



Ghana, 2016

*A Community Nurse assists new mother Forgive Datomer
with the proper breastfeeding attachment technique.*

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ADVOCACY BRIEF

The Role of Midwives and Nurses in Protecting, Promoting and Supporting Breastfeeding

Midwives and nurses play a vital role in protecting, promoting and supporting breastfeeding worldwide. Skilled breastfeeding support from midwives and nurses helps prevent childhood infections and mortality, while boosting cognitive development and decreasing rates of obesity, diabetes and maternal and child cancers. Bonding and attachment are intrinsic to the breastfeeding relationship and foster mental and emotional health and development for both mother and child. Universal breastfeeding could prevent 823,000 child deaths and 20,000 maternal deaths each year and spur significant economic savings.

All midwives and nurses have a valuable role in facilitating the health of mothers, infants and children through protecting, promoting and supporting breastfeeding. We urge government leaders, policymakers, managers, implementers and funders to value this role and invest in providing midwives and nurses with the time to provide quality care.

GLOBAL BREASTFEEDING
COLLECTIVE

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HOW MIDWIVES AND NURSES CAN PROTECT, PROMOTE AND SUPPORT BREASTFEEDING

- Midwives and nurses are key health providers who care for women and children before and during pregnancy and birth, and throughout early childhood. They may work in a variety of settings, including communities, health centres and hospitals.
- All midwives and nurses can endorse the importance of breastfeeding, provide support and protect mothers from practices that can be a barrier to breastfeeding.
- Providing support for breastfeeding is an essential competency for midwives and nurses — not an additional function. Midwives and nurses support breastfeeding as an integral part of respectful quality care.
- Most mothers and infants breastfeed easily and comfortably. When complex challenges arise, midwives and nurses with additional training and expertise provide skilled assistance with breastfeeding and collaborate with other providers.
- Midwives and nurses provide personalized information and care to build a trusting relationship with mothers that enables them to nourish and nurture their children.
- Beyond clinical care, midwives and nurses also serve as educators, managers, leaders and policymakers.
- Nurses work in a variety of settings:
 - > Neonatal nurses have specialized competencies in caring for small and sick newborns and their mothers that go beyond routine support for the healthy breastfeeding mother-infant dyad.
 - > Community and public health nurses interact with mothers, infants and young children across the full perinatal breastfeeding continuum.
 - > Nurses have specialty training in mental health, disabilities and other conditions that affect or are affected by breastfeeding.

KEY MESSAGES

Midwives and nurses are the backbone of health care delivery. Midwives and nurses are ideally placed to be frontline advocates for breastfeeding supports for mothers and babies in the community and in health facilities.

All midwives and nurses can protect and support breastfeeding. Routine midwifery and nursing care include protection from harmful practices — such as separating babies from their mothers or unnecessarily supplementing them with infant formula— that are barriers to breastfeeding.

A key practice is keeping mother and baby together after birth in immediate and uninterrupted skin-to-skin contact for the first hour or until the baby breastfeeds. In the context of COVID-19, keeping the mother-infant dyad together while applying infection prevention and control measures is an essential part of a positive childbirth experience.

A collaborative multidisciplinary approach among midwives, nurses, neonatal nurses, physicians and all neonatal providers is especially vital for small and sick newborns. A team approach provides the most appropriate and robust set of skills to support the mother-infant dyad.

Education and clinical training of midwives and nurses underpins quality care. Pre-service and continuing education for breastfeeding-related topics ensures that mothers receive and use accurate and evidence-based information. Limited opportunities for training are frequently reported by many midwives and nurses, especially those caring for vulnerable small and sick newborns.

Facility leadership, adequate budgets and integration of services are critical for the delivery of appropriate breastfeeding care. Nurses and midwives need supportive infrastructure to allow them to provide needed care for the mother-infant dyad.

Implementation and monitoring of breastfeeding-supportive policies and programmes provides consistent and high-quality care. Routine monitoring of policies and programmes should include evaluation of breastfeeding outcomes with measurable targets.

