

Protecting, promoting and
supporting breastfeeding:

**THE BABY-FRIENDLY HOSPITAL
INITIATIVE FOR SMALL, SICK AND
PRETERM NEWBORNS**



Protecting, promoting and
supporting breastfeeding:

**THE BABY-FRIENDLY HOSPITAL
INITIATIVE FOR SMALL, SICK AND
PRETERM NEWBORNS**

Protecting, promoting and supporting breastfeeding: the Baby-friendly Hospital Initiative for small, sick and preterm newborns

ISBN 978-92-4-000564-8 (electronic version)

ISBN 978-92-4-000565-5 (print version)

© **World Health Organization and the United Nations Children's Fund (UNICEF), 2020**

This joint report reflects the activities of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF)

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO or UNICEF endorses any specific organization, products or services. The unauthorized use of the WHO or UNICEF names or logos is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO) or the United Nations Children's Fund (UNICEF). Neither WHO nor UNICEF are responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules>).

Suggested citation Protecting, promoting and supporting breastfeeding: the Baby-friendly Hospital Initiative for small, sick and preterm newborns. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO or UNICEF concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO or UNICEF in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO and UNICEF to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO or UNICEF be liable for damages arising from its use.

Design and typesetting by Paprika

Cover photo: ©sutichak - stock.adobe.com

Contents

Acknowledgements	iv
Executive Summary	v
Glossary of terms	vi
Scope and Purpose	ix
1. Introduction	1
1.1. The role of human milk and breastfeeding in newborn health and survival.....	3
1.2. Donor human milk.....	4
1.3. Challenges to breastfeeding and human milk in the neonatal ward.....	4
2. The role of facilities in providing neonatal services to small, sick and/or premature newborns	7
2.1. Critical management procedures and support	7
Step 1: Facility Policies.....	7
Step 1a: Compliance with the Code.....	7
Step 1b: Facility policies.....	9
Step 1c: Internal monitoring.....	11
Step 2: Staff competency.....	15
2.2. Key clinical practices to support breastfeeding.....	16
Step 3: Antenatal information.....	16
Step 4: Immediate postnatal care.....	17
Step 5: Support with breastfeeding.....	19
Step 6: Supplementation.....	21
Step 7: Rooming-in.....	23
Step 8: Responsive feeding.....	24
Step 9: Feeding bottles, teats and pacifiers.....	25
Step 10: Care at discharge	27
3. Conclusions	29
References	30

Acknowledgements

The development of this document was coordinated by the World Health Organization (WHO) Department of Nutrition for Health and Development, Department of Maternal, Newborn, Child & Adolescent Health & Ageing and the United Nations Children's Fund (UNICEF) Nutrition Section, Programme Division.

This document was developed by Dr Nancy E. Wight, under the supervision of Dr Laurence Grummer-Strawn, in collaboration with Dr Ornella Lincetto, Ms Thahira Shireen Mustafa, Ms Maaïke Arts and Dr France Begin. Editorial support was provided by Melissa Theurich.

The document was improved through the insightful comments of the following reviewers: Dr Gagan Gupta, Dr Tedbabe Degefe Hailegebriel, Dr Kiersten Israel-Ballard, Ms Kimberly Mansen, Dr Arti Maria, and Dr Aloka Patel.

We would also like to acknowledge excellent prior work by the Nordic and Quebec Working Group of the Neo-BFHI: The Baby-friendly Hospital Initiative for Neonatal Wards; Baby-Friendly USA (BFUSA); and PATH.

Executive Summary

The first few hours and days of a newborn's life are a critical window for establishing lactation and for providing mothers with the support they need to breastfeed successfully (1). The benefits of human milk and the risks of not receiving it have been well studied and are universally recognized. Current World Health Organization (WHO) guidelines and implementation guidance state that all infants, including small, sick and/or preterm infants, should be fed human milk. Preterm and ill infants may not be able to feed at the breast at birth, but can receive the benefits of human milk immediately, and breastfeed eventually. Of various routine neonatal therapies, human milk is one of the most empirically supported for safety, efficacy, availability and cost effectiveness.

Breastfeeding small, sick and/or preterm infants, whether cared for in a neonatal ward or in the regular postnatal ward, presents multiple challenges because of both maternal and infant physiology, psychology, and the environment. Safe donor human milk from a human milk bank is the feeding of choice if mother's own milk is unavailable or contraindicated (2). Systematic reviews have demonstrated the importance of professional and peer support, skin-to-skin care and rooming-in, devoting time and attention to initiating and maintaining milk supply, counsellors, provision of oropharyngeal colostrum early in the hospital course, and the use of donor human milk banks (3, 4).

Unfortunately, one of the biggest barriers to successful breastfeeding is the healthcare system itself and well-meaning, but misinformed health care providers. Lack of planning and design for breastfeeding, inconsistent advice, lack of knowledge or misinformation, personal bad experiences, lack of time, and facility policies all can compromise breastfeeding for mothers of small, sick and/or preterm infants. The care of small, sick and/or preterm newborns cannot be separated from that of full-term infants as they both occur in the same facilities, often attended by the same staff. For breastfeeding to succeed for small, sick and/or preterm infants, staff should focus on the individual mother and her situation, and the facility should provide family-centred care within a supportive environment, including kangaroo mother care for preterm and low-birth-weight infants.

