastfeeding initiation rates, exclusive breastfeeding at three and four months, and rates of any breastfeeding at six weeks
- **Perrine CG, Scanlon KS, Li R, Odom E, Grummer-Strawn LM (2012)** *Baby-Friendly Hospital Practices and Meeting Exclusive Breastfeeding. Pediatrics, 10.1542/peds.2011-3633.*
This study found the implementation of the Baby Friendly Initiative standards to be the most effective mechanism to raise breastfeeding initiation.
- **Semenic, S. et al (2012).** *Barriers, facilitators, and recommendations related to implementing the Baby-Friendly Initiative (BFI): an integrative review. Journal of Human Lactation, doi: 10.1177/0890334412445195.*
This study found a wide variety of obstacles and potential solutions to implementation of the Baby Friendly standards. Findings suggest some priority issues to address when pursuing Baby-Friendly designation, including the endorsements of both local administrators and governmental policy makers, effective leadership of the practice change process, healthcare worker training, the marketing influence of formula companies, and integrating hospital and community health services.
- **Thomson G, Bilson A, Dykes F (2012)** *Implementing the WHO/UNICEF Baby Friendly Initiative in the community a 'hearts and minds' approach. Midwifery, 28, pp 258-264.*
This study describes how organisational change may move beyond traditional top-down mechanisms for driving change to incorporate ways that value others and promote cooperation and reflection.

2011 studies

- **** Ingram, J., Johnson, D., & Condon, L. (2011).** *The effects of Baby Friendly Initiative training on breastfeeding rates and the breastfeeding attitudes, knowledge and self-efficacy of community health-care staff. Primary Health Care Research & Development, 12(3), 266–275, doi: 10.1017/S1463423610000423*
This study found that Baby Friendly training for health visitors improves breastfeeding rates
- **Schmied V, Gribble K, Sheehan A, et al (2011)** *Ten Steps or climbing a mountain: A study of Australian health professionals' perceptions of implementing the Baby Friendly Health Initiative to protect, promote and support breastfeeding. BMC Health Services Research 2011, 11:208, doi:10.1186/1472-6963-11-208*
This study found that midwives considered Baby Friendly Hospital Initiative implementation to be a high priority, an essential and innovative set of practices that would have positive benefits for babies and mothers both locally and globally as well as for health professionals.
- **Venancio SI, Saldiva SRDM, Escuder MML, Giugliani ERJ (2011)** *The Baby-Friendly Hospital Initiative shows positive effects on breastfeeding indicators in Brazil. J Epidemiol Community Health, published 11 November 2011, 10.1136/jech-2011-200332.*
This study found the implementation of the Baby Friendly Initiative standards to be the most effective mechanism to raise breastfeeding initiation.
- **Ward KN, Byrne JP (2011).** *A Critical Review of the Impact of Continuing Breastfeeding Education Provided to Nurses and Midwives. J Hum Lact. 2011; 27(4): p. 381-393.*
This study found that continuing breastfeeding education for nurses and midwives, in accordance with Baby Friendly standards, improves their knowledge, skills, practices, and attitudes, and it increases maternal perception of support.

Older studies

- **McNeill J, Lyn F and Alderdice F (2010)** *Systematic Review of Reviews: The Public Health Role of the Midwife. School of Nursing & Midwifery, Queens University, Belfast, March.*
This study found the implementation of the Baby Friendly Initiative standards to be the most effective mechanism to raise breastfeeding initiation.
- **Hoddinott P, Britten J, Prescott G, Tappin D, Ludbrook A, Godden D (2009)** *Effectiveness of a policy to provide breastfeeding groups (BIG) for pregnant and breastfeeding mothers in primary care. BMJ 338:a3026*
This study found that breastfeeding rates increased most in UK maternity units while they were working towards Baby Friendly accreditation. They then peaked at accreditation, then for some plateaued when they had been fully accredited for a number of years
- **Rosenberg KD, Stull M, Adler MR, Kasehagen LJ, CrivelliKovach A (2008)** *Impact of Hospital Policies on Breastfeeding Outcomes. Breastfeeding Medicine, June, 3(2), pp 110-116, doi:10.1089/bfm.2007.0039.*
This study found that increased implementation of the Baby Friendly Hospital Initiative Ten Steps is associated with increased breastfeeding.
- **Caldeira AP, Goncalves E (2007)** *Assessment of the impact of implementing the Baby-Friendly Hospital Initiative, Journal of Pediatrics (RioJ) 83, 127–132.*
This study found that implementation of Baby Friendly Initiative standards is associated with significant improvements in infant feeding practices within relevant health care environments.
- **** Bartington S, Griffiths L, Tate A, Dezateux C and the Millennium Cohort Study Child Health Group (2006).** *Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK? International Journal of Epidemiology. doi:10.1093/ije/dyl155*

