Child Health

A good start in life: breast-feeding in hospital
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In the Western Pacific Region the Baby-friendly Hospital Initiative of UNICEF and WHO, launched in 1992, has helped to establish and strengthen practices that promote breast-feeding.

In March 1992 the Baby-friendly Hospital Initiative was launched by UNICEF and WHO as a means of encouraging breast-feeding. In baby-friendly hospitals, practices are adopted which promote the health and wellbeing of newborn infants. The Initiative complements other strategies intended to encourage breast-feeding, such as that of WHO’s International Code on the Marketing of Breast-milk Substitutes.

Advantages of breast-feeding

Breast milk has important nutritional and immunological properties. Its composition is balanced, meeting the infant’s nutrient requirements for the first four to six months of life. The colostrum contains high levels of antibodies and immunoglobulins, helping to protect the child against diarrhoeal, respiratory and other diseases. Indeed, breast milk can be regarded as providing the child’s first immunization and the best possible start in life.

Yet breast-feeding is not practised as commonly as it should be. As economic development proceeds, infant formulas become increasingly popular and breast-feeding declines. Thus in Japan in 1960 and 1985 the percentages of women breast-feeding their children aged between one and two months were 68% and 50% respectively (1). In urban areas of Western Samoa the percentage of children ever breast-fed fell from 69% in the mid-1970s to 48% in 1988, while in rural areas there was a decline from 78% to 59% over the same period (2). Even in countries where the frequency of breast-feeding recovered substantially in the 1960s and 1970s there appear to have been small declines in recent years.

Certain hospital practices tend to discourage breast-feeding (3, 4); the separation of mother and baby immediately after birth, the giving of prelacteals, the handing out of free samples of breast-milk substitutes, and so on. Such practices have an influence even where, as in the Western Pacific Region, most deliveries still take place at home: many health workers, trained in hospitals that are not baby-friendly, are less supportive of breast-feeding than they ought to be, and in communities where breast-feeding is still the norm these workers may endanger traditional practices that favour it.

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Baby-friendly hospitals

According to UNICEF and WHO (5), in order to be considered baby-friendly a hospital should:

- have a written breast-feeding policy that is routinely communicated to all health care staff;
- train all health care staff in skills necessary to implement this policy;
- inform all pregnant women about the benefits and management of breast-feeding;
- help mothers initiate breast-feeding within half an hour of birth;
- show mothers how to breast-feed and how to maintain lactation even if they should be separated from their infants;
- give newborn infants no food or drink other than breast milk, unless medically indicated;
- allow mothers and infants to remain together – 24 hours a day;
- encourage breast-feeding on demand;
- give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants;
- foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

The Initiative has been enthusiastically supported in the Western Pacific Region. The number of baby-friendly hospitals in the Philippines increased from four in March 1991 to 103 in March 1993. In China, 21 hospitals had achieved baby-friendly status by December 1992. Progress in this field is also taking place in Australia, Fiji, Japan and the Republic of Korea. In all the countries of the region the Initiative has raised awareness among health workers about the importance of breast-feeding.

The Dr José Fabella Memorial Hospital in Manila serves as a model baby-friendly institution for many other hospitals in the Western Pacific Region (6). Located in one of the city’s most densely populated and poorest areas, it has 700 beds and handles up to 120 deliveries a day, of which 12% are associated with high-risk pregnancies. In 1986 the hospital adopted a full rooming-in policy, allowing every mother and her infant to be permanently together. All the above requirements for a baby-friendly hospital are met, and in addition an effort is made to avoid giving general anaesthesia. Mothers who have begun to breast-feed are given a star award, and they do not leave the hospital until their milk flow has been established. The introduction of the new policy has reduced the prevalence of infectious diseases, the average length of stay in hospital, and the costs incurred. The work of the hospital is becoming widely known as more and more health workers from various countries in the region participate in training courses on breast-feeding conducted in the institution.

In the Western Pacific Region, WHO disseminates information about breast-feeding in general and about the Baby-friendly Hospital Initiative in particular, and works to establish breast-feeding networks through its contacts with nongovernmental organizations and by other means. WHO also provides trained international assessors in connection with the awarding of the baby-friendly hospital.
designation, as well as materials aimed at ensuring correct breast-feeding policies. It also gives technical support to breast-feeding training courses, and to strengthen these two lactation management training centres will be set up, one in China and one in the Philippines.

The results achieved mean that WHO can be expected to continue supporting national governments in the implementation of the Initiative. Training in breast-feeding is clearly a key activity. It is conceivable that similar strategies could be used to promote breast-feeding in other environments: a mother-friendly workplace initiative, aimed at changing the workplace into an environment supportive of breast-feeding, might be a valuable next step.

References


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Home fluids for diarrhoea

Although their composition is not as appropriate as that of oral rehydration salts solution for treating dehydration, other fluids such as soup, rice water, yoghurt drinks, or plain water may be more practical and nearly as effective for oral rehydration therapy to prevent dehydration. These home fluids should be given to children to drink as soon as diarrhoea starts, with the goal of giving more fluid than usual. Feeding should also be continued. Such early home therapy can prevent many patients from becoming dehydrated and it also facilitates continued feeding by restoring appetite.