

Baby-Friendly Hospital Initiative (10 steps to successful breastfeeding)

All countries need to prioritize and take action to support women when they come to deliver their babies

The Joint WHO/UNICEF Statement: *Protecting, promoting and supporting breastfeeding: the special role of maternity services*, in 1989 called on the leadership of those working in maternity services to sustain or if necessary to re-establish a “breastfeeding culture”. The *Innocenti Declaration* of 1990 calls on governments to ensure that all maternity services fully practice all ten of the *Ten Steps to Successful Breastfeeding*.

The ten steps to successful breastfeeding established there, became the cornerstone of the global Baby-friendly Hospital Initiative (BFHI) launched in 1992 by both agencies. Several countries initiated action on BFHI and progress made so far has been in numbers mostly and reports suggest that fall back happens if the skills of health workers are not sufficiently enhanced. The Global Strategy for Infant and Young Child Feeding indicates the need for implementation of BFHI, monitoring and reassessment of already designated facilities (materials developed in 1998) and expanding the Initiative to include clinics, health centers and paediatric hospitals. The Global Criteria continue to be the minimum requirement for all baby-friendly facilities. The Global Criteria were revised in 2005, both to update them to take account of new evidence regarding best practices and to

insure that the needs of non-breastfeeding mothers were fully met, as well as to provide new criteria for HIV and infant feeding and mother-friendly care, which could be included at the discretion of the national authority for BFHI.

The revised, updated and expanded for integrated care material published in 2009 is the comprehensive document to guide the implementation, monitoring and reassessment. It contains a training course of 20 hours for all health workers and a special programme for countries with a prevalence of 20% of HIV positive mothers and/or a Prevention of Mother-to-Child Transmission (PMTCT) programme. The 2009 BFHI material includes specific new modules for the support of non-breastfeeding mothers and for mother-friendly care and recommendation for baby-friendly expansion up to complementary feeding. The focus on compliance with the International Code is reinforced.

This indicator assesses the BFHI both quantitatively and qualitatively as well the process of re-assessment. It looks at the percentages of hospitals and maternity facilities designated as BFHI; how it is monitored and evaluated and the expansion of the programme. (Table 2)

The average score for the indicator is 4.82 out of 10, clearly showing that the BFHI has not yet become fully integrated into the health system in almost all the countries. Figure 7 shows that only two out of 84 countries from European region namely Turkey and Croatia fall in the green

Table 2: Key question & subset questionnaire for the indicator on BFHI and scoring criteria

Key questions:

- What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?
- What is the quality of BFHI program implementation?

Guidelines - Quantitative Criteria

2.1) ____ out of ____ total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years ____ %

Guidelines for scoring

Criteria

0	✓ Check all that apply
0.1 - 20%	0
20.1 - 49%	1
49.1 - 69%	2
69.1 - 89 %	3
89.1 - 100%	4
Total rating	----- / 5

Guidelines - Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring

Criteria

2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ⁱ	✓ Check all that apply
2.3) A standard monitoring ⁱⁱ system is in place	1.0
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5
2.5) An assessment system relies on interviews of mothers.	0.5
2.6) Reassessment ⁱⁱⁱ systems have been incorporated in national plans with a time bound implementation	0.5
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	1.0
2.8) HIV is integrated to BFHI programme	0.5
2.9) National criteria are fully implementing Global BFHI criteria	0.5
Total Score	_____/5
Total Score	_____/10

ⁱ IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

ⁱⁱ Monitoring is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps to assist* with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an on-going basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

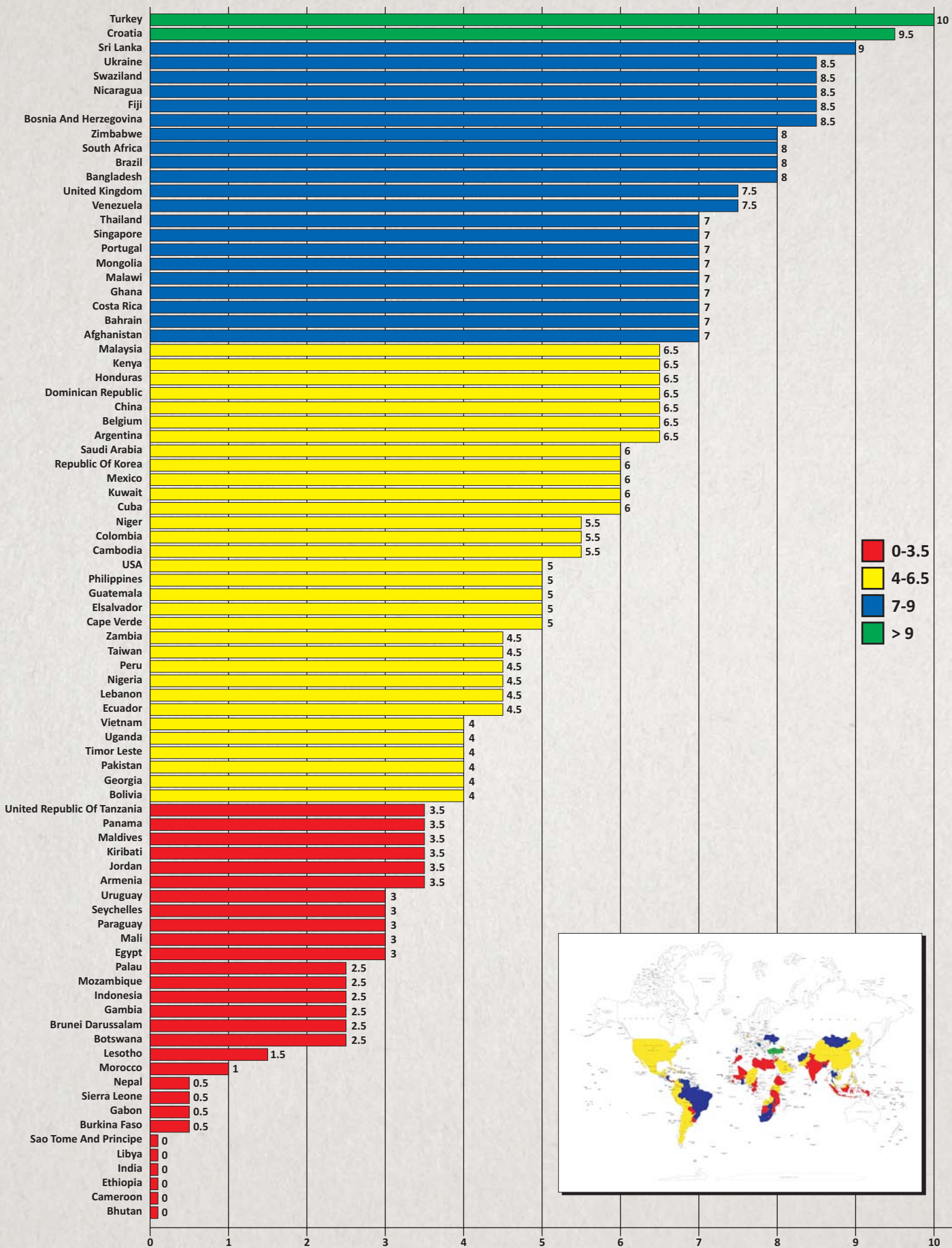
ⁱⁱⁱ Reassessment can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the Ten Steps and other baby friendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the Global Criteria and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

