REGIONE PIEMONTE
AZIENDA OSPEDALIERO UNIVERSITARIA "MAGGIORE della CARITA'"
Novara

UNIVERSITÀ DEL PIEMONTE ORIENTALE

Corporate Policy for Breastfeeding

INDEX

1. DRAFTING OF THE DOCUMENT

PROPOSING STRUCTURE

STRUCTURE	FUNCTION	SIGNATURE
Health Directorate	Daniela Kozel – Health Director	Signed in original

DRAFTED

NAME AND SURNAME	FUNCTION	SIGNATURE	DATE
Angela Maccagnola	Policy Referent Coordinator of the company working group PAA	Signed in original	

VERIFIED

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2. VALIDATION / VERSION UPDATE

Version No.	MOTIVATION (revision or revalidation)	SIGNATURE only in the case of revalidation	DATE

3. APPROVAL, VALIDITY PERIOD, AND DURATION

The verification of this document prior to approval by the strategic management is the responsibility of the Company Working Group on Breastfeeding and the Company Birth Path Committee.
Once approved, the policy will be disseminated to all staff and published on the company website.
To facilitate its dissemination and awareness among users, within six months of its approval, the policy will be translated into the languages of the nationalities most represented in childbirth admissions to our facility.

Additionally, a poster and a brochure summarizing the contents of the policy will be created to be posted within the AOU and distributed to women/couples, and a QR code linking to the policy will be displayed in various areas of the maternal-infantile section.
The policy is subject to a triennial review, unless earlier updates are required.

4. ACRONYMS / GLOSSARY / ABBREVIATIONS / DEFINITIONS

Breastfeeding promotion	Strategies aimed at spreading the culture of breastfeeding through informative and educational processes based on proven effectiveness.
Breastfeeding protection	Strategies aimed at protecting breastfeeding within social networks and healthcare systems (protection from marketing by manufacturers of breast milk substitutes, protection of breastfeeding mothers in the workplace, family, and society).
Breastfeeding support	Support offered to mothers to begin and continue breastfeeding, helping them manage common difficulties, through the application of good practices and the provision of qualified and competent care.
Responsive feeding	Feeding the baby not at fixed times, but in response to their hunger signals, without a standardized and predefined feeding duration.
PAA	Breastfeeding Policy.
GdL-L-PAA	Local (company) working group PAA.
GdL-N-PAA	National working group PAA.
IAN	Birth Support Meetings.
SIN	Italian Society of Neonatology.
SKIN TO SKIN	Skin-to-skin contact.
SUPC	Sudden Unexpected Postnatal Collapse.
LM	Breast milk.
LMS	Expressed breast milk.
LUD	Donated human milk
DiPSa	Direction of Healthcare Professions
DMPO	Medical Direction of Hospital Facilities

5. KEYWORDS

Words that allow for online search

KEYWORD 1	KEYWORD 2	KEYWORD 3	KEYWORD 4
Breastfeeding	Policy	Maternal	Company

6. LEGISLATION AND OTHER REFERENCE DOCUMENTS

International standards and documents:

- Directive 2006/141/EC of the Commission, dated December 22, 2006, concerning infant formula and follow-on formula, and repealing Directive 1999/21/EC (published in the Official Journal of the European Union no. L401/1 on 30.12.2006)
- EU Delegated Regulation 2016/127 of the Commission dated September 25, 2015, supplementing Regulation (EU) No. 609/2013 of the European Parliament and Council regarding specific composition

and labelling requirements for infant formulas and follow-on formulas, and regarding provisions related to information on infant and young child feeding (Text relevant for the EEA).

- Infant and Young Child Feeding: Standard Recommendations for the European Union - https://www.datocms-assets.com/30196/1613401049-raccomandazioni-alimentazione-lattanti.pdf
- Code for the Marketing of Breast Milk Substitutes – Updated in 2021 - https://www.ibfanitalia.org/cosa-e-il-codice/

National Laws:

- State-Region Agreement of December 20, 2007, published in G.U. No. 32 on February 7, 2008 - "National Guidelines for the Promotion, Protection, and Support of Breastfeeding."
- Articles 9-10-12-13-14-15-16 of Ministerial Decree April 9, 2009, No. 82, "Regulation concerning the implementation of Directive 2006/141/EC on foods for infants and follow-on formula intended for the European Community and export to third countries" - Ministry of Labor, Health, and Social Policies - https://www.gazzettaufficiale.it/gunewsletter/dettaglio.jsp?service=1&datagu=2009-07-07&task=dettaglio&numgu=155&redaz=009G0093&tmstp=1247123707897

Regional Laws:

- DGR No. 34-8769 of 12/05/2008, Regional Socio-Health Plan 2007-2010. Maternal-child area: defining objectives and indicators of the "Birth Pathway."

Procedures / Related Operational Instructions:

- None.

