BABYFREUNDLICH
Eine Initiative von WHO und UNICEF

Evidenz für die Initiative Babyfreundlich von WHO und UNICEF (BFHI)

Babyfreundlich in Deutschland flächendeckend implementieren

1. Die Zehn Schritte zum erfolgreichen Stillen von WHO und UNICEF sind seit Jahrzehnten erprobt, erfolgreich und immer wieder neu evidenzbasiert (WHO 2017). Sie sind internationaler Goldstandard für evidenzbasierte Richtlinien in Geburtskliniken und Neonatologien (ABM 2025).
2. Babyfreundliche Vorgehensweisen ermöglichen mehr Mutter-Kind-Paaren gelingendes Stillen (Reviews: Beake 2012, Fan 2025, Feltner 2018, Hulman 2024, Pérez-Escamilla 2016, Sinha 2015; und Einzelstudien).
3. Zertifizierung und regelmäßige Rezertifizierung sind wesentliche Faktoren für die Qualitätssicherung und die Aufrechterhaltung der Standards und damit auch für die Stillraten (IQTIG 2025, Biermann 2025, Bürger 2022, Ertlmaier 2025, Reich-Schottky 2025, Spaeth 2017; Broadfoot 2005, Carvalho 2016, El-Shaer 2024, Guajardo-Villar 2024, Jung 2019, Merten 2005, Patterson 2018, Procaccini 2018, von Seehausen 2023).
4. Babyfreundlich trägt dazu bei, soziale Ungleichheit am Beginn des Lebens zu verringern (Bookhart 2024, Kivlighan 2020, Lazar 2025) und ist ein unverzichtbarer Baustein in der Präventionskette der Begleitung von Familien während der ersten tausend Tage (Sinha 2015).
5. Investitionen in Babyfreundlich bringen eine hohe soziale Dividende (Ajetunmobi 2024, Pramono 2024).

1. WHO/UNICEF Initiative Babyfreundlich: Evidenzbasierter Goldstandard

- Academy of Breastfeeding Medicine (ABM) (2025). ABM Clinical Protocol #7: Model Maternity Policy Supportive of Breastfeeding. Breastfeeding Medicine 20(11):771-804 DOI: 10.1177/15568253251375964 https://www.bfmed.org/assets/DOCUMENTS/PROTOCOLS/ModelMaternityPolicyFinal25.pdf

The Baby-Friendly Hospital Initiative (BFHI) … is an evidence-based intervention shown to improve quality of care in maternity facilities. … Since its launch in 1991, the BFHI has been implemented widely and has demonstrated a positive impact on breastfeeding and maternal and infant health. … The BFHI is a model with proven efficacy, and its strength lies in the conjoint action of all its components.

- WHO (2017). Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Guideline (mit der Evidenz) https://www.who.int/publications/i/item/9789241550086

This guideline provides global, evidence-informed recommendations on protection, promotion and support for breastfeeding in facilities that provide maternity and newborn services. … This guideline will affect women delivering in hospitals, maternity facilities or other facilities providing maternity and newborn services, and their infants. These include mother–infant pairs with term infants, as well as those with preterm, low-birth-weight or sick infants and those admitted to neonatal intensive care units.

2. Gelingendes Stillen ermöglichen

Reviews

- Beake S, Pellowe C, Dykes F, Schmied V, Bick D (2012). A systematic review of structured versus non-structured breastfeeding programmes to support the initiation and duration of exclusive and any breastfeeding in acute and primary health care settings. Maternal Child Nutrition 8:141-161 https://DOI.org/10.1111/j.1740-8709.2011.00381.x

Most studies found a statistically significant improvement in breastfeeding initiation following introduction of a structured breastfeeding programme, although effect sizes varied and few studies controlled for any potential confounding factors. Despite poor overall study quality, structured programmes compared with standard care positively influenced the initiation and duration of any breastfeeding including exclusive breastfeeding.

