Sir—The nutritional and psychosocial benefits of breastfeeding in preterm and low birthweight babies are well established and might extend to long-lasting effects on neurological development and intelligence quotient scores. Initiation and maintenance of breastfeeding in mothers of preterm babies has been found to be positively related to advice and support by the health personnel, but no published evidence is available on the possible effect of a Unit’s policy towards parental visiting, permitted either on a 24-hour basis (‘open’ policy) or restricted to specified hours (‘restricted’ policy).

A European Concerted Action project primarily focused on parental visiting patterns in neonatal intensive care units (NICU) offered the opportunity of investigating five Italian third level NICU, collecting details about the units’ organization, staffing and policies, as well as feeding of all singleton, non-malformed babies with birthweight <1500 g and gestational age <32 weeks who were admitted into the units during a whole year and survived for at least 3 weeks. Information on maternal milk feeding, either alone or in conjunction with formula or parenteral feeding, was elicited from the mothers through an interview carried out during the babies’ fourth week of life by an interviewer external to the unit.

All the five units officially support breastfeeding. In the three units with open, 24-hours visiting policies the proportion of babies receiving breast milk at 4 weeks was 58.3% (28/48, with rates of 50%, 57.1% and 64.7% in the three units) while in the two ‘restricted policy’ units it was only 16.1% (5/31, being 41.7% in the Unit where visiting was limited to one hour per day and zero in the other one, which allowed visiting only in the afternoon, and to one parent at a time). The more than threefold higher proportion (crude ratio of proportions 3.6, 95% confidence interval [CI] : 1.6–8.4) of breastfed babies in the ‘open’ units compared with the ‘restricted’ policy ones could not be accounted for by a number of potentially confounding variables, either related to the baby (sex, birthweight, gestational age, outborn status, type of delivery, Apgar score, neonatal problems, length of endotracheal intubation, condition at time of interview) or to the mother (age, parity, education, marital and employment status). The distribution of most of these variables was in fact very similar in the two types of Units, and adjustment for each of them taken individually through the Mantel-Haenszel method produced ratios ranging from 3.1 (95% CI : 1.4–6.9) to 4 (95% CI : 1.8–9.2). Moreover, simultaneous adjustment by logistic regression for subsets or the whole set of variables tended to increase the value of the ratio, suggesting an even stronger effect of Unit policy. Other factors significantly associated with breast milk feeding in the multivariate analysis were male sex, birthweight >1250 g, good clinical condition at time of interview, and higher maternal education; all these findings are in agreement with current knowledge.

These results raise the possibility that an open, 24-hours policy towards parental visiting, alone or in combination with staff attitudes related to it, can favourably affect the frequency of breast milk feeding of very low birthweight babies. Our observation, however, is limited by the small number of available units, which can make the results unduly dependent on the peculiarities of a single centre, and the cross-sectional ascertainment of feeding patterns at only one point in time.
time with lack of information on the duration of breastfeeding. Further data are being sought to clarify an issue which is of relevance in view of the increasing number of preterm babies admitted to intensive care, their improved survival, and the still prevailing, in some countries, policies of restricted parental access, supported by arguments such as organizational difficulties, fear of infection and, chiefly, parents being too critical and interfering with the Unit’s routines.3

REFERENCES