Recommendations and Guidelines:

- Together for Breastfeeding – UNICEF 2022 – Guide for Applying the Steps to Protect, Promote and Support Breastfeeding in Maternity and Birth Pathway Facilities - https://www.datocms-assets.com/30196/1654092830-guida-bfi.pdf
- Guideline Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services – 2017 - https://www.who.int/publications/i/item/9789241550086
- Ministry of Health - Recommendation No. 16 for the Prevention of Death or Permanent Disability in a Healthy Newborn with Weight >2500g Not Related to Congenital Disease – April 2014
- Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services – WHO 2007
- Global Strategy for Infant and Young Child Feeding – WHO/UNICEF – 2005 - https://www.unicef.it/pubblicazioni/strategia-globale-per-lalimentazione-dei-neonati-e-dei-bambini/
- Innocenti Declaration – 1990-2015 - https://www.epicentro.iss.it/allattamento/pdf/innocenti.pdf

Bibliography:

- Series from The Lancet journals Breastfeeding Published: January 29, 2016 - https://www.thelancet.com/series/breastfeeding
- Unveiling the Predatory Tactics of the Formula Milk Industry – For The Lancet Breastfeeding 2023 Series - https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00118-6/fulltext

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7. DISTRIBUTION / DISSEMINATION OF THE DOCUMENT

SUBJECTS	RECIPIENTS	ACTION	METHODS
Corporate Quality Responsibility	- Directors • Quality Referents • RMA • CAS • Coordination Staff (Nursing/Technical) of all Complex Structures • Director of DIPSA	File archiving (measure and regulation) in "SGQ Documents" in the network folder of the SS RCQ Publication on the company Intranet network in the folder "Standard Aziendali"	"SGQ Documents" folder Mailing List for Management DMPO Document archive of the SS RCQ Secretariat Network folder "Standard Aziendali" Notification email of publication to Directors/RQ/RMA/CAS (nursing and technical staff)
Director of the proposing structur	"Capillary" sending to the SSCC via URE with any specific instructions	Archiving of files in the network archive of the structure Archiving of the signed original paper document in the structure's archive	Mail / "widespread" communication dissemination

8. CONTENTS OF THE POLICY

PREMISE

Breastfeeding represents a vital component of every child's right to enjoy the best possible health, while respecting the right of every mother to make an informed decision about how to feed her child based on complete information, supported by evidence of effectiveness, and free from commercial interests.
It is also every mother's right to receive the necessary support to fulfil her decision. The care that the mother and newborn receive in the early days after childbirth is intended to influence the course of breastfeeding, their health, and their lives.
Care for the mother-child pair must be supported by organizational procedures to promote breastfeeding and infant feeding and must be provided by professionals who have developed adequate knowledge and skills to promote and support practices that favour breastfeeding. It is crucial to place the family at the centre, identifying the type of support necessary to sustain parents' choices regarding the feeding and care of their children.
This document applies within the scope of the clinical, assistance, and organizational activities of the Birth Pathway at the Maggiore della Carità Hospital of Novara, focusing on the quality of care offered to women and children in terms of breastfeeding.

OBJECT AND PURPOSE

The company policy for breastfeeding represents the document through which the Maggiore della Carità Hospital of Novara formally, shared, and publicly defines its position on breastfeeding, declaring the value the hospital assigns to breastfeeding and the commitments it assumes at all levels of its organization.

SCOPE OF APPLICATION AND RESPONSIBILITIES

The policy is adopted by all hospital departments involved in the planning, organization, and management of services for pregnant women and breastfeeding mothers, and all structures that assist the pregnant woman or the mother-child pair during breastfeeding.

It is therefore addressed to:

- Strategic management
- DMPO
- DiPSa
- Department Directors
- Heads of structure, Responsible figures, Care Referents, Coordinators, and Staff in the Maternal-Infant Area and all other Departments and Services of the Hospital when assisting breastfeeding women.

All healthcare personnel, according to their position, role, and qualifications, have the duty and responsibility to protect, promote, and support breastfeeding, and must act with common care objectives, providing the user with consistent messages.
Those operating in the organizational management field are responsible for the allocation, management, and organization of resources and care processes, facilitating and supporting healthcare personnel in implementing hospital practices that favour breastfeeding.
Healthcare operators, particularly those in the Maternal-Infant Department, implement and simultaneously verify that defined procedures and protocols are applied. They also ensure that any organizational changes do not penalize breastfeeding.

POSITION STATEMENT

The Maggiore della Carità Hospital recognizes that:

- Breast milk is the gold standard for infant nutrition.
- Breastfeeding has positive effects on the health of both the child and the mother, both in the short and long term.
- Breastfeeding has positive effects on the family and public health: by producing healthier individuals, it generates a healthier society, reducing healthcare spending, with positive effects on future generations. For this reason, the protection, promotion, and support of breastfeeding represent one of the most significant public health interventions in terms of effectiveness and cost/benefit ratio.
- Breastfeeding has positive effects on the environment.
- Breastfeeding promotes the social development of individuals and reduces inequalities.
- Interventions for the protection, promotion, and support of breastfeeding are based on awareness of the complex balance that governs the birth pathway in all its stages, from prenatal to perinatal and postnatal. Therefore, the competence of the staff, the planning, and the organization of care and services are fundamental points for the effectiveness of these interventions.

WORKING GROUP

The Breastfeeding Working Group, established by a specific resolution of the general director, is a multidisciplinary group composed of professionals working both in the maternal-infant area (pediatrician-neonatologist-gynecologist-midwife-nurse-anesthetist) and in organizational-management (medical, nursing, and midwifery direction).
The Breastfeeding Working Group collaborates and works synergistically with the Company Birth Pathway Committee, implementing and monitoring breastfeeding promotion, protection, and support interventions within the hospital.
In particolar:

- Implements the Breastfeeding Policy within the hospital and possibly integrates it.
- Defines and locally adapts postnatal practices that facilitate breastfeeding initiation.

