Baby-Friendly Hospital Initiative 2018 (Revised)

The WHO documents below present the first revision of the Ten Steps since 1989!

Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018

Implementation guidance

Appendix: Indicators for monitoring

Ten steps to successful breastfeeding (2018)

This updated implementation guidance is intended for all those who set policy for, or offer care to, pregnant women, families and infants.

Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services

Guideline 2017

This guideline provides global, evidence-informed recommendations on protection, promotion and support of optimal breastfeeding in facilities providing maternity and newborn services, as a public health intervention.

You can also access these documents from the Library’s Clinical Guidelines; Statistics & Standards and Midwifery & Nursing subject guide (under websites).
Staff publications

The full text of these recent staff publications is displayed in print in the Library and linked to in the Staff Publications page where possible:

The latest Staff Publications includes a Meta-analysis and a BMJ Case Report!

Go to: AA - WNHS / Most Recent Staff Publications / KEMH

on our Staff Publications page!

We have completed staff publication records for 2017, 2016 and most of 2015 and will continue to work backwards as well as adding new research in 2018 when it appears! If we have missed your publication or need to change your details please Let Us Know!

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Featured Library Resource

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**The Maudsley prescribing guidelines in psychiatry (13th ed)**

**Ferri’s clinical advisor 2019**

**Complementary and alternative therapies in nursing (8th ed)**

**Essentials of pain medicine (4th ed)**

**Primer of diagnostic imaging (6th ed)**

**Atlas of common pain syndromes (4th ed)**

**Myles pocket reference for midwives**

**Cultural competence in health: a review of the evidence**
New Print Books!
A complete list of new books in the medical library is available on the [website](#) (see ‘Announcements’)

- **Cultural Perspectives on Mental Wellbeing**: Spiritual Interpretations of Symptoms in Medical Practice
- **Murtagh’s patient education (7th ed)**
- **Recreational Drugs and Drugs Used to Treat Addicted Mothers: Impact on Pregnancy and Breastfeeding**
- **The Maudsley prescribing guidelines in psychiatry (13th ed)**
- **The midwives’ guide to key medical conditions: pregnancy and childbirth (2nd ed)**
- **Strategic thinking in a hospital setting**

News & Events from the WNHL

Pamphlet service

Welcome to the Refugee Health Team (CAHS)
Talking together! It's about talking with your baby (WA Health)

Health Events happening in June–July
8–15 July 2018 NAIIDOC Week Because of her, we can! https://www.naidoc.org.au/

New books from the WNHL

Latch: a handbook for breastfeeding with confidence at every stage

Patient education

Five deep breaths: the power of mindful parenting

Day-by-day Pregnancy book

Ancient map for modern birth: preparation, passage, and personal growth during your childbearing year

Time to talk: what you need to know about your child’s speech and language development

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Articles of Interest

Clinics reviews & themed journal issues:

Neonatal seizures (Seminars in Fetal and Neonatal Medicine)

New and updated Cochrane reviews:

Workplace interventions for reducing sitting at work (highlighted & conclusions changed)
At present there is low-quality evidence that the use of sit-stand desks reduce workplace sitting at short-term and medium-term follow-ups. However, there is no evidence on their effects on sitting over longer follow-up periods.

Dressings and topical agents for treating venous leg ulcers (highlighted & new)
This network meta-analysis (NMA) concluded that silver dressings may increase the probability of venous leg ulcer healing compared with nonadherent dressings. However, in the light of the rest of the NMA evidence, we cannot be very confident about any conclusion, and the network as a whole represents low-certainty evidence.

Early planned removal versus expectant management of peripherally inserted central catheters to prevent infection in newborn infants (new)
There are no trial data to guide practice regarding early planned removal versus expectant management of PICCs in newborn infants. A simple and pragmatic randomised controlled trial is needed to resolve the uncertainty about optimal management in this common and important clinical dilemma.

