



SCIENTIFIC LETTER

Changes in breastfeeding support practices in Spanish neonatal units[☆]



Cambio en las prácticas de apoyo a la lactancia materna en unidades neonatales españolas

Dear Editor,

Breastfeeding (BF) offers multiple short- and long-term health benefits to preterm and ill infants. Therefore, BF support should be a priority in neonatal intensive care units (NICUs).

The *European Standards of Care for Newborn Health*¹ and the *Eight principles for patient-centred and family-centred care for newborns in the neonatal intensive care unit* have been published recently.² Both documents include BF support as an essential intervention. In addition, they highlight the need to establish enteral feeding with human milk early on, supporting mothers before, during and after the hospital stay in adherence with the 3 guiding principles and the 10 steps of the Baby-friendly Hospital Initiative for Neonatal Wards (Neo-BFHI).³ On the other hand, the rate of BF at discharge from the neonatal unit is considered a key indicator of the quality of care.⁴

In order to assess the current situation and the progress in recent years in the introduction of specific measures for BF support in NICUs in Spain, we compared the responses given by level III NICUs in 2 nationwide surveys carried out in 2013⁵ and 2018.

The questionnaires included questions regarding: (1) BFHI accreditation (any phase); (2) systematic training of health care staff on BF; (3) antenatal information provided to hospitalised pregnant women (generally); (4) recommended timing to start breast milk pumping (<6 hours); (5) initiation of feedings in very preterm infants (<6 hours); (6) protocol for handling of human milk; (7) availability of freezers in the NICU.

The response rate was 97% (77/79) in 2013 and 87% (65/77) in 2018, and 65 NICUs responded in both periods. We compared the responses at each time point of the NICUs

Table 1 Breastfeeding support measures, comparison of paired data for neonatal intensive care units that participated in both the 2013 and the 2018 surveys (N = 65).

BF support measures	2013	2018	P
BFHI accreditation (any phase)	18 (28%)	29 (45%)	.0009
Training of staff on BF	34 (52%)	48 (74%)	.0060
Antenatal education of hospitalised pregnant women	13 (20%)	32 (49%)	<.0001
Initiation of breast milk pumping (<6 hours)	44 (68%)	56 (86%)	.0073
Initiation of enteral feeding (<6 hours)	26 (40%)	27 (42%)	.8348
Protocol for handling of human milk	56 (86%)	54 (83%)	.5637
Freezers in NICU	55 (85%)	57 (88%)	.5637

BF, breastfeeding; BFHI, baby-friendly hospital initiative; NICU, neonatal intensive care unit.

that participated in both periods and also the responses of the units that participated in the 2018 survey based on their BFHI accreditation phase. [Tables 1 and 2](#) present the results of these comparisons.

We found that the implementation of most of the BF support measures under study had improved significantly in the past 5 years in Spanish NICUs. Nevertheless, there are still many opportunities for improvement, mainly as regards antenatal education on BF of hospitalised mothers and early initiation of enteral feedings with human milk. An interesting finding in our study was that while 86% of units recommended pumping of breastmilk from an early stage, only 42% initiated enteral feedings with human milk in very preterm infants within 6 h of birth.

On the other hand, when we compared the 2018 results based on the phase of BFHI accreditation we found that more units in the group of units at some phase in the BFHI accreditation pathway trained their health care staff on BF. A previous study⁵ found that NICUs with BFHI accreditation or in the process of being accredited had better implementation of measures to promote and support BF compared to units that had not started the accreditation process.

[☆] Please cite this article as: Alonso Díaz C, Morales Betancourt C, de la Cruz Bertolo J, López Maestro M, Vázquez Román S. Cambio en las prácticas de apoyo a la lactancia materna en unidades neonatales españolas. An Pediatr (Barc). 2020;93:123–124.

Table 2 Breastfeeding support measures, comparison of neonatal intensive care units that participated in 2018 based on BFHI accreditation phase.

BF support measures	At any phase of BFHI accreditation (n = 29)	No phase of BFHI accreditation (n = 36)	P
Training of staff on BF	26 (90%)	22 (61%)	.0098
Antenatal education of hospitalised pregnant women	17 (59%)	15 (42%)	.1775
Initiation of breast milk pumping (<6 hours)	25 (86%)	31 (86%)	.9912
Initiation of enteral feeding (<6 hours)	15 (52%)	12 (33%)	.1378
Protocol for handling of human milk	27 (93%)	27 (75%)	.0549
Freezers in NICU	25 (86%)	32 (89%)	.7454

BF, breastfeeding; BFHI, baby-friendly hospital initiative; NICU, neonatal intensive care unit.

In short, our study, of a national scope, detected significant changes through time. It also identified opportunities for improvement that could help prioritise the particular needs of Spanish NICUs as regards BF support.

Acknowledgments

We thank all the neonatal intensive care units that participated in the study.

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<https://doi.org/10.1016/j.anpede.2019.05.015>
2341-2879/

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Evaluation of training in emergency medicine of paediatric residents in Spain[☆]



Evaluación de la formación en urgencias por parte de los médicos internos residentes de pediatría en España

Dear Editor:

In Spain, children and their families make frequent use of paediatric emergency departments (PEDs).^{1,2} The Sociedad Española de Urgencias de Pediatría (Spanish Society of Paediatric Emergency Medicine, SEUP) promotes excellence in education in emergency care, demanding

that the acquisition of certain competencies and skills by paediatricians-in-training (medical intern-resident programme, MIR) to be guaranteed. In 2012, the SEUP developed an educational curriculum and established training in the context of the MIR as a strategic plan. In 2015, the Research Network of the SEUP approved the performance of a study to assess the training in emergency care received by paediatrics MIR residents in Spain. The primary objective of the study was to analyse the training in emergency care received by paediatrics residents, and the secondary objective was to identify factors associated with an increased satisfaction of MIR residents with the training received.

In the second semester of 2016, we conducted a cross-sectional observational study approved by the Ethics Committee of the Valladolid Oeste Health Area based on survey data obtained through submission of one online questionnaire to the heads of the PEDs and submission of another questionnaire to the paediatrics residents of hospitals members of the SEUP offering MIR residency programmes in paediatrics. We analysed the training received

[☆] Please cite this article as: Velasco R, Mintegi S. Evaluación de la formación en urgencias por parte de los médicos internos residentes de pediatría en España. *An Pediatr (Barc).* 2020;93:124–127.