

# **Baby-friendly Hospital Initiative Congress**

**24 - 26 October 2016**

**World Health Organization**

**Geneva, Switzerland**



**Highlights of the BFHI  
over the past 25 years**

**Dr Felicity Savage**

**World Alliance for Breastfeeding Action**

# Origin of the “Ten Steps”

- 1986 Informal Meeting at UNICEF
- Participants were asked:  
*“What can we do to increase breastfeeding?”*
- Suggested *changes to health care practices*



# Newborns - Results of a change in hospital practices – Baguio, Philippines

Natividad Relucio-Clavano J Tropical Pediatrics 1982

Before and after study:

Before (1973-5) : separation and formula supplements

After (1975-7): rooming-in from birth and exclusive breastfeeding

	<b>Before</b>	<b>After</b>
No of neonates	4720	5166
Breastfed	40%	87%
Sepsis	88	10
Deaths (sepsis)	64	3
Diarrhoea	27.5%	1.3%
Deaths (diarrhoea)	8 per 1,000 babies	nil



*(Almost all deaths were in bottle fed infants in either group)*

1970s Sosa, De Chateau, Ali and others  
found early contact increased breastfeeding





1980s Fisher, Woolridge and others' showed that baby's attachment at the breast affects milk transfer



***Ineffective attachment***



***Effective attachment***

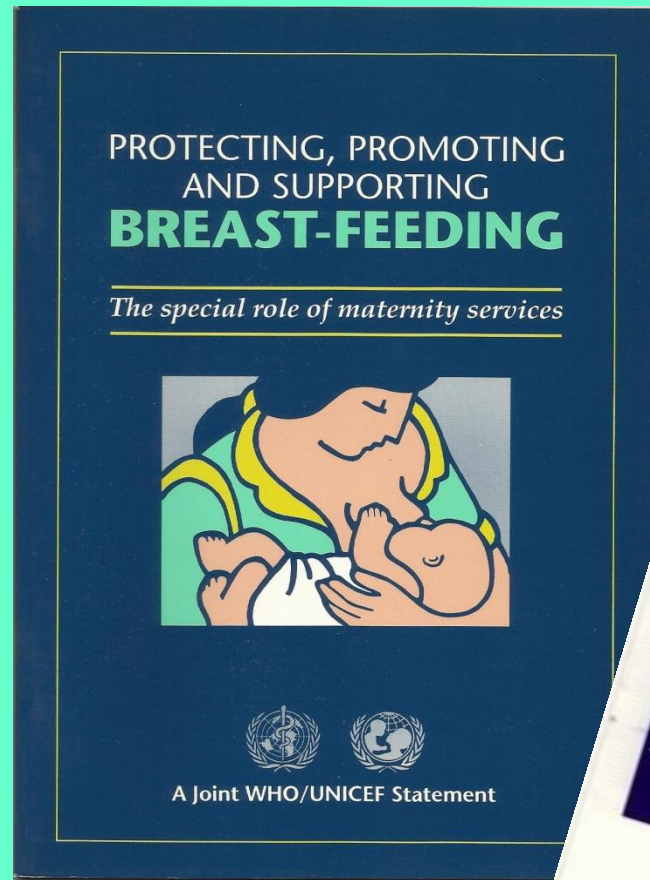
# The Ten Steps to Successful Breastfeeding