- Verifies clinical procedures/protocols for skin-to-skin contact between mother and newborn, rooming-in, responsive feeding, breastfeeding assistance, management of neonatal weight loss and prevention of dehydration, prevention of hypoglycaemia, management of breastfeeding during neonatal jaundice/phototherapy, prevention and management of nipple pain, prevention, and management of engorgement and mastitis.
- Activates the monitoring of breastfeeding rates at hospital discharge.
- Oversees the progress of the local Breastfeeding Policy project.
- Collaborates with the National Breastfeeding Working Group.
- Ensures that breastfeeding interventions within the hospital are not influenced by commercial interests.

PRIORITY OF NUTRITIONAL CHOICE

The priority in the nutritional choice for the baby at birth and in the case of any subsequent hospitalizations in the hospital follows this order:

1. Maternal breast milk directly from the breast.
2. Expressed breast milk;
3. Banked human milk, with priority use for babies in the Neonatal Intensive Care Unit (TIN);
4. Infant formula.

In all healthcare settings (from the Delivery Room to discharge after birth, in Neonatal Pathology wards, TIN, or in the case of hospitalization of the baby in Pediatrics or TIN after birth, or the hospitalization of the mother for maternal pathologies, even in structures outside obstetrics), regardless of the baby's age and breastfeeding status, the organization and professionals commit to finding solutions that respect and protect the priority of nutritional choice, striving to remove any barriers that may be present.

The use of infant formula occurs only after all possible solutions have been evaluated or in the case of the mother's choice not to breastfeed, provided she is adequately informed.

The hospital complies with the guidelines of the Ministry of Health, which, as a public health measure, recommends exclusive breastfeeding for the first six months of life, continuing with appropriate complementary foods until the mother and child decide otherwise, even up to two years or beyond.

Additionally, the hospital implements all actions and interventions aimed at promoting breastfeeding initiation within one hour after birth.

The hospital respects a woman's choice not to breastfeed, provided she is adequately informed and receives the appropriate support she and the newborn need when using breast milk substitutes.

STAFF TRAINING

The hospital guarantees specific, structured, and accredited training on breastfeeding for medical, nursing, obstetric, healthcare support staff, dietitians, physiotherapists, or other professionals who encounter pregnant women and/or mothers in their service areas.

The duration, programs, and contents of the courses will be defined according to the position and role held.

ASSISTANCE PRACTICES

Within the hospital, the following practices are committed to being implemented:

1. Ensuring that prenatal information on breastfeeding is provided during childbirth preparation classes for women attending the birth centre. This information should be consistent with the care practices and support modalities provided and based on scientific evidence.
2. Implementing and ensuring adherence to "Mother-Friendly Care" based on WHO recommendations for a positive birth experience, as they represent intrapartum care practices that favour breastfeeding.
3. Implementing and/or increasing postnatal practices that, based on current scientific evidence, promote breastfeeding: a. Placing newborns in continuous skin-to-skin contact with the mother immediately after birth for at least two hours after vaginal delivery, supporting the mother in initiating early and appropriate breastfeeding while ensuring safety criteria are met according to the SIN national Position Statement on preventing and managing Sudden Infant Death Syndrome (SIDS) or post-natal collapse.

b. Ensuring that the newborn stays in the same room as the mother (rooming-in) 24 hours a day during their hospital stay ("zero separation") to support responsive feeding. Mothers must be supported in recognizing their baby's behavioural cues and responding to hunger signals. Encouraging unrestricted access to the breast reduces the need for formula supplementation and/or pacifiers, which may interfere with breastfeeding, especially during the first month. The rooming-in and responsive feeding practices are natural behaviours that support the relationship between the mother/family and the newborn. However, they require time, a positive attitude, and adequate knowledge and skills from healthcare staff to properly support mothers. Healthcare providers must offer competent, proactive, and empathetic support, especially in addressing challenges like baby blues, anxiety, latch issues, nipple pain, baby crying, normal neonatal behaviour, jaundice, and weight loss. Essential information should also be provided on lactation physiology and milk production. To improve the quality of information and reduce the risk of incomplete information, a postnatal checklist will be used (Attachment 3 - Postnatal Checklist). Training and clinical protocols are key tools for reducing the risk of inconsistent information transmission.

4. Ensuring the right of mothers to receive support in achieving their breastfeeding goals, helping them initiate and maintain breastfeeding, and assisting with common difficulties while respecting cultural differences, aiming to eliminate any form of inequality.
5. Providing discharge information to mothers and families about available community services (structures, key contacts, operating hours, phone numbers) related to breastfeeding and parenting support. Information about local volunteer resources and the Leche League website will also be shared.
6. Not prescribing infant formula at discharge for newborns whose mothers are exclusively breastfeeding and capable of managing breastfeeding.

These practices are implemented through protocols and/or operational procedures that must be reviewed by the Breastfeeding Working Group and the Hospital Birth Pathway Committee before approval and publication.
Any modifications to protocols, procedures, or organizational aspects that may interfere with breastfeeding will be discussed and agreed upon in advance by the Hospital Management, the Maternal-Infant Department, the Local Breastfeeding Working Group, and the Hospital Birth Pathway Committee.