- Fan YW, Fan HSL, Shing JSY, Ip HL, Fong DYT, Lok KYW. (2025). Impact of baby-friendly hospital initiatives on breastfeeding outcomes: Systematic review and meta-analysis. Women and Birth, 38(2), 101881. https://doi.org/10.1016/j.wombi.2025.101881

Eighty-six studies were included. Infants in BFHI hospitals were more likely to be exclusively breastfed at ≤ 3 months (OR= 1.77; 95 % CI: 1.37–2.29) and 3–6 months (OR= 1.82; 95 % CI: 1.26–2.61). Higher rates of any breastfeeding were observed at ≤ 3 months (OR= 1.48; 95 % CI: 1.17–1.87), 3–6 months (OR= 1.75; 95 % CI: 1.18–2.61) and at > 6 months (OR= 2.34; 95 % CI: 1.04–5.27). – Conclusions: BFHI implementation positively impacts breastfeeding outcomes, with both short- and long-term effects. Partial implementation also correlates with higher exclusive breastfeeding rates.

- Feltner C, Weber RP, Stuebe A, Grodensky CA, Orr C, Viswanathan M. AHRQ (2018). Comparative Effectiveness Reviews. Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries. AHRQ Comparative Effectiveness Reviews. Rockville (MD): Agency for Healthcare Research and Quality (US). https://www.ncbi.nlm.nih.gov/books/NBK525106/

Key Messages: Baby-Friendly Hospital Initiative (BFHI) is associated with improved rates of breastfeeding initiation and duration. Feltner et al. (2018) werteten in ihrer Meta-Analyse zur Frage des ausschließlichen Stillens bei Entlassung fünf Kohortenstudien aus. Alle Studien zeigen für BFHI-zertifizierte Kliniken signifikant höhere Raten als nicht zertifizierte Kliniken. Die Größenordnung des Effektes lag zwischen 3% und 56% (niedrige SOE). Bei ausschließlichem Stillen im Alter von ein bis zwei Monaten fanden sie in 5 Kohortenstudien rund 4 % bis 25 % höhere Raten für BFHI-zertifizierte Kliniken als für nicht zertifizierte Kliniken (moderate SOE). Auf der Grundlage von 8 Kohortenstudien (136 983 Frauen) fanden sie einen positiven Einfluss von BFHI auf jegliches Stillen bis zum Alter von 12 Monaten, wobei die Stillraten um 0,6 % bis 15 % höher lagen (moderate SOE).

- Pérez-Escamilla R, Martinez J, Segura-Pérez S (2016). Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Maternal Child Nutrition; http://onlinelibrary.wiley.com/doi/10.1111/mcn.12294/pdf

Abstract. Adherence to the BFHI Ten Steps has a positive impact on short-term, mediumterm and long-term breastfeeding (BF) outcomes. There is a dose–response relationship between the number of BFHI steps women are exposed to and the likelihood of improved BF outcomes (early BF initiation, exclusive breastfeeding (EBF) at hospital discharge, any BF and EBF duration). Community support (step 10) appears to be essential for sustaining breastfeeding impacts of BFHI in the longer term.
S. 11 It is noteworthy that with the exception of one study examining the association between BFHI and mastitis (Vieira et al., 2006) and one study examining lactational amenorrhea (Valdes et al., 1993), studies did not report maternal health outcomes.

- Sinha B, Chowdhury R, Sankar M, Martines J, Taneja S, Mazumder S, Rollins N, Bahl R, Bhandari N (2015). Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis. Acta Pædiatrica 104, pp. 114–135 https://doi.org/10.1111/apa.13127

Results: Intervention delivery in combination of settings seemed to have higher improvements in breastfeeding rates. Greatest improvements in early initiation of breastfeeding, exclusive breastfeeding and continued breastfeeding rates, were seen when counselling or education were provided concurrently in home and community, health systems and community, health systems and home settings, respectively. Baby friendly hospital support at health system was the most effective intervention to improve rates of any breastfeeding.

Einzelstudien

- Christou E, Liakou E, Pouliakis A, Sokou R, Volaki P, Paliatsou S, Boutsikou T, Iacovidou N, Iliodromiti Z. Increase in Breastfeeding Rates in Baby-Friendly Hospitals in Greece: Comparison with the National Study of 2017. Children. 2024; 11(8):932. https://doi.org/10.3390/children11080932

Prospective observational study. Von Oktober 2020 bis Januar 2022 wurden 1201 Mütter befragt, die in einer der vier Babyfreundlichen Kliniken geboren hatten. Die Stillraten wurden mit den Ergebnissen einer nationalen Studie von 2017 verglichen. Conclusions: This study showed that EBF and BF rates are higher in infants born in BFHs compared to non-BFHs both during their hospitalization in the first days of life and during the first 6 months of life. BFHs also play a decisive role in mothers who, due to their socio-economic profile, have lower chances of starting to breastfeed and to breastfeed for an extended period.

