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# Revised *Ten Steps to Successful Breastfeeding*

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## Objectives:

- Discuss the revised WHO / UNICEF Ten Steps and potential implications

## Disclosures:

- No Financial Disclosures



## Brief History

- 1989: WHO/ UNICEF issued a joint statement: *The Ten Steps to Successful Breastfeeding*
- 1990: Innocenti Declaration: called for full implementation of the Ten Steps by 1995
  - 3 other targets: National breastfeeding committee / coordinator, International Code, Breastfeeding Rights
- 1991: Baby Friendly Hospital Initiative





## Nashville Mom's Blog

- *To me, the best Baby-Friendly policy is a **Mom-Friendly policy**. Should a baby nurse on demand if possible? Absolutely. Is it a good idea to avoid pacifiers if nursing is going well for mom and baby? Of course. However, every new mom has a unique experience, and it's unrealistic to expect them all to adhere to a one-size-fits-all postpartum plan.*



## Not all the 'baby friendly' rules are rooted in science

LAURA SANDERS | 11:45am, September 19, 2014



Hospitals' efforts to encourage women to breastfeed are worthwhile, but policies might not always be based on solid science.

FJ/VTAGIS/ISTOCKPHOTO

As last week's story in the *Washington Post* [describes](#), more and more hospitals in the United States are clamoring for the designation of "baby friendly." When I first heard about this movement, I thought that goal should be something that goes without saying. Not only that, hospitals should be friendly to all of their inhabitants, not just sweet little babies. So why are these hospitals bragging about their kindly feelings toward infants?

At its root, the *Baby Friendly Hospital Initiative* is all about encouraging mothers to breastfeed. A "baby friendly" hospital agrees to [10 steps](#) that include things like forgoing formula, pacifiers and nurseries — all of which may interfere with breastfeeding — and helping new moms breastfeed within the first hour of birth.

Going "baby friendly" works: Hospitals that implement the guidelines are [more likely](#) to send home women who breastfeed their babies. Many women have embraced these changes and are grateful for the breastfeeding support. I know that I thankfully received any help I could get. For such a supposedly natural thing to do, breastfeeding can be unbelievably hard. But some women haven't been thrilled with the new initiative. One new mother, profiled in the



## Media Backlash:

- Fearless Formula Feeder
- Skeptical OB
- NY Times and Times articles
- Fed is Best: Founded by Emergency Medicine Physician and Lactation Consultant to promote recognition of inadequate feeds



## JAMA article

### **Unintended Consequences of Current Breastfeeding Initiatives**

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JAMA Pediatr. 2016;170(10):923-924.

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## WHO Evidence review:

- Included 22 systematic reviews
- All studies had to include one of the *Ten Steps* to usual care
- Graded evidence in categories from very low to high quality
- Resulted in publication
  - WHO Guideline: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services (2017)



## 25<sup>th</sup> Anniversary

- WHO / UNICEF reassessment of BFHI surveying all member states
  - Identified challenges:
    - Committed individuals and not sustainable systems
    - Resource scarcity
    - Government focus on public facilities
    - Lack of pre-service education
    - Difficult to change in 20 hours
    - Focus on individual centers; aim for certification
    - No bandwidth for community support



## ... and then the CODE

- No advertising of breastmilk substitutes
- No free samples
- No promotion in healthcare facilities
- No company representatives advising mothers
- No gifts or personal samples to healthcare workers
- No pictures of infants on the products or words that idealize
- Labels to explain benefits of breastfeeding



## What happens to BFH designation over time ...

- Most countries have 5 year peak window of BFH designations
- NO country had “more than a handful” of designations outside a 10 year window
- How to sustain? And which steps are evidenced based?



## *The Ten Steps To Successful Breastfeeding*

- Now separated into Critical Management Procedures and Key Clinical Practices
- Steps mirror previous steps but language changed to reflect current evidence



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# CRITICAL MANAGEMENT PROCEDURES



# Critical Management Procedures

## Step 1

- Now 3 parts:
  - Comply with *International Code of Marketing of Breastmilk Substitutes* and WHA resolutions
  - Written Breastfeeding Policy communicated to staff and parents
  - Ongoing Monitoring and Data management
    - Sentinel Indicators: early initiation and exclusivity



## *International Code of Marketing of Breastmilk Substitutes*

- Requires government regulation of formula marketing (and bottle marketing) that promotes formula feeding
- Research shows formula promotional materials reduced exclusive breastfeeding at all timepoints
- Countermarketing

**Why are hospitals marketing baby formula?**



Give the Bag  
the Boot!



