

# **Session 3:**

## **The Baby-friendly Hospital Initiative**

# Goals of the Baby-friendly Hospital Initiative

1. To transform hospitals and maternity facilities through implementation of the “Ten steps”.
2. To end the practice of distribution of free and low-cost supplies of breast-milk substitutes to maternity wards and hospitals.



**Every facility providing maternity services and care for newborn infants should follow these *Ten steps to successful breastfeeding***

- 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.**
- 2. Train all health care staff in skills necessary to implement this policy.**
- 3. Inform all pregnant women about the benefits and management of breastfeeding.**
- 4. Help mothers initiate breastfeeding within a half-hour of birth.**
- 5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.**



**Every facility providing maternity services and care for newborn infants should follow these *Ten steps to successful breastfeeding***

- 6. Give newborn infants no food or drink other than breast milk, unless medically indicated.**
- 7. Practise rooming-in — allow mothers and infants to remain together — 24 hours a day.**
- 8. Encourage breastfeeding on demand.**
- 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.**
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.**

# Key dates in the history of breastfeeding and BFHI

- 1979 – Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, Geneva
- 1981 – Adoption of the International Code of Marketing of Breast-Milk Substitutes
- 1989 – Protecting, promoting and supporting breastfeeding. The special role of maternity services. A Joint WHO/UNICEF Statement
  - Convention on the Rights of the Child
- 1990 – Innocenti Declaration
  - World Summit for Children

# Key dates in the history of breastfeeding and BFHI

- 1991 – Launching of Baby-friendly Hospital Initiative
- 2000 – WHO Expert Consultation on HIV and Infant Feeding
- 2001 – WHO Consultation on the optimal duration of exclusive breastfeeding
- 2002 – Endorsement of the Global Strategy for Infant and Young Child Feeding by the WHA
- 2005 – Innocenti Declaration 2005
- 2007 – Revision of BFHI documents

# **The International code of marketing of breast-milk substitutes:**

## **Summary and role of baby-friendly hospitals**

# **Aim**

**To contribute to the provision of safe and adequate nutrition for infants by:**

- **The protection and promotion of breastfeeding**
- **Ensuring the proper use of breast-milk substitutes, when these are necessary, on basis of adequate information and through appropriate marketing and distribution**

# Scope

**Marketing, practices related, quality and availability, and information concerning the use of:**

- **Breast-milk substitutes, including infant formula**
- **Other milk products, foods and beverages, including bottle-fed complementary foods, when intended for use as a partial or total replacement of breast milk**
- **Feeding bottles and teats**

# **Summary of the main points of the International Code**

- **No advertising of breast-milk substitutes and other products to the public**
- **No donations of breast-milk substitutes and supplies to maternity hospitals**
- **No free samples to mothers**
- **No promotion in the health services**
- **No company personnel to advise mothers**
- **No gifts or personal samples to health workers**

# Summary of the main points of the International Code

- **No use of space, equipment or education materials sponsored or produced by companies when teaching mothers about infant feeding.**
- **No pictures of infants, or other pictures idealizing artificial feeding on the labels of the products.**
- **Information to health workers should be scientific and factual.**
- **Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding.**
- **Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.**

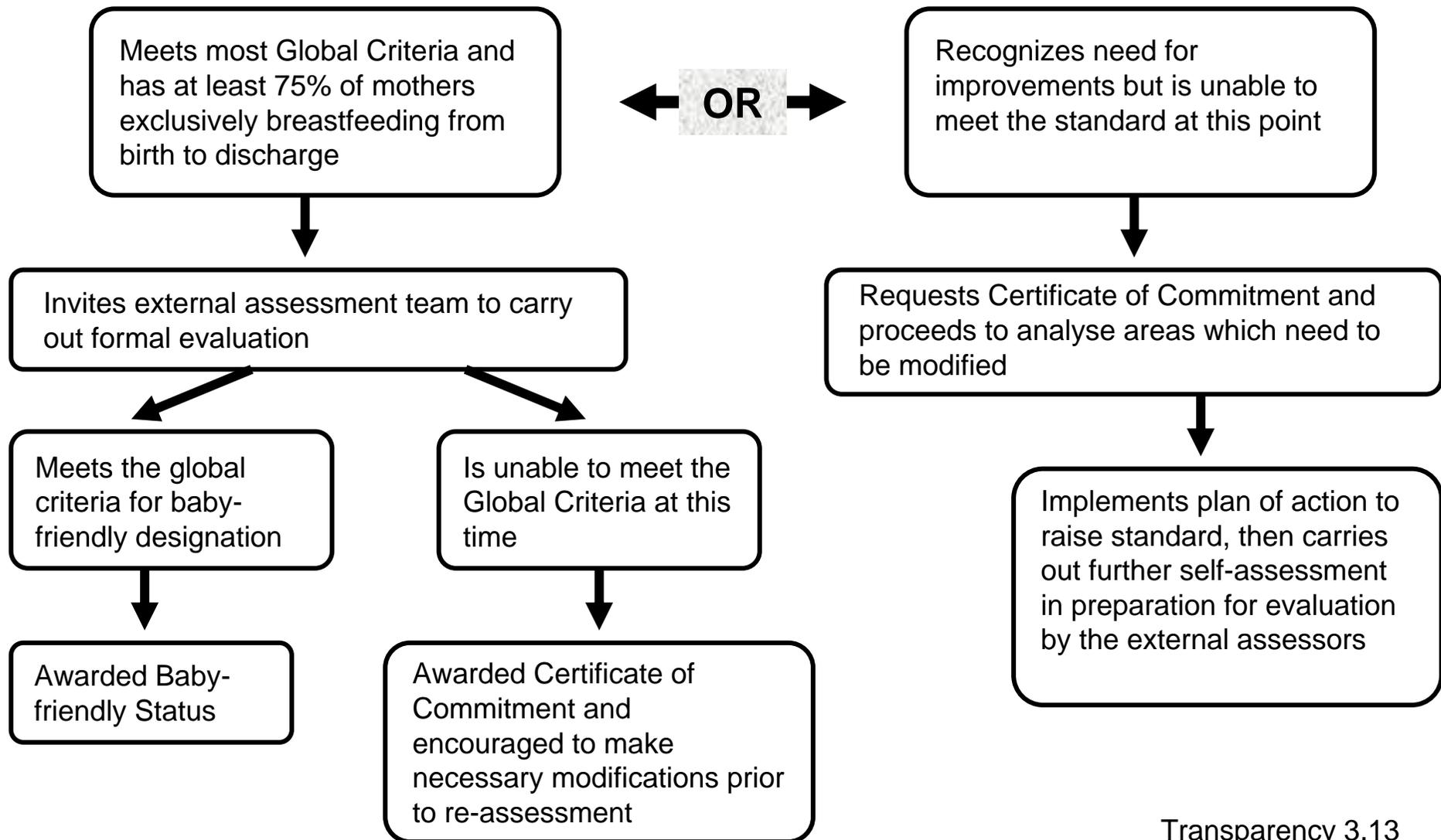
# **The role of administrators and staff in upholding the International Code**