- Declercq E, Labbok M, Sakala C, O'Hara M (2009). Hospital Practices and Women's Likelihood of Fulfilling Their Intention to Exclusively Breastfeed. American Journal of Public Health 99(5):929-935. https://doi.org/10.2105/ajph.2008.135236

USA: Primiparas reported a substantial difference between their intention to exclusively breastfeed (70%) and this practice at 1 week (50%). They also reported hospital practices that conflicted with the Baby-Friendly Ten Steps, including supplementation (49%) and pacifier use (45%).Primiparas who delivered in hospitals that practiced 6 or 7 of the steps were 6 times more likely for achieve their intention to exclusively breastfeed than were those in hospitals that practiced none or 1 of the steps.

- Hulman A, Varga K, Csákvári T, Pakai A (2024). Assessing the Implementation of the Baby-Friendly Hospital Initiative in Hungary: A Cross-Sectional Study. Children. 2024; 11(4):412. https://doi.org/10.3390/children11040412

Our quantitative, cross-sectional research was conducted anonymously online in Hungary with a self-administered questionnaire in 2021. A breastfeeding mother was defined as breastfeeding for at least six months. Breastfeeding mothers experienced the implementation of more baby-friendly steps and a higher rate of breastfeeding, while there was no significant difference in the duration of exclusive ($p = 0.795$) and partial breastfeeding ($p = 0.250$) based on the results. We concluded that exposure to the Baby-Friendly Hospital Initiative may be associated with increased 6-month breastfeeding but may not influence longer durations.

- Kramer MS, Chalmers B, Hodnett ED, et al. (2001). Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus. JAMA 285: 413–20. https://doi.org/10.1093/ije/dyt003

Interventions: Sites were randomly assigned to receive an experimental intervention (n=16) modeled on the Baby-Friendly Hospital Initiative of the World Health Organization and United Nations Children's Fund, which emphasizes health care worker assistance with initiating and maintaining breastfeeding and lactation and postnatal breastfeeding support, or a control intervention (n=15) of continuing usual infant feeding practices and policies. Because no breastfeeding support groups existed in Belarus at the time PROBIT was designed, step 10 (postnatal support) of the BFHI was expanded to include the intervention polyclinics.
Results: Infants from the intervention sites were significantly more likely than control infants to be breastfed to any degree at 12 months (19.7% vs 11.4%; adjusted odds ratio [OR], 0.47; 95% confidence interval [CI], 0.32-0.69), were more likely to be exclusively breastfed at 3 months (43.3% vs 6.4%; P,.001) and at 6 months (7.9% vs 0.6%; P=.01).

- von Seehausen MP, Oliveira MIC, Leal MDC, Domingues RMSM, Boccolini CS (2023). Baby-Friendly Hospital Initiative and exclusive breastfeeding during hospital stay. Rev Saude Publica. 2023 Apr 28;57:28. doi: 10.11606/s1518-8787.2023057004283. https://revistas.usp.br/rsp/article/view/212052

National Survey 2011-2012. Face-to-face interviews were conducted mostly within the first 24 hours after birth. In this study, 76.0% of the babies were exclusively breastfed from birth until the interview. Babies born in public (AOR = 1.73; 95%CI: 1.10-2.87), mixed (AOR = 2.48; 95%CI: 1.35-4.53) and private (AOR = 5.54; 95%CI: 2.38-12.45) BFHs were more likely to be exclusively breastfed during maternity hospital stay than those born in non-BFHs, as well as those born by vaginal birth (AOR = 2.16; 95%CI: 1.79-2.61), with adolescent mothers (AOR = 1.83; 95%CI: 1.47-2.26) or adults up to 34 years old (AOR =1 .31; 95%CI: 1.13-1.52), primiparous women (AOR = 1.51; 95%CI: 1.34-1.70), and mothers living in the Northern region of Brazil (AOR = 1.99; 95%CI: 1.14-3.49).

- Wang, Cr., Li, Xy., Zhang, L. et al. (2020). Early essential newborn care is associated with increased breastfeeding: a quasi-experimental study from Sichuan Province of Western China. Int Breastfeed J 15,99 https://doi.org/10.1186/s13006-020-00343-3

Background: Ten Steps to Successful Breastfeeding Step 4: "Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth".

