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Breastfeeding promotion in Campania: what happens in childbirth centres?

Letizia Capasso¹, Clara Coppola¹, Roberta Albachiara¹, Marta Palma¹, Chiara Colinet¹, Speranza Cioffi¹ e Francesco Raimondi¹ on behalf of Campania Section of Italian Society of Neonatology

¹University Federico II of Naples, Dept. of Translational Medicine, Section of Neonatology.

Campania section of Italian Society of Neonatology are: Attilio Romano, Alessandro Scoppa, Letizia Capasso, Roberto Cinelli, Raffaele Coppola, Antonio Criscuolo, Sergio Maddaluno and Elena Bernabei.

ABSTRACT

Italian Ministry of Public Health and the most important Scientific Societies held a technical meeting in 2015 to subscribe a unifying document, containing recommendations on the best practice in breastfeeding. Objective of this study is to evaluate childbirth centres' adherence in Campania region to such recommendations on breastfeeding promotion. This is descriptive, observational study through a email questionnaire send to each childbirth centre in Campania region, structured in 4 items (centres characteristics, health professionals' formation, structure organization, promoting breastfeeding programme) regard breast feeding promotion. Our results show that childbirth centres appear quite updated in perinatal care (birthing classes, precocious skin to skin contact, rooming in, 24-hour-open nursery) although they need to be further improved. In conclusion, we identified as field of improvement for breastfeeding promotion in Campania as recommended by Public Minister of Health that "rooming in " needs to be 24/24H, the skin to skin contact needs to be extended to the first 2 hours. Moreover, two areas must be improved too: on obstetrician side, to reduce the caesarean delivery rate (nowadays the highest in Italy), and on the paediatric one, to avoid faulty behaviours (excessive use of glucose solution and of formula milk before breast feeding initiation).

Keywords: breast feeding; neonate; birth centre organization.

SOMMARIO

Nel 2015 il Ministero della Salute insieme con le principali società scientifiche ha emanato un documento tecnico contenente raccomandazioni sulla promozione dell'allattamento materno. Lo scopo di questo lavoro è quello di valutare l'adesione dei centri nascita in Campania alle politiche di promozione dell'allattamento al seno. Si tratta di uno studio descrittivo osservazionale, basato sulla somministrazione, a tutti i centri nascita campani di un questionario a risposta chiusa, erogato tra Dicembre 2016 e Gennaio 2017. L'analisi da noi condotta rappresenta una fotografia della situazione attuale campana, mettendo in luce l'organizzazione dei punti nascita in relazione alla promozione dell'allattamento materno. Le strutture sanitarie analizzate in parte hanno recepito la necessità di riorganizzare l'assistenza perinatale (corsi pre parto, contatto skin to skin precoce, rooming in, nido aperto,) in modo da favorire la promozione dell'allattamento materno ma è necessaria una ulteriore implementazione di tale riorganizzazione. In conclusione abbiamo individuato come aree da implementare per migliorare l'aderenza alle raccomandazioni sulla promozione dell'allattamento materno in Campania che il rooming in deve essere 24/24 H, il contatto skin to skin deve essere preferibilmente per le prime 2 ore dopo il parto. Tale miglioramento non può prescindere dal ridurre il tasso dei tagli cesarei, tra i più alti in Italia e di centri nascita con meno di 1000 parti per quanto riguarda la parte ostetrica ma è necessario anche un maggior impegno nell'evitare da parte dei pediatri la prescrizione di latte o glucosata in attesa della montata latte se non strettamente necessario.

Corresponding Author: Letizia Capasso

letizia.capasso@gmail.com

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INTRODUCTION

Breastfeeding is nowadays widely recommended, thanks to WHO and scientific societies' effort in promoting breastfeeding, based on solid, published researches^(1,2). However, exclusively breastfeeding (EBF) prevalence isn't barely sufficient in Italy. Italian Ministry of Public Health and the most important Scientific Societies held a technical meeting in 2015, to subscribe a unifying document, containing recommendations on the best practice in breastfeeding (operators' learning, moms' self-efficacy and ways of promoting EBF)^(3,4). Although, updated data are needed to assess the effectiveness of these interventions and the real adherence to such recommendations. Objective of this study is to evaluate childbirth centres' adherence in Campania region to recommendations on breastfeeding promotion, established by the main Italian scientific society (SIN, SIP, SIPP.) with the Italian Ministry of Public Health. Recommendations are summarized in one document, "The Position Statement on Breastfeeding and use of human milk, 2015"⁽⁴⁾.

MATERIALS AND METHODS

In our descriptive, observational study, we send by email a questionnaire to each childbirth centre (54/54) in our region, structured in 4 items (centres characteristics, health professionals' formation, structure organization, promoting breastfeeding programme) regard breast feeding promotion. We interviewed, by phone or email from December 2016 to January 2017, chiefs or physician in charge of every nursery in Campania. All data collected have been analysed using parametrical analysis, through statistical software SPSS version 21.

