

ABM Clinical Protocol #7

Model Maternity Policy Supportive of Breastfeeding

(Revised 2025)

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Disclosure

- We do not have any affiliation with the infant food industry nor the pharmaceutical industry.
- The photographs for this presentation come from “Marina Alta” Breastfeeding Photography Contest, from personal files and other free access files. **To be used only for breastfeeding promotion purposes.**

This was a Team effort



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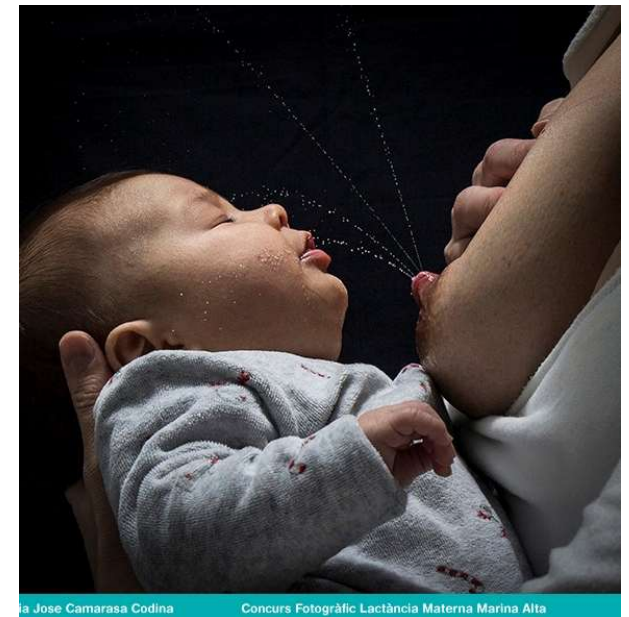
The process of publishing an ABM protocol



A model maternity policy supportive of breastfeeding

Objective: to write a model policy based on latest evidence

- that promotes, supports, and protects breastfeeding,
- including all aspects of maternity care that impact infant feeding directly or indirectly,
- accounting for mothers' self-efficacy and patient-centered care,
- containing all the elements needed to comply with BFHI Step 1b,
- with specific content to support breastfeeding among preterm, lowbirthweight and sick neonates.



Jose Camarasa Codina Concurs Fotogràfic Lactància Materna Marina Alta

Foundations

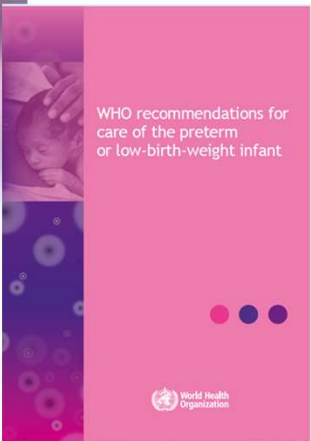
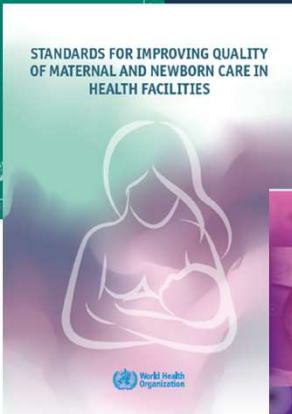
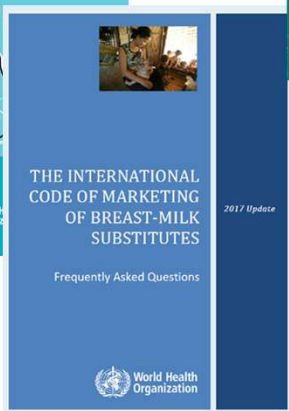
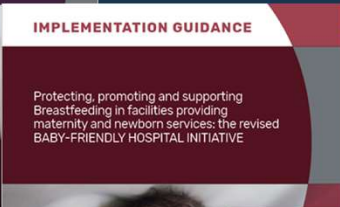
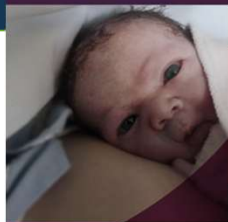


