The Baby Friendly Initiative

Kathy Venter, October 08

Objectives

• Identify the value of the BFI to the health care system and the population.

• Appreciating BFI as a change agent.

Global Initiatives to Protect Breastfeeding:

• The International Code of Marketing of Breastmilk Substitutes 1981

• WHA Resolutions

• Baby Friendly Hospital Initiative 1991

• Global Strategy for Infant and Young Child Feeding WHA 18th. May 2002

WHO Constitution

“Health is a state of Complete physical, mental and Social well-being, And not merely the absence Of disease and infirmity.”

“Few interventions return such high dividends in health, self-reliance and child development and none at such low cost.”

Dr. Jairo Osorno
Units of Nutrition in Paediatrics & Clinical Epidemiology
Universidad del Valle School of Medicine
Cali, Colombia

Baby Friendly Initiative is...

• Evidence based
• Best practice
• Outcomes-oriented
• Protects, Promotes and Supports Breastfeeding
• All babies benefit
Guiding Principles
• Informed decision making
• Promoting and sharing evidence-based and best practice
• Support breastfeeding across the continuum of services through collaboration
• Working toward empowerment and public participation

Guiding Assumptions
• Improved breastfeeding outcomes for mothers and babies
• Adequate practice outcomes as determined by the assessment
• The process of changing attitudes and practice is important, not “passing” or “failing”

The Tool Box

Hospital and CHS Continuum

<table>
<thead>
<tr>
<th>Step 1, 2, 3</th>
<th>Point 1, 2, 3</th>
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<tr>
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Improved breastfeeding outcomes for mothers and babies

Hospitals/birthing centers: 75% of term well babies are exclusively breast-fed on discharge

Community Health Services: 75% of babies are breastfed on first contact and …

No more than 5% drop off at 2 weeks = 70%
Adequate practice outcomes as determined by the assessment

- Positive attitude - all levels
- Skin to skin
- Early and often
- Hand expression
- No separation
- Careful documentation
- Follow up – Peer support etc.
- Ethics/Code
- Empowerment of moms… and nurses!

1. Policy

- Protect - Code & Resolutions
- Promote -
  - Prenatal ed
  - Staff ed
  - Informed decision making
- Support –
  - Early & often
  - Effective
  - Exclusive
  - Continuums of care, peer support etc.

2. Education

- Education of staff is appropriate to their function
- Can take many forms – BFI indicators check list
- Essential to best practice & quality assurance.

3. Inform Pregnant Women

Opportunities
- Parenting/prenatal classes,
- Literature,
- Physicians, midwives, nurse practitioners…
- Teachable moments
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4. Help mothers initiate

Skin-to-skin: At least 40 minutes at a time… transition

Skin to skin initiates organized, predictable, sequential, pre-feeding behavior that leads to effective, coordinated suckling.

PEDIATRICS Vol. 102 No. 5 Supplement November 1998, pp. 1244-1246
RESEARCH PERSPECTIVES: Mother and Infant: Early Emotional Ties Marshall Klaus

Toronto East General, the newest “Baby Friendly” hospital in Canada

5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

- Early and often
- Cue-based feeding – baby will regulate at about 2 weeks if feeding is effective and supply established
6. Exclusive

**Early + often + effective = exclusive**

- NB. Medical indications for supplementation
- Physiologically appropriate amounts and careful charting
- Informed decision making

7. Practice rooming in:

Separation causes unhealthy stress to the baby:

- unstable temperature,
- accelerated heart rate,
- risk for stress-induced pathology e.g. diabetes, hypertension etc.
8. Encourage breastfeeding on demand (cue based)

- Skin-to-skin triggers organized feeding behaviours,
- Rooming-in allows parents to learn about and recognize these cues.

9. No artificial teats……

- Displace suckling at the breast
- Shape and consistency is different, do not elongate in the mouth as the breast does
- Milk flows differently (bradycardia, apnea)
- Oral muscles behave differently (immobilized, overactive, malpositioned)
- Contributes to abnormal dental (dental, malocclusion), facial and speech development

10. Breastfeeding support

- Discharge planning
  - Assess effectiveness of breastfeeding
  - Written information/ care plan
  - Liaison
- Community health support
- Mother-to-mother / peer support
  - La Leche League

How does a health facility become ‘Baby Friendly’?