MONITORING DATA

The hospital commits to monitoring breastfeeding rates at discharge using WHO categories, as represented in the following table, to guarantee comparison with reference standards.
Reporting of these categories will be sent to the local working group and management on a quarterly basis for discussion, defining any necessary improvement or corrective actions.

Nutritional Category	Neonatal Nutrition
Exclusive breastfeeding	Breast milk (LM) and/or expressed breast milk (LMS). (Even if the baby takes dextrose gel, drops, vitamins, minerals)
Exclusive Human Breastfeeding	LM and/or LMS + donated human milk (LUD) or only LUD
Predominant Breastfeeding	LM and/or LMS and/or LUD + water or glucose solution (SG)
Complementary Feeding	LM and/or LMS and/or LUD + formula milk
Non-breastfeeding	Only formula milk

COMMERCIAL INTERESTS

The AOU is committed to containing interventions/actions that are driven by purely commercial interests and that may interfere with breastfeeding.
It is committed to:

Avoiding the distribution of free samples of formula and/or other products covered by the Code on the marketing of breast milk substitutes to mothers.
Refusing the free or low-cost provision of formula.
Avoiding contacts between manufacturers of milk or products covered by the Code on the marketing of breast milk substitutes and parents.
Avoiding the display of branded items from formula manufacturers and/or other products covered by the Code on the marketing of breast milk substitutes in clinics.

9. ATTACHMENTS

Attachment 1 – Prenatal checklist
Attachment 2 – Intrapartum care that supports breastfeeding
Attachment 3 – Postnatal check-list

Ref. document: Angela Maccagnola

Drafted by Angela Maccagnola	Verified by GdL-L-PAA Ivana Rabbone	Approved by: Health Director	Date of issuance: 01/10/2024	Document Status Vers. 0
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Attachment 1 - Prenatal Checklist – Information During Pregnancy (Ref. Company Policy for Breastfeeding)

IMPORTANCE OF BREASTFEEDING

Information	Discussed	Date	Signature
Importance of breastfeeding and the consequences of not breastfeeding for the baby and mother			
Importance of exclusive breastfeeding and the consequences of administering other foods or liquids without medical indications			
WHO recommendations on the duration of exclusive breastfeeding and the introduction of complementary foods while continuing breastfeeding			

INITIATION AND MAINTENANCE OF BREASTFEEDING

Information	Discussed	Date	Signature
WHO recommendations on intrapartum care for a positive childbirth experience (Mother-Friendly Care)			
Skin-to-skin contact immediately after birth and whenever possible			
How to initiate and support breastfeeding after birth			
Common breastfeeding patterns (at least 8 times within 24 hours)			
Responsive feeding and infant cues			
Behavioural states of the newborn			
Consequences of using nipples, bottles, pacifiers, and nipple shields during the calibration period			
Importance of keeping the infant close day and night in the hospital (rooming-in) and at home			
Bed sharing, risks and benefits, and useful precautions to respond to the baby during nighttime hours			
Comfortable and safe positions for breastfeeding			
Importance of eye contact with the infant during breastfeeding			
Signs of effective latch and suckling, and adequate milk transfer			
Signs of adequate milk intake (weight gain, stool and urine)			

MANUAL EXPRESSION

Information	Discussed	Date	Signature
Importance of manual expression			
Methods of expressing and storing breast milk			

LIFESTYLE AND SAFETY

Information	Discussed	Date	Signature
Importance of healthy lifestyles and avoiding smoking, alcohol, and substance abuse during pregnancy and breastfeeding			
Safety at home and in the car, and safe sleep			

ONLY FOR WOMEN WHO SHOW A PREFERENCE FOR THE USA OF FORMULA

Information	Discussed	Date	Signature
Provide respectful support to a woman who may not be considering breastfeeding, helping her make an informed decision about her baby's nutrition			

ONLY FOR WOMEN WHO WILL USE FORMULA

Information	Discussed	Date	Signature
Importance of an acceptable, feasible, affordable, sustainable, and safe substitute feeding (AFASS) approach			
Methods of preparation, storage, and administration of breast milk substitutes			

