

Promotion of Breastfeeding in Hospitals

Recommendation of the National Breastfeeding Committee from 2. November 1998

Representatives of the Association of Gynaecologists, of the German Society for Gynaecology and Obstetrics, of the German Academy for Paediatrics and Adolescent Medicine, of the National Academy of Gynaecologists and of the German National Committee on Breastfeeding agreed on the following recommendations for the promotion of breastfeeding in hospitals from 2 November 1998:

Breastfeeding is not only the natural form of infant nutrition, but it also promotes the health of both mother and child. Even though it is a natural function, breastfeeding does not come automatically today and needs the support of others. Based on the ten-steps-program of WHO and UNICEF for the worldwide promotion of breastfeeding, recommendations adapted to the German situation have been formulated.

The organisations mentioned above agree with the declaration by WHO and UNICEF (Innocenti Declaration, 1990) to create conditions which promote breastfeeding and which make it possible for mothers who want to breastfeed to do so exclusively for a period of four to six months and, thereafter, as long as both mother and child do wish it, while giving appropriate and sufficient complementary feeding (Beikost).

1. Breastfeeding guidelines and breastfeeding coordinators

Guidelines on breastfeeding must be available in written form and must be presented to and discussed with the whole personnel on a regular basis.

Appointing a (or several) *breastfeeding coordinator(s)* according to the needs of the hospital from the midwives, paediatric nurses, nurses, lactation consultants IBCLC¹ (also from outside the hospital) and the physicians will help to develop and assure a qualified promotion of breastfeeding in all maternity and children's hospitals. The National Breastfeeding Committee will develop recommendations for the professional profile and qualifications of breastfeeding coordinators.

2. Regular training

The complete team of coworkers shall be trained in both theory and practice of breastfeeding in order to fully implement the breastfeeding guidelines.

3. Information during pregnancy

Pregnant women should be informed during prenatal check-ups and at registration at the maternity hospital about the health advantages and the practice of breastfeeding (e.g., provided with written information material from the National Breastfeeding Committee).

4. Early nursing

Breastfeeding should be initiated preferably within the first hour of life.

¹ International Board of Certified Lactation Consultants

5. Practical help in breastfeeding

Correct nursing positions should be demonstrated to the mother and the mother taught how to maintain lactation, even in situations when mother and child are separated.

6. Supplementary feeding when medically indicated

There is no need to offer liquids or formula to healthy, full-term newborns who are breastfed on demand.

The decision to supplement mother's milk with other liquids or formula shall be made by the physician in charge (see also: "Guidelines for the care of healthy newborns in the delivery room and during childbed" in the Commentary to the present recommendations).

The nutrition underweight, sick and premature children should be decided on individually by the attending physician.

7. Promotion of the mother-child unity

Through 24 hour rooming-in.

8. Feeding on demand

Ensure and promote breastfeeding on-demand.

9. Teats and pacifiers

Teats, nipple shields or pacifiers are to be avoided as much as possible during the first weeks of life of breastfed babies.

Alternative feeding methods (e.g. cup, finger-feeding, spoon-feeding) should be demonstrated.

10. Support groups

The establishment of breastfeeding support groups shall be fostered, and addresses and possible contacts shall be provided to mothers on discharge from the hospital or the delivery unit.

Additional recommendation:

The Directive on Advertising for Infant Formula and Follow-on Formula has to be followed and the International Code for the Marketing of Breastmilk Substitutes should be observed. Breastmilk substitutes specifically must not be distributed to breastfeeding mothers.