The key interventions of EENC include immediate and sustained skin-to-skin (SSC) of mother and newborn for at least 90 min after birth, timely breastfeeding when newborns exhibit feeding cues, delayed umbilical cord clamping, immediate and thorough drying, and neonatal resuscitation for those without spontaneous breathing. Mother and newborn SSC should be the continuous contact that the naked baby is placed against mother's breast and abdomen until cues of readiness to suck, such as rooting, drooling, tonguing, and biting hands.
Mothers who received SSC in EENC implementation experienced shorter median time to initiate breastfeeding (25 min vs. 33 min) and were more likely to ensure firsttime breastfeeding (OR 5.53). Implementation of EENC was also associated with an increased rate of exclusive breastfeeding at 3 months (OR 3.20; 95% CI 1.01, 10.14; P = 0.05) and 6 months (OR 4.91; 95% CI 1.71, 14.13; P < 0.01) of age. Statistically significant difference at 1-month (OR 1.02; P > 0.05) post birth was not observed in this study.

Was Babyfreundlich noch mit sich bringt

- Hudson J, Charron E, Maple B, Krom M et al. (2020). Baby-Friendly Hospital Initiative Is Associated with Lower Rates of Neonatal Hyperbilirubinemia. Breastfeeding Medicine 15(3):1-7 https://doi.org/10.1089/bfm.2019.0220

Results: Among newborns born before versus after BFHI implementation, 20.3% versus 6.98% were diagnosed with hyperbilirubinemia (p < 0.001), 5.75% versus 1.95% received phototherapy (p < 0.001), and 0.31% versus 0.35% were readmitted to the hospital for hyperbilirubinemia within 30 days (p = 0.88). In adjusted analyses, newborns born after BFHI implementation were significantly less likely to develop neonatal hyperbilirubinemia (OR 0.28 [95% confidence intervals; CI 0.20–0.37]) and receive phototherapy treatment (OR 0.27 [95% CI 0.15–0.49]) than newborns born before BFHI implementation.

- Procaccini, D, & Curley, A, (2018). Baby-Friendly practices minimize newborn infants' weight loss. Breastfeeding Medicine, https://doi.org/10.1089/bfm.2017.0182

Conclusion: There was a decrease in mean weight loss day 0–2 regardless of feeding type after Baby-Friendly designation. Exclusive breast feeding increased in the presence of Baby-Friendly practices.

- Vieira GO, Silva LR, Mendes CM, Vieira Tde O (2006). Lactational mastitis and Baby-Friendly Hospital Initiative; Feira de Santana, Bahia, Brazil. Cad. Saúde Pública, Rio de Janeiro, 22(6):1193-1200 https://doi.org/10.1590/S0102-311X2006000600008

Women who delivered in "Baby-Friendly Hospitals" had a lower prevalence of lactational mastitis (3.6% vs. 5.3%; OR = 0.68; 95%CI: 0.46-1.01).

3. Zertifizierung und Rezertifizierung

Deutschland, Österreich und Schweiz

- IQTIG Institut für Qualität und Transparenz im Gesundheitswesen (2025). Zertifikate und Siegel. https://iqtig.org/qs-instrumente/bundes-klinik-atlas/zertifikaten-und-siegel/

„Zertifikate und Qualitätssiegel im Gesundheitswesen dienen dazu, Leistungserbringern die Erfüllung spezifischer Anforderungen und Voraussetzungen zu bescheinigen. – Das IQTIG hat … Kriterien zur Bewertung der Aussagekraft von Zertifikaten und Qualitätssiegeln im Gesundheitswesen entwickelt. – Die Auswahl der geeigneten Zertifikate und Qualitätssiegel erfolgt streng nach diesen 17 Kriterien, die als Mindestanforderungen zu verstehen sind." – Übersicht aussagekräftige Zertifikate und Siegel: … Babyfreundliche Geburtsklinik, Babyfreundliche Kinderklinik, Babyfreundliche Perinatalklinik.

- Biermann AL, Steinkasserer L, Radomsky L. et al. (2025) Development and prevalence of breastfeeding initiation in a tertiary obstetric center and its influencing factors. Int Breastfeed J 20, 24. https://doi.org/10.1186/s13006-025-00717-5

Die Medizinische Hochschule Hannover (MHH) war in den Jahren 2009 – 2015 Babyfreundlich zertifiziert und hat dann nicht mehr rezertifiziert. Von 2017 bis 2022 sank die Rate der ausschließlich gestillten Neugeborenen von 78% auf 57%. Gleichzeitig stieg die Rate der Neugeborenen, die mit Nahrung zugefüttert wurden, von 8% auf 28%. Bei den jeweils aktuell zertifizierten Kliniken

veränderten sich die Zahlen von 2018 bis 2024 kaum: Ausschließlich gestillt wurden 69% bzw. 71% der Neugeborenen, mit Nahrung zugefüttert wurden 15% bzw. 18% (Reich-Schottky 2025).

