Implementation of the Ten Steps to Successful Breastfeeding Saves Lives

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The Baby-Friendly Hospital Initiative (BFHI), developed in 1991 by the World Health Organization and the United Nations Children’s Fund to improve maternity care practices and breastfeeding rates, has been implemented globally in more than 152 countries. The core tenets of the BFHI are the Ten Steps to Successful Breastfeeding, which have been endorsed by the American Academy of Pediatrics. A recent meta-analysis of studies evaluating the BFHI found that implementation of the BFHI increased exclusive breastfeeding by 49% (95% CI, 33%-68%) and any breastfeeding by 66% (95% CI, 34%-107%). The meta-analysis reviewed 29 studies that found that the BFHI and its elements of hospital support increased breastfeeding in the first hour (relative risk = 1.11; 95% CI, 1.06-1.16), 51 studies that found that it increased exclusive breastfeeding in the first 5 months (relative risk = 1.46; 95% CI, 1.37-1.56), and 47 studies that found that it increased any breastfeeding in the first 6 months (relative risk = 1.40; 95% CI, 1.30-1.52).

For optimal child health and development, the American Academy of Pediatrics recommends exclusive breastfeeding for about the first 6 months of life, followed by continuation of breastfeeding for at least the first year of life. Increased duration and exclusivity of breastfeeding are most closely linked to improved maternal and child health outcomes. An analysis of the effect of 90% of infants being exclusively breastfed for 6 months revealed that 911 infant deaths could be saved in the United States, most secondary to decreased sudden infant death syndrome. A recent meta-analysis revealed that improved breastfeeding globally would annually save 823 000 deaths in children younger than 5 years and 20 000 breast cancer–related deaths in women. In addition, it found that breastfeeding reduces morbidity and has an economic impact in improving the educational potential of children and their earnings as adults. Improved breastfeeding rates would reduce treatment costs by at least $2.45 billion annually in the United States alone.

Breastfeeding prevents acute infectious diseases, decreases prevalence of obesity and type 2 diabetes, and promotes optimal intellectual development in children, while decreasing maternal risk of breast cancer and ovarian cancer. These compelling benefits support the premises that breastfeeding is a public health issue, breastfeeding promotion is a public health imperative, and breastfeeding support indeed saves lives.

Breastfeeding initiation occurs in the maternity facility and requires an environment that supports and encourages breastfeeding. Baby-Friendly USA is the entity that designates maternity facilities in the United States that have implemented the Ten Steps to Successful Breastfeeding and follow the World Health Organization International Code of Marketing of Breast-Milk Substitutes. Facilities go through a process of self-assessment of compliance with the Ten Steps to Successful Breastfeeding and then follow quality improvement methods, using small tests of change, to modify their policies and procedures to improve compliance. With the support of funding from the Centers for Disease Control and Prevention and in accordance with the Surgeon General’s Call to Action to Support Breastfeeding, the number of births that occur in maternity facilities designated as Baby-Friendly increased from 1.79% in 2007 to 17.65% in June 2016, exceeding the Healthy People 2020 goal of 8.1%. During that same period, national rates of initiation of breastfeeding increased from 73.8% to 80%, breastfeeding at 6 months increased from 41.5% to 53.9%, and exclusive breastfeeding rates at 6 months increased from 11.3% to 21.9%, concurrent with the emphasis on implementation of Baby-Friendly practices and the assessment of Maternity Practices in Infant Nutrition and Care surveys conducted biannually by the Centers for Disease Control and Prevention.

The Ten Steps to Successful Breastfeeding include development of a breastfeeding policy, education of all staff, and altering the paradigm under which maternity care is delivered. A key element involves allowing as much uninterrupted contact between the newborn and family as possible, beginning immediately after birth with skin-to-skin care and followed by continuous rooming in throughout the hospital stay. A meta-analysis of 34 randomized trials with 2177 participants revealed that early postpartum skin-to-skin contact increased breastfeeding rates, with no clear negative outcomes. In addition, skin-to-skin contact decreases hypothermia, hypoglycemia, and crying and promotes cardiorespiratory stability, especially in the late-preterm newborn. One study found that rooming in increased exclusive breastfeeding during the first few days of life.

Sudden unexpected postnatal collapse is a rare but potentially fatal event in otherwise healthy-appearing term newborns. Mothers are naturally exhausted and are at risk for falling asleep and/or dropping their newborn, especially after cesarean deliveries. The mother-infant dyad needs careful observation during the postpartum period, whether the mother is giving skin-to-skin care, breastfeeding, bottle feeding, or even just holding her infant. This is true whether the infant is rooming in or is sent to the mother for feedings. If the mother is sleepy, the infant should be moved to a separate sleep surface next to the mother’s bed. This can be done by hospital staff or by support persons.

While pacifier use has been recommended as a means to decrease the risk of sudden infant death...
syndrome, a meta-analysis of 21 trials found that the use of pacifiers was associated with shortened duration of both exclusive and any breastfeeding.\textsuperscript{8} The American Academy of Pediatrics has recommended that pacifier use be restricted for healthy, term newborns until breastfeeding has been well established, to promote a good maternal milk supply and to eliminate potential risk of nipple confusion, especially during the first few weeks of life when sudden infant death syndrome is less common.\textsuperscript{2}

Infant safety and the prevention of sudden unexpected postnatal collapse are of paramount importance, but so are implementation of the Ten Steps to Successful Breastfeeding and designation of Baby-Friendly maternity facilities. These are not mutually exclusive goals and both can save infant lives. Pediatricians and other health care professionals need education about how to protect, promote, and support breastfeeding. All members of the health care team should be trained to assess newborns and provide appropriate education to new parents. Neither skin-to-skin care nor rooming in negates the requirement for trained mother-baby staff to continue to monitor newborns throughout the postpartum stay. There is a link between the BFHI, perinatal care quality, and in-hospital exclusive breastfeeding rates. Instead of abandoning the demonstrated benefits of the BFHI, promoting safe and effective assessment of babies should complement the implementation of the Ten Steps to Successful Breastfeeding.

ARTICLE INFORMATION
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REFERENCES