

# The Council of International Neonatal Nurses Position Statement on Breastfeeding

COINN advocates for breastfeeding within the first hour of life and exclusive breastfeeding for the first six months of life for all newborn infants, when safe to do so.

COINN supports the World Health Assembly resolutions; the UNICEF and World Health Organization Baby-Friendly Hospital and Community Initiative; the enforcement of the International Code of Marketing of Breastmilk Substitutes and the provision of paid maternity leave and workplace breastfeeding initiatives.

COINN recognizes the critical impact of breastfeeding and expressed breast milk complementary feeding, to not only enhanced short and long-term health and developmental outcomes, but also to child survival.

## Background

Globally 6.9 million children die before their 5<sup>th</sup> birthday with 3.1million of these in their first month of life<sup>(1)</sup>. Millennium Development Goal (MDG) 4 calls for a two-thirds reduction in the under 5 mortality (U5M) rate by 2015<sup>(2)</sup>.

High coverage with optimal breastfeeding practices has potentially the single largest impact on child survival of all preventive interventions<sup>(3)</sup>. The 2003 Lancet Child Survival Series<sup>(4)</sup> ranked breastfeeding (exclusive for the first six months and continued breastfeeding from 6–11 months) as the number one preventive intervention, potentially reducing under-five child deaths by 13%<sup>(3)</sup>. It's estimated that 22% of newborn deaths could be prevented if breastfeeding started within the first hour after birth, and 16% if breastfeeding started within the first 24 hours<sup>(5, 6)</sup>. Thus optimal breastfeeding of infants under one year could prevent around a million deaths of children under-five in the developing world<sup>(3, 7)</sup>. Furthermore a child who is not breastfed is 15 times more likely to die from pneumonia and 11 times more likely to die from diarrhoea<sup>(6, 8)</sup>. According to UNICEF breastfeeding within the first 24 hours reduces neonatal deaths by about 45% and those infants who are exclusively breastfed are 14 times more likely to survive the first 6 months of life when compared to those infants who are not exclusively breastfed<sup>(9)</sup>. Mindful of the above facts the Every Newborn Action Plan 2014 includes optimal breastfeeding practices as one of the key interventions needed to achieve the goal of a global U5MR of 15/1000 by 2035<sup>(10)</sup>.

The striking feature of all of this is that despite knowing the potential of breastfeeding in reducing neonatal and infant mortality; breastfeeding rates have remained stagnant since 1990 with only 36 per cent of children less than six months of age being exclusively breastfed in 2012<sup>(3, 11)</sup>.

## Key Principles:

1. Promotion, protection and support for breastfeeding at local, national and international levels<sup>(12)</sup>.

2. Increased global attention, media coverage and funding for breast feeding initiatives acknowledging, highlighting and supporting the critical role breastfeeding plays in reducing child deaths and providing short and long term benefits for maternal health<sup>(3, 13)</sup>.
3. Promotion of The International Code of Marketing of Breastmilk Substitutes and subsequent, relevant, World Health Assembly resolutions<sup>(14)</sup>.
4. The UNICEF and World Health Organization Baby-Friendly Hospital and Community Initiative<sup>(15)</sup>.
5. The provision of paid maternity leave in line with the International Labour Organization (ILO) minimum recommendations and workplace breastfeeding initiatives<sup>(16)</sup>.
6. Professional and lay support for breastfeeding mothers, including:
  - The attendance of a skilled birth attendant at every birth to ensure the initiation of breast feeding within one hour of birth<sup>(17)</sup>.
  - Professional support by health providers to extend the duration of any breastfeeding<sup>(18)</sup> and this must be facilitated by allocating adequate resources to long-term health worker training, recruitment, support and retention<sup>(6)</sup>.
  - Support in the community by lay counsellors to increase the initiation and duration of exclusive breastfeeding<sup>(19)</sup>.
7. Where possible mother and child should not be separated and kangaroo mother care should be facilitated<sup>(20)</sup>.
8. Exclusive breastfeeding for all infants for the first six months of life. 'Exclusive breastfeeding' is defined as giving no other food or drink – not even water – except breast milk. It does, however, allow the infant to receive oral rehydration salts (ORS), drops and syrups (vitamins, minerals and medicines)<sup>(21)</sup>.
9. Infants not able to breastfeed should be fed breast milk (mother's own or donated) via tube, cup, syringe or spoon. Bottle feeding should not be offered<sup>(22)</sup>.
10. From six months of life the provision of nutritionally adequate and safe foods that complement breastfeeding<sup>(22)</sup>.
11. The continuation of breast feeding up to 2 years or beyond<sup>(22)</sup>.
12. Community /country relevant policies regarding feeding HIV exposed babies-either exclusive breast feeding with anti-retroviral (ARV) therapy or avoidance of all breast feeding. In low resource settings even when ARVs are not available, mothers should be counselled to exclusively breastfeed in the first six months of life and continue breastfeeding thereafter unless environmental and social circumstances are safe for, and supportive of, replacement feeding<sup>(23)</sup>.

### **Achieving best practice**

COINN acknowledges that current practices in some countries need to be changed in order to support breastfeeding. For example, not all women are granted maternity leave of more than a few weeks, or have adequate places to use a breast pump, or breastfeed. Therefore to improve health outcomes for neonates, it is important for parents, communities, healthcare workers, professional

colleges, support organisations, education providers, health systems and governments to work together to strive to uphold these key principles and advocate for positive environments and leave policies that support breastfeeding.

This Position Statement represents the views of The Council of International Neonatal Nurses. This Statement was approved by the board of COINN on DD Month Year. This statement was coordinated by Ms Ruth Davidge.

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