- Bürger B, Schindler K, Tripolt T, Griesbacher A, Stüger HP, Wagner KH, Weber A, Wolf-Spitzer A (2022). Factors Associated with (Exclusive) Breastfeeding Duration-Results of the SUKIE-Study. Nutrients 14(9):1704. https://doi.org/10.3390/nu14091704

Diese „Studie zum Stillverhalten und zur Kinderernährung in Österreich" (SUKIE) war eine online-Befragung. 1214 Fragebögen flossen in die Auswertung ein. Die Wahrscheinlichkeit für ausschließliches Stillen eine Woche nach der Geburt war bei Babyfreundlichen Kliniken signifikant erhöht (Hazard-Ratio 0,59. 0,4-0,89 CI 95%, p=0,01). Im Alter von 2-8 Wochen und 9-17 Wochen zeigte sich der gleiche Trend, die Unterschiede waren allerdings mit p=0,58 und p=0,44 nicht mehr signifikant.

- Ertlmaier TP, Costea O, Borgmann-Staudt A. et al. (2025). How can we support the individual breastfeeding experience? Quantitative results from a mixed-methods study. Berlin. Int Breastfeed J 20, 38. https://doi.org/10.1186/s13006-025-00726-4

Befragt wurden Mütter aus 3 Berliner Geburtskliniken, von denen 2 Babyfreundlich zertifiziert waren. 1% (2/215) der Mütter haben primär abgestillt. ≥ 4 Monate ausschließlich gestillt haben 81,3% (131/161) der Mütter aus den beiden Babyfreundlichen Kliniken und 59,1% (26/44) aus der nicht zertifizierten Klinik. Nach 1 Jahr noch gestillt haben 67,9% (110/162) der Mütter aus den zertifizierten Kliniken vs. 57,8% (26/45) der Mütter aus der nicht zertifizierten Klinik.

- Reich-Schottky U (2025). Versorgungsqualität in babyfreundlichen Kliniken – Kennzahlen 2024. WHO/UNICEF Initiative Babyfreundlich

Für 2024 wurden die Daten von 52.039 Neugeborenen aus 51 Geburtskliniken ausgewertet. 76% der Neugeborenen erhielten in der Klinik ausschließlich Muttermilch, ohne zusätzliche Nahrung oder Flüssigkeit. 71% wurden ausschließlich gestillt, also nur an der Brust. 18% erhielten zusätzlich zur Muttermilch noch andere Nahrung. 6% waren bei Entlassung abgestillt.
In 10 Babyfreundlichen Neonatologien wurden 2024 insgesamt 2.718 Neugeborene betreut, darunter 150 Frühgeborene mit einer Gestationswoche unter 32 SSW. 89% dieser Kinder erhielten als Erstnahrung Kolostrum. Bei der Entlassung wurden 66% der Kinder ausschließlich mit Muttermilch ernährt, 23% mit Muttermilch und anderer Nahrung, 11% waren abgestillt.

- Spaeth A, Zemp E, Merten S, Dratva J (2017). Baby-Friendly Hospital designation has a sustained impact on continued breastfeeding. Maternal & Child Nutrition 2017; e 12497. https://doi.org/10.1111/mcn.12497

To investigate the association of BFH designation (current, former, and never) and compliance with Baby-Friendly (BF) practices on breastfeeding in Switzerland, this study combined nationwide survey data on breastfeeding with BFH monitoring data. We compared exclusive and any breastfeeding according to BFH designation over the first year of life, using Kaplan-Meyer Survival curves. Average duration of exclusive breastfeeding (13.1 weeks, 95% confidence interval [12.0, 17.4]) and any breastfeeding (32.7 weeks, 95% confidence interval [30.5, 39.2]) were the longest for babies born in currently accredited BFHs. Continued breastfeeding was significantly longer when babies were born in current BFHs (cessation hazard ratio 0.60, 95% confidence interval [0.42, 0.84]) or in former BFHs (cessation hazard ratio 0.68, 95% confidence interval [0.48, 0.97]).

