

Royal College of Paediatrics and Child Health

5–11 Theobalds Rd

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Monday 4 January 2021

Dear Professor Viner,

We write to you as parents to raise our concerns and to open up a conversation with you about the [proposed expansion into children’s hospitals](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/childrens-hospital-standards/) of the Unicef Baby Friendly Initiative. Having experienced Baby Friendly care in maternity services, we formed our organisation to campaign for compassion, autonomy and safety in infant feeding policy and practice.

The Baby Friendly policies of promoting exclusive breastfeeding and withholding formula supplementation on postnatal wards led many of our babies to be readmitted to hospital in the first days of life due to excessive weight loss, dehydration, jaundice and other complications of underfeeding. The practice of obligatory and round-the-clock rooming-in led many of us to experience excessive sleep deprivation, stress, anxiety and physical suffering. We found Baby Friendly care to be coercive and lacking in compassion for our own needs and health. We found it disregarded our autonomy as parents to make infant feeding decisions that best suited our families’ needs. For some of us, these negative experiences of infant feeding care contributed to postnatal mental illness.

So, when some of our babies were readmitted to hospital with feeding complications, we were grateful for the compassionate and person-centred care we received from paediatrics teams. These clinicians took a balanced and holistic view of the situation we faced. They saw us as individuals with individual needs, as well as families that needed to function as a unit. This was in refreshing contrast to Baby Friendly care, which seemed more focused on ‘the breastfeeding dyad’ than on us and our babies. On the contrary, paediatrics staff did not pressure us to continue breastfeeding, but helped us to develop safe and pragmatic feeding plans, such as feeding a combination of breastmilk and formula, or introducing bottles so as to share feeds and get sleep. These options were not discussed under Baby Friendly postnatal care, where staff seemed motivated to promote exclusive breastfeeding at all costs.

Newborn readmissions for jaundice and feeding complications [more than doubled in the UK](https://www.nuffieldtrust.org.uk/files/2018-10/1540142848_qualitywatch-emergency-hospital-care-children-and-young-people-full.pdf) between 2006 and 2016. Researchers in the US have highlighted adverse outcomes potentially connected to Baby Friendly practices, including increases in [newborn falls](https://jamanetwork.com/journals/jamapediatrics/article-abstract/2546142) and cases of [Sudden Unexpected Postnatal Collapse (SUPC).](https://www.aappublications.org/content/34/11/22) A 2019 [review of the Baby Friendly Initiative](https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12778) in the UK found that, in common with our experiences, it had adverse effects on maternal mental health and emotional wellbeing. This review also found limited evidence that the Baby Friendly Initiative affects breastfeeding rates beyond initiation and no evidence that it improves health outcomes.

We welcome RCPCH and paediatric services committing to improving parents’ experiences of children’s wards and being more family-friendly, but this can be done without shackling themselves to an ideological project with limited evidence to support it and that many parents find offensive. Recently, the interim Ockenden report into maternal and baby deaths at Shrewsbury and Telford Hospital NHS Trust demonstrated how agenda-driven campaigns, in that case an ideology promoting ‘normal birth’, are extremely difficult to remove once embedded into healthcare services, even when it is clear that they cause harm. Our experiences of Baby Friendly care enforced by maternity services have unfortunately had an adverse effect on our relationship with and trust in those services. We sincerely hope paediatrics services do not follow in the same vein.

Baby Friendly’s central idea that parents should feel ‘unambiguously supported’ to continue breastfeeding a baby admitted to hospital is in our experience coercive and piles pressure on distressed mothers to keep breastfeeding, even when it is causing suffering. The requirement that hospital premises do not sell first stage infant formula is stigmatising and creates obstacles for families admitted with an older child while also caring for a formula fed baby. Above all, we are concerned about what the Baby Friendly approach would mean for young babies readmitted with complications from exclusive breastfeeding and for their families. The priority in this situation should surely be a sustainable plan for nutrition that allows the whole family to thrive, not the ‘promotion and protection of breastfeeding’. We fear that the Baby Friendly Initiative could have a significantly negative impact on families at their most vulnerable and stressful moments.

Baby Friendly UK have opened a [consultation for views](https://www.surveymonkey.com/r/childrens-hospitals) on their plans for children’s hospitals. The deadline for submissions is 18 January 2021. We ask you to join us in submitting your concerns and in raising this issue for discussion publicly. Children’s hospitals are no place for agenda-driven policies, and major changes to infant feeding care should not be made without the input of those they affect. We suggest RCPCH and paediatrics services consult directly with families on how they can support them in caring for their baby in hospital and let parents take the lead here rather than the Baby Friendly Initiative.

We would be keen to meet with you to discuss our experiences and our concerns further if this would be helpful.

With kind regards,

Yours sincerely,

Susanna Haddon

Dr Ruth Ann Harpur

Catherine Roy

Katie Flanagan

Dr Victoria Amy Vernon

Dr Kathleen Cairns

Sarah Quinn

Emma Strawbridge

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On behalf of Infant Feeding Alliance

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