

# Breastfeeding from the Start: Health Benefits & Policy Implications of the Baby-Friendly Hospital Initiative



# Introduction

The Baby-Friendly Hospital Initiative (BFHI) is a project of the United Nations Children’s Fund and World Health Organization (WHO) to “protect, promote, and support breastfeeding” through breastfeeding-supportive maternity care practices! This research and policy fact sheet presents 1) the state of research related to cost and efficacy of BFHI and 2) an evidence base for state, local, and hospital policies that support breastfeeding.



# Background

Many medical and public health organizations support Baby-Friendly hospital practices.<sup>2-10</sup> The percentage of births in Baby-Friendly facilities in the United States has increased markedly over the past decade, from 3% in 2007 to 24% in 2018.<sup>11</sup> To receive a Baby-Friendly designation, a facility must adhere to a set of standards known as the 10 Steps to Successful Breastfeeding.\*

\* The 10 Steps listed here do not reflect revisions made by WHO in April 2018. All research cited in this fact sheet is based on the version of the 10 Steps listed here. The steps remain substantively the same, despite these revisions. For more information on the updated 10 Steps, see [www.who.int/nutrition/bfhi/ten-steps/en](http://www.who.int/nutrition/bfhi/ten-steps/en).

## 10 STEPS TO SUCCESSFUL BREASTFEEDING

- 1 Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 Train all health care staff in the skills necessary to implement this policy.
- 3 Inform all pregnant women about the benefits and management of breastfeeding.
- 4 Help mothers initiate breastfeeding within 1 hour of birth.
- 5 Show mothers how to breastfeed and maintain lactation, even if they are separated from their infants.
- 6 Give infants no food or drink other than breast milk, 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 pacifiers or artificial nipples to breastfeeding infants.
- 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.<sup>12</sup>

# Methods

Thirty-six articles, reports, and editorials were selected from more than 200 texts reviewed in searches using PubMed and Google Scholar. Preference was given to peer-reviewed research that was published within the last 5 years and that focuses on BFHI in the United States. Several articles review hospitals' experiences with implementing BFHI and offer best practices.

Studies on Baby-Friendly hospitals and breastfeeding rates often look at two related outcomes: any breastfeeding and exclusive breastfeeding. *Any breastfeeding* means that the baby was breastfed at least once; it is often used interchangeably with *breastfeeding initiation*. By contrast, *exclusive breastfeeding* means that the baby has been fed *only* breast milk. The research that establishes the health benefits of breastfeeding is not the subject of this review.

## Key Findings

### Baby-Friendly hospital practices lead to more breastfeeding.

Hospitals that obtain Baby-Friendly designation<sup>13-17</sup> or adopt Baby-Friendly practices<sup>18-24</sup> see higher rates of breastfeeding initiation. Some evidence suggests that Baby-Friendly hospital practices are also related to mothers' breastfeeding for a longer period of time.<sup>25</sup>

### Baby-Friendly hospital practices may reduce inequities in breastfeeding.

Groups experiencing structural barriers to breastfeeding, including black mothers<sup>14</sup> and mothers with low educational attainment,<sup>26,27</sup> benefit from BFHI even more than the general population. The cause of this effect is unclear; one study suggests that increased support from lactation consultants is a contributing factor.<sup>14</sup>

### Hospital policies and practices can strengthen BFHI implementation.

Provider education that is immersive,<sup>28</sup> interdisciplinary, and participatory<sup>29</sup> and that addresses misconceptions about BFHI may be more effective than traditional didactic methods and thus may strengthen Baby-Friendly practices.<sup>30</sup> Hospitals can also support BFHI implementation by designating champions for the initiative,<sup>31</sup> involving all levels of hospital staff, offering financial incentives, and providing ongoing technical assistance to providers.<sup>32</sup> To support breastfeeding patients, hospitals can develop instructional videos and provide ample high-quality private space for breastfeeding mothers.<sup>33</sup>

## The cost of implementing Baby-Friendly standards varies but is unlikely to be prohibitive.

Two national studies concluded that becoming Baby-Friendly did not lead to higher costs for hospitals.<sup>34,35</sup> The cost of purchasing formula is often a concern among institutions considering BFHI, as Baby-Friendly hospitals are prohibited from accepting free formula, offering formula sample packs, and advertising infant formula. The costs of purchasing formula as well as supplies for gift bags at fair market rate were minimal,<sup>36,37</sup> particularly after the first year.<sup>38</sup>