Weltweit

- Broadfoot M, Britten J, Tappin D, MacKenzie J (2005). The Baby Friendly Hospital Initiative and breast feeding rates in Scotland. Observational study.Arch Dis Child Fetal Neonatal Ed 2005;90:F114–F116. https://doi.org/10.1136/adc.2003.041558

Babies born in a hospital with the UK Baby Friendly Hospital Initiative standard award were 28% (p , 0.001) more likely to be exclusively breast fed at 7 days of postnatal age than those born in other maternity units after adjustment for mother's age, deprivation, hospital size, and year of birth.

- Carvalho ML, Boccolini CS, Oliveira MI, Leal MD (2016). The baby-friendly hospital initiative and breastfeeding at birth in Brazil: a cross sectional study. Reprod Health 13(Suppl 3):119. https://doi.org/10.1186/s12978-016-0234-9

Data came from the "Birth in Brazil" survey, a nationwide hospital-based study of postpartum women and their newborns. Conclusions. The chance of being breastfed in the first hour after birth in Baby-Friendly hospitals was twice as high as at non-accredited hospitals.

- El-Shaer ARA, Harbi AS, Al-Harazneh RW (2024). Impact of baby-friendly hospital initiative on exclusive breastfeeding rates and mother satisfaction. Journal of Neonatal Nursing 30(6):701-706. https://doi.org/10.1016/j.jnn.2024.06.002

Jordanien. Methods: in this retrospective study 160 participants were divided into group one who experienced the Initiative and group two who did not *[nach / vor Implementierung von BFHI einschl. Akkreditierung]*. Results: The results revealed a significant difference in maternal satisfaction between the two groups ($p < 0.05$). Fisher's exact test indicated a significant association between experiencing the Baby-Friendly Hospital Initiative and exclusive breastfeeding rates ($p < 0.001$).

- Guajardo-Villar A, Pelat C, Blondel B, Lebreton E, Demiguel V, Salanave B, Mitha A, Pilkington H, Regnault N; ENP2021 Study Group (2024). The impact of the Baby-Friendly Hospital Initiative on breastfeeding rates at maternity units in France. Int J Epidemiol 53(3):dyae080. https://doi.org/10.1093/ije/dyae080

Conclusion: Mothers delivering in BFHI-accredited maternity units had higher exclusive breastfeeding rates and lower mixed breastfeeding rates than those delivering in non-accredited maternity units. The positive impact of the BFHI was stronger among low-birthweight neonates.

- Jung S, Nobari T, Whaley S (2019). Breastfeeding Outcomes Among WIC-Participating Infants and Their Relationships to Baby-Friendly Hospital Practices. Breastfeeding Medicine 14(6):424-431 https://doi.org/10.1089/bfm.2019.0004

Results: In 2017, mothers surveyed were more likely to engage in Baby-Friendly hospital practices compared with 2008. Any and exclusive breastfeeding outcomes at 1 and 3 months significantly increased since 2014, and breastfed infants were more likely to have mothers who participated in Baby-Friendly hospital practices. The more Baby-Friendly hospital practices mothers met, the better the breastfeeding outcomes. However, there is room for improvement in the uptake of Baby-Friendly hospital practices in Baby-Friendly hospitals. Conclusion: Effort is needed to ensure Baby-Friendly hospitals have support to continuously comply with all steps to maintain Baby-Friendly designation, and non-Baby-Friendly hospitals have support to incorporate these practices into hospital protocols.

- Merten S, Dratva J, Ackermann-Liebrich U (2005). Do baby-friendly hospitals influence breastfeeding duration on a national level? Pediatrics 116:e702–e708 https://doi.org/10.1542/peds.2005-0537

The proportion of exclusively breastfed infants 0 to 5 months of age was 42% for infants born in babyfriendly hospitals, compared with 34% for infants born elsewhere.
Children born in a baby-friendly health facility are more likely to be breastfed for a longer time, particularly if the hospital shows high compliance with UNICEF guidelines. Therefore, the BFHI should be continued but should be extended to include monitoring for compliance, to promote the full effect of the BFHI.