The previous protocol

WHO / UNICEF publications

ABM protocols

Literature systematic search



WHO & UNICEF DOCS AND GUIDES

PROTOCOLS

Advertisers

ABM Publishes Protocols to Facilitate Best Practices in Breastfeeding Medicine

<https://www.bfmed.org/protocols>

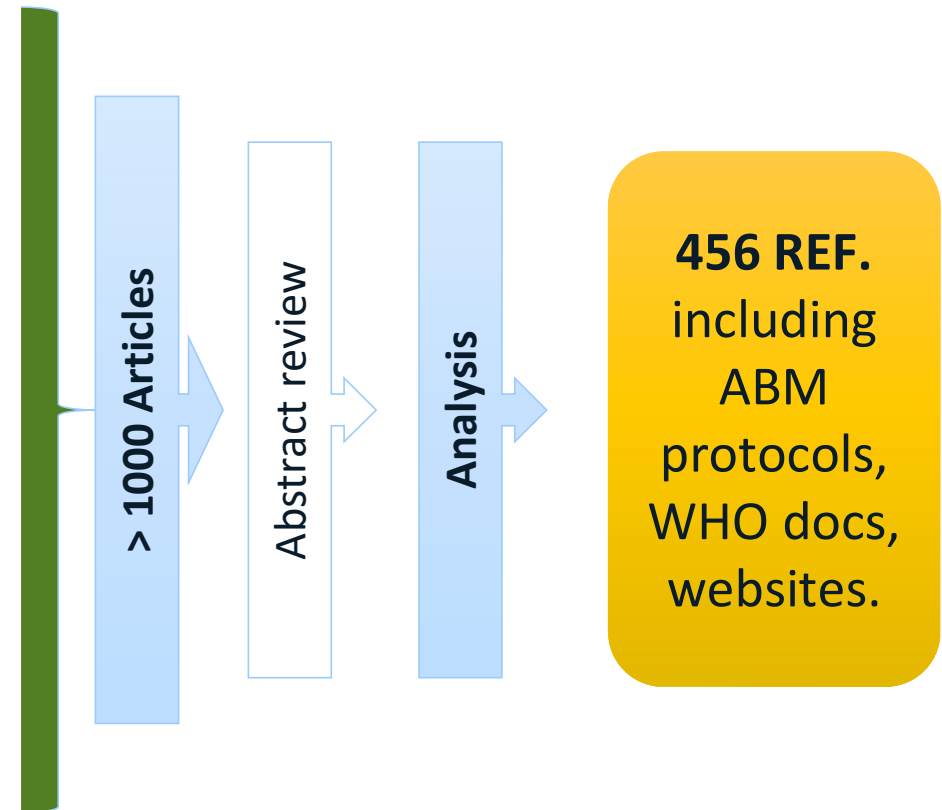
[ABM Protocols#](#)

[1,2,3,5,6,10,12,14,19,21,26,28,33,35,36,37](#)

LITERATURE SEARCH: Pubmed, CINAHL, EMBASE, Web of Science


SYSTEMATIC SEARCH

- 2018-2025
- SEARCH:
 - “BREASTFEEDING” (major topic) and “POLICY” OR “TEN STEPS” OR “BABY-FRIENDLY INITIATIVE” OR “BFHI” OR “SKIN-TO-SKIN” OR “ANTENATAL” OR “HEALTH PROFESSIONALS TRAINING” OR “INTERNATIONAL CODE OF MARKETING OF BREAST MILK SUBSTITUTES” OR “PACIFIERS” OR “BOTTLES” OR “SUPPORT” OR “DEMAND FEEDING” OR “SUPPLEMENTATION” OR “COMMUNITY SUPPORT” OR “FIRST HOUR”(in TITLE/ABSTRACT)



Assigned levels of evidence (LOE)

GRADE was used in 2017 version of the protocol

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BREASTFEEDING MEDICINE
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DOI: 10.1089/bfm.2020.0272

Public Health Policy

References

Academy of Breastfeeding Medicine Recommendations on Changes to Classification of Levels of Evidence for Clinical Protocols

Lori Feldman-Winter,¹ Melissa Bartick,² Kathleen Marinelli,³ Tomoko Seo,⁴ Elizabeth Stehel,⁵ and Amanda Adams⁶

Background

THE ACADEMY OF Breastfeeding Medicine (ABM) has engaged in developing, publishing, and updating clinical protocols by volunteers for the international community of physicians and other health care professionals dedicated to breastfeeding since the publication of its first protocol, *Hypoglycemia*, in 1999. These protocols are translated by volunteers into multiple languages and made available through online links on the ABM website (www.bfmed.org) to facilitate optimal practices in breastfeeding medicine. During protocol development, the authors, under the direction of a “shepherd” from the ABM Protocol Committee, review the

dence, the strengths and weaknesses of their adoption, and the utility of each one given the nature of breastfeeding research. Special attention was given to the international scope of the ABM membership, volunteers, and audience for clinical protocols. The subcommittee met several times by video conference and communicated further through e-mail from July through September 2019. Articles evaluating various rating systems were reviewed and each subcommittee member was asked to submit a recommendation for which one they recommended and their reasons. The following classification systems and articles assessing their strength and weaknesses were reviewed: Appraisal of Guidelines for Research and Evaluation (AGREE), Grading of Re-