Since 1991, the Baby-friendly Hospital Initiative (BFHI) has motivated and enabled health care providers of maternity and newborn services worldwide to better support breastfeeding (5). Based on the Ten Steps to Successful Breastfeeding (the Ten Steps) (6), the BFHI focuses on providing optimal feeding care for new mothers and their infants. There is substantial evidence that implementing the Ten Steps significantly improves breastfeeding rates for mothers of the targeted population of term, healthy infants with demonstrated benefits for low-birth-weight, ill and preterm infants as well (7-9). The 2018 revised Baby-friendly Hospital Initiative Implementation Guidance document (1) expanded the interpretation of

the Ten Steps to include this distinct group of special infants. The current document provides additional clinical guidance and measures that can be used to apply the BFHI steps to small, sick and/or preterm infants whether cared for in maternity wards or newborn care wards. It aims to aid staff, units, hospitals and systems caring for small, sick and/or preterm infants in their efforts to promote, support and protect breastfeeding in order to achieve the best possible outcomes for the infants, mothers and families under their care.

Quality-improvement is, and should be, a never-ending process. Full compliance with the *International Code of Marketing of Breastmilk Substitutes* and subsequent resolutions (the Code) (Step 1a) (10, 11), a strong breastfeeding policy (Step 1b), staff education and competency (Step 2), and monitoring systems (Step 1c) are just as important for small, sick and/or preterm infants as for full-term, healthy infants. As healthcare provider encouragement significantly increases breastfeeding initiation, prenatal and postnatal counselling and support are essential steps to support initiation and maintenance of a mother's milk supply and breastfeeding (Steps 3, 5). Maternal presence and early, frequent, prolonged, if not continuous, skin-to-skin care (Step 4, 7) are essential for the mother of a small, sick and/or preterm infant to learn her infant's feeding and distress cues (Step 8) and respond appropriately. Involving the mother in the care of her infant gives the mother confidence in handling her child and reduces worry regarding the baby's condition.

As many small, sick and/or preterm infants are unable to fully feed at the breast, feedings of expressed mothers' milk, donor human milk, or if unavailable, infant formula, may be needed (Step 6). Appropriate feeding methods (for example, feeding tubes, cups) should be used (Step 9). Use of bottles and teats has been shown to negatively affect breastfeeding in preterm infants, therefore cup or tube feedings (if needed) with progression to the breast is recommended, although further high-quality randomized trials are needed. For small, previously sick and/or preterm infants, comprehensive discharge planning is crucial for the maintenance of health and growth, maintenance of maternal milk supply and progression to exclusive breastfeeding, if not achieved before discharge (Step 10). Early discharge may be achieved with skin-to-skin care and full breastfeeding, but frequent outpatient follow-up is required by professionals trained in lactation and outpatient care of small, previously sick and/or preterm infants.

Implementation of the Ten Steps in facilities caring for populations of small, sick and preterm newborns can dramatically increase breastfeeding rates. Facilities ensuring adherence to evidence-based recommendations on maternity and newborn care can substantially improve the health and well-being of both mothers and infants, globally.

Glossary of terms

Apnoea: Episode of cessation of breathing for 20 seconds or longer, or a shorter respiratory pause accompanied by bradycardia (low heart rate), cyanosis or pallor.

Appropriate for gestational age: Birthweight between 10th and 90th percentile for infants at the same gestational age.

Artificial milks: see breast-milk substitute.

Breastfeeding (nursing): The act of the infant removing milk from the mammary gland.

Breast milk expression: Use of hands or a mechanical device (pump) to remove milk from the breast.

Breast-milk substitute (also artificial milks): Any food being either marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.

Bronchopulmonary dysplasia (Chronic lung disease): a chronic lung disease resulting in prolonged need for supplemental oxygen usually found in very premature infants requiring oxygen and ventilatory support as newborns.

The Code: *International Code of Marketing of Breastmilk Substitutes* and subsequent World Health Assembly resolutions.

Continuous positive airway pressure: A treatment method for newborns with mild to moderate respiratory distress.

Cup feeding: Placing breast milk in a small cup and holding it to the infant's lips so that a small amount of milk can flow into the infant's mouth.

Exclusive breastfeeding: An infant receives only breast milk and no other liquids or solids are given, including water, with the exception of drops/syrups of vitamins, minerals or medicines.

Extremely low-birth-weight: An infant with a birth weight less than 1000g.

Family-centred care: An approach to care delivery that promotes a mutually beneficial partnership among mothers, families and health-care providers to support health-care planning, delivery and evaluation. The principles of family-centred care include dignity and respect, information sharing, participation and collaboration.

Feeding cues: Infant behaviours that indicate a readiness to breastfeed. These include infant being awake in the quiet, alert state and may also include hand suckling. These behaviours occur prior to infant crying, which is a late cue.

Fortifier/Fortification: Predominantly protein and mineral supplementation added to human milk so that it approximates the nutrients required for the rapid growth rate and bone mineralisation of the preterm infant. May be derived from human milk or bovine milk.

Gestational age: Age of the foetus measured from the first day of a mother's last menstrual cycle to the current date. It is measured in weeks and days.

Hyperbilirubinaemia: An excess of bilirubin, a yellow-orange compound produced by the breakdown of haemoglobin from red blood cells and excreted in bile, that may be deposited in the skin, and if extremely high, in the brain.

Hypoglycaemia: A deficiency of glucose in

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_24454