- Patterson JA, Keuler NS, Olson BH (2018). The effect of Baby-friendly status on exclusive breastfeeding in U.S. hospitals. Matern Child Nutr. 14:e12589. https://doi.org/10.1111/mcn.12589

In 2014, a leading hospital accreditation agency, mandated hospitals publicly report their exclusive breastfeeding (EBF) rates. We obtained EBF rates from 121 BF hospitals and 1,608 hospitals without the BF designation. The BF hospital designation was associated with significantly higher EBF rates independent of demographic variables. Support for hospitals to attain the BF hospital designation is a meaningful public health goal.

4. Gesellschaftliche Kosten und Nutzen

Soziale Ungleichheit verringern

- siehe auch Christou (2024) S. 3

- Bookhart LH, Anstey EH, Kramer MR, Perrine CG, Ramakrishnan U, Young MF (2024). Unpacking Breastfeeding Disparities: Baby-Friendly Hospital Designation Associated with Reduced In-Hospital Exclusive Breastfeeding Disparity Attributed to Neighborhood Poverty. Matern Child Health J. 28(8):1404-1412. https://doi.org/10.1007/s10995-024-03939-x

Results. US mean in-hospital exclusive breastfeeding (EBF) prevalence was 55.1%. Baby-Friendly designation was associated with 9.1% points higher in-hospital EBF prevalence compared to non-designated hospitals [95% confidence interval (CI): 7.0, 11.2]. High Black hospitals and high poverty hospitals were associated with lower EBF prevalence (difference= -3.3; 95% CI: -5.1, -1.4 and −3.8; 95% CI: -5.7, -1.8). High educational attainment hospitals were associated with higher EBF prevalence (difference = 6.7; 95% CI: 4.1, 9.4). Baby-Friendly designation was associated with significant effect measure modification of the in-hospital EBF disparity attributed to neighborhood level poverty (4.0% points higher in high poverty/Baby-Friendly designated hospitals than high poverty/non-Baby-Friendly designated hospitals).

- Kivlighan KT, Murray-Krezan C, Schwartz T, Shuster G, Cox K (2020). Improved breastfeeding duration with Baby Friendly Hospital Initiative implementation in a diverse and underserved population. Birth, 47(1), 135-143. https://doi.org/10.1111/birt.12468

Background: Few studies have evaluated the impact of Baby Friendly Hospital Initiative (BFHI) implementation on underserved populations in the United States. We undertook this study in New Mexico, a large southwestern state with a diverse population and limited health care access.
Methods: A quasi-experimental, retrospective cohort design was used to compare short-term breastfeeding duration between a pre-BFHI and a post-BFHI cohort. Among the post-BFHI cohort, logistic regression models were fitted to predict short-term breastfeeding duration from both individual and cumulative exposure to inpatient maternity care practices (Steps 4 to 9).
Results: Implementation of the BFHI and cumulative exposure to the Ten Steps increased short-term duration of any breastfeeding and exclusive breastfeeding at 2-6 weeks postpartum. Exposure to all six of the inpatient Ten Steps increased the odds of any breastfeeding by 34 times and exclusive breastfeeding by 24 times. Exposure to Step 9 ("Give no pacifiers or artificial nipples") uniquely increased the likelihood of any breastfeeding at 2-6 weeks postpartum by 5.7 times, whereas Step 6 ("Give infants no food or drink other than breastmilk") increased the rate of exclusive breastfeeding by 4.4 times at 2-6 weeks postpartum.
Conclusion: These findings demonstrate that the Baby Friendly Hospital Initiative can have a positive impact on breastfeeding among underserved populations.

- Lazar Tucker J, Arcoleo K, DiTomasso D, Oaks BM, Cabral H, São-João T (2025). Baby Friendly Hospital Initiative Practices in U.S. Hospitals Mitigate Racial and Ethnic Disparities in Breastfeeding Continuation. Journal of Human Lactation. 2025;0(0). https://doi.org/10.1177/08903344251319362

