

Factors Associated with Rates of Breastfeeding, Skin-to-Skin Contact, 24 Hours Rooming-in Among Baby-Friendly Organizations

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Introduction

Breastfeeding has major health benefits for both children and mothers. Mothers suggested feeding their children breast milk for at least 4 to 6 months or until the babies reach 2 years old by World Health Organization and United Nations Children's Fund (WHO/UNICEF) (American Academy of Pediatrics, 2000). The Baby-Friendly Hospital Initiative (BFHI) is a global movement launched by UNICEF and WHO, focus on hospital care routines during delivery and the first days of life in 1991 (WHO/UNICEF, 1992). The goal of BFHI is to transform hospitals and maternity facilities through implementation of the "Ten steps" and to end the practice of distribution of free and low-cost supplies of breast milk substitutes to maternity wards and hospitals.

The prevalence of breastfeeding between the 1960s and 1980s had a significant decline in Taiwan (Chen and Chi, 2000). Therefore, the central government has launched national programs to promote breastfeeding including the adoption of the Ten Steps to Successful Breastfeeding program since 1991. To ensure hospitals/clinics continuous to implement the baby-friendly policies, Ministry of Health and Welfare (MOHW) started to hold Baby-Friendly hospital certification in 2001. At the end of 2016, there are 187 hospitals and clinics passed the certification and 79.5% of newborns were born in the certified hospitals/clinics. The present study aims to (1) investigate the rates of breastfeeding, skin-to-skin contact and 24 hours rooming-in in Taiwan; and (2) explore the factors may affect the rates of breastfeeding, skin-to-skin contact and 24 hours rooming-in among newborns born in the certified hospitals/clinics.

Results

Approximately 40% of newborns were breastfed during the hospital stay, and an estimated 90% and 20% of newborns received skin-to-skin contact and 24 hours rooming-in. Neonates born in certified hospitals had significantly higher breastfeeding (41.6% vs. 25.6%, $P < 0.001$), skin-to-skin contact (94.6% vs. 78.5%, $P < 0.001$) and 24 hours rooming-in (33.9% vs. 22.3%, $P < 0.05$) rates than those who born in certified clinics. The three rates were no significant difference between the areas of neonates born.

Methods

Data for this study were derived from the Baby-friendly Medical Institute Certification Database in Taiwan. A total of 218,258 newborns who born on Jan 1, 2014 to May 31, 2015 were identified and their breastfeeding, skin-to-skin contact, and 24 hours rooming-in status were retrieved. Basic descriptive statistics were first calculated to describe the newborns in terms of clinical characteristics, followed by ANOVA or Student's t-test to determine the difference in clinical factors.

Conclusion

Our results provided the information about important factor determining the rates of breastfeeding, skin-to-skin contact and 24 hours rooming-in among newborns. To increase the rates of breastfeeding, skin-to-skin contact and 24 hours rooming-in in clinics should warrant further attention when designing baby-friendly policy and medical institutes' certification. The central government also devotes more resources to promoting baby-friendly policy and breastfeeding practices.

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Reference

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Table1: Difference between hospitals and clinics among breastfeeding rate, skin-to-skin contact rate and 24 hours rooming-in rate

	Hospitals (N=142)	Clinics (N=45)	
Breastfeeding Rate	41.60	25.62	***
Skin-to-skin Contact Rate	94.61	78.50	***
24 Hours Rooming-in Rate	33.90	22.32	***

*** $P < 0.001$

Table2: Difference in areas among breastfeeding rate, skin-to-skin contact rate and 24 hours rooming-in rate

Rate (Mean/SD)	Area				
	North	Central	South	East	Island
Breastfeeding Rate	42.43 (23.47)	35.22 (23.03)	30.41 (21.72)	55.73 (33.23)	24.51 (21.35)
Skin-to-skin Contact Rate	89.93 (17.96)	89.18 (18.61)	92.46 (11.94)	88.77 (10.21)	85.59 (20.38)
24 hours Rooming-in Rate	31.43 (26.98)	31.53 (28.26)	28.46 (29.68)	61.17 (37.97)	27.70 (23.16)