Annotated bibliography

2025 ABM#7 ANNOTATED BIB .xlsx

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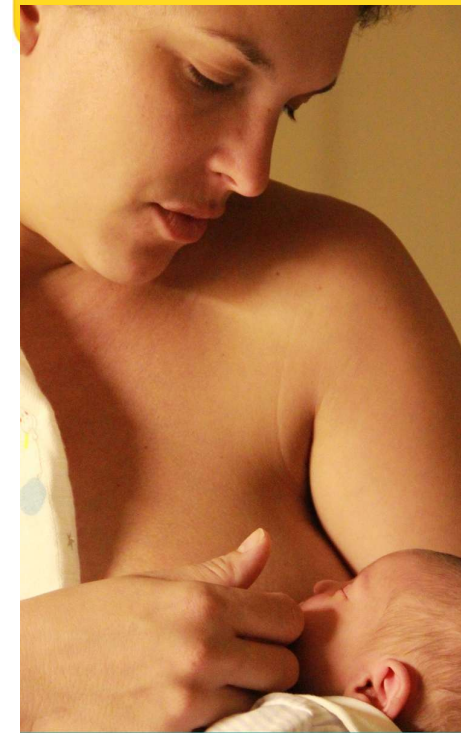
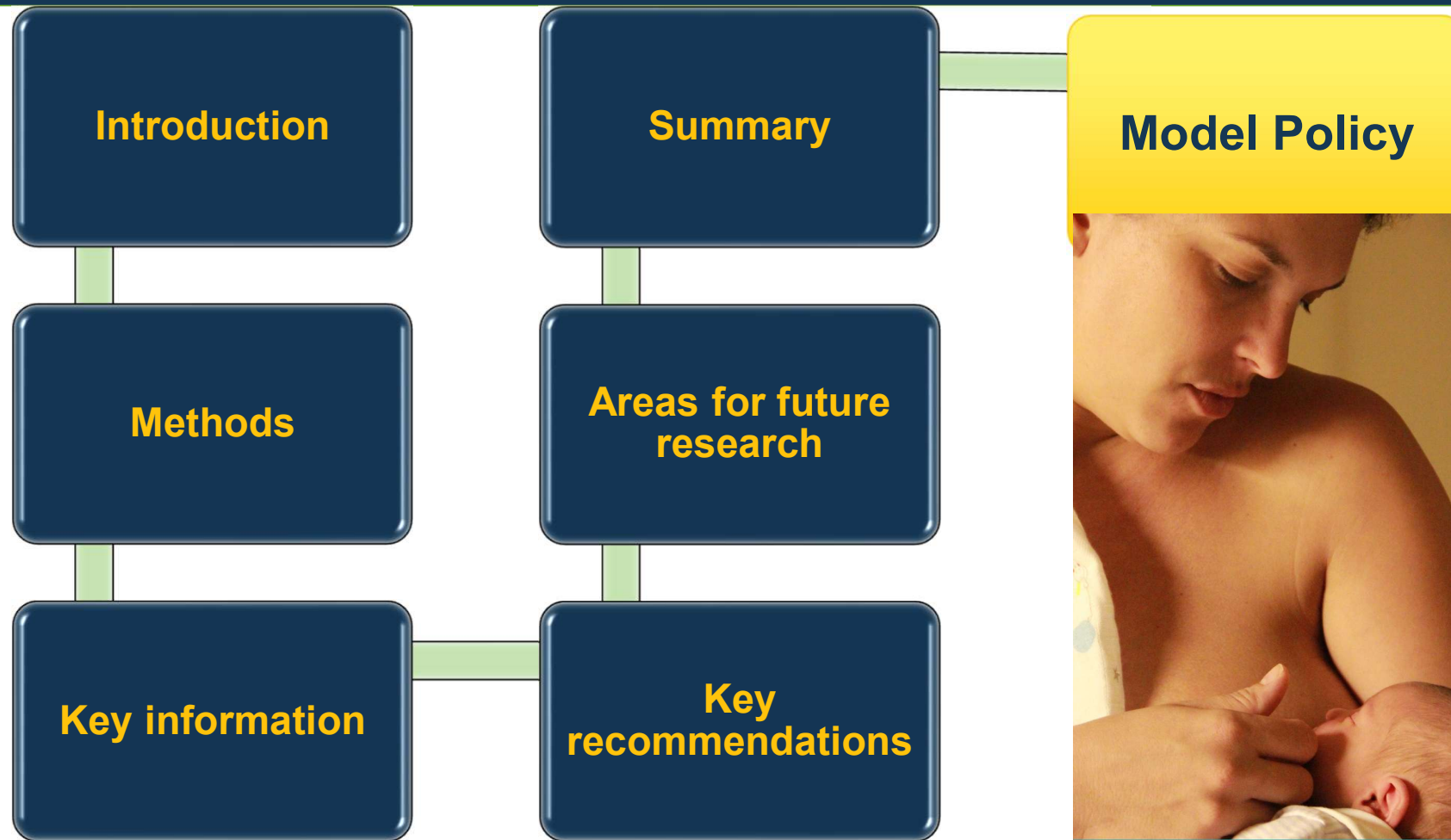
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A	B	C	D	E	F	G	H	I	J	K
Section in the article	Topic in the section	Year	Author	Reference		Abridged Annotation	Study type	Level of Evidence (SORT)	Comments to SORT	Other comments
59	Gender /adoption/ surrogacy	Gender issues	Gender issues	Gender issues	Gender issues	Gender issues	Gender issues	Gender issues		
60	Policy	Postnatal breastfeeding education	2023	Aktürk	Aktürk NBK, Kolcu M. The effect of postnatal breastfeeding education given to women on breastfeeding self-efficacy and breastfeeding success. Rev Assoc Med Bras (1992). 2023;69(8):e20230217.	OBJECTIVE: This study was conducted to determine the effect of postnatal breastfeeding education given to women who had normal vaginal and cesarean delivery on breastfeeding self-efficacy and breastfeeding success. METHODS: This is a pretest-posttest randomized controlled quasi-experimental study. This study included 76 women (38 intervention group and 38 control group) who gave birth in a women's and children's diseases training and research hospital. ClinicalTrials.gov Identifier: NCT05666817. The data were collected by means of the introductory information form, breastfeeding knowledge level diagnosis form, LATCH scale, and postnatal self-efficacy scale. In the evaluation of the data, independent group t-tests and dependent group t-tests were used. RESULTS: Research findings indicate that the women's breastfeeding knowledge level, LATCH scale, and postnatal breastfeeding self-efficacy scale scores were statistically higher than the control group in the post-test (p<0.05). CONCLUSION: It was found by the researchers that postnatal breastfeeding education is effective in increasing the level of breastfeeding knowledge, breastfeeding success, and breastfeeding self-efficacy.	RCT found showing moms an education intervention improved their self efficacy and breastfeeding success	RCT	1 A	Not a big study
61	Policy	Supplements, Preterm	2022	Çelik	Çelik F, Sen S, Karayagiz Muslu G. Effects of oral stimulation and supplemental nursing system on the transition time to full breast of mother and sucking success in preterm infants: A randomized controlled trial. Clin Nurs Res. 2022;31(5):891-90	This study aimed to investigate the effect of oral stimulation and a supplemental nursing system on the time to full maternal breastfeeding and sucking success in preterm infants. The sample consisted of 70 preterm babies. Oral motor stimulation and a supplemental nursing system were applied to the preterm infants in the experimental group, while no intervention was applied to those in the control group. Significant differences were found between the two groups concerning transition time to oral feeding, transition weight, transition time to full maternal breast, discharge age, duration, and weight, LATCH mean scores, continuing to suck in the first month after discharge, and weight averages. Oral stimulation and a supplemental nursing system shortened the transition period to oral feeding and full breastfeeding, increased breastfeeding rates and the sustainability of breastfeeding, and did not affect the period of discharge and vital signs during feeding in preterm babies.	Randomized trial of SNS in 70 preterm infants found it was better than no intervention for breastfeeding	RCT	1 A	
	gender		2022	Coleman (WPATH)	Coleman E, Radix AE, Bouman WP, Brown GR, de Vries ALC, Deutsch MB, et al. Standards of care for the health of transgender and gender diverse people, Version 8. Int J Transgend Health. 2022;23(Suppl 1):S1-S259.	No abstract but this is the World Authority on Transgender Medicine's newest Standards of Care	ANSWER FROM MELISSA: I included it because, as the citation says, it supports the use of asking people about their pronouns. It supports respectful	Committee Standards	2-3 B	This is the evidence for use of pronoun mention transgender patients, we n standard. OK for me (Maite)