Protein supplementation of human milk for promoting growth in preterm infants (updated)
Low-quality evidence showed that protein supplementation of human milk, fed to preterm infants, increased short-term growth. However, the small sample sizes, low precision, and very low-quality evidence regarding duration of hospital stay, feeding intolerance, and necrotising enterocolitis precluded any conclusions about these outcomes.

Formula versus donor breast milk for feeding preterm or low birth weight infants (updated)
In preterm and LBW infants, feeding with formula compared with donor breast milk, either as a supplement to maternal expressed breast milk or as a sole diet, results in higher rates of weight gain, linear growth, and head growth and a higher risk of developing necrotising enterocolitis. The trial data do not show an effect on all-cause mortality, or on long-term growth or neurodevelopment.

Fat supplementation of human milk for promoting growth in preterm infants (updated)
The one included trial suggests no evidence of an effect of fat supplementation of human milk on short-term growth and feeding intolerance in preterm infants. However, the evidence was very low-quality, small sample size, few events, and low precision, and no long-term outcomes were reported.

Videolaryngoscopy versus direct laryngoscopy for tracheal intubation in neonates (conclusions changed)
Moderate to very low quality evidence suggests that videolaryngoscopy increases the success of intubation in the first attempt but does not decrease the time to intubation or the number of attempts for intubation. However, these studies were conducted with trainees performing the intubations.

**Transplacental versus direct fetal corticosteroid treatment for accelerating fetal lung maturation where there is a risk of preterm birth (updated)**

The available clinical studies carried out so far on animals and human have shown that direct intramuscular injection of corticosteroid into the fetus under ultrasound guidance is feasible, but data on health outcomes are lacking.

**Prophylactic use of ergot alkaloids in the third stage of labour (updated)**

Prophylactic IM or IV injections of ergot alkaloids may be effective in reducing blood loss, reducing PPH and increasing maternal haemoglobin. Ergot alkaloids may also decrease the use of therapeutic uterotonics, but adverse effects may include elevated blood pressure and pain after birth requiring analgesia. There is a lack of evidence on the effects of ergot alkaloids on severe PPH, and retained or manual removal of placenta.

**Parenteral opioids for maternal pain management in labour (updated)**

Though most evidence is of low- or very-low quality, for healthy women with an uncomplicated pregnancy who are giving birth at 37 to 42 weeks, parenteral opioids appear to provide some relief from pain in labour but are associated with drowsiness, nausea, and vomiting in the woman. Effects on the newborn are unclear.

**Antipsychotics for treatment of delirium in hospitalised non-ICU patients (conclusions changed)**

From the poor quality data available, the authors found antipsychotics did not reduce delirium severity, resolve symptoms, or alter mortality.

**Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews (highlighted)**

The quality of the evidence examining physical activity and exercise for chronic pain is low. This is largely due to small sample sizes and potentially underpowered studies. The available evidence suggests physical activity and exercise is an intervention with few adverse events that may improve pain severity and physical function, and consequent quality of life.

**Automated mandatory bolus versus basal infusion for maintenance of epidural analgesia in labour (new)**

There is predominantly moderate-certainty evidence that AMB is similar to BI for maintaining epidural analgesia for labour for all measured outcomes and may have the benefit of decreasing the risk of breakthrough pain and improving maternal satisfaction while decreasing the amount of local anaesthetic needed.

**Evidently Cochrane:**

**Hay fever and dust-mite allergies: What are the health benefits of salty water for allergic rhinitis?**

Martin Burton, Ear, Nose and Throat doctor, writes about the latest evidence on nasal saline irrigation for
allergic rhinitis (caused by hay fever or year-round allergies to things like house-dust mites).

**Cochrane Connect featured review: Interventions for investigating and identifying the causes of stillbirth**

There is no RCT evidence available to guide how best to investigate the causes of stillbirth – future trials are needed.

