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# Evidence for the ten steps to successful breastfeeding



FAMILY AND REPRODUCTIVE HEALTH  
DIVISION OF CHILD HEALTH  
AND DEVELOPMENT  
**WORLD HEALTH ORGANIZATION**

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# **Evidence for the Ten Steps to Successful Breastfeeding**

DIVISION OF CHILD HEALTH AND DEVELOPMENT



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# EVIDENCE FOR THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

## INTRODUCTION

The “Ten Steps to Successful Breastfeeding” are the foundation of the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI). They summarize the maternity practices necessary to support breastfeeding. The purpose of this document is to review the evidence for the efficacy of the ‘Ten Steps’, and to provide a tool for both advocacy and education. It is hoped that policies and practices in future will be based on research rather than on conjecture and custom (Inch & Garforth, 1989).

There are a number of papers which present the rationale for some or all of the ‘Ten Steps’ (Perez-Escamilla et al, 1994; Saadeh & Akre, 1996) but there remains a need for a comprehensive and critical review of available evidence.

The BFHI was developed to promote implementation of the second operational target of the Innocenti Declaration:

Ensure that every facility providing maternity services fully practises all ten of the **Ten Steps to Successful Breastfeeding** set out in the joint WHO/UNICEF statement ‘Protecting, promoting and supporting breastfeeding: the special role of maternity services’,

and aspects relevant to health facilities of the third operational target:

Take action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly [WHA] resolutions in their entirety.

The Innocenti Declaration was adopted by the Forty-fifth World Health Assembly in May 1992 in Resolution WHA 45.34.

The BFHI addresses a major factor which has contributed to the erosion of breastfeeding - that is, health care practices which interfere with breastfeeding. Until practices improve, attempts to promote breastfeeding outside the health service will be impeded. Although inappropriate maternity care cannot be held solely responsible for low exclusive breastfeeding rates, appropriate care may be a prerequisite for raising them.

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