4 Thematic Pivot Table 1 alphabetical SEARCH TERMS

Content: the protocol outline



Introduction



This protocol considers the needs of any infant and any parent to bond and get help with infant feeding, while protecting breastfeeding as the normative way of feeding the human infant. The protocol and attached policy also include

Key information

Breastfeeding for all at-term infants

The Baby-Friendly Hospital Initiative

Breastfeeding for preterms, LBW, sick neonates

The Code

Patient-centered respectful maternity care practices during labor and birth

New information

New content about social determinants of health

New guidance to use cups for preterm feeding to favor breastfeeding

Updated guidance on care for HIV+ mothers

New information on safe rooming-in practices

Immediate skin-to-skin contact recommended for all newborns including preterm and LBW

Key Recommendations

	LOE	GR (SORT)
Adopt a Hospital Infant feeding policy that directs the implementation of the Baby-Friendly Hospital Initiative	1	A
Include directions in the Policy that specifically protect breastfeeding and the provision of human milk for preterm, LBW and sick infants	1	A
Include the need to abide by the International Code of Marketing of Breast Milk Substitutes	1	A
Utilize patient-centered, evidence-based, culturally sensitive and respectful care during labor, birth and postpartum	2	B

Who is covered in the policy?

- Birthing mothers
- Adoptive parents
- Transgender/gender diverse parents
- Intended parents through surrogacy

“Mothers” refers to all of these parents.



