People and Health

Breast-feeding in Swedish hospitals

Yngve Hofvander & Charlotte Hillervik


The decline in breast-feeding is a global phenomenon which starts among the urban well-to-do, and spreads to the urban poor and later to the rural population. Fortunately, for large rural population groups breast-feeding is still the norm and is continued for extended periods. In some industrialized countries such as Sweden there has been a return to breast-feeding since the mid-1970s, starting among the urban well-to-do and spreading to other socioeconomic groups. At present the rate is back to the level prevailing in the 1940s and seems to have stabilized there (see figure) (1).

Launching the initiative

The Baby-friendly Hospitals Initiative was launched by UNICEF with support from WHO in 1990. It corresponds to the letter B in the “GOBI” formula. While the G (growth monitoring), the O (oral rehydration) and the I (immunization) have been very successful, the B (breast-feeding) is much more difficult to implement as it involves a large number of determinants. These include psychological and emotional factors within the woman herself, her position and status, economic factors, and the attitudes of the health service and the public. It was therefore a welcome event when UNICEF launched the campaign with its catchy title in 1990.

This initiative is strengthened by previous ones, which include the International Code of Marketing of Breast Milk Substitutes introduced in 1981, the Convention of the Rights of the Child adopted in 1989 and the Innocenti declaration of 1990. This declaration, originating from a high-level meeting in Florence, Italy, in 1990, stated that, by 1995, all countries should have done the following:

- appointed a national breast-feeding support committee;
- taken the Ten Steps (see box) in every facility providing maternity services to support breast-feeding;
- taken action to give effect to the principles and aim of the International Code of Marketing of Breast Milk Substitutes;
- worked out legal rights for working women to breast-feed.

The Initiative has met with a global response: virtually all countries are involved, at different stages, in implementing it. Some, including the Philippines and China, have pushed ahead energetically while most others are getting on only slowly. A report on maternity hospitals

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in Europe, issued in May 1994, showed that 59 had been declared “baby-friendly” after due evaluation; 38 of these are located in Sweden.

The Swedish experience

Although, in comparison with other countries (especially the Western ones), the Swedish breast-feeding figures are rather high, they still leave much to be desired. The promotion of breast-feeding through routines and attitudes at maternity hospitals, and of more prolonged exclusive breast-feeding (at present, only 50% up to 4 months), is still very much needed.

The government took strong and determined action initially, after a visit by UNICEF’s Executive Director, James Grant, in March 1992, and appointed a National Committee with broad representation. An Expert Group was also appointed, including representatives from the perinatal and child health services, the chairperson of the Nursing Mothers’ Association and a neonatal breast-feeding researcher. This group acted as a guarantee that the proposals made and the programme organized would be realistic and compatible with neonatal scientific norms.

The Expert Group went over the UNICEF/WHO protocols and questionnaires, adapting them to national conditions as necessary. These modifications were subsequently approved by UNICEF, as it seemed important to have reasonably similar and comparable procedures in all countries.

At an early stage two major decisions were taken: first, that all 66 of the maternity hospitals in the country should become “baby-friendly”, and second, that the assessment for designation should be made by a professional team of four people who would later represent the Initiative and work on gaining support for breast-feeding.

Self-assessment in relation to the Ten Steps was carried out quite enthusiastically by all 66 maternity hospitals. All of them declared that they wanted eventually to be designated as “baby-friendly”. The self-assessments were carefully reviewed by the Expert Group, which found a wide variation in taking the Ten Steps – from only three to all ten. Feedback in the form of a written summary and, where appropriate, proposals for action and changes, was then sent to each maternity hospital.

The positive reaction of the hospitals suggests that a national trend towards “baby-friendliness” has started. The Expert Group has frequently communicated with and encouraged the maternity hospitals to go on with this process, which has included many different activities. Besides making various improvements, most of the maternity hospitals have arranged seminars and on-the-job-training activities and developed local strategies based on the Ten Steps. Several of them have also
involved the antenatal and postnatal health services in this work.

At least one evaluation team has been constituted in each county and there is a total of 42. Each team is headed by a paediatrician responsible for child health care in the county, and includes a midwife, a child health nurse and a representative of the Nursing Mothers Association. A protocol for evaluation and questionnaires were prepared by the Expert Group on the basis of the UNICEF model. One of the authors visited all 42 of the teams to review the procedures for carrying out the assessment.

The evaluation of one maternity hospital usually takes one day, and so far few problems of cooperation have been encountered. At first there was some concern about whether the teams could do their work in an unbiased and neutral way, but this turned out to be unfounded. About 1000 staff and 1000 mothers will have been interviewed when all the maternity hospitals have been reviewed (there are just over 100 000 deliveries a year in Sweden). By late spring 1994 some 40 of the 66 maternity hospitals had been evaluated. About one third of those evaluated so far were designated straight away, while another third had to make minor adjustments without the need for re-evaluation. The remainder needed more important adjustments.