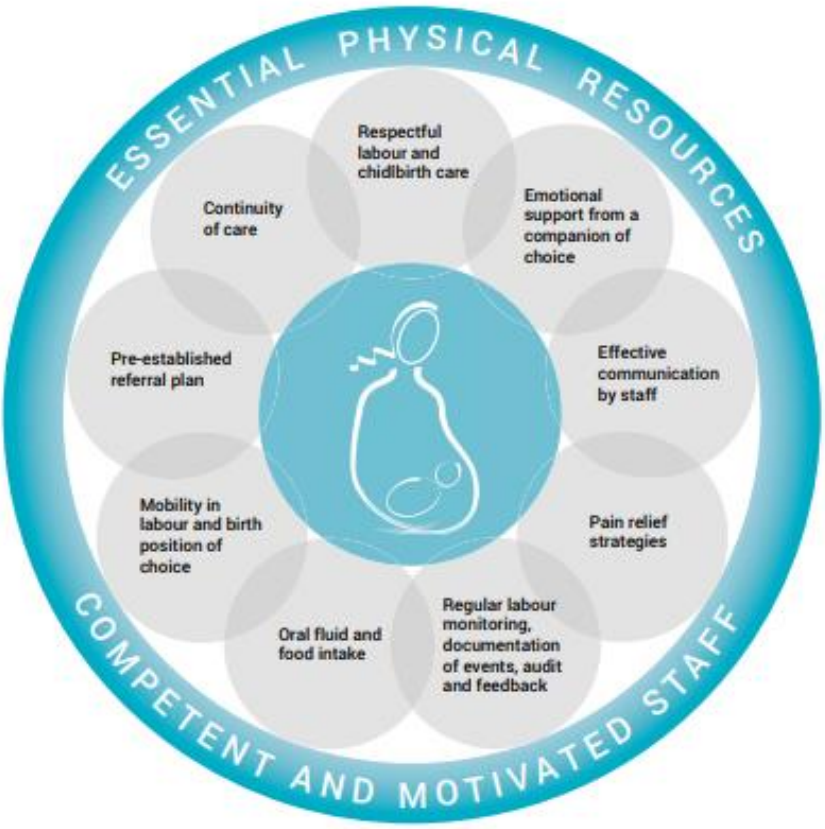
ONCE HOME

Information	Discussed	Date	Signature
Management of milk production			
Prevention and management of the most common breastfeeding difficulties (engorgement, mastitis, etc.)			
Postpartum support network			
Signs from the baby and/or mother indicating the need to contact a healthcare professional			
Compatibility of breastfeeding with most medications			
WHO recommendations on the appropriate age for introducing complementary foods			
Breastfeeding continuing after the introduction of complementary foods			
Managing the mother's return to work			

Attachment 2 - Intrapartum Care that Promotes Breastfeeding (Ref. Corporate Policy for Breastfeeding)

Intrapartum Care that Promotes Breastfeeding - Mother-Friendly Care

Mother-friendly care aims to aid women during labour and delivery in a way that respects physiology and promotes a positive birth experience.
Respecting the informed choices of the woman, mother-friendly care supports the natural processes of birth and encourages a pathway that empowers the woman. The rationale for its implementation is based on the identification of care practices that significantly impact the well-being of the mother, the safeguarding of her dignity, and her rights.
These practices improve the quality of intrapartum care and, consequently, maternal, foetal, and neonatal outcomes. Specifically, they reduce operative deliveries (caesarean sections and vacuum extractions), and complications related to childbirth, facilitate the initiation and continuation of breastfeeding, and promote a positive birth experience.
The quality of the birth experience has profound implications for the health of the woman, the child, and the family. It significantly affects the postpartum period, the mother-child mutual regulation process, the relationship with the child and partner, family reorganization, breastfeeding, and the decision to have subsequent pregnancies.
Mother-friendly care is based on the recommendations for care during physiological labour and delivery outlined in the WHO guidelines, *Intrapartum care for a positive childbirth experience*, and is part of an appropriate care model that must be tailored to each specific context and individual woman.
The principles underlying this care model are illustrated in the following figure and subsequently described. They encompass both the organizational resources, and the skills and attitudes of the staff required to ensure appropriate care for women during labour and delivery.



1. Provision of Respectful Care

All care provided to women during labour and delivery must protect their dignity, privacy, and confidentiality, fully respecting their needs, avoiding harmful treatments or behaviours, and ensuring informed decision-making and continuous support.

2. Emotional Support During Labor/Delivery

Women should be accompanied by a person of their choice who can offer emotional support throughout labour and delivery.

3. Effective Communication

Healthcare providers must ensure communication with women in labour is clear, respectful, and sensitive to individual and cultural specificities.

4. Pain Management Strategies

Healthcare providers should inform pregnant women about available options for pain management at the birth centre, both pharmacological and non-pharmacological, explaining the benefits and limitations of each.

5. Labor/Delivery Monitoring Systems

There should be systems in place for monitoring labour and delivery (e.g., clinical documentation, audits, feedback) and a protocol for transferring women to higher-intensity care facilities if necessary.

6. Eating and Drinking

Low-risk women should be allowed to drink and eat light foods during labour.

7. Mobility During Labor and Freedom in Birth Positions

Women should have the opportunity to walk or move during labour if they wish and choose positions that feel most comfortable during delivery.

8. Birth Plan

Women should have the opportunity to discuss their preferred type of care and the services available at the birth centre before delivery.

9. Continuity of Care

Ensure a consistent caregiver throughout the childbirth process to maintain continuity of care.

During pregnancy consultations or at the time of hospital admission, women must be informed about the possibility of being accompanied by a trusted person during labour and delivery, the option to drink and eat light foods during labour, the ability to walk or move during labour, and the freedom to adopt positions of their choice during delivery. These options should be provided unless complications arise, in which case the restrictions must be clearly explained.
Women must also receive information about the pain management options available at the birth centre, including both pharmacological and non-pharmacological methods, with a clear explanation of the advantages and limitations of each approach. The birth centre must implement specific protocols to assess each woman's need for pain relief, offering natural methods that activate her innate abilities and/or the use of pharmacological methods as appropriate.
More generally, women, newborns, and infants must be treated with respect, with careful attention to safeguarding their dignity and privacy. Any treatments or behaviours that could harm their well-being must be avoided. Pregnant women, mothers, and parents must be empowered to make informed decisions about their care.
Special attention must be paid to decisions regarding caesarean sections, ensuring that the indication for surgery always adheres to established criteria of appropriateness. Women should also be informed that care at the birth centre does not include inappropriate clinical practices for healthy women, such as enemas, shaving, continuous foetal cardiotocographic monitoring, artificial membrane rupture, episiotomy, movement restrictions, or mandatory birthing positions, unless complications arise. If such practices become necessary, the reasons must be clearly explained.