**Other items of interest:**

**Management of pregnancies complicated by hypertensive disorders of pregnancy: Could we do better? (ANZJOG)**

Current management guidelines for hypertension treatment were generally followed, although aspirin prophylaxis was frequently overlooked, resulting in up to 19 excess PE cases. Uptake of recommendations from the HYPITAT trial was low; however, severe complications were fewer than expected.

**Training contraceptive providers to offer intrauterine devices and implants in contraceptive care: a cluster randomized trial (AJOG)**

This replicable training intervention translating evidence into care had a sustained impact on provider attitudes, knowledge, and counseling practices, demonstrating significant changes in clinical care a full year after the training intervention.

**Use of non-steroidal anti-inflammatory drugs during pregnancy and the risk of miscarriage (AJOG)**

Nonsteroidal antiinflammatory drug use around conception was associated with an increased risk of miscarriage with a dose-response relationship. In addition, women with lower body mass index could be especially vulnerable to the effects of nonsteroidal antiinflammatory drug use around the time of embryonic implantation.

**Bowel endometriosis: diagnosis and management (AJOG)**

Expert review

**The Effect of Early Limited Formula on Breastfeeding, Readmission, and Intestinal Microbiota: A Randomized Clinical Trial (Journal of Pediatrics)**

In this population of healthy newborns with weight loss ≥75th percentile, ELF did not interfere with breastfeeding at 1 month, breastfeeding without formula at 1 month, or intestinal microbiota.

**Prognostic factors for the use of intrauterine balloon tamponade in the management of severe postpartum hemorrhage (International Journal of Gynecology & Obstetrics)**

Retrospective review of all cases of severe PPH with blood loss greater than 1 L in a tertiary unit in Hong Kong from July 1, 2012, to June 30, 2017.

**Self-reported perinatal depressive symptoms and postnatal symptom severity after treatment with antidepressants in pregnancy: a cross-sectional study across 12 European countries using the Edinburgh Postnatal Depression Scale (Clinical Epidemiology)**

Among women with psychiatric disorders, those who had been on treatment with antidepressants during pregnancy were less likely to report postnatal depressive symptoms, particularly within the 6-month period after childbirth, compared with the nonmedicated counterpart.
Clinical Trial Participants’ Views of the Risks and Benefits of Data Sharing (NEJM)
In this study, few clinical trial participants had strong concerns about the risks of data sharing. Provided that adequate security safeguards were in place, most participants were willing to share their data for a wide range of uses.

Women's experiences with water birth: A matched groups prospective study (Birth)
Water birth was associated with more positive maternal childbirth experiences as represented by CEQ scores. Adverse outcomes were rare in both the water birth and conventional birth groups.

Effect of well-controlled gestational diabetes on left ventricular diastolic dysfunction in neonates (Journal of Maternal-Fetal & Neonatal Medicine)
Neonates of mothers with well-controlled GDM are still at increased risk of cardiac hypertrophy, subclinical diastolic dysfunction, and impaired left ventricular relaxation. This can be interpreted that focusing only on glycemic control is not enough to prevent cardiac dysfunction.

Prolonged use of antibiotics after birth is associated with increased morbidity in preterm infants with negative cultures (Journal of Maternal-Fetal & Neonatal Medicine)
More than 5 days of antibiotic treatment in very preterm infants with negative cultures was associated with increased morbidity in the studied population, and that included BPD. It is of note that patterns of increased morbidity and/or mortality differ between studies.

Does using a cellular mobile phone increase the risk of nosocomial infections in the Neonatal Intensive Care Unit: A systematic review (Journal of Neonatal Nursing)
6 studies of various methodologies reveal a growth or contamination pathogenic rate of 40%–100% on surfaces of mobile phones. Studies indicate the majority of these bacteria are potentially nosocomial pathogens and some are multi drug resistant.

Yoga and Quality of Life in Women with Primary Dysmenorrhea: A Systematic Review (Journal of Midwifery & Women’s Health)
Results indicate preliminary evidence for yoga as a safe and effective QOL improvement method for women with primary dysmenorrhea.

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