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# The feeding of sick and vulnerable newborns: an urgent call for an independent enquiry

No single vaccine or medicine has the life-saving power of breast milk, which has been described as the most specific personalised medicine babies are ever likely to receive.<sup>1</sup> More than 800,000 deaths among children under five could be prevented every year if all babies were breastfed within an hour of birth and then exclusively for the next six months.<sup>2</sup> Yet, the babies most likely to benefit from breast milk are the least likely to receive it; the most vulnerable babies born worldwide each year, including:

- 20 million babies who are born too small<sup>3</sup>
- 15 million who are born too soon<sup>4</sup>
- 8 million born with congenital defects<sup>5</sup>
- 47 million born in fragile settings.<sup>6</sup>

The risk of death for these newborn infants is higher, with low birth weight a factor in 70% of the 2.6 million newborn deaths, one million babies dying from preterm birth complications and 300,000 from congenital defects every year.<sup>7</sup>

Despite these stakes, not much is known about feeding practices among sick and vulnerable newborns. To date, the major breastfeeding policies and programmes – including the International Code of Marketing of Breast Milk Substitutes, the Baby Friendly Initiative and the Bill and Melinda Gates Foundation-funded Alive & Thrive Initiative – have not prioritised sick and vulnerable newborns. Even the landmark *Lancet* breastfeeding series was released in 2016 without a focus on sick and vulnerable newborns.<sup>8</sup>

This lack of attention is all the more concerning as new evidence emerges of breastfeeding's extra benefits for sick and vulnerable babies,<sup>9,10</sup> alongside reports of the harsh realities of feeding these newborns in low resource and fragile settings. Recent evidence of extremely low levels of breast milk feeding among babies in neonatal intensive care units (NICUs) in south Asia, babies born with disabilities in sub-Saharan Africa, and newborns in refugee populations in the Middle East are deeply disturbing.<sup>11</sup>

To rally governments and all stakeholders to invest in a deeper understanding of this issue and advance new solutions, there is now a global effort calling for a large-scale, independent investigation into sick and vulnerable newborn feeding practices. This research would provide the world's first assessment of how sick and vulnerable

newborns are fed in the days and weeks following birth, and of the health and wellbeing of their mothers during this critical period, across several different settings including high, middle and low income populations and urban and rural communities.

Under the umbrella of the Breastfeeding Innovations Team, a global network of more than 200 individuals committed to accelerating innovations with the greatest potential to increase breastfeeding rates, more than 40 organisations have signed an open letter<sup>12</sup> calling for an independent enquiry that would:

1. Document maternal lactation and expression behaviours and feeding behaviours and practices among sick and vulnerable newborns in different settings.
2. Determine the breastfeeding/breast milk initiation rate and typical daily diets for babies during hospital stays.
3. Describe the infant feeding 'eco-system' in the hospital and the level of lactation support.
4. Assess the amount of breast milk that mothers are expressing and infant milk intake to determine how effectively mothers are able to initiate, build and maintain their milk supplies.
5. Report mothers' own experiences of feeding support in facilities.
6. Describe how relevant government and hospital policies and their implementation both help and inhibit access to breast milk for sick and vulnerable newborns.
7. Recommend specific strategies to improve access to breast milk for the sickest and most vulnerable newborns appropriate for the various settings.



It is anticipated that the results of such a multi-year, multi-country investigation would encourage governments to mandate ambitious goals for optimal feeding of sick and vulnerable newborns, and require hospitals and health facilities to invest in new programmes that ensure sick and vulnerable babies receive priority access to breast milk and that their mothers are supported to achieve their breastfeeding goals during this challenging period.

The investigation should also seek clear statements backed by policy guidelines from global health authorities that optimal access to breast milk for sick and vulnerable newborns is critical to achieving the new Sustainable Development Goals, especially reducing newborn deaths (goal 3.2), ending child malnutrition (goal 2.2), and reducing deaths from non-communicable diseases by one third (goal 3.4), and should be a new priority in all breastfeeding policies and programmes.

Several new players and initiatives are emerging with innovations that make it easier and more cost-effective to increase breastfeeding rates among the most vulnerable babies. For example, in 2016 Laerdal Global Health announced Helping Babies Grow, a family of training and therapy products to help save the lives of newborns, especially low birthweight babies, through breastfeeding and skin-to-skin contact.

