

Maternity Care Practices

Definition

Maternity care practices related to breastfeeding take place during the **intrapartum** hospital* stay, such as practices related to immediate prenatal care, care during labor and birthing, and **postpartum** care.



Some maternity care practices of interest are developing a written policy on breastfeeding, providing all staff (e.g., nurses, physicians, radiology staff, pharmacy staff, food service and housekeeping staff) with education and training, encouraging early breastfeeding initiation, supporting cue-based feeding, restricting supplements and pacifiers for breastfed infants, and providing for post-discharge follow-up. Other maternity care practices differ in their effect on breastfeeding. Both the use of medications during labor and cesarean birth have been shown to have a negative effect on breastfeeding; however, providing continuous support during labor and maintaining skin-to-skin contact between mother and baby after birth have been demonstrated to have a positive effect on breastfeeding.

Rationale

The maternity care experience exerts unique influence on both breastfeeding initiation and later infant feeding behavior. In the United States, nearly all infants are born in a hospital, and even though their stay is typically very short, events during this time have a lasting meaning. Correspondingly, the hospital stay is known to be a critical period for the establishment of breastfeeding.

Many of the experiences of mothers and newborns in the hospital and the practices in place there affect how likely breastfeeding is to be established. In most cases, however, these experiences reflect routine practices at the facility level, and new mothers rarely request care different from that offered them by health professionals. Prenatal education on breastfeeding can affect a mother's decision to even consider it as a feeding option. Medications and procedures administered to the mother during labor affect the infant's behavior at the time of birth, which in turn affects the

* We use the term "hospital" to include hospitals, birthing clinics, and freestanding birth centers.





infant's ability to suckle in an organized and effective manner at the breast. Infants who are put to the breast within the first few hours after birth continue breastfeeding longer than those whose first breastfeeding is delayed. Mothers who room-in with their infants will have more opportunities to practice breastfeeding because of the infant's proximity.

Breastfeeding is an extremely time-sensitive relationship. Experiences with breastfeeding in the first hours and days of life significantly influence an infant's later feeding. Because of its inextricable relationship with the birth experience, breastfeeding must be supported throughout the maternity hospital stay, not postponed until the infant goes home.

Evidence of Effectiveness

A **Cochrane review**³ found that institutional changes in maternity care practices effectively increased breastfeeding initiation and duration rates. These changes can be part of a comprehensive set of changes, such as those implemented in pursuit of **BFHI** (*Baby Friendly Hospital Initiative*)⁴ designation (established by the World Health Organization [WHO]/UNICEF),^{5,6} or they can be individual interventions such as increasing the rooming-in of mothers and babies⁷ or discontinuing policies that are not evidence based (e.g., routine **prelacteal feeds**).^{5,8}

Birth facilities that have achieved BFHI designation typically experience an increase in breastfeeding rates.⁶ In addition, DiGirolamo et al.⁹ found a relationship between the number of *Baby Friendly* steps (included in the *Ten Steps to Successful Breastfeeding*¹⁰ of BFHI) in place at a birth facility and a mother's breastfeeding success. The authors found that mothers experiencing none of the *Ten Steps to Successful Breastfeeding* required for BFHI designation (see text box) during their stay were eight times as likely to stop breastfeeding before 6 weeks as those experiencing five steps. This finding emphasizes the value of implementing incremental change within the hospital setting.

Educating hospital staff through a 3-day training program has been shown to enhance compliance with optimal maternity care practices and increase rates of breastfeeding.¹¹ Use of pacifiers by newborns is associated with fewer feedings per day and a shorter duration of breastfeeding overall.¹²

Supplemental feeds to breastfed newborns negatively impact overall infant health as well as breastfeeding outcomes.¹³

Distributing samples of infant formula to new mothers during the hospital stay has been demonstrated by a Cochrane review to negatively affect breastfeeding.¹⁴ There appears to be a disproportionate negative impact of distributing formula samples on mothers who are particularly vulnerable, which includes those who are **primiparous** (first-time mothers), less educated, nonwhite, or ill during the postpartum period.¹⁴

The Ten Steps to Successful Breastfeeding are as follows:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in—allow mothers and infants to remain together—24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Continuous support during labor using trained labor assistants such as **doulas** has been shown to improve breastfeeding outcomes.¹⁵ Immediate skin-to-skin contact between mother and infant has been associated with longer duration of breastfeeding.¹⁶ Conversely, birthing practices such as delayed timing of first breastfeeding and the use of labor analgesics,¹⁷ epidural anesthesia,¹⁸ and surgical (cesarean) birth¹⁹ have all been demonstrated to negatively impact breastfeeding.