## Formula sample packs present a substantial barrier to BFHI success.

Despite prohibitions on the routine provision of formula samples at discharge in Baby-Friendly hospitals, this practice has persisted in some BFHI hospitals.<sup>27,36,39</sup> In one study, the principal investigator determined that hospital staff who were resistant to the change were deliberately putting formula back in discharge bags.<sup>36</sup> To address poor compliance with this aspect of BFHI, administrators have locked the formula away, treating it like medicine, and made formula available only with a prescription.<sup>36,39</sup>

## The international literature highlights additional barriers faced by facilities in becoming Baby-Friendly.

An international review identified several factors that affect the adoption of Baby-Friendly policies: support from local administrators and government, leadership during the implementation process, health care provider trainings, formula marketing practices, coordination between hospital and community health services,<sup>40</sup> involvement of all hospital staff, replacement of all old routines with Baby-Friendly practices, government support and incentives,<sup>41</sup> intensive staff training, and close coordination with prenatal care providers.<sup>42</sup>



# Policy implications

## Current policy landscape

Government support for Baby-Friendly hospitals is beneficial to hospitals' success in implementing BFHI.<sup>41,43</sup> In the United States, few states have directly addressed BFHI. As of April 1, 2018, 18 states have legal requirements related to aspects of breastfeeding support in maternity care, although the majority of those states do not require compliance with all of the Ten Steps.

Some examples of state-level legislation include the following:

- California passed legislation in 2013 that recognizes the importance of Baby-Friendly practices and requires that all hospitals with a perinatal unit adopt the Ten Steps by 2025.<sup>44</sup>
- New York provides a model breastfeeding policy based on recommendations from Baby-Friendly USA, including required elements that a hospital must incorporate in order to comply with New York state law.<sup>45</sup>
- New Jersey created a model infant feeding policy that Baby-Friendly USA has approved. New Jersey hospitals are adapting and using the policy when applying for Baby-Friendly designation.<sup>46</sup>

Several other states require or recommend that hospitals follow one or more of the practices promoting breastfeeding that are identified in the Ten Steps. For additional information about state laws related to supporting breastfeeding in hospitals, visit the [Breastfeeding-Friendly Hospital Laws](#) database at LawAtlas.

# Policy Recommendations

## State and local policy

- Create requirements or incentives for hospitals to become Baby-Friendly or institute Baby-Friendly practices, including funding for the Baby-Friendly designation process.
- Create a model breastfeeding policy for hospitals to adopt.
- Set quality standards for maternity care and help hospitals achieve Baby-Friendly designation.<sup>47</sup>
- Support hospitals' efforts to evaluate Baby-Friendly practices.

## Hospital policy

- Obtain Baby-Friendly designation.
- Improve policies and practices on routine provision of formula by implementing certain elements of BFHI:
  - Eliminate gift bags provided by the formula industry.
  - Replace gift bags from the formula industry with gifts that support breastfeeding (eg, manual breast pump, nipple cream, or breastfeeding pads).
  - Improve inventory control of formula by keeping it in the pharmacy.
  - Make formula available only with a prescription.
  - Control formula industry representatives' access to patient care areas and clinical staff.
  - Purchase formula at the fair market rate through a competitive bidding process.
- Improve implementation in hospitals that are already BFHI-designated:
  - Hire International Board-Certified Lactation Consultants to instruct expectant and new parents on breastfeeding.
  - Help peer counselors or community health workers provide culturally competent care to expectant and new parents.
  - Create consistent Baby-Friendly messages and disseminate them across the continuum of care, from prenatal care through labor and delivery, maternity care, and pediatric care.
  - Identify and designate Baby-Friendly champions among hospital staff.
  - Provide practical training for hospital staff.
  - Address common misconceptions about Baby-Friendly practices, such as racial stereotypes.

## Conclusion

Research supports the theory that the Baby-Friendly Hospital Initiative – and the practices at its core – promotes breastfeeding. While the cost of BFHI is not as much a cause for concern as some have suggested, the persistence of providing formula at discharge as well as negative provider attitudes have emerged as significant barriers to successful implementation of Baby-Friendly practices. Possible solutions to these barriers include provider education; intensive, practical training; and improved cultural competency.

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