Summary of Recommendations on Intrapartum Care for a Positive Birth Experience

The WHO's technical consultations have resulted in 56 recommendations on intrapartum care. Of these, 26 are newly developed, while the remaining 30 come from existing WHO guidelines.
These recommendations are categorized based on the context of intrapartum care, including labour and delivery, care during the first, second, and third stages of labour, and care for the newborn and mother immediately after birth.
The recommendations are classified into four categories:

- **Recommended**: Indicates that the intervention or option should be implemented.
- **Not Recommended**: Indicates that the intervention or option should not be implemented.
- **Recommended Only in Specific Contexts**: Indicates that the intervention or option is applicable only in particular settings.
- **Recommended Only as Part of Rigorous Research**: Indicates significant uncertainties regarding the intervention

or option. In such cases, large-scale implementation should occur only as part of research designed to address unanswered questions and uncertainties regarding the effectiveness, acceptability, and feasibility of the intervention or option.

Below is a summary of all WHO recommendations on intrapartum care for achieving a positive birth experience.

Summary list of recommendations on intrapartum care for a positive childbirth experience

Care option	Recommendation	Category of recommendation
Care throughout labour and birth		
Respectful maternity care	1. Respectful maternity care – which refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth – is recommended.	Recommended
Effective communication	2. Effective communication between maternity care providers and women in labour, using simple and culturally acceptable methods, is recommended.	Recommended
Companionship during labour and childbirth	3. A companion of choice is recommended for all women throughout labour and childbirth.	Recommended
Continuity of care	4. Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well functioning midwifery programmes.[a]	Context-specific recommendation
First stage of labour		
Definitions of the latent and active first stages of labour	5. The use of the following definitions of the latent and active first stages of labour is recommended for practice. — The latent first stage is a period of time characterized by painful uterine contractions and variable changes of the cervix, including some degree of effacement and slower progression of dilatation up to 5 cm for first and subsequent labours. — The active first stage is a period of time characterized by regular painful uterine contractions, a substantial degree of cervical effacement and more rapid cervical dilatation from 5 cm until full dilatation for first and subsequent labours.	Recommended
Duration of the first stage of labour	6. Women should be informed that a standard duration of the latent first stage has not been established and can vary widely from one woman to another. However, the duration of active first stage (from 5 cm until full cervical dilatation) usually does not extend beyond 12 hours in first labours, and usually does not extend beyond 10 hours in subsequent labours.	Recommended
Progress of the first stage of labour	7. For pregnant women with spontaneous labour onset, the cervical dilatation rate threshold of 1 cm/hour during active first stage (as depicted by the partograph alert line) is inaccurate to identify women at risk of adverse birth outcomes and is therefore not recommended for this purpose.	Not recommended
	8. A minimum cervical dilatation rate of 1 cm/hour throughout active first stage is unrealistically fast for some women and is therefore not recommended for identification of normal labour progression. A slower than 1-cm/hour cervical dilatation rate alone should not be a routine indication for obstetric intervention.	Not recommended
	9. Labour may not naturally accelerate until a cervical dilatation threshold of 5 cm is reached. Therefore the use of medical interventions to accelerate labour and birth (such as oxytocin augmentation or caesarean section) before this threshold is not recommended, provided fetal and maternal conditions are reassuring.	Not recommended

[a] Integrated from *WHO recommendations on antenatal care for a positive pregnancy experience.*

Care option	Recommendation	Category of recommendation
Labour ward admission policy	10. For healthy pregnant women presenting in spontaneous labour, a policy of delaying labour ward admission until active first stage is recommended only in the context of rigorous research.	Research-context recommendation
Clinical pelvimetry on admission	11. Routine clinical pelvimetry on admission in labour is not recommended for healthy pregnant women.	Not recommended
Routine assessment of fetal well-being on labour admission	12. Routine cardiotocography is not recommended for the assessment of fetal well-being on labour admission in healthy pregnant women presenting in spontaneous labour.	Not recommended
	13. Auscultation using a Doppler ultrasound device or Pinard fetal stethoscope is recommended for the assessment of fetal well-being on labour admission.	Recommended
Perineal/pubic shaving	14. Routine perineal/pubic shaving prior to giving vaginal birth is not recommended.[a]	Not recommended
Enema on admission	15. Administration of enema for reducing the use of labour augmentation is not recommended.[b]	Not recommended
Digital vaginal examination	16. Digital vaginal examination at intervals of four hours is recommended for routine assessment of active first stage of labour in low-risk women.[a]	Recommended
Continuous cardiotocography during labour	17. Continuous cardiotocography is not recommended for assessment of fetal well-being in healthy pregnant women undergoing spontaneous labour.	Not recommended
Intermittent fetal heart rate auscultation during labour	18. Intermittent auscultation of the fetal heart rate with either a Doppler ultrasound device or Pinard fetal stethoscope is recommended for healthy pregnant women in labour.	Recommended
Epidural analgesia for pain relief	19. Epidural analgesia is recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.	Recommended
Opioid analgesia for pain relief	20. Parenteral opioids, such as fentanyl, diamorphine and pethidine, are recommended options for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.	Recommended
Relaxation techniques for pain management	21. Relaxation techniques, including progressive muscle relaxation, breathing, music, mindfulness and other techniques, are recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.	Recommended
Manual techniques for pain management	22. Manual techniques, such as massage or application of warm packs, are recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.	Recommended
Pain relief for preventing labour delay	23. Pain relief for preventing delay and reducing the use of augmentation in labour is not recommended.[b]	Not recommended
Oral fluid and food	24. For women at low risk, oral fluid and food intake during labour is recommended.[b]	Recommended
Maternal mobility and position	25. Encouraging the adoption of mobility and an upright position during labour in women at low risk is recommended.[b]	Recommended
Vaginal cleansing	26. Routine vaginal cleansing with chlorhexidine during labour for the purpose of preventing infectious morbidities is not recommended.[a]	Not recommended
Active management of labour	27. A package of care for active management of labour for prevention of delay in labour is not recommended.[b]	Not recommended