RESULTS

Our analysis reached the overall childbirth centres in Campania (54 structures); 74% of them are public health centres. 51,8% of them counts an annual birth rate over 1000, despite Italian public health programme has planned to close centres with less than 1000 births/year. The average prevalence of caesarean sections (CS) has been 56% in 2016, with a minimum of 24% registered in only one birth centre and a maximum of 90% in three different structures (**Table 1**). According to the health professionals' formation, 25 unit on

54 (46,3%) organized classes for physicians, nurses and other operators, to update in theme of EBF and how to promote it. Sixty-one of interviewed people stated to be aware of the Position Statement content and 55,5% of centres (30/54) have an internal protocol on EBF (**Table 2**). In the second cluster of question, we evaluated structural and organizational characteristics, and routinely practice in neonatal feeding. We found out that the so-called "skin to skin procedure" (which consists in keep in contact mother and newborn, soon after childbirth), considered fundamental for mother-son bonding, is adopted in 81% of delivery. This rate refers predominantly to spontaneous delivery than caesarean sections and for few minutes after birth. Fifty units (92,89%) allow rooming in, that only for the 42,6% of them is a 24 hours rooming in. In the remaining centres, the mean duration of rooming in is about 14 hours per day (from a minimum of 2 to a maximum of 20 hours). The 72,2% of childbirth centres have a 24-hours-open nursery (39/54) where mothers can visit their babies whenever they want (**Table 3**). In 50 cases (92,6%) there are operators (i.e. nurses) dedicated to education and mothers' care during breastfeeding. We also found out that 46.3% of neonatal care units use glucose solution waiting for breastfeeding initiation, while the 25.9% of units use formulated milk. In addition, 44 centres on 54 usually prescribe formula if a weight loss greater than 10% is observed, while 7 on 54 usually suggest formula even in case of lower weight loss. Almost half of centres (52%, 28/54) set up an appointment to check out weight and auxological parameters, generally within 6 days from discharge (53,6% of cases), in 28,6% of centres after the first week and in 14,3% of centres (4/28) timing is not well defined. We also evaluated arrangement and quality of every unit promotion programme with the last part of our questionnaire. Thirty-one neonatal care unit (57,4%) set up birthing classes for pregnant women, during which there is a session dedicated to BF. In 51,85% of centres mothers received empowerment on BF with information materials, which are often paper brochures (24 cases), seldom multimedia system (1 case) or both (2 cases). Forty-five on 54 neonatologists interviewed judged mothers' compliance to BF quite good when a correct educational programme during peripartum and puerperal period has been done.

Table 1.
Main characteristics of the birth centres in Campania region.

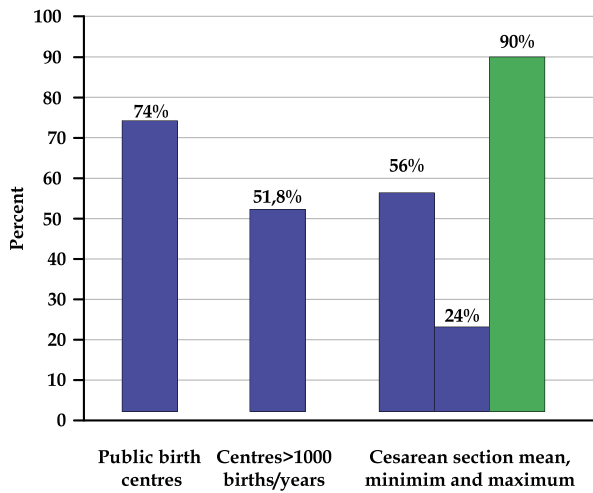


Table 2.
Health Professionals' formation on breast feeding promotion in Campania.

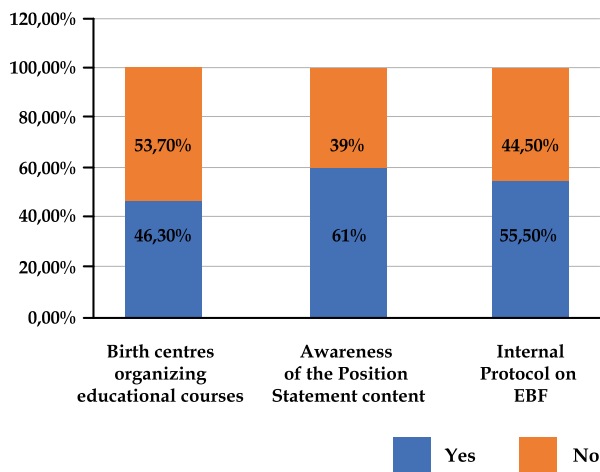
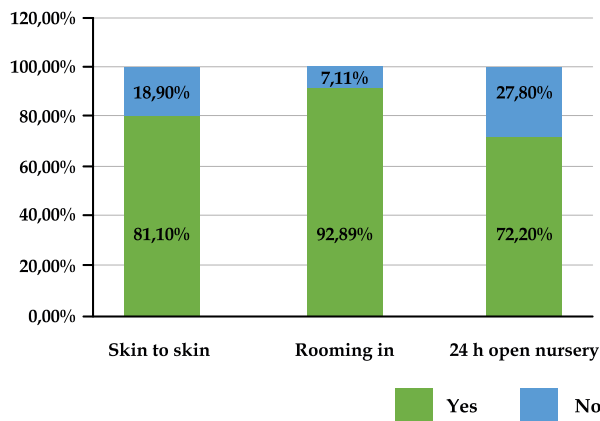


