COUNCIL OF INTERNATIONAL NEONATAL NURSES, Inc. (COINN)

Position Statement

Position Type	Policy Name	Policy #
PS – Practice	Breastfeeding	PS-0011

Review Frequency	Last Reviewed	Date to Review Policy
Every 3 years	March, 2018	March, 2021

COINN Position

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.

COINN acknowledges that current practices in some countries need to be changed 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 organizations, 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.

Background

Globally more than 6 million children die before their 5th birthday with a significant portion of the deaths occurring in Sub-Sahara Africa and Southern Asia (United Nations, 2015). The Sustainable Development Goal (SDG) 3 calls for preventable deaths of newborns and children under 5 years to drop to as low as 12 per 1,000 live births and the under 5 mortality to at least 25 per 1000 (United Nations, 2015). High coverage with optimal breastfeeding practices has potentially the single largest impact on child survival of all preventive interventions (Azuine, Murray, Alsafi, & Singh, 2015). Evidence demonstrates that breastfeeding is effective at decreasing neonatal and child mortality (Gates & Binagwaho, 2014). Exclusive breastfeeding could prevent 823,000 childhood deaths and 20,000 maternal deaths per year (Lancet, 2016). Infants less than six months of age who are not breastfeed have and 3-5 times (boys) and 4-1 times (girls) increase in mortality compared to the infants who had been breastfeed (Victoria et al., 2016). The children who are breastfeed for short periods of time or not at all have a higher incidence of infectious morbidity and mortality, more dental malocclusions and lower intelligence (Victoria et al., 2016). Promoting

skin-to-skin and early initiation of breastfeeding lowers neonatal mortality and waiting after the first hour to initiate breastfeeding doubled the risk of the neonate dying (Khan, Vesel, Bahl, & Martines, 2015). 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 at 37per cent of children less than six months of age being exclusively breastfed (Victoria et al., 2016).

Recommendations/Key Principles

1. Promotion, protection and support for breastfeeding at local, national and international levels.
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.
3. Promotion of The International Code of Marketing of Breastmilk Substitutes and subsequent, relevant, World Health Assembly resolutions.
4. Support the UNICEF and World Health Organization Baby-Friendly Hospital and Community Initiative.
5. The provision of paid maternity leave in line with the International Labour Organization (ILO) minimum recommendations and workplace breastfeeding initiative.
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
    - Professional support by health providers to extend the duration of any breastfeeding and this must be facilitated by allocating adequate resources to long-term health worker training, recruitment, support and retention
    - Support in the community by lay counsellors to increase the initiation and duration of exclusive breastfeeding
7. Where possible mother and child should not be separated and kangaroo mother care should be facilitated.
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).
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.
10. From six months of life the provision of nutritionally adequate and safe foods that complement breastfeeding.
11. The continuation of breastfeeding up to two years or beyond.
12. Community /country relevant policies regarding feeding HIV exposed babies-either exclusive breastfeeding 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.

References

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