Photo: Wladimir Torres & BBC

Sections in the Model Policy

Policy Fundamentals



The Code



HCP Competencies and training



Antenatal care



Labor and Delivery Care



Immediate postpartum care



Immediate breastfeeding support



Breastfeeding support



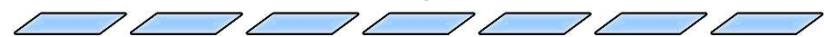
Exclusive breastfeeding



Avoiding mother infant separation



Responsive feeding



Avoiding pacifiers



Continuum of care



Breastfeeding Support preterm



Additional considerations



Policy fundamentals

1. The institution Promotes breastfeeding(BF)_because
 - It is the biological norm
 - Artificial feeding carries considerable health risks
 - Ensures adequate support to artificial feeding
2. Recognizes the Baby-Friendly Hospital Initiative as the best and most efficacious intervention to improve maternity care
3. Includes perinatal care practices that influence delivery method and affect breastfeeding and maternal satisfaction

Policy fundamentals Points 1-10

- The policy recognizes the need to implement the BFHI and the Ten Steps as standards of care
- Deals with all the critical management procedures to support breastfeeding and the Code
- Recognizes the responsibilities of the Institution
- A Breastfeeding committee shall be named
- Monitoring practices and indicators



Policy fundamentals

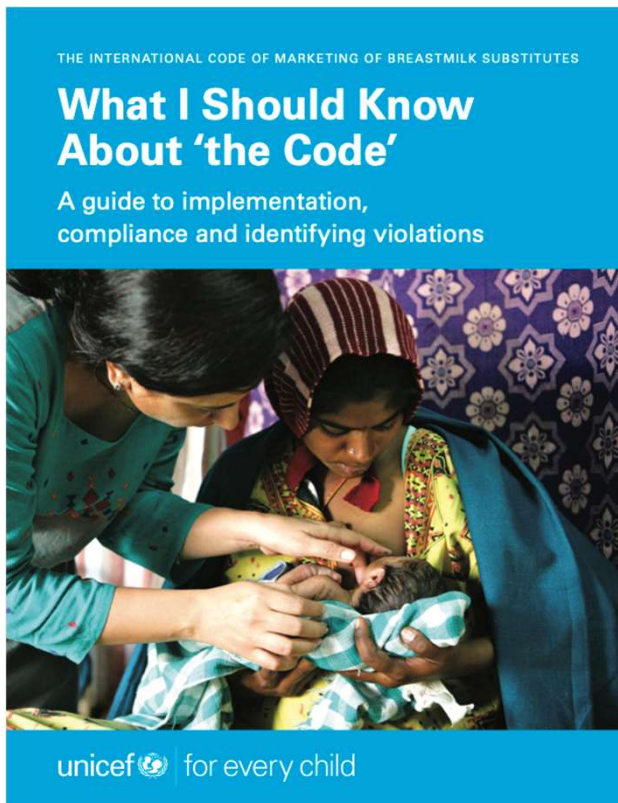
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- c. Breastfeeding indicators are incorporated into the facility quality-improvement monitoring system.¹³ This facility protects and supports breastfeeding for its employees, allows for breastfeeding breaks, and has suitable areas available where all workers (including residents) may breastfeed, express, and store their milk in appropriate conditions.^{35,204,234–237}

Protecting breastfeeding and avoiding conflicts of interest



The Code



- Violations of The Code clearly undermine breastfeeding and impact commercial determinants of health.
- Commercial milk formula (CMF) industry uses predatory practices to promote products, feeding bottles and teats for infants/children 0-3 years.
- HCPs should avoid conflicts of interest from accepting gifts (food, free conferences, subsidized materials or training) from the CMF industry.
- Sponsorship alters professional attitudes.

Competent healthcare workers

<https://www.who.int/publications/i/item/9789240008854>

This facility ensures that all HCP who provide education, assessment, support, assistance and/or follow-up related to infant feeding have the competencies needed for appropriate breastfeeding management, counseling and support.

COMPETENCY VERIFICATION TOOLKIT

ENSURING COMPETENCY OF
DIRECT CARE PROVIDERS TO
IMPLEMENT THE BABY-FRIENDLY
HOSPITAL INITIATIVE



unicef 

 World Health
Organization

Verifying providers' competencies



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TABLE 3. COMPETENCIES TO BE VERIFIED AMONG HCP WORKING WITH MOTHERS AND INFANTS IN MATERNITY FACILITIES^a

1. Implement the Code in a health facility.
2. Explain the facility's infant feeding policies and monitoring systems.
3. Use listening and learning skills whenever engaging in a conversation with a mother.
4. Use skills for building confidence and giving support whenever engaging in a conversation with a mother.
5. Engage in antenatal conversation about breastfeeding.
6. Implement immediate and uninterrupted SSC.
7. Facilitate breastfeeding within the first hour, according to cues.
8. Discuss with a mother how breastfeeding works.
9. Assist a mother in getting her infant to latch.
10. Help a mother respond to feeding cues.
11. Help a mother manage milk expression.
12. Help a mother breastfeed a low birthweight or sick infant.
13. Help a mother whose infant needs fluids other than breast milk.
14. Help a mother who is not feeding her infant directly at the breast.
15. Help a mother prevent or resolve difficulties with breastfeeding.
16. Ensure seamless transition after discharge.