Massachusetts  
Manufacturing  
Extension  
www.massfmc.org

**Hospitals should market health, and nothing else.**



## Step 2

Ensure that staff have knowledge, competence and skills to support breastfeeding

- [www.wellstart.org](http://www.wellstart.org)
- Bella training: [www.openpediatrics.org](http://www.openpediatrics.org)
- TN Hospital Association: [www.bfconsortium.org](http://www.bfconsortium.org)



## Skills

- 20 separate skills listed as goals for staff competency
- Decrease dependence on didactic lectures
- Ongoing Competency assessments every 2 years



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# KEY CLINICAL PRACTICES

Steps 3-10



## Step 3:

Discuss importance and management of breastfeeding with pregnant women and their families

- Begin at first or second antenatal visit
- Emphasis on exclusive breastfeeding for 6 months
- All educational materials will be free from logos, visual displays of formula or bottles



## Step 4:

Facilitate immediate and uninterrupted skin to skin contact and support mothers to initiate breastfeeding as soon as possible after birth

- Robust evidence base with 13 studies
- Reworded to include formula feeding
- Safety measures clarified with mention of positioning to prevent Sudden Unexpected Postnatal Collapse (SUPC)
- Mentions goal for stable preterm infants (>27 weeks) to go to breast



## Family Centered C-section



Photo source: [www.themomcreative.com](http://www.themomcreative.com)



# Skin to Skin (Kangaroo Care) in NICU

- Meta analysis (Boundy, 2016)
  - 36% decrease mortality
  - Decrease in neonatal sepsis, hypothermia, hypoglycemia and readmissions
  - Increases exclusive breastfeeding
  - May depend on the “dose” of skin to skin time
  - Most NICU babies need to be stable enough to do a full hour of STS



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## Step 5:

# Support mothers to initiate and maintain breastfeeding and manage common difficulties

- Acknowledges most mothers need practical help – it is ok to help position the baby!
- Frequent coaching increases confidence
- If separated: start expressing as soon as mom is able
- **No evidence to support one method of expression over another**



## Hands On Pumping (Morton, 2009)

- 48% increase in initial milk production
- Higher fat content
- No volume dropoff in the 8 week study period

Use maternal context to determine method of expression



## Step 6:

Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated

- Mixed feeding or exclusive formula feeding should have teaching about safe prep of formula
- **Academy of Breastfeeding Medicine – supplement policy**



## Indications for supplement

- Hypoglycemia continued after breastfeeding
- Concerns for dehydration with excessive weight loss despite lactation assistance
- Delayed lactogenesis II or meconium stools continuing on day 5
- Poor milk transfer
- Hyperbilirubinemia if inadequate milk intake

(Source: Academy of Breastfeeding Medicine Supplementation Protocol)



## Human Donor Milk (HDM)

- In a study of 22 hospitals that adopted donor milk – there was a 10% increase in breastmilk feeding at discharge and 2.6% decrease in NEC (Lee, 2016)
- Cost analysis showed every \$1 for HDM saves \$11- \$37 in NICU costs just for decreased length of stay (Wight, 2001)



## Mixed Feeding, Las Dos, Both

- Acknowledges mixed feeding as a maternal choice
- Counsel mom on importance of exclusive breastfeeding in “the first few weeks of life”
- Include education about how to establish milk supply and good latch



## Step 7:

Enable mothers and their infants to remain together and to practice rooming –in 24 hours a day.

- **Must be medically safe for baby and mom**
- Review found rooming-in was not universally preferred with a significant proportion preferring to not room in at night
- Avoid separations that are convenience driven and set up a system that encourages mom and baby to remain together



## Step 8: Support mothers to recognize and respond to their infants' cues for feeding

- Review found mothers were uncertain about feeding cues
- Applies to formula fed infants too
- Preterm infants need safety parameters

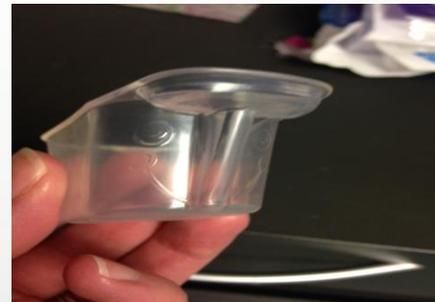




## Step 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers

- Wording changed due to lack of evidence for avoidance
- Pacifiers shown to decrease SIDS risk
- Still encourages discussion of risk
- Alternative feeding methods supported but

No evidence of harm from bottles which were valued by mothers





## Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care

- Each mom should be linked to lactation support upon discharge
- TN Breastfeeding Hotline  
1-855-4BFMOMS





## Response from Baby-Friendly USA

- Reviewing guidance and will issue revision of guidelines – estimate of 2 years minimum to develop
- Ten Steps will not change until new revision is in place



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