



KEY POINT SUMMARY

OBJECTIVES

This study discusses how the conscientious design of lactation suites can promote maternal breast-feeding behavior, thereby improving both maternal and baby health outcomes.

Lactation Space Design: Supporting Evidence-Based Practice and the Baby-Friendly Hospital Initiative

Thompson, T. S., Heflin, L. 2011 | *Health Environment Research and Design Journal* Volume 4, Issue 3, Pages 101-109

Key Concepts/Context

Many studies support the philosophy that breast-feeding is the best nutritional option for babies. There is a strong movement to go back to breast-feeding newborn children for their first six months of life because it has been shown that breast-feeding helps reduce the rate of illness for both mother and child. One study done by Simkin showed that infants fed breast milk exclusively for their first three months of life were nine times less likely to be hospitalized for infection. Dr. Melissa Bartlick from Harvard Medical School considers breast-feeding a public health issue, and AAP studies show that “the lives of nearly nine hundred babies would be saved each year, along with billions of dollars, if ninety percent of U.S. women fed their babies breast milk only for the first six months of life.” (Tanner, pg. 1). Decreased infection rates means a decrease in preventable hospital-associated infections with NICU infants and decreased hospital costs. A few of the organizations/people that support this position include the Centers for Disease Control, the American Academy of Pediatrics, the American Dietetic Association, and the U.S. Surgeon General.

To meet these breast-feeding needs, the Baby-Friendly Hospital Initiative (sponsored by the World Health Organization and the United Nations Children’s Fund) was launched globally to promote the facilitation of breast-feeding stations in healthcare facilities. BFHI outlines a Ten Steps to Successful Breast-feeding for Hospitals guideline to follow. Some states within the United States have also adopted guidelines for the design and construction of healthcare facilities that require lactation support spaces adjacent to the NICU or nursery. The lost opportunity here, however, is in understanding how conscientious design helps facilitate health benefits if incorporated into lactation spaces.

A lactating mother is encouraged to do so in a quiet, relaxing, and warm environment while sipping liquids and listening to relaxing music and viewing



pictures of babies that will stimulate milk flow. While in the room, the mother may directly breast-feed or express breast milk (by using a pump and storing for bottle feeding). A well-designed lactation room can make a new mother more comfortable to adopt breast-feeding practices. Lactation consultants play an important role in education and guiding mothers through this process before delivery and even well after discharge from the hospital.

Most hospitals will pair mothers with an in-house lactation consultant right away, encouraging mothers to start breast-feeding within one hour of delivery and helping them through the often stressful and painful process of breast-feeding. According to Sonya Brown, an international board-certified lactation consultant, the ideal lactation suite would consist of two parts: an office for consultations and a private lactation room for outpatient mothers (inpatient mothers are consulted in their hospital rooms). The space should be large enough to accommodate all the hospital-grade equipment needed to support their lactation consultations. A reference library with all needed educational materials should also be available.

This paper reviews the recommendations made by the BFHI Ten Steps to Successful Breast-feeding for Hospitals guidelines.

Methods

This is a review of the Baby-Friendly Hospital Initiative, a program sponsored by the World Health Organization and United Nations Children's Fund and other studies that discuss the benefits of lactation and both maternal and child health outcomes.

BFHI has developed a program that encourages hospitals to provide essential breast-feeding support for their patients. The Ten Steps to Successful Breast-feeding for Hospitals, as defined by UNICEF and WHO for the United States, are:

1. Have a written breast-feeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breast-feeding.
4. Help mothers initiate breast-feeding within one hour of birth.
5. Show mothers how to breast-feed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage breast-feeding on demand.
9. Give no pacifiers or artificial nipples to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic. (BFHI USA, 2010)



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Findings

Significant cost savings by eliminating need to purchase infant formula and by reducing rate of HALs among breast-fed babies.

Design Implications

Basic needs for lactation room:

1. Proximity to the NICU or nursery
2. Two parts: one for lactation consultations (office) and one for outpatient mothers to breast-feed and receive instruction
3. Enough room for hospital-sized equipment to support consultations (e.g., pump, pillows, etc.)
4. A reference library with multi-media educational materials
5. Privacy
6. Noise control
7. Lighting control
8. Thermal control
9. A water cooler
10. Storage space for blankets
11. A careful selection of colors, textures, artwork, and design features
12. To promote privacy and limit interruptions during breast-feeding, a feature can be installed at the room entrance to request privacy (such as illumination above the patient room door).
13. Storage for breast milk does not have to be adjacent to lactation suites. It can be placed in a refrigerator, where each mother will have her own demarcated bin and the milk dated for proper consumption.
14. Designers of breast milk storage areas can consult “Guidelines for Design and Construction of Health Care Facilities” and “Infant Feedings: Guidelines for Preparation of Formula and Breast Milk in Health Care Facilities.”

Limitations

There were no quantitative results associated with this study.