- **Free or low-cost supplies of breast-milk substitutes should not be accepted in health care facilities.**
- **Breast-milk substitutes should be purchased by the health care facility in the same way as other foods and medicines, and for at least wholesale price.**
- **Promotional material for infant foods or drinks other than breast milk should not be permitted in the facility.**
- **Pregnant women should not receive materials that promote artificial feeding.**
- **Feeding with breast-milk substitutes should be demonstrated by health workers only, and only to pregnant women, mothers, or family members who need to use them.**

# **The role of administrators and staff in upholding the International Code**

- **Breast-milk substitutes in the health facility should be kept out of the sight of pregnant women and mothers.**
- **The health facility should not allow sample gift packs with breast-milk substitutes or related supplies that interfere with breastfeeding to be distributed to pregnant women or mothers.**
- **Financial or material inducements to promote products within the scope of the Code should not be accepted by health workers or their families.**
- **Manufacturers and distributors of products within the scope of the Code should disclose to the institution any contributions made to health workers such as fellowships, study tours, research grants, conferences, or the like. Similar disclosures should be made by the recipient.**

# The route to baby-friendly designation



# Differences between monitoring and reassessment

<b>Monitoring</b>	<b>Reassessment</b>
<ul style="list-style-type: none"><li>■ Measures progress on the “10 steps”</li><li>■ Identifies areas needing improvement and helps in planning actions</li><li>■ Can be organized by the hospital or by the national BFHI coordination group</li></ul>	<ul style="list-style-type: none"><li>■ Evaluates whether the hospital meets the Global Criteria for the “10 steps”</li><li>■ Same, but also used to decide if hospital should remain designated “baby-friendly”</li><li>■ Is usually organized by the national BFHI coordination group</li></ul>

# Differences between monitoring and reassessment

<b>Monitoring</b>	<b>Reassessment</b>
<ul style="list-style-type: none"><li>■ Can be performed by monitors “internal” to the hospital or from outside</li><li>■ Quite inexpensive if performed “internally”</li><li>■ Can be done frequently</li></ul>	<ul style="list-style-type: none"><li>■ Must be performed by “external” assessors</li><li>■ Somewhat more costly, as requires “external” assessors</li><li>■ Usually scheduled less frequently</li></ul>

# **The role of the hospital administrator in BFHI**

- **Become familiar with the BFHI process**
- **Decide where responsibility lies within the hospital structure. This can be a coordinating committee, working group, multidisciplinary team, etc.**
- **Establish the process within the hospital of working with the identified responsible body**
- **Work with key hospital staff to fill in the self-appraisal tool using the Global Criteria and interpret results**

# **The role of the hospital administrator in BFHI**

- **Support staff in decisions taken to achieve “baby-friendliness”**
- **Facilitate any BFHI-related training that may be needed**
- **Collaborate with national BFHI coordination group and ask for an external assessment team when the hospital is ready for assessment**
- **Encourage staff to sustain adherence to the “10 steps”, arranging for refresher training and periodic monitoring and reassessment**

# **Global Strategy on Infant and Young Child Feeding (IYCF): Aim**

- To improve – through optimal feeding – the nutritional status, growth and development, health, and thus the survival of infants and young children

# **Operational targets in the strategy**

- **Develop, implement, monitor, and evaluate a comprehensive policy on IYCF**
- **Ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require**
- **Promote timely, adequate, safe, and appropriate complementary feeding with continued breastfeeding**
- **Provide guidance on feeding infants and young children in exceptionally difficult circumstances**
- **Consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on IYCF, to give effect to the principles and aim of the International Code of Marketing and to subsequent relevant Health Assembly resolutions**

## Further strengthening of BFHI

The Global Strategy urges that hospital routines and procedures *remain* fully supportive of the successful initiation and establishment of breastfeeding through the:

- Implementation of the Baby-friendly Hospital Initiative
- Monitoring and reassessing already designated facilities; and
- Expanding the Initiative to include clinics, health centre, and paediatric hospitals

It also urges that support be given for feeding infants and young children in exceptionally difficult circumstances,

- With one aspect of this being to adapt the BFHI by taking account of HIV/AIDS,
- and by ensuring that those responsible for emergency preparedness are well trained to support appropriate feeding practices consistent with the Initiative's universal principles.