The All India Institute of Medical Science (AIIMS) recently released the results of an experiment to increase breast milk feeding in its NICU from a very low baseline of 12%. Following introduction of a new education and training programme and technologies that enabled pumping, the breast milk feeding rate increased to 83% in just four weeks. The global health innovation organisation, PATH, is also working closely with several Indian hospitals to establish human milk banks that can increase the supply of breast milk available to India's most vulnerable babies.

Unicef is starting to take a closer look at breastfeeding and newborn survival. The Breastfeeding Advocacy Initiative has highlighted the importance of early initiation of breastfeeding and a new field guide,<sup>13</sup> in partnership with Save the Children, offers special guidance on feeding newborn infants in humanitarian settings. There are also promising signs that the Baby Friendly Hospital Initiative will address the needs of sick and vulnerable newborns in new guidance expected in 2017.<sup>14</sup>

Increasing breastfeeding rates and access to breast milk among the newborn babies most at risk of death and disability is an urgent need – arguably the top priority on the global breastfeeding agenda. Ultimately, however, little will change until governments set ambitious goals for optimal feeding of sick and vulnerable newborns and invest in programmes that make sure these babies have access to the most lifesaving, and too often the only, 'medicine' available: breast milk.

## References

1. **Victora C.G., Bahl R., Barros A.J. et al.** Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016;387:475-90.
2. **Bhutta Z.A., Das J.K., Rizvi A. et al.** Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet* 2013;382:452-77.
3. **World Health Organization.** *Low Birth Weight Policy Brief*. WHO, 2014.
4. **March of Dimes, PMNCH, Save the Children, WHO.** *Born Too Soon. The Global Action Report on Preterm Birth*. WHO: Geneva; 2012.
5. **Christianson A., Howson C.P., Modell B.** *Global Report on Birth Defects*. March of Dimes: New York; 2006.
6. **Organisation for Economic Co-operation and Development.** *States of Fragility Report*. OECD, 2014.
7. **Unicef.** *A Promise Renewed Progress Report*. Unicef, 2015.
8. **The Lancet Breastfeeding Series.** [Online] 2016. Available at: <http://thelancet.com/series/breastfeeding> [Accessed 5 April 2017].
9. **Lewandowski A.J., Lamata P., Francis J.M. et al.** Breast milk consumption in preterm neonates and cardiac shape in adulthood. *Pediatrics* 2016;138 doi: 10.1542/peds.2016-0050.
10. **Meier P.P., Johnson T.J., Patel A.L. et al.** Evidence based methods that promote human milk feeding of preterm infants an expert review. *Clin Perinatol* 2017; 44:1-22.
11. **Greenslade L.** Breastmilk for newborns: a key to sustainable development. [Online] 2016. [www.devex.com/news/breast-milk-for-newborns-a-key-to-sustainable-development-88509](http://www.devex.com/news/breast-milk-for-newborns-a-key-to-sustainable-development-88509) [Accessed 5 April 2017].
12. **Breastfeeding Innovations Team.** *Open Letter to the Global Health Research and Development Community*. [Online] 2017. [www.linkedin.com/pulse/open-letter-global-health-research-development-urgent-greenslade](https://www.linkedin.com/pulse/open-letter-global-health-research-development-urgent-greenslade) [Accessed 5 April 2017].
13. **Save the Children, Unicef.** *Newborn Health in Humanitarian Settings. Interim Field Guide*, 2015.
14. **World Health Organization, Unicef.** *Report of the Baby-Friendly Hospital Initiative Congress: October 24-26, 2016*. [Online] Available at: [www.who.int/nutrition/events/2016\\_bfhi\\_congress\\_report.pdf?ua=1](http://www.who.int/nutrition/events/2016_bfhi_congress_report.pdf?ua=1) [Accessed 5 April 2017].

**The open letter is an initiative of the Breastfeeding Innovations Team.** An alliance of more than 200 individuals and organisations committed to accelerating the development and adoption of the innovations with the greatest potential to increase access to breast milk for babies, especially the sickest and most vulnerable.

To support the open letter, please email Leith Greenslade  
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