

BFHI Congress 24-26 October 2016

**Draft Updated Operational
Guidance – Topic 1**

**Implementation in maternity
facilities**

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Core purpose of the BFHI

- Ensure appropriate care before and during maternity facility stay to facilitate successfully breastfeeding
 - Initiation in first hour
 - Exclusive for 6 months
 - Continued 24 months or beyond
- Families must receive quality, unbiased information about infant feeding.
- Maternity facilities must respect the mothers' preferences and provide support to successfully feed their newborn in the way they choose.

Clinical practices to support breastfeeding

- Evidence on Ten Steps is still under review, with revisions to be published mid-2017
- Intent is to include preterm and low birthweight babies
- Mother-friendly practices not being reviewed

Clinical practices to support breastfeeding

1. Antenatal breastfeeding education (only for maternity facilities that provide ANC)
2. Help mothers initiate breastfeeding within a half hour of birth.
 - Skin-to-skin contact immediately after birth for at least an hour.
 - Encourage mothers to recognize when their babies are ready to breastfeed; offer help if needed.

Clinical practices to support breastfeeding

3. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
4. Give newborn infants no food or drink other than breast milk, unless medically indicated.
5. Practise rooming-in — allow mothers and infants to remain together — 24 hours a day.

Clinical practices to support breastfeeding

6. Encourage breastfeeding on demand.
7. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
8. Refer mothers and babies to appropriate health care providers and peer support networks for breastfeeding assistance upon discharge from the facility.

Management procedures to support breastfeeding

- Have **written policy** on breastfeeding that is routinely communicated to all health care staff
- Fully comply with the **International Code of Marketing of Breast-milk Substitutes**
- Regularly (at least 2x/year) **assess the competency of staff** to carry out the clinical practices
- Establish ongoing **data management systems** to monitor compliance

Management procedures to support breastfeeding

- **Facility breastfeeding policy**
 - Stand alone, included in a broader infant feeding policy, or incorporated into other policy documents
 - Guidance on how each of the clinical and care practices should be implemented consistently
 - Spells out institutionalization of training, Code and monitoring

Management procedures to support breastfeeding

- **International Code of Marketing**
 - Facility cannot be used by manufacturers and distributors of breast-milk substitutes to promote infant formula
 - Facilities must acquire breast-milk substitutes through normal procurement channels and not receive free or subsidized supplies
 - Facilities should not display or distribute advertising, materials with brand names/logos, or free samples

Management procedures to support breastfeeding

- **Regular competency assessment**
 - Responsibility for building knowledge and skills resides with national pre-service education system
 - Facilities should assess competency
 - Corrective measures needed if capacity is lacking:
 - courses at the facility or elsewhere
 - didactic lectures combined with supervised clinical experience
 - Focus should be on knowledge and skills, not on a specific curriculum

Management procedures to support breastfeeding

- **Data management systems**
 - Clinical practices should be integrated into medical charts and QI/monitoring systems
 - If clinical practices are below agreed level or national standards, facility management procedures to identify bottlenecks
 - Progress should be reviewed (at least 2 times per year)

Management procedures to support breastfeeding

Options for data collections:

- Paper reports inputted into an electronic system
- Electronic medical records
- Paper questionnaires upon discharge
- Send mothers 1-2 questions via SMS post-discharge

Quality improvement process

- Changing health care practices takes time
- Quality Improvement (QI) can be defined as **“systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups”**
- Several well-developed models of quality improvement in health care

Quality improvement process

- Quality improvement is typically cyclical, involving:
 - Documentation and analysis of current practices
 - Planning a change
 - Implementing the change
 - Measuring the changes in practices and/or outcomes
 - Analyse the changed situation and take further action to further improve or maintain the change

Quality improvement process

- Key principles of quality improvement:
 - Incremental changes are more feasible and generally more long-lasting
 - Using data to identify where problems are occurring allows a more focused approach
 - Engagement of leadership personnel is crucial.
 - Staff need to be educated on the rationale for changes as well as given the skills
 - External evaluation or assessment is necessary

Questions for discussion

1. What are the implications of extending BFHI to include preterm and low birthweight newborns?
2. How can facilities be supported to create functioning monitoring systems for the BFHI clinical standards?
3. How can countries facilitate a quality improvement process within facilities?
4. What is missing from this guidance?



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