^aSource: WHO 2020.⁴⁷

HCP, health care personnel; SSC, skin-to-skin contact.

Antenatal education

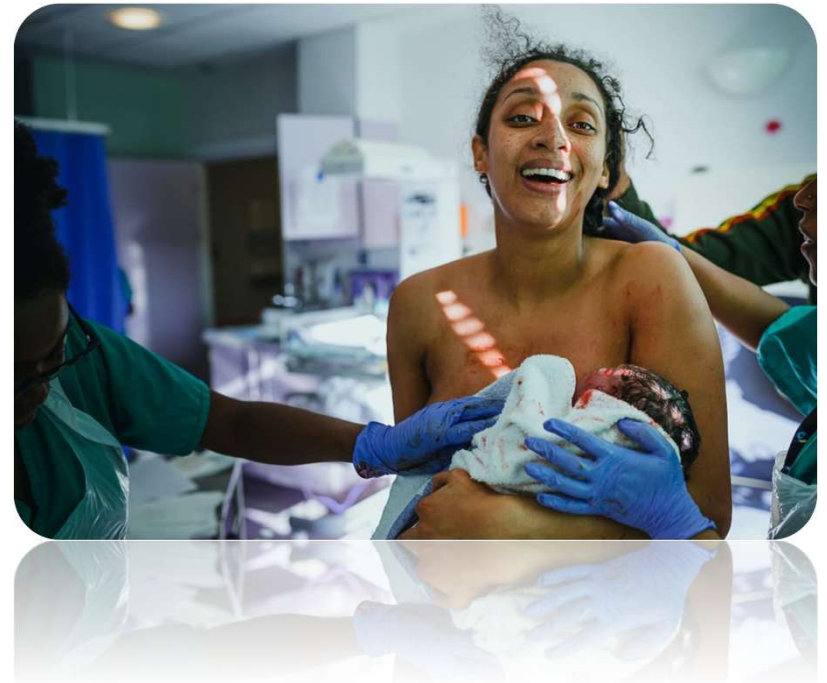
- Individual and in group activities
- Personalized counselling, tailored to each family needs
- Factual information and tools to facilitate their breastfeeding experience
- Sessions planned to start early
- Led by midwives or lactation specialists
- Counselling about birth



Labor and delivery care

Physiological labor and birth will be promoted, and harmful practices and unnecessary outdated interventions will be avoided

- Up-to-date written guidance to minimize the risk of cesarean and instrumental vaginal deliveries



Skin to Skin contact

Immediate and uninterrupted SSC is offered and encouraged to all mothers and newborns, after vaginal and cesarean births, regardless of the feeding method chosen and including preterm and LBW infants, unless the health status of mother and/or infant contraindicates it. LOE 1



Early breastfeeding initiation

Help for all mothers to BF within the first hours of life

Facilitate first latch or offer help if the infant does not latch in first hour

Preterms need special help to ensure latch

Family included in all education and demonstration activities



Providing breastfeeding support

Observe>>hands off>>Hands over hands

Register feeds in infant chart

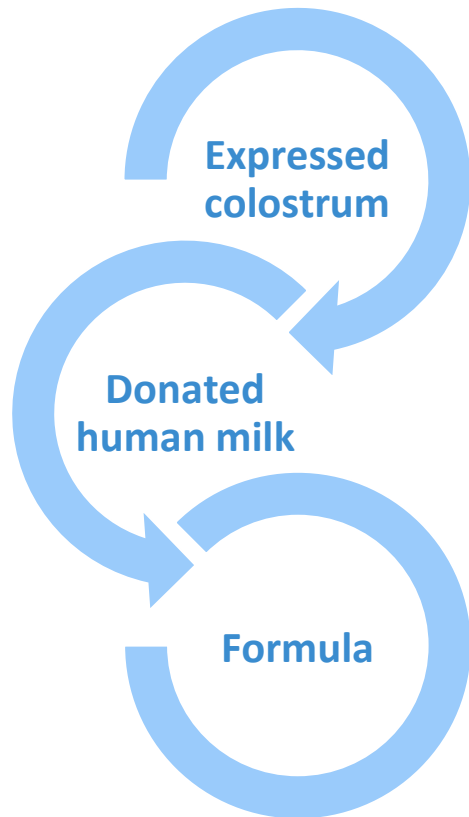
Empower mother to find optimal position

Demonstrate good latch

Point out hunger cues



Support exclusive breastfeeding



- Encourage mothers to express into infant's mouth



- Avoid using teats



- Assess breastfeeding carefully



- Document supplements

Rooming in

In this facility, we recognize and facilitate the need for all mothers and healthy term babies to remain together 24 hours per day for their mutual well-being, regardless of parent's feeding choice, or delivery method