## 1989 WHO/UNICEF Joint Statement

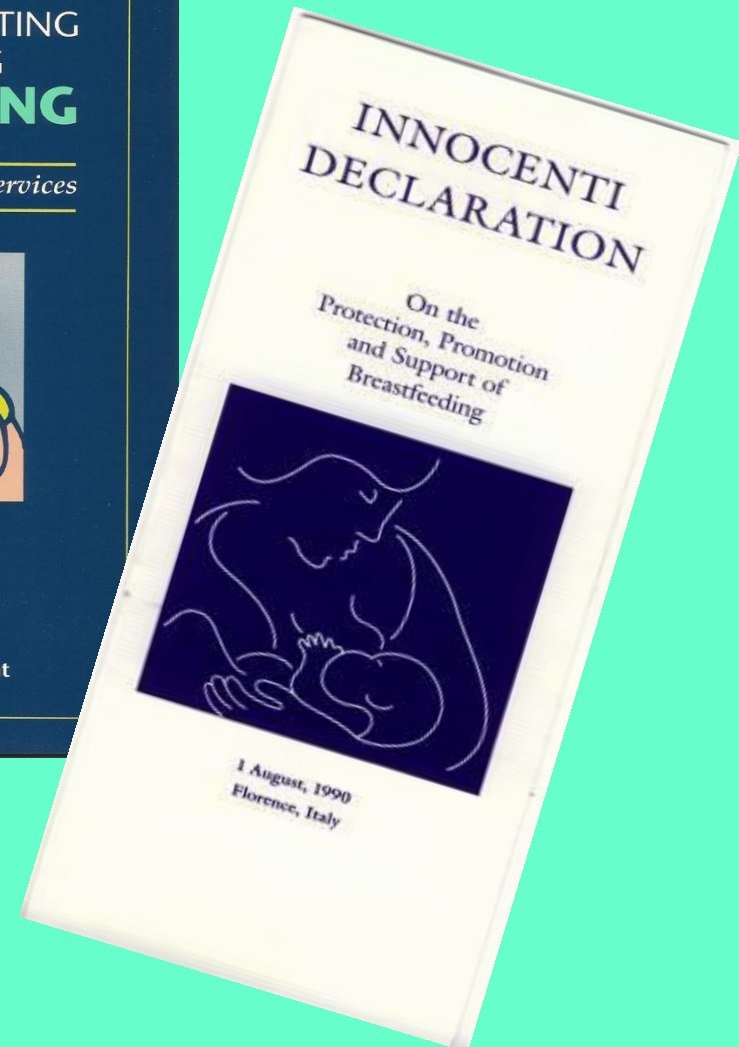
Included 10 Steps  
And a number of  
“mother-friendly”

Practices eg:

- Mobility in labour
- Companion
- Minimise analgesics



## 1990 Innocenti Declaration Operational Target 2 – policy basis



# 1991 Baby-friendly Hospital Initiative

Launched in Ankara, Turkey at meeting of  
the International Pediatric Association



*Picasso picture used for accreditation*

- Hospital implements ALL *“Ten Steps to Successful Breastfeeding”*
- Complies with the Code of Marketing of BMS
- Is assessed according to Global Criteria (UNICEF) for implementation and compliance

# Development of materials and training

## Guidelines for implementation

### Training courses:

- 18-hour BFHI course for maternity staff by UNICEF
- Administrators Course by WHO and Wellstart

### Assessment:

- Wellstart and WHO developed materials
- Group of 37 international assessors trained at Wellstart, San Diego

### Other training courses:

- 40-hour Breastfeeding Counselling and ToT course by WHO
- Wellstart 4-week Lactation Management programme San Diego
- 4-week Breastfeeding Practice and Policy course at ICH London



## *12 lead countries*

- Bolivia
- Brazil
- Cote d'Ivoire
- Egypt
- Gabon
- Kenya
- Mexico
- Nigeria
- Pakistan
- Philippines
- Thailand
- Turkey

