

## Harnessing the golden hour: breastfeeding recommended within first hour of life

The International Federation of Gynecology and Obstetrics (FIGO) recognises breastfeeding as a protective and life-saving intervention and recommends that it be initiated within the first hour of life (referred to as the “golden hour”). Best practice recommendations from the World Health Organization (WHO) suggest that early and timely breastfeeding in the first hour of life can have profound benefits for both mother and baby.<sup>1,2</sup>

Important elements of the golden hour including skin-to-skin contact and early initiation of breastfeeding can prevent postpartum haemorrhage (PPH), promote uterine involution and result in lactation amenorrhea, which is a useful form of contraception.

### Early breastfeeding has long-term benefits to mother and child

Additionally, breastfeeding in the first hour helps provide colostrum to the newborn. It also helps prevent newborn infections such as pneumonia and diarrhoea, thereby reducing the risk of neonatal mortality. Early initiation can also support sustained breastfeeding with long-term benefits for the mother, such as postpartum weight management and reduced risk of non-communicable diseases such as Type 2 diabetes, cancer, stroke and cardiovascular disease.<sup>3</sup>

Breastfeeding is at the core of the 2030 Agenda for Sustainable Development and is linked with multiple components needed to achieve the Sustainable Development Goals (SDGs). These components include ending hunger and malnutrition, improving health and wellbeing (SDGs 2 and 3) ending poverty, promoting economic growth and reducing inequalities (SDGs 1, 8 and 10), education (SDG 4), gender equality (SDG 5) and sustainable consumption (SDG 12).<sup>4</sup>

### Many countries falling short of global targets

Early initiation of breastfeeding works towards attaining the WHO Global Target of 2025 to increase the rate of exclusive breastfeeding in the first six months to 50%, reduce low birth weight by 30%, reduce stunting by 40% and reduce and maintain childhood wasting at less than 5%.

Despite the benefits of breastfeeding, many countries have fallen short of achieving optimal early initiation of breastfeeding in the first hour of life. Globally, three in five babies are not breastfed in the first hour of life, which is an issue in high, middle and low income countries.<sup>1</sup>

There is a clear opportunity during maternity care to provide support for breastfeeding. Obstetricians, gynaecologists, midwives, nurses, community health workers and other health professionals have a significant role to play in supporting mothers with breastfeeding, particularly to achieve early initiation of breastfeeding.

## Factors influencing early initiation

Studies have shown that socioeconomic factors – including lower educational attainment of the parent, suboptimal health conditions, complicated pregnancies, caesarean deliveries and cultural practices such as discarding colostrum – can lead to the non-practice of early initiation of breastfeeding.<sup>5,6</sup>

Challenges to long-term breastfeeding momentum include the lack of sustained information and support for mothers on the art of breastfeeding, such as latching, positioning and demand feeding during breast feeding. They also include obstetric complications such as PPH, neonatal factors such as prematurity, low birth weight, fetal anomalies such as cleft lip and cleft palate, inadequate maternity leave, and underdeveloped institutional policies such as baby-friendly hospitals,<sup>7</sup> workplaces and cities.

## FIGO's position on the issue

Breastfeeding is a protective and life-saving intervention and must be initiated in the first golden hour of life. In FIGO's 2015 Think Nutrition First Guidelines,<sup>8</sup> we endorsed the WHO recommendation of exclusive breastfeeding for the first six months of an infant's life.

Obstetricians, gynaecologists and midwives are uniquely positioned to provide the required support in the first golden hour. FIGO recommends that women and their partners are supported to initiate and sustain breastfeeding, which can improve the nutritional status of both mother and child. For all healthy newborns, such support should be provided through the health care system as a standard of care.

## FIGO recommendations

FIGO recommends harnessing the golden hour for maternal and neonatal wellbeing. This can be achieved through the following.