This study found that a hospital's engagement with Baby Friendly increases breastfeeding initiation rates in the UK

- ****Tappin D, Britten J, Broadfoot M, McInnes R. (2006).** *The effect of health visitors on breastfeeding in Glasgow. International Breastfeeding Journal; 1:11*
This study found that babies who are breastfeeding at the first routine health visitor contact at 10 days are twice as likely to be breastfeeding at the second routine health visitor contact at six weeks if the health visitor had received training in breastfeeding (in accordance with Baby Friendly standards) in the previous two years.
- **** Broadfoot M, Britten J, Tappin DM and MackKenzie JM (2005).** *The Baby Friendly Initiative and breastfeeding rates in Scotland. Arch Dis Child Fetal Neonatal Ed.;90:114-116*
This study found that a hospital's engagement with Baby Friendly increases breastfeeding initiation rates in Scotland
- **Hofvander Y (2005)** *Breastfeeding and the Baby Friendly Hospitals Initiative (BFHI): organization, response and outcome in Sweden and other countries, Acta Paediatr. Aug 94(8), pp 1012-6.*
This study found that full implementation of the Baby Friendly Hospital Initiative increased breastfeeding rates at 6 months from about 50% to 73% on a national basis.
- **Merton S, Dratva J, Ackermann-Liebrich U (2005)** *Do baby friendly hospitals influence breastfeeding duration on a national level? Pediatrics, 116,e702–e708.*
This study found the implementation of the Baby Friendly Initiative standards to be the most effective mechanism to raise breastfeeding initiation.
- **Alam MU, Rahman M, Rahman F (2002)** *Effectiveness of Baby Friendly Hospital Initiative on the promotion of exclusive breastfeeding among the Dhaka city dwellers in Bangladesh. Mymensingh Medical Journal 11, pp 94–99.*
This study found the implementation of the Baby Friendly Initiative standards to be the most effective mechanism to raise breastfeeding initiation.
- **** Ingram, J., Johnson, D., & Greenwood, R. (2002).** *Breastfeeding in Bristol: Teaching good positioning, and support from fathers and families. Midwifery, 18(2), 87–101.*
This study found that a “hands-off” breastfeeding technique for mothers (based on Step 5 of the Baby Friendly Hospital Initiative) improves breastfeeding rates
- **Cattaneo A, Buzzetti R (2001)** *Effect on rates of breastfeeding of training for the Baby Friendly Hospital Initiative. BMJ 323, pp 1358–1362.*
This study found the implementation of the Baby Friendly Initiative standards to be the most effective mechanism to raise breastfeeding initiation.
- **Kramer MS, Chalmers B, Hodnett ED, et al (2001).** *Promotion of Breastfeeding Intervention Trial (PROBIT):a randomized trial in the Republic of Belarus, Journal of American Medical Association 285, 413–420.eo.*
This study found the implementation of the Baby Friendly Initiative standards to be the most effective mechanism to raise breastfeeding initiation.
- **Philipp BL, Merewood A, Miller LW, et al (2001)** *Baby-Friendly hospital initiative improves breastfeeding initiation rates in a US hospital setting. Pediatrics, 108, pp 677–681.*
This study found that implementation of the Baby Friendly standards improved breastfeeding initiation rates
- **Wisset L, Dykes F, Bramwell R (2000)** *Evaluating the WHO/ UNICEF breastfeeding course, British Journal of Midwifery, 8, pp 294-300.*
This study found that once a critical mass of staff were trained in the WHO/UNICEF 18-hour breastfeeding course, pressure led to a change in hospital policy. Skin-to-skin contact and facilitation of early initiation of breastfeeding at birth was subsequently initiated, in accordance with training.