Midwives and nurses should know and meet their obligations under the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions. This includes refusing any gifts, samples, sponsorship, educational opportunities or displays of infant formula, baby foods, feeding bottles or teats from companies.

Midwives and nurses need to be allocated sufficient time to care for and support the breastfeeding mother-infant dyad in their breastfeeding journey. Midwives and nurses are often the first and sometimes the only health professionals that pregnant women and mothers see. They need to be valued, respected and supported in this important role. Lack of time for care and counselling are commonly reported barriers impacting breastfeeding care. In a recent survey, 44 per cent of nurses and midwives reported that they had not received any form of training on the feeding of vulnerable small and sick newborns and their mothers.

Uganda, 2015
Breastfeeding class in progress at
Mwanamugimu Nutrition Unit of Mulago
Hospital in Kampala, Uganda August.

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KEY FACTS

- Exclusive breastfeeding for the first 6 months of a child's life has the single largest potential impact on newborn, infant and child mortality of any preventative intervention.¹
- Promoting and supporting breastfeeding in the first two years of life and improving breastfeeding practices could avert nearly 14 per cent of all deaths in children younger than 24 months of age and reduce the incidence of type 2 diabetes by 35 per cent.²
- Increased breastfeeding could avert 10 per cent of maternal breast cancer deaths.³
- Breastfeeding support from skilled personnel can reduce the risk of not initiating breastfeeding or ceasing breastfeeding too early.⁴ Optimal breastfeeding practices include (1) initiation of breastfeeding in the first hour of life; (2) exclusive breastfeeding for the first six months; and (3) continued breastfeeding until age 2 years and beyond.⁵
- Professional support by midwives and nurses with up-to-date knowledge and skills play a central role in individualized support for breastfeeding mothers.^{6,7}
- Midwives and nurses are technical experts and 'skilled companions'. Both roles are valuable, especially when new mothers are away from supportive family members.⁸
- Neonatal nurses provide specialized care to facilitate breastfeeding of small and sick newborns and their mothers.⁹
- The world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030. Increased numbers of midwives and nurses could improve early initiation of breastfeeding within the first hour of life (a key element of essential newborn care) and exclusive breastfeeding rates at 6 months.¹⁰

CALL TO ACTION

We urge health care administrators, government leaders, policymakers, professional associations and funders to:

- Invest in midwives and nurses to substantially improve breastfeeding rates.
- Fully integrate critical competencies into pre-service training and continuing education for all midwives and nurses.
- Fund and develop comprehensive specialized training for midwives and nurses to enable them to address complex breastfeeding situations and ensure that these skilled professionals are available to families as needed.
- Fully integrate quality and respectful maternal and newborn care, as stated in the global standards of the Baby-friendly Hospital Initiative, the WHO Human Resource Strategies to Improve Newborn Care in Health Facilities in Low- and Middle-income Countries¹¹ and the WHO Standards for Improving Quality of Care for Small and Sick Newborns in Health Facilities¹² to meet the Sustainable Development Goal targets for mothers, infants and young children.
- Establish and enforce legislation to protect breastfeeding in training and work environments by refusing sponsorship from companies that market foods for infants and young children for scholarships, awards, grants, meetings or events as defined in the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions.
- Allocate adequate staffing levels to ensure adequate time for supporting mothers and infants as they begin breastfeeding.
- Strengthen the leadership role of midwives and nurses at national, local and facility levels. Ensure inclusion of midwives and nurses on national breastfeeding committees addressing infant young child feeding/maternal infant and young child nutrition.

This Advocacy Brief was developed by the Global Breastfeeding Collective in collaboration with the Council of International Neonatal Nurses, the International Confederation of Midwives, and BEST Services of Ireland.

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India, 2020

Mother with her baby and health worker with a mask.

Combined District Hospital, District:
Chitrakoot, Uttar Pradesh, India.

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