

The Ten Steps to Successful Breastfeeding

**Modified From: *A Joint WHO/UNICEF Statement*
Published by the World Health Organization**

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Health



The Ten Steps

- **The Ten Steps to Successful Breastfeeding** is a guideline meant to facilitate implementation of the BFI in hospitals
- **Every facility providing maternity services and care for newborn infants should:**

Step 1:

Have a written breastfeeding policy that is routinely communicated to all health care staff.

Why have a policy?

- **Requires a course of action and provides guidance.**
- **Helps establish consistent care for mothers and babies.**
- **Provides a standard that can be evaluated.**

What should a Breastfeeding Policy Cover?

- **Should include the Ten Steps to Successful Breastfeeding**
- **Should include an institutional ban on acceptance of free or low cost supplies of breast-milk substitutes, bottles, teats, gifts, samples or coupons, and use of materials distributed by formula companies.**

How to Present the Policy

- Use plain language to address each step.
- Nursing staff on maternity units should be able to locate a copy of the policy.
- Make it available to all staff caring for mothers and babies.
- Post or display it in areas where mothers and babies are cared for.

Step 2:

**Train all health care staff
in skills necessary to
implement this policy.**

Training should include:

- **Advantages of breastfeeding**
- **Risks of artificial feeding**
- **Mechanisms of lactation and sucking**
- **How to help mothers initiate and sustain breastfeeding**
- **How to assess a breastfeeding session**
- **How to resolve breastfeeding difficulties**
- **Orientation and education on hospital breastfeeding policies and practices**
- **Importance of feeding on cue**
- **Positioning and attachment**
- **Risks of artificial feeding and using bottles**

Step 3:

**Inform all pregnant women
about the benefits and
management of breastfeeding.**

Prenatal education should include:

- The benefits of breastfeeding
- The benefits of early initiation
- The importance of rooming in
- The importance of feeding on demand
- How to assure enough milk
- Proper positioning and attachment
- The importance of exclusive breastfeeding
- The risk of using bottles and pacifiers

“Prenatal education should not include formula preparation methods.”

Step 4:

**Help mothers initiate
breastfeeding within the first
half-hour after birth.**

Why initiate so soon?

- **Allows for skin to skin contact between mother and child, providing emotional support.**
- **Provides colostrum as the baby's first immunization.**
- **Takes advantage of the first hour of alertness.**

How to initiate within 30 minutes:

- **Keep mother and baby together.**
- **Place baby on mother's chest.**
- **Let the baby start suckling when ready. Do not hurry or interrupt the process.**

Early Initiation can also:

- **Increase duration of breastfeeding**
- **Babies learn to suckle more effectively**
- **Help mothers learn to breastfeed on cue**
- **Facilitate proper positioning during feedings with the help of a health care professional nearby**
- **Enforce education on the risk of artificial feeding and bottle-feeding**

Step 5:

Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

“Prenatal education should not influence group education on formula preparation.”

“Prenatal education for those mothers who want information on formula preparation should take place on an individual basis.”

Milk Production Cycle:

Milk removal stimulates milk production to maintain milk supply as required.

- **The baby's sucking stimulates the production of milk.**
- **As long as the baby breastfeeds effectively, the mother will produce milk.**
- **Milk removal must be continued during separation to maintain supply.**

Step 6:

Give newborn infants no food or drink other than breastmilk, unless medically indicated.

Acceptable Medical Reasons for Supplementation

- **Infants in Special Care**
 - **Infants with a very low birth weight <1,500g, or infants born before 32 weeks gestational age**
 - **Small for gestational age with potentially severe hypoglycemia, and who do not improve through increased breastfeeding or by being given breastmilk**

- **Infants well enough to be with their mothers receiving additional supplements must have been diagnosed as:**
 - **Infants whose mothers have severe maternal illness**
 - **Infants with inborn errors of metabolism**
 - **Infants with acute water loss**
 - **Infants whose mothers are taking medication contraindicated during breastfeeding.**

Step 7:

Practice rooming-in -- allow mothers and infants to remain together -- 24 hours a day.

Benefits of rooming-in

- **Cost effective.**
- **Requires minimal equipment.**
- **Requires no additional personnel.**
- **Reduces infection.**
- **Helps establish and maintain breastfeeding.**
- **Facilitates the bonding process which can positively affect breastfeeding duration rates.**

Step 8:

Encourage breastfeeding on demand.

Breastfeed on demand results in:

- **Earlier passage of meconium**
- **Lower maximal weight loss**
- **Breastmilk flow is established sooner**
- **Larger volume of milk intake on day three**
- **Less jaundice**

Step 9:

Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

Step 10:

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.