## *Programme Manual and Guidelines included:*

Part 1: Country level implementation

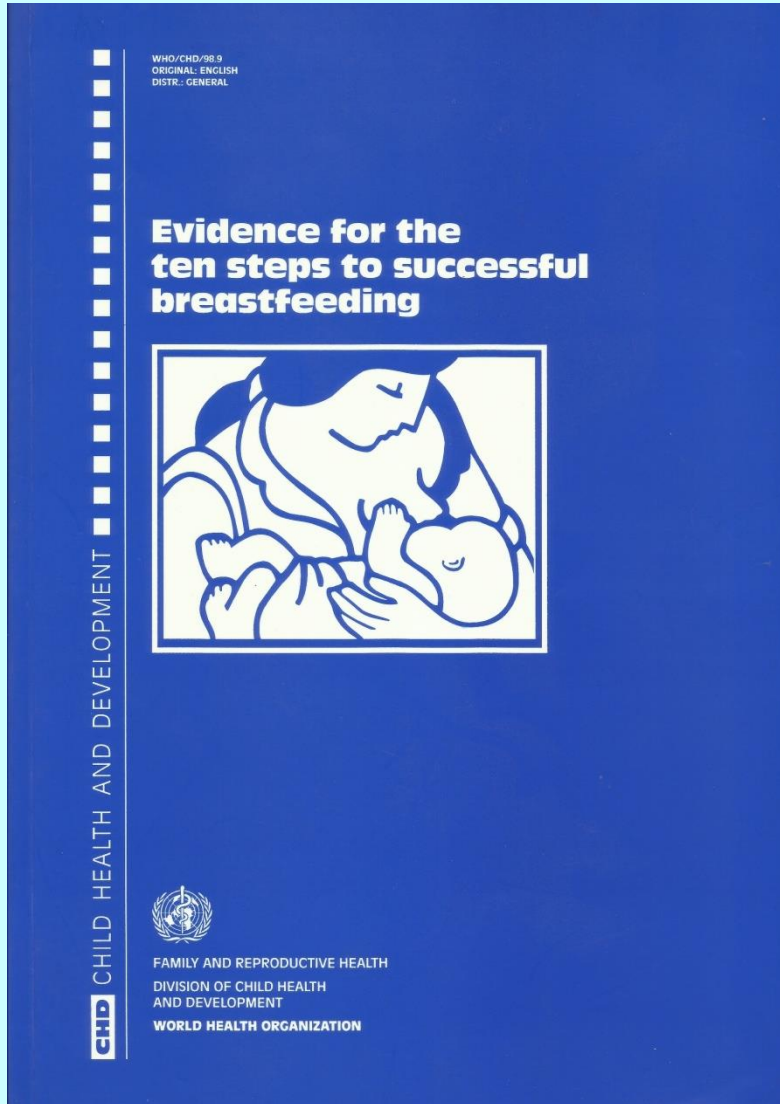
Part 11: Hospital level implementation  
Global criteria for each step  
Self Appraisal tool

Part 111: External Assessors' Manual  
Data and Interview Sheets

Part IV: Ending the distribution of free and low cost supplies of breastmilk substitutes to health care facilities

# 1998 Evidence for the Ten Steps – WHO

- Experimental and quasi-experimental studies  
(Assessed according to Peres-Escamilla criteria 1994)
- Few RCTs for individual steps – difficult to separate them
- Studies often included more than one step
- ***More steps together generally had greater effect especially with postnatal support***





## 2001 – RCT

Effectiveness of BFHI  
PROBIT study, Belarus  
Kramer et al JAMA 2001



16 hospitals “baby-friendly”, 16 controls.  
*Follow up breastfeeding support at polyclinics.*