Table 3.
Main characteristics of the birth centres in Campania region. Skin to skin refers predominantly to spontaneous delivery and for only few minutes after birth.



DISCUSSION

The latest data about national birth rate have been collected by Italian Institute of Statistics (ISTAT) in 2013 and 2015⁽⁶⁾. There are not available regional data, except for CEDAP 2014 report⁽⁷⁾. Our study represents a collection of updated (2016) complete regional data on birth centres and promotion of breastfeeding in Campania region. Despite the regional public health planning, in Campania there are still too small childbirth centres, which count less than 1000 newborns per year (51,85%); also, there is also a high rate of caesarean delivery, around 56% of delivery. It is probably a consequence of the high numbers of small birth centres even if the trend of CS is in reduction, compared to the 58,9% registered two years ago. Reduction of CS is a goal of regional health service that will improve also the rate of breastfeeding after birth as universally recognized because natural delivery allows more the skin-to-skin contact and the initiation of BF.

We proved that there are classes and educational programmes dedicated to physicians and nurses on BF, in almost half of our regional structures (46%), and there is a sufficient consciousness of ministerial recommendations on breastfeeding promotion and diffusion of internal operative protocols. These strategies need to be implemented to most all the birth centres because fundamental to improve EBF. These features are indeed recognized to be necessary to join the "Baby Friendly Hospital Initiative - BFHI", promoted by Unicef.

Part of our questionnaire (Table 3) evaluated organisational matters in hospitals/health centres because published data stress the relationship between these aspects and the quality of care and BF^(9,10). Our data show a wide spread of "skin to skin" procedure (performed in 81% of centres) but it is predominantly for spontaneous delivery and only for few minutes after birth not for the first 2 hours as suggested in guidelines for promotion of breastfeeding. Such as the culture of "rooming in" needs implementation because the most of birth centres (92,89%) have rooming in but less than one half of the centres have rooming in 24/24 that is one of the principal determinant for implementation of breast feeding. Indeed, the use of breast milk need to be implemented also in Neonatal Intensive Care Unit were since the beginning because the premature babies are depleted of Immunoglobulins to fight the infections and the colostrum is the only source for mucosal IgA that aren't produced in neonatal period^(11,12,13).

Although local health units made remarkable efforts in these fields, other improvements are essential in first neonatal care to promote BF, especially in nutritional choices. While ministerial guidelines do not support artificial nutrition in first hours/days of life if not strictly necessary, we found out that lots of centres use glucose solution or formula while waiting for breastfeeding initiation. In addition, some neonatologists usually prescribe formula milk for baby with weight loss lower than 10%, and this behaviour is not advisable. A positive result can be registered about birthing classes, organized in 31 childbirth unit on 54, with a distinct section for EBF, very useful to educate parents and promote EBF; moreover about one half of the centres give informative papers to mothers to support breastfeeding. These strategies improve mothers' compliance to EBF, according to health professionals.

In conclusion, although this research has some limits, such as the phone interview, which could be not objective, we strongly believe in this work, as a picture of the actual situation in Campania

of the adherence to "The Position Statement on Breastfeeding and Use of Human Milk, 2015" of Ministry of Health. We gave voice to operators' point of view of any birth centre of the region. Regional childbirth centres regard EBF promotion appear quite updated in perinatal care (rooming in, 24-hour-open nursery, birthing classes) although they need to be further improved. Especially "rooming in" needs to be 24/24H, the skin to skin contact needs to be extended to the first 2 hours after birth with the accurate monitoring of the safety of mothers and child. Two areas must be improved too: on obstetrician side, to reduce the caesarean delivery rate (nowadays the highest in Italy), and on the paediatric one, to avoid faulty behaviours (excessive use of glucose solution and of formula milk before BF initiation). Right now, there is not any other similar regional study on promotion of BF in birth centres to make a comparison. We hope that our results could be enriched and completed in the next years, to evaluate the overall accomplish of public health politic choices in our Region.

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