Responsive feeding



No scheduled feeding

No limits placed on length of feeding

Offer both breasts

Cluster feedings normal at first

At least 8 feeds/day

Supplements and teats



- No supplements unless medically indicated or by request
- Avoid bottles and teats
- Cup feeding has best evidence
- Pacifiers OK in preterm if mom is not available



Support Breastfeeding for preterms

Facilitate early and unrestricted KMC

Support breastfeeding, mother's own milk, donated human milk

Facilitate pumping (and starting early)

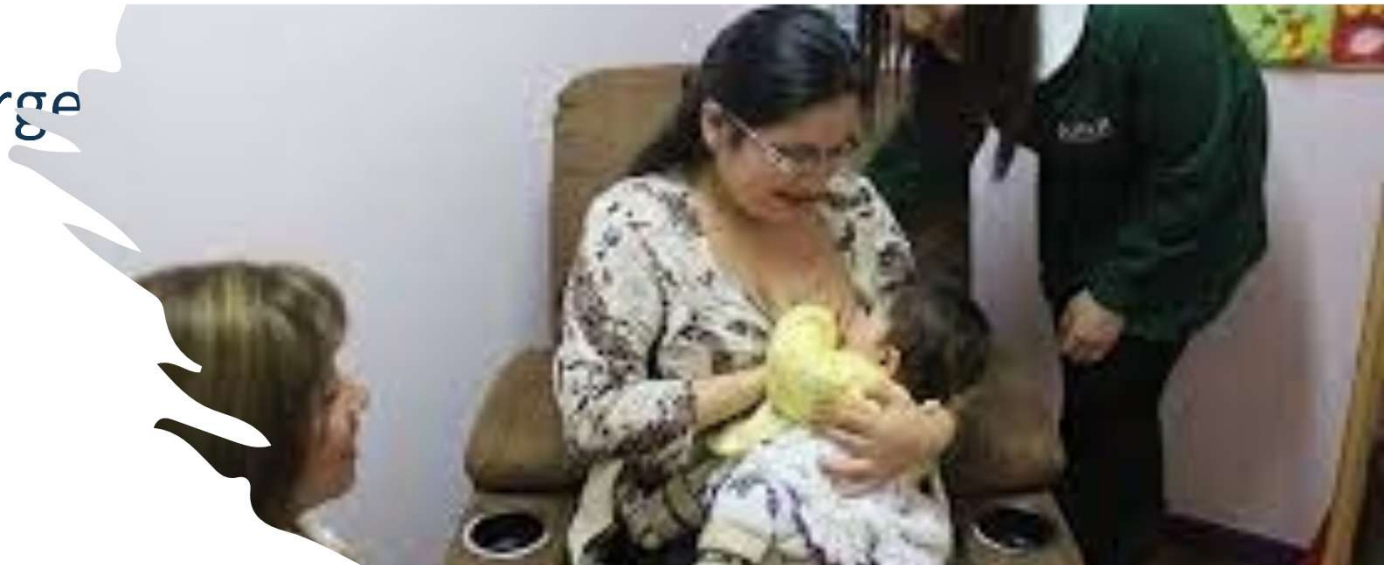
Offer families unlimited stay at NICU

Favor use of cups or tube feeding to bottles



Continuum of care / Going home

- Ensuring continuity of care-coordinated care
- Ensuring breastfeeding wellness before discharge
- Collaboration with community programs



Additional considerations

This institution will use evidence-based sources for medication safe use with lactating mothers such as LactMed, InfantRisk or <http://www.e-lactancia.org>.

e-lactancia EN SUBSCRIBE DONATE NOW

4

Is it compatible with breastfeeding?

Check the compatibility of Breastfeeding with 29,311 terms

Some examples: Ibuprofen, Coumadin, Goli berries, Ethylotherapy
Last update: Oct. 10, 2020, 8:21 p.m. (CET)

For breastfeeding
Breastfeeding is the healthiest phenomenon for babies and mothers at any time and place. Very few situations justify its contraindication.

More than medications
Medical prescriptions, phytotherapy (plants), homeopathy and other alternative products, cosmetics and medical procedures, contaminants, maternal and infant diseases.