- Education, support and counselling on breastfeeding should be provided from the antenatal period to help improve the likelihood of early initiation of breastfeeding by the mother. Counselling must be sustained postpartum, which can help to address concerns and to promote a longer period of exclusive breastfeeding.
- For all institutional deliveries and births assisted by health care professionals, counselling for breastfeeding must be provided and should include communication of benefits to both the baby and mother's long-term health.
- Health care professionals should enable the principles of the golden hour and WHO recommendations for immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth. Health care professionals must also enable mothers and newborns to room-in and remain together.
- Governments, health systems, medical schools and postgraduate training programmes should pursue capacity building for health care professionals who may lack the knowledge, skills and confidence required to assist patients who have difficulty breastfeeding, and to dispel myths and misconceptions.

- Additional support for special cases such as caesarean births and preterm deliveries must be provided within all health systems, in line with WHO recommendations for assistance with the initiation of breastfeeding (for example, providing expressed breast milk).
- Postnatal care providers such as paediatricians and those within community home visiting programmes should provide consistent education and information for breastfeeding while monitoring appropriate growth of the baby.
- Public health programmes to improve health literacy and knowledge about breastfeeding should be made available for women of reproductive age, to help address cultural barriers that prevent early initiation and the provision of colostrum.
- Health care professionals must support breastfeeding initiation and maintenance without stigmatisation and in a manner sensitive to the mother's social circumstances.

## FIGO commitments

FIGO commits to supporting and advocating for the agenda for early initiation of breastfeeding, and exclusive breastfeeding for six months to improve child survival and nutrition, and maternal long-term health and wellbeing. FIGO will do so by:

- disseminating and developing resources for health care professionals
- supporting UNICEF and WHO's Baby-Friendly Hospital Initiative and targets, as well as the WHO's International Code of Marketing of Breast-milk Substitutes
- advocating for supportive parental leave to overcome workplace-related barriers to breastfeeding
- supporting clinical and administrative stakeholders, including obstetricians and gynaecologists anaesthetists, hospital administrators and childbirth educators – to provide resources for breastfeeding support
- supporting data collection and monitoring mechanisms at institutional and country level for assessing and monitoring existing supportive breastfeeding practices.

## References

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- <sup>2</sup> WHO. *10 Steps to successful Breastfeeding*. [www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding](http://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding)
- <sup>3</sup> Tschiderer L, Seekircher L, Kunutsor SK, et al. Breastfeeding is associated with a reduced maternal cardiovascular risk: Systematic review and meta-analysis involving data from 8 studies and 1 192 700 parous women. *Journal of the American Heart Association*. 2022 Jan 18;11(2):e022746
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- <sup>5</sup> Sharma IK, Byrne A. Early initiation of breastfeeding: a systematic literature review of factors and barriers in South Asia. *International breastfeeding journal*. 2016 Dec;11(1):1-2.
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- <sup>7</sup> UNICEF. *Baby friendly Hospital Initiatives: 10 Steps to successful breast feeding*. [www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/10\\_steps\\_maternity.pdf](http://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2014/02/10_steps_maternity.pdf)
- <sup>8</sup> Hanson MA, Bardsley A, De-Regil LM, et al. The International Federation of Gynecology and Obstetrics (FIGO) recommendations on adolescent, preconception, and maternal nutrition: "Think Nutrition First". *IJGO*, 131, pp.S213-S253

## About FIGO

FIGO is a professional membership organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. Our work to achieve this vision is built on four pillars: education, research implementation, advocacy and capacity building.

FIGO leads on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia. We advocate on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and wellbeing, and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation in achieving their reproductive and sexual rights, including through addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those in low-resource countries through strengthening leadership, translating and disseminating good practice and promoting policy dialogues.

FIGO is in official relations with the World Health Organization and a consultative status with the United Nations.

## About the language we use

Within our documents, we often use the terms 'woman', 'girl' and 'women and girls'. We recognise that not all people who require access to gynaecological and obstetric services identify as a woman or girl. All individuals, regardless of gender identity, must be provided with access to appropriate, inclusive and sensitive services and care.

We also use the term 'family'. When we do, we are referring to a recognised group (perhaps joined by blood, marriage, partnership, cohabitation or adoption) that forms an emotional connection and serves as a unit of society.

FIGO acknowledges that some of the language we use is not naturally inclusive. We are undertaking a thorough review of the words and phrases we use to describe people, health, wellbeing and rights, to demonstrate our commitment to developing and delivering inclusive policies, programmes and services.

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