[a] Integrated from *WHO recommendations for prevention and treatment of maternal peripartum infections.*
[b] Integrated from *WHO recommendations for augmentation of labour.*

Care option	Recommendation	Category of recommendation
Routine amniotomy	28. The use of amniotomy alone for prevention of delay in labour is not recommended.[a]	Not recommended
Early amniotomy and oxytocin	29. The use of early amniotomy with early oxytocin augmentation for prevention of delay in labour is not recommended.[a]	Not recommended
Oxytocin for women with epidural analgesia	30. The use of oxytocin for prevention of delay in labour in women receiving epidural analgesia is not recommended.[a]	Not recommended
Antispasmodic agents	31. The use of antispasmodic agents for prevention of delay in labour is not recommended.[a]	Not recommended
Intravenous fluids for preventing labour delay	32. The use of intravenous fluids with the aim of shortening the duration of labour is not recommended.[a]	Not recommended
Second stage of labour		
Definition and duration of the second stage of labour	33. The use of the following definition and duration of the second stage of labour is recommended for practice. — The second stage is the period of time between full cervical dilatation and birth of the baby, during which the woman has an involuntary urge to bear down, as a result of expulsive uterine contractions. — Women should be informed that the duration of the second stage varies from one woman to another. In first labours, birth is usually completed within 3 hours whereas in subsequent labours, birth is usually completed within 2 hours.	Recommended
Birth position (for women without epidural analgesia)	34. For women without epidural analgesia, encouraging the adoption of a birth position of the individual woman's choice, including upright positions, is recommended.	Recommended
Birth position (for women with epidural analgesia)	35. For women with epidural analgesia, encouraging the adoption of a birth position of the individual woman's choice, including upright positions, is recommended.	Recommended
Method of pushing	36. Women in the expulsive phase of the second stage of labour should be encouraged and supported to follow their own urge to push.	Recommended
Method of pushing (for women with epidural analgesia)	37. For women with epidural analgesia in the second stage of labour, delaying pushing for one to two hours after full dilatation or until the woman regains the sensory urge to bear down is recommended in the context where resources are available for longer stay in second stage and perinatal hypoxia can be adequately assessed and managed.	Context-specific recommendation
Techniques for preventing perineal trauma	38. For women in the second stage of labour, techniques to reduce perineal trauma and facilitate spontaneous birth (including perineal massage, warm compresses and a "hands on" guarding of the perineum) are recommended, based on a woman's preferences and available options.	Recommended
Episiotomy policy	39. Routine or liberal use of episiotomy is not recommended for women undergoing spontaneous vaginal birth.	Not recommended
Fundal pressure	40. Application of manual fundal pressure to facilitate childbirth during the second stage of labour is not recommended.	Not recommended

[a] Integrated from *WHO recommendations for augmentation of labour.*

Care option	Recommendation	Category of recommendation
Third stage of labour		
Prophylactic uterotonics	41. The use of uterotonics for the prevention of postpartum haemorrhage (PPH) during the third stage of labour is recommended for all births.[a]	Recommended
	42. Oxytocin (10 IU, IM/IV) is the recommended uterotonic drug for the prevention of postpartum haemorrhage (PPH).[a]	Recommended
	43. In settings where oxytocin is unavailable, the use of other injectable uterotonics (if appropriate, ergometrine/methylergometrine, or the fixed drug combination of oxytocin and ergometrine) or oral misoprostol (600 µg) is recommended.[a]	Recommended
Delayed umbilical cord clamping	44. Delayed umbilical cord clamping (not earlier than 1 minute after birth) is recommended for improved maternal and infant health and nutrition outcomes.[b]	Recommended
Controlled cord traction (CCT)	45. In settings where skilled birth attendants are available, controlled cord traction (CCT) is recommended for vaginal births if the care provider and the parturient woman regard a small reduction in blood loss and a small reduction in the duration of the third stage of labour as important.[a]	Recommended
Uterine massage	46. Sustained uterine massage is not recommended as an intervention to prevent postpartum haemorrhage (PPH) in women who have received prophylactic oxytocin.[a]	Not recommended
Care of the newborn		
Routine nasal or oral suction	47. In neonates born through clear amniotic fluid who start breathing on their own after birth, suctioning of the mouth and nose should not be performed.[c]	Not recommended
Skin-to-skin contact	48. Newborns without complications should be kept in skin-to-skin contact (SSC) with their mothers during the first hour after birth to prevent hypothermia and promote breastfeeding.[e]	Recommended
Breastfeeding	49. All newborns, including low-birth-weight (LBW) babies who are able to breastfeed, should be put to the breast as soon as possible after birth when they are clinically stable, and the mother and baby are ready.[e]	Recommended
Haemorrhagic disease prophylaxis using vitamin K	50. All newborns should be given 1 mg of vitamin K intramuscularly after birth (i.e. after the first hour by which the infant should be in skin-to-skin contact with the mother and breastfeeding should be initiated).[d]	Recommended
Bathing and other immediate postnatal care of the newborn	51. Bathing should be delayed until 24 hours after birth. If this is not possible due to cultural reasons, bathing should be delayed for at least six hours. Appropriate clothing of the baby for ambient temperature is recommended. This means one to two layers of clothes more than adults, and use of hats/caps. The mother and baby should not be separated and should stay in the same room 24 hours a day.[f]	Recommended