Our study aimed to identify the extent to which Baby Friendly Hospital Initiative (BFHI) key clinical practices during the birth hospitalization influenced breastfeeding success by race and ethnicity.
Method: This study was a secondary analysis of the 2016 to 2019 National Pregnancy Risk Assessment Measurement System (PRAMS), a cross-sectional survey. Our sample included 60,395 mothers who initiated breastfeeding with healthy, term newborns. We examined the odds of breastfeeding to ≥ 10 weeks by percent of key clinical practices received and racial and ethnic group. Absolute racial differences were calculated to reflect the difference in breastfeeding rates by race and ethnicity overall, and stratified by percent of BFHI key clinical practices received.
Results: BFHI key clinical practices were a significant predictor of breastfeeding at ≥ 10 weeks; receipt of progressively more key clinical practices resulted in higher odds of breastfeeding. Over 75% of mothers who received 100% of key clinical practices breastfed for at least 10 weeks across all racial and ethnic groups. Among mothers who received ideal breastfeeding care, disparities were eliminated; there were no statistically significant differences in rates of breastfeeding ≥ 10 weeks for Black non-Hispanic (adjusted absolute racial difference [aARD] -4.5, 95% CI [-9.5, 0.4]), Hispanic English-speaking (aARD -2.6, 95% CI [-6.6, 1.4]), or Hispanic Spanish-speaking (aARD 1.7, 95% CI [-5.2, 8.6]) mothers compared to White non-Hispanic mothers.

Kosten und Nutzen

- Ajetunmobi O, McIntosh E, Stockton D, Tappin D, Whyte B (2024) Levelling up health in the early years: A cost-analysis of infant feeding and healthcare. PLoS ONE 19(5): e0300267. https://doi.org/10.1371/journal.pone.0300267

Schottland, retrospective cohort design.
Results: Over the study period, the estimated cost of hospital admissions in the cohort was £111 million and £2 million for the 2% subset of the cohort with primary care records. Within each quintile of deprivation, exclusively breastfed infants used fewer healthcare services and incurred lower costs compared to infants fed (any) formula milk. At least £10 million of healthcare costs may have been avoided if formula-fed infants had been exclusively breastfed within the first 6–8 weeks of birth.

- Pramono A, Smith J, Desborough J, Bourke S (2021). Social value of maintaining baby-friendly hospital initiative accreditation in Australia: case study. International Journal for Equity in Health 20:22 https://doi.org/10.1186/s12939-020-01365-3

Background: Breastfeeding has positive impacts on the health, environment, and economic wealth of families and countries. The World Health Organization (WHO) launched the Baby Friendly Hospital Initiative (BFHI) in 1991 as a global program to incentivize maternity services to implement the Ten Steps to Successful Breastfeeding (Ten Steps). These were developed to ensure that maternity services remove barriers for mothers and families to successfully initiate breastfeeding and to continue breastfeeding through referral to community support after hospital discharge. While more than three in four births in Australia take place in public hospitals, in 2020 only 26% of Australian hospitals were BFHI-accredited. So what is the social return to investing in BFHI accreditation in Australia, and does it incentivize BFHI accreditation? This study aimed to examine the social value of maintaining the BFHI accreditation in one public maternity unit in Australia using the Social Return on Investment (SROI) framework. This novel method was developed in 2000 and measures social, environmental and economic outcomes of change using monetary values.
Method: The study was non-experimental and was conducted in the maternity unit of Calvary Public Hospital, Canberra, an Australian BFHI-accredited public hospital with around 1000 births annually. This facility provided an opportunity to illustrate costs for maintaining BFHI accreditation in a relatively affluent urban population. Stakeholders considered within scope of the study were the mother-baby dyad and the maternity facility. We interviewed the hospital's Director of Maternity Services and the Clinical Midwifery Educator, guided by a structured questionnaire, which examined the cost (financial, time and other resources) and benefits of each of the Ten Steps. Analysis was informed by the Social Return on Investment (SROI) framework, which consists of mapping the stakeholders, identifying and valuing outcomes, establishing impact, calculating the ratio and conducting sensitivity analysis. This information was supplemented with micro costing studies from the literature that measure the benefits of the BFHI.

Results: The social return from the BFHI in this facility was calculated to be AU$ 1,375,050. The total investment required was AU$ 24,433 per year. Therefore, the SROI ratio was approximately AU$ 55:1 (sensitivity analysis: AU$ 16–112), which meant that every AU$1 invested in maintaining BFHI accreditation by this maternal and newborn care facility generated approximately AU$55 of benefit.

Conclusions: Scaled up nationally, the BFHI could provide important benefits to the Australian health system and national economy. In this public hospital, the BFHI produced social value greater than the cost of investment, providing new evidence of its effectiveness and economic gains as a public health intervention. Our findings using a novel tool to calculate the social rate of return, indicate that the BHFI accreditation is an investment in the health and wellbeing of families, communities and the Australian economy, as well as in health equity.

– Utta Reich-Schottky, Januar 2026