Description and Characteristics

Baby Friendly Hospital Initiative

The *Ten Steps* have been implemented in over 19,000 maternity care facilities worldwide as part of the *Baby Friendly Hospital Initiative* (BFHI). The term “baby friendly” was selected in part because it could be appropriately translated into languages all over the world. Designation as a BFHI facility requires the facility to demonstrate adherence to all *Ten Steps* to outside evaluators. Each of the *Ten Steps* has detailed requirements. For example, step 6 requires facilities to purchase all infant formula for patients

at fair market value. Evaluation is completed through an on-site visit that includes interviews with multiple staff and patients and chart reviews. Currently, fewer than 50 hospitals and maternity care facilities in the United States carry BFHI designation.



Many different types of facilities have achieved BFHI status in the United States, including very small facilities serving primarily low-risk, high-income, privately insured patients as well as very large facilities serving mostly high-risk, low-income, publicly insured, or uninsured patients.

Comprehensive hospitals (offering medicine, surgery, obstetrics, etc.), military facilities, and freestanding birth centers have all achieved BFHI status. Regardless of the type of facility, those achieving BFHI designation see improved health outcomes for infants and mothers as well as greater patient and staff satisfaction.⁵

Incremental Change

In addition to reforming maternity care practices throughout the facility, hospitals and other care centers can implement changes one at a time that incrementally improve maternity care and breastfeeding outcomes. Many facilities have instituted incremental change either to prepare to pursue BFHI status or as an alternative to the comprehensive approach taken by

BFHI. As evidence exists for each of the *Ten Steps* individually as well as for maternity care practices not included in *Ten Steps*, incremental change is a valid and often more marketable option.

Incremental change can take the form of adding new practices that support breastfeeding, providing comprehensive education and training to



staff about breastfeeding and lactation management, abolishing practices known to negatively affect breastfeeding, or any combination of these strategies. Incremental steps need not be limited to those in the *Ten Steps*, yet should be evidence based.

Program Examples

Baby-Friendly USA is responsible for designating BFHI facilities within the United States and works with external evaluators to coordinate all BFHI activities.

The Texas Hospital Association and the Texas Department of Health have jointly developed the Texas Ten Step Hospital Program to recognize Texas hospitals that have achieved at least 85% adherence to the WHO/UNICEF *Ten Steps*. Certification is entirely voluntary and based on the hospitals' reports; there are no external audits or site visits.

The Breastfeeding Coalition of the Inland Empire in California has developed a model hospital policy framework that can be downloaded without charge from the Internet. The coalition has worked extensively with hospitals in the Riverside (southern California) area to implement incremental change focused on staff education, training, and support for early skin-to-skin contact and early initiation of breastfeeding.

The Academy of Breastfeeding Medicine has developed Model Breastfeeding Policy recommendations for physicians, including those working within a hospital setting. This policy can be downloaded without charge from the Internet.



Potential Action Steps

- Pay for hospital staff to participate in 18-hour training courses in breastfeeding, especially in hospitals serving high concentrations of low-income families.
- Examine regulations for maternity facilities and evaluate their evidence base; update or change if necessary.
- Establish links between maternity facilities and community breastfeeding support networks.
- Sponsor a summit of key decision-making staff at facilities providing maternity care to highlight the importance of evidence-based practices for breastfeeding.
- Implement a program within a hospital setting using the philosophy of incremental change—choose one practice that appears particularly widespread and work toward adjusting it to be evidence based and supportive of breastfeeding.

Resources

Baby-Friendly USA:
<http://www.babyfriendlyusa.org>

Breastfeeding Coalition of the Inland Empire Model
Hospital Policy Recommendations:
[http://www.breastfeeding.org/articles/
modelpolicy.pdf](http://www.breastfeeding.org/articles/modelpolicy.pdf)

Texas Ten Step Hospital Program:
<http://www.dshs.state.tx.us/wichd/lactate>

Academy of Breastfeeding
Medicine Model Breastfeeding Policy:
http://bfmed.org/protocol/mhpolicy_ABM.pdf