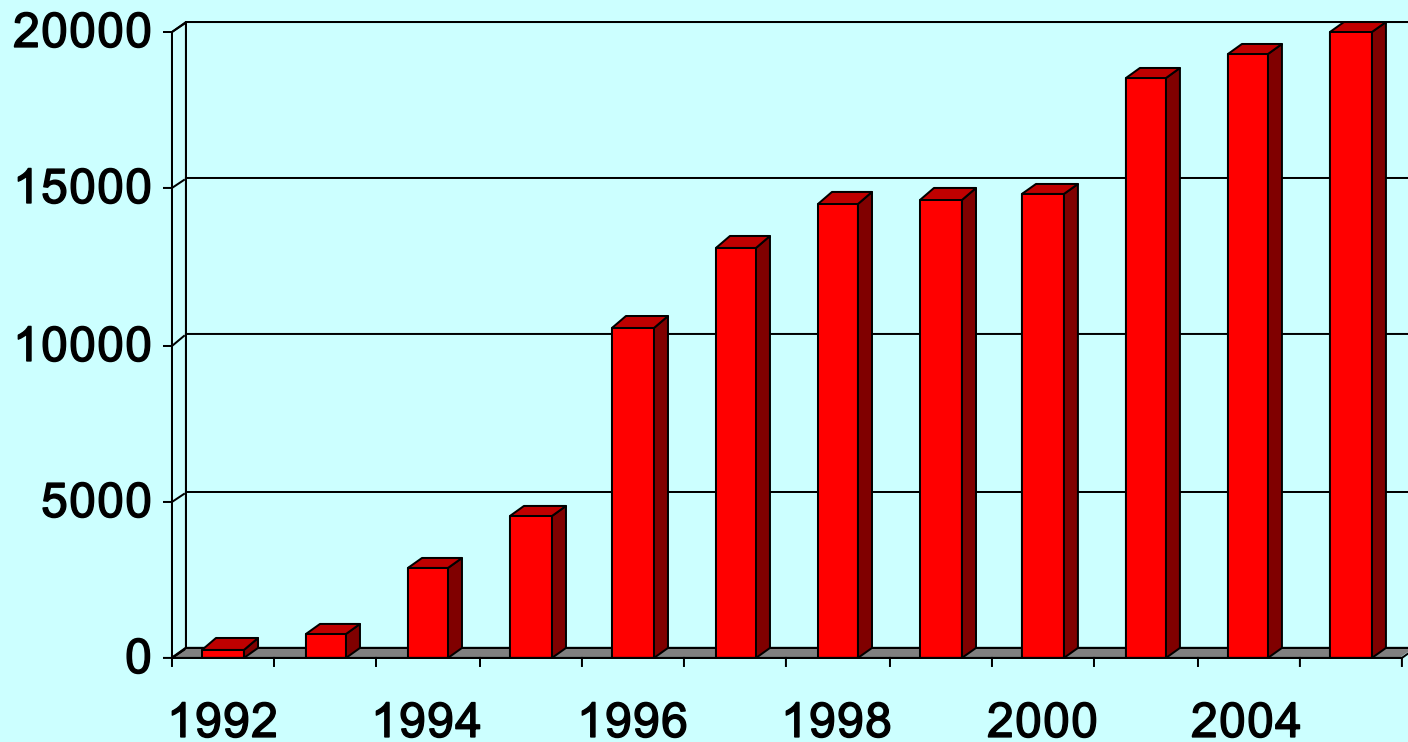
## RESULTS

Exclusive BF at 3 months: **43%**  
Control **6.4%**

# Baby-friendly Hospital Initiative

## Global total numbers

UNICEF Country Reports rolling averages





# UNICEF Record Update 2006/7

[Labbok BFMedicine 2012]

- Total countries 198
- Total no hospitals/maternalities – 74,286
- 154 countries have “ever designated” hospitals
- Number ***ever-designated*** baby-friendly 20,320 [21,328]
- **Proportion of all facilities worldwide baby-friendly:**

1997/8	0.19
2000/1	0.22
2003/4	0.26
<b>2006/7</b>	<b>0.27</b>
[2010/11	0.275]

# Early challenges

- Easier to implement steps based on management decisions (rooming in, avoiding supplements) than those requiring clinical skills (helping mother to attach baby at the breast)
- Some hospitals implement selected steps – limits benefits
- Good practices in hospitals not maintained: staff turn over and shortages, not all trained
- Problem to reassess growing numbers of hospitals
- Difficult for hospitals to organise community support to sustain breastfeeding after delivery

# Later challenges

- HIV pandemic and need to prevent mother-to-child transmission
- Recognition of importance of “mother-friendly” practices and of making hospitals “***mother-baby*** friendly”
- Backlash against BFHI when hypoglycaemia, hypernatremia and jaundice blamed on pressure to breastfeed: need to ensure skilled support to reduce risk
- Need to strengthen community based support to increase and sustain exclusive breastfeeding to 6 months

# Revised BFHI Materials 2006

- Training course extensively revised - 20 hours, increasing time on clinical practice to 3 hours.
- Interpretation of Global Criteria revised to reflect new research  
**Step 4:** *Early skin-to-skin contact to be immediate and sustained for 1 hour even if not breastfeeding.*
- Two ***optional*** components introduced:
  1. HIV and infant feeding:
    - specific counselling about HIV testing and treatment and feeding decisions also included according to local risk;
    - decisions about feeding options and instructions about safe preparation of artificial feeds available for *any mother not breastfeeding* included with Step 6;
  2. Mother friendly care described but optional.



# BFHI materials 2009

## *Mother friendly care:*

No longer optional included in training and assessment:

- Mother has companion of her choice
- Eat and drink light foods during labour
- Move about in labour, position of her choice for delivery
- No routine episiotomy or epidural – only if indicated and reason discussed with mother

## *Step 10:*

Mothers encouraged to see a skilled breastfeeding supporter.....

***2-4 days after birth and in the 2<sup>nd</sup> week***

to assess feeding and give any support needed  
(Evidence suggests about 8 contacts needed)