Made by professionals
Indications from e-lactancia are made by APILAM's pediatricians and pharmacists so you can easily find the information you need.

www.e-lactancia.org

Diapositiva 36

- 6 **Would include a photo depicting LactMed as well.**
Melissa Bartick; 30/07/2025
- 4 **Agree**
Maite HERNANDEZ AGUILAR; 30/07/2025

Tables

TABLE 2. ABSOLUTE AND RELATIVE CONTRAINDICATIONS TO BREASTFEEDING

<i>Mother's conditions</i>	
Ebola virus	Suspected (until ruled out) or confirmed maternal Ebola virus. ^{a,b}
Herpes virus	Mothers with active herpetic lesions on the breast(s) must not feed with the affected breast but can with the other. (Expression and discarding of milk should be encouraged to maintain milk supply until breastfeeding is resumed.) ^{a,b}
HIV	Maternal Human Immunodeficiency Virus infection is a contraindication to breastfeeding in areas where artificial feeding is feasible, affordable, sustainable, and safe and the mother is not on antiretroviral therapy and/or does not have a suppressed viral load during pregnancy (at a minimum throughout the third trimester) and at delivery. Mothers with HIV who are on antiretroviral medication with a sustained undetectable viral load and who choose to breastfeed should be supported in these decisions. ^{b,c}
HTLV I and II	Mothers with human T cell lymphotropic virus (HTLV) type I are advised not to breastfeed in many countries. Mothers with HTLV I in some countries, and mothers with HTLV II, may be offered the choice of short-term breastfeeding after shared decision-making. ^{b,d,e}
Varicella	Mothers with onset of Varicella within 5 days before or up to 48 hours after delivery, until no longer contagious. Mothers should be encouraged to express milk for infant feeding. ^{b,e}
Brucella	Brucellosis, until treated for 48–96 hours. ^{b,e}
Tuberculosis	Mothers with active, untreated pulmonary tuberculosis (until no longer contagious: 15 days of treatment) should not breastfeed, but the infant can be given the mother's own expressed milk. However, unless the diagnosis has been made in the 15 days predelivery, the infant will have been exposed by the time of the diagnosis and must receive prophylaxis with isoniazid. There might thus be no reason to separate them if the infant is already being treated. Expert consultation is advised. ^{b,e}
Medications	Treatment with some medications, such as chemotherapy, may require temporary or permanent cessation of breastfeeding. Check with InfantRisk.com, E-lactancia, Lactation Study Center, Hale's webpage, or other locally available accurate resources. ^{f,g,h,i}
Illicit drugs	Current use of illicit drugs (e.g., cocaine, heroin, phencyclidine) as determined on a case-by-case basis by the infant's health care provider. ^j
<i>Infant's conditions</i>	
Inborn errors of metabolism	Galactosemia, except for Duarte variant, in which partial breastfeeding is possible. ^k Primary lactase deficiency. ^l Other inborn errors of metabolism that may allow for partial breastfeeding but require supplementation with specific commercial milk formula formulations (phenylketonuria, maple syrup disease). ^{m,n,o}

References: ^aCDC (2023)⁶⁴; ^bWorld Health Organization⁶⁵; ^cPerinatal HIV Clinical Guidelines⁶⁶; ^dItabashi et al. (2023)⁶⁷; ^eMeek (2022)⁶⁸; ^fInfantRiskCenter⁶⁹; ^gE-lactancia⁷⁰; ^hHale and Krutsch (2023)⁷¹; ⁱLactation Study Center⁷²; ^jHarris et al. (2023)⁷³; ^kDemirbas et al. (2018)⁷⁴; ^lToca et al. (2022)⁷⁵; ^mKalvala et al. (2023)⁷⁶; ⁿZuvadelli et al. (2022)⁷⁷; ^oVitoria-Miñana et al. (2023).⁷⁸

Thank you

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ABM PROTOCOL

Academy of Breastfeeding Medicine Clinical Protocol #7: Model Maternity Policy Supportive of Breastfeeding

Maria-Teresa Hernández-Aguilar,¹⁻³ Melissa C. Barlick,^{4,5} Paula K. Schreck,⁶ and Elise M. Chapin^{2,7}

Abstract

Background: The Baby-Friendly Hospital Initiative is a WHO-UNICEF evi

The screenshot shows the ABM website interface. At the top, there is a navigation bar with links for HOME, ABOUT, JOIN, SUPPORT ABM, MEMBERS, MYABM, EVENTS, RESOURCES, and ANNUAL MEETING. Below the navigation bar, the 'PROTOCOLS' section is highlighted, featuring a sub-header 'PROTOCOLS' and a brief description: 'ABM publishes protocols to facilitate best practices in breastfeeding medicine. These protocols serve as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to an individual patient's needs.' A prominent orange button reads 'Help Keep ABM Protocols Free For All'. Below this, a smaller line of text states: 'The Academy of Breastfeeding Medicine develops evidence-based protocols to guide clinical practice'. To the right of the main content, there is a 'Quick Links' section with buttons for 'Education Center', 'Protocols', 'Position Statements', 'Patient & Practitioner Handouts', and 'Physician Finder'. A 'Return To Top' button is also visible. At the bottom right, there is an 'Advertisers' section.

Free Access to the protocols at www.bfmed.org

If you are interested in translating the protocol to your own language contact abm@bfmed.org for a template