color rating scoring 10 and 9.5 respectively. Twenty Nine countries are coded Red, scoring below 3.5, of which six countries score 0; indicating no action on BFHI taking place. Thirty two countries are coded Yellow and 21 are coded Blue.

It is evident from the colour coding

that many countries are not doing efforts to revive the BFHI programme or sustain efforts to implement the ‘ten steps’ of breastfeeding. It is clear from Figure 7 that most regions need to strengthen efforts if they want to score better and move on the next level of achievement.

Figure 7: The state of Baby Friendly Hospital Initiative in 84 countries on a scale of 0-10



Analysis and Conclusion

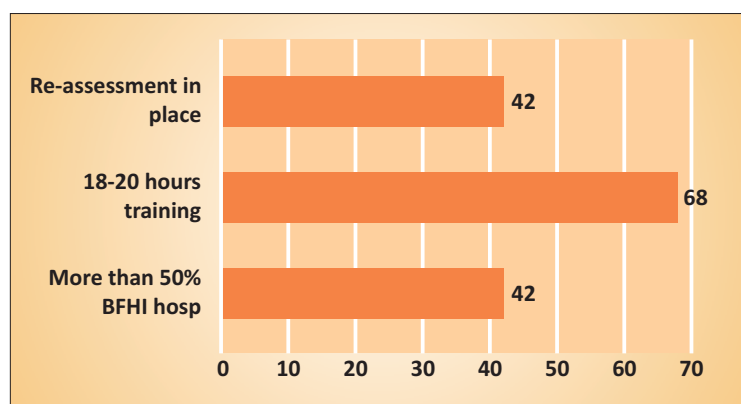
The detailed analysis of this indicator (Figure 8) shows that only 42 countries report having more than 50% of the hospitals achieving BFHI status. Further, 68 countries report that the majority of the BFHI hospitals used 18-20 hour training as a standard practice for health workers. Half of the countries (42) out of 84 indicate that there are systems of re-assessment in place.

In case of the Baby Friendly Hospital Initiative (BFHI), the programme has taken a back seat and lack of interest in this intervention seems to be a major problem. The subset findings indicate the specific actions that individual countries need to take to mainstream BFHI, with less than half the hospitals following 'Ten' steps to successful breastfeeding. This indicator has a direct link to the rates of early initiation of breastfeeding, and can be scaled up easily. All countries need to prioritize and take

action to support women when they come to deliver their babies. Published evidence from 19 countries shows that there is a dose response relationship between the number of BFHI steps women are exposed to and the likelihood of improved outcomes (early breastfeeding initiation, exclusive breastfeeding at hospital discharge, any breastfeeding and exclusive breastfeeding duration). Community support (step 10) appears to be essential for sustaining breastfeeding impacts of BFHI in the long term.²⁵

A recent analysis²⁶ of situation towards revitalization of the BFHI in Latin America and the Caribbean concludes that “increasing the number of baby friendly maternity facilities requires sustained commitment from practitioners and policy makers at multiple levels, as well as financial and human resources.”

Figure 8: Status of subset questions for indicator on Baby Friendly Hospital Initiative in 84 countries



²⁵ Perez-Escamilla R, Martinez JL, Segura-Perez S. Impact of the baby-friendly hospital initiative on breastfeeding and child health outcomes: a systematic review. *Maternal & Child Nutrition* 2016, 12: 402-17.

²⁶ The Baby Friendly Hospital Initiative in Latin America and the Caribbean: Current status, challenges, and opportunities http://iris.paho.org/xmlui/bitstream/handle/123456789/18830/9789275118771_eng.pdf?sequence=1&isAllowed=y