[a] Integrated from *WHO recommendations for the prevention and treatment of postpartum haemorrhage.*
[b] Integrated from the *WHO Guideline: delayed cord clamping for improved maternal and infant health and nutrition outcomes.*
[c] Integrated from *WHO Guidelines on basic newborn resuscitation.*
[d] Integrated from *WHO Recommendations for management of common childhood conditions: evidence for technical update of pocket book recommendations.*
[e] Integrated from *WHO recommendations on newborn health.*
[f] Integrated from *WHO recommendations on postnatal care of the mother and newborn.*

Care option	Recommendation	Category of recommendation
Care of the woman after birth		
Uterine tonus assessment	52. Postpartum abdominal uterine tonus assessment for early identification of uterine atony is recommended for all women.[a]	Recommended
Antibiotics for uncomplicated vaginal birth	53. Routine antibiotic prophylaxis is not recommended for women with uncomplicated vaginal birth.[b]	Not recommended
Routine antibiotic prophylaxis for episiotomy	54. Routine antibiotic prophylaxis is not recommended for women with episiotomy.[b]	Not recommended
Routine postpartum maternal assessment	55. All postpartum women should have regular assessment of vaginal bleeding, uterine contraction, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth. Blood pressure should be measured shortly after birth. If normal, the second blood pressure measurement should be taken within six hours. Urine void should be documented within six hours.[c]	Recommended
Postnatal discharge following uncomplicated vaginal birth	56. After an uncomplicated vaginal birth in a health care facility, healthy mothers and newborns should receive care in the facility for at least 24 hours after birth.[c,d]	Recommended

[a] Integrated from *WHO recommendations for the prevention and treatment of postpartum haemorrhage.*
[b] Integrated from *WHO recommendations for prevention and treatment of maternal peripartum infections.*
[c] Integrated from *WHO recommendations on postnatal care of the mother and newborn.*
[d] For the newborn, this includes an immediate assessment at birth, a full clinical examination around one hour after birth and before discharge.

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Attachment 3 - Postnatal Checklist – Information After Birth (Ref. Corporate Policy for Breastfeeding)

IMPORTANCE OF BREASTFEEDING

Information	Discussed	Date	Signature
Importance of breastfeeding and the consequences of not breastfeeding for the baby and mother			
Importance of exclusive breastfeeding and the consequences of administering other foods or liquids without medical indications			
WHO recommendations on the duration of exclusive breastfeeding and the introduction of complementary foods while continuing breastfeeding			

INITIATION AND MAINTENANCE OF BREASTFEEDING

Information	Discussed	Date	Signature
How to initiate and strengthen breastfeeding after birth			
Common feeding rhythms (at least 8 times in 24 hours)			
Responsive feeding and baby's signals			
Behavioural states of the newborn			
Importance of keeping the baby close day and night in the hospital and at home			
Skin-to-skin contact immediately after birth and whenever possible			
Comfortable and safe position for breastfeeding			
Importance of eye contact with the baby during breastfeeding			
Signs of proper latch and effective sucking and adequate milk transfer			
Bed sharing, risks and benefits, and useful precautions to respond to the baby during the night			
Consequences of using nipple shields, bottles, pacifiers, and breast shells during the adjustment period			
Signs of adequate milk intake (weight gain, stool, and urine)			

MANUAL EXPRESSION

Information	Discussed	Date	Signature
Importance of manual expression			
Practical demonstration on breast milk expression and information on breast milk storage			
For mothers who need a breast pump: how to use it correctly and take care of it			

ONLY FOR WOMEN WHO WILL USE FORMULA

Information	Discussed	Date	Signature
Importance of an acceptable, feasible, affordable, sustainable, and safe substitute feeding (AFASS) approach			
Individual practical demonstration on preparing and administering formula and on storing and administering breast milk substitutes			

LIFESTYLE AND SAFETY

Information	Discussed	Date	Signature
Importance of healthy lifestyles and avoiding smoking, alcohol, and substance abuse during pregnancy and breastfeeding			
Signs from the baby and/or mother indicating the need to contact a healthcare professional			

RETURNING HOME

Information	Discussed	Date	Signature
WHO recommendations on the appropriate age for introducing complementary foods			
Management of milk production			
Prevention and management of the most common breastfeeding difficulties (engorgement, mastitis, etc.)			
Compatibility of breastfeeding with most medications			
Postpartum support network and where to find help if needed			
Continuing breastfeeding after the introduction of complementary foods			
Managing the mother's return to work			