**Why it has caught on**

The implementation of the Baby-friendly Hospitals Initiative in Sweden has been quite successful so far and has encountered fewer problems than anticipated. Factors which appear to have contributed to its success include the following:

- **International backup.** International backup through UNICEF and WHO may have helped to give the Initiative its prestigious status. Contributing to this may also have been the plea from UNICEF that Sweden, as one of the largest contributors to UNICEF, with a well developed maternity and child health system of its own, should take the lead and act as a model.

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**Every facility providing maternity services and care for newborn infants should follow these**

**Ten steps to successful breast-feeding**

1. Have a written breast-feeding 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 breast-feed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in – allow mothers and infants to remain together for 24 hours a day.
8. Encourage breast-feeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them, on discharge from the hospital or clinic.
**Strong central support.** There was strong central support from the Ministry of Health and Social Affairs, with the Minister himself personally engaged and supportive. This may have helped to give the Initiative the necessary economic and moral backing.

**The Expert Group.** The Expert Group consisted of well-known perinatal and breastfeeding specialists who guaranteed with their reputations that the programme was a good one and beneficial both for breastfeeding and for the individual maternity hospitals. Although some of the Ten Steps may be subject to disagreement, including the one on supplementation and the medical indications for it, the Expert Group was firmly behind the whole process. In the self-evaluation it appeared that approximately 65% of all healthy newborn children were given supplementary water, glucose water or breast-milk substitutes. The range was from less than 5% in some hospitals to 75% in others. This indicates a lack of consensus regarding the definition of medical indications, and highlights the need for research and the establishment of strict guidelines.

**Evaluation teams in each county.** The evaluation by a team located in the county has proved very useful. In particular it has been effective for different professionals to work together towards the same goal, a method which can help to reconcile differing views, promote cooperation and increase knowledge. Also, the plans to retain the teams for re-evaluations after 18 months, and for continuous support and retraining of personnel, help the Initiative to have a long-lasting effect.

**The Nursing Mothers Association.** The Nursing Mothers Association has been actively involved in these activities, including the evaluations. The association is quite strong in Sweden and is represented in almost all the counties. When they leave the maternity hospital, all mothers should be informed not only about the child health system but also about the possibility of contacting a representative of the Association and talking with “another mother”.

**The baby food industry.** The baby food industry is basically complying with the International Marketing Code in Sweden and keeping a reasonably low profile. The problem of donating breast-milk substitutes to the maternity hospitals no longer arises.

**Financing.** As it is the responsibility of the local county administration to support health-promoting procedures, including breastfeeding, it has been taken for granted that the extra work for the maternity hospitals and evaluation teams should be seen as part of the normal duties of their personnel. The alternative of having an external team to evaluate all the maternity hospitals would have been prohibitively expensive. The central budget for the National Committee and the Expert Group, including secretarial assistance, is in the order of US$ 150 000.

**Need for central support.** In our experience as chairperson of the Expert Group and secretary of the National Committee, another prerequisite for success has been the possibility for the maternity hospitals and the evaluation teams to stay in close contact with us. Our contact with these bodies, as well as the mass media and the
health authorities, has been lively and continuous. In accordance with the suggestions formulated by the National Committee, cooperation with the Public Health Institute and the National Board of Health and Welfare has been initiated. Plans are being made to review existing literature in schools and health training institutions and start a programme of research on breast-feeding determinants.

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THE WHO/UNICEF BABY-FRIENDLY HOSPITALS INITIATIVE

A joint WHO/UNICEF statement on breast-feeding and maternity services (Protecting, Promoting and Supporting Breast-feeding) has become the centerpiece for a “baby-friendly” hospitals initiative. In a remarkably short time, the initiative has mobilized national leaders, health professionals, nongovernmental organizations, the news media, mothers, and the public at large in at least 125 countries and territories.

Maternity wards and hospitals applying the principles described in the joint statement are being designated baby-friendly to call public attention to their support for sound infant-feeding practices.

In promoting this designation, WHO and UNICEF are hoping to stimulate demand among women themselves who, as a result, will be inclined to seek out maternity services that measure up to this standard. A convenient yardstick – referred to as the “Ten steps to successful breast-feeding” – is provided in the joint statement to help determine whether a maternity service is in fact baby-friendly.

To become truly baby-friendly, hospitals and maternity wards around the world will want to give practical effect to the principles set out in the joint WHO/UNICEF statement on breast-feeding and maternity services.

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