

Babyfreundliche Evidenz: Was dafürspricht, BFHI flächendeckend in Deutschland zu implementieren.

- Die Zehn Schritte zum erfolgreichen Stillen von WHO und UNICEF sind seit Jahrzehnten erprobt und erfolgreich und immer wieder neu evidenzbasiert (WHO 2017). Sie bilden die Grundlage für die Musterrichtlinie der Academy of Breastfeeding Medicine für Geburtskliniken (ABM 2018).
- Die Umsetzung von Babyfreundlich führt weltweit zu mehr Stillen (Pérez-Escamilla 2016, Sinha 2015) und infolgedessen zu besserer Gesundheit von Müttern und Kindern und zu Kosteneinsparungen im Gesundheitssystem.
- Gleichzeitig unterstützen die Zehn Schritte zum erfolgreichen Stillen auch Bindung und Entwicklung und bedarfsgerechte Fütterung nicht gestillter Kinder.
- Siehe Anforderungskatalog der WHO/UNICEF Initiative Babyfreundlich.
- Babyfreundliche Kliniken erreichen deutlich höhere Raten ausschließlichen Stillens (Broadfoot 2005, Patterson 2018). Das gilt auch für Deutschland (Reich-Schottky 2017).
- Babyfreundlich ermöglicht damit mehr Müttern, ihr persönliches Stillziel zu erreichen (Declercq 2009). Es ist sehr viel schwieriger für die Mütter, später zum ausschließlichen Stillen zu kommen, wenn dies am Anfang nicht gut begleitet wurde.
- Babyfreundlich ist ein unverzichtbarer Baustein in der Präventionskette der Begleitung von Familien während der ersten tausend Tage (Sinha 2015).
- Die Zehn Schritte zum erfolgreichen Stillen enthalten ein umfassendes Konzept für eine integrierte Versorgung von Wöchnerinnen und Neugeborenen, auch bei Frühgeborenen und kranken Kindern (siehe Anforderungskatalog). In
- Deutschland arbeiten bereits 5 Geburtskliniken mit angegliederter Kinderklinik bzw. Neonatologie erfolgreich gemeinsam nach diesem Konzept.
- Regelmäßiges externes Assessment ist ein wesentlicher Faktor für die Qualitätssicherung (Jung 2019, Merten 2005, Spaeth 2017).

Evidenz für die Wirksamkeit der Implementierung der WHO/UNICEF Initiative Babyfreundlich

zusammengestellt von Utta Reich-Schottky, Januar 2021

- Academy of Breastfeeding Medicine (ABM) (2018). ABM Clinical Protocol #7: Model Maternity Policy Supportive of Breastfeeding. Breastfeeding Medicine 13(9):559-574 DOI: 10.1089/bfm.2018.29110.mha

The Babyfriendly Hospital Initiative ... has been implemented globally; significantly improved infant health; and increased initiation, duration, and exclusivity of breastfeeding. The BFHI is considered the gold standard of evidence-based policy for maternity facilities that has been endorsed by different international organizations.

This protocol includes all the elements covered by the BFHI "Global Criteria," because **the BFHI is, at present, the best model with proven efficacy.**

- 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 DOI: 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**

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positively influenced the initiation and duration of any breastfeeding including exclusive breastfeeding.

- Broadfoot M, Britten J, Tappin D, MacKenzie J (2005). The Baby Friendly Hospital Initiative and breast feeding rates in Scotland. Arch Dis Child Fetal Neonatal Ed 2005;90:F114–F116. doi: 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.
- 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.
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.
- 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
Baby-Friendly USA, the accrediting body for the BFHI in the United States, uses rigorous and data-driven criteria to designate birth facilities as "Baby-Friendly" based on their successful implementation of the Ten Steps to Successful Breastfeeding. 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.
- 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
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.**
- Kramer MS, Chalmers B, Hodnett ED, et al. Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus. JAMA 2001; 285: 413–20.
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).

- Merten S, Dratva J, Ackermann-Liebrich U (2005). Do baby-friendly hospitals influence breastfeeding duration on a national level? *Pediatrics* 116:e702–e708

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.

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

Abstract. **Adherence to the BFHI Ten Steps has a positive impact on short-term, medium-term 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.

- Procaccini, D, & Curley, A, (2018). Baby-Friendly practices minimize newborn infants' weight loss. *Breastfeeding Medicine*, 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.

- Reich-Schottky U (2017). Die Qualität von Babyfreundlich mit Zahlen belegen. WHO/UNICEF Initiative Babyfreundlich

Für 2016 konnten die Daten von 81 Geburtskliniken mit 84.870 gemeinsam entlassenen Mutter-Kind-Paaren ausgewertet werden.

Rund 84% der gestillten Neugeborenen hatten bis zur Entlassung aus der Babyfreundlichen Geburtsklinik ausschließlich Muttermilch erhalten. Zum Vergleich: In einer Bayerischen Stillstudie von 2005 erhielten mit 37% mehr als doppelt so viele gestillte Neugeborene in den ersten Tagen zusätzlich Nahrung oder Flüssigkeiten (Kohlhuber et al. 2008)

- 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

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.

- 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. DOI: 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-Meier 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]).

- 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>

In 2018, the revised Baby-Friendly Hospital Initiative (BFHI) Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services provided the most updated Ten Steps to Successful Breastfeeding; therein **Step 4** "Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth" is supported by evidence that early initiation of breastfeeding increases the likelihood of a child being exclusively breastfed up to 3–6 months of life.

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.

- WHO (2017). Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Guideline (mit der Evidenz) <https://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternitynewborn/en/>

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.

Auswirkungen von BFHI auf die Gesundheit der Mütter

- 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

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).