Tools for Implementation:
1. The Global Criteria (10 Steps)
   - CHS 7 Point Plan
2. Self Appraisal Tool
3. Hospital / Community Assessment
4. Re-assessment
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The route to Baby-friendly designation

- Meets global criteria and has at least 75% of mothers exclusively breastfeeding from birth to discharge.
- Recognises need for improvements but is unable to meet the standard at this point.
- Invites external assessment team to carry out formal evaluation.
- Requests Certificate of Commitment and proceeds to analyse areas which need to be modified.

- Meets global criteria for Baby-friendly designation.
- Is unable to meet the Global Criteria at this time.
- Implements plan of action to raise standard, then carries out further self-assessment in preparation for evaluation by the external assessors.

- Awarded Certificate of Commitment and encouraged to make necessary modifications prior to re-assessment.

Pre assessment site visit

Our Promise to Families in the Special Care Nursery

- We promise that:
  - Our Hospital has a breastfeeding policy.
  - Our staff have breastfeeding education and have special knowledge about breastfeeding for premature babies.
  - We will talk to you about breastfeeding.
  - We will help you understand breastfeeding and show you how to express and store breast milk for your baby.
  - We will help you learn to breastfeed.
  - We will help you understand breastfeeding when your baby is ready.
  - When your baby is ready, we will encourage you to breastfeed and support you whenever your baby wants to be fed.
  - You will be given a list of community resources.

Education log

Photo: Sarilyn Zimmerman

Rob Devitt, President & CEO
The Baby Friendly Initiative

- The ‘VIBE’…..
- Code violations
- Evidence of “best practice” – interviews and observation
- Statistics: Exclusive BF, Med Supplementation etc.
- Proof of education
- Stores: management of breastmilk substitutes
- Support systems
- Documentation (* BF assessment, informed consent, Supplementation,)

‘Baby Friendly’ Is An Attitude

Friendly:
kind; helpful; favorably disposed; inclined to approve, help, or support.

The process of changing attitudes and practice is important, not “passing” or “failing”
Find out where the staff are at by facilitating them to identify needs and concerns and to formulate objectives for the journey.

There is a real health difference between babies who are breastfed and babies who are bottle fed.”

(Martens, 1997)

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Health Care Providers Responses

Once participants have recognized and verbalized their own needs they are encouraged to formulate objectives for the journey.

- Develops creative and problem solving abilities,
- Enhances learning
- Increases self-worth
- Individual’s efforts are reinforced and supported by the group.

This encourages ownership of the journey.
4. Throughout the journey, it is important to reinforce the group spirit by:

   - Recognizing individuals and their differences
   - Recognize mutual goals and aspirations
   - Recognize mutual difficulties
   - Value each other’s experiences
   - Establish a bond - formulate strategies together.

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**Group Dynamics**

**Johari Window**

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<th>Not known to self</th>
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<td>Not known to others</td>
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**Steps in Planning the Journey**

> What do we want to do?
> Why should we do this?
> Where will this take us?
> Who are our champions?
> What do we need to get there?
> When will we get there?
> How do we start?
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- Gather all existing info /policies, guidelines etc… check for accuracy and validity – updated when? Evidence based?

- Survey all the staff and as many of the patients as possible.

- What are we doing well?

- Is the greatest challenge attitude, information or skills?

Focus on the donut and not upon the hole!

Information and skills are fairly easy to provide/obtain -

Attitude change takes time, commitment, patience, and optimism…

BFI has a ripple effect - it is a catalyst for growth and development.

“We must become the change we want to see in the world.”

Mahatma Ghandi
**BFI Benefits – Hospitals/ CHS**

- Excellence in family-centered maternity care
- Ethical maternity care
- Quality assurance – meet international stds
- Enhanced corporate image and prestige
- Increased client satisfaction
- Increased staff satisfaction and retention

**Trends in # BFHI’s:**

Unicef country reports

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<tr>
<th>Year</th>
<th>Number of assessed/designated hospitals, in thousands</th>
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NB: The Innocenti Declaration was signed August 1, 1990, identifying the practice of the Ten Steps in all maternity services as an operational target. BFHI was developed in 1991, piloted in 12 countries, and inaugurated as a global initiative in 1992.

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**Evaluation of the Impact of the Baby-Friendly Hospital Initiative on Rates of Breastfeeding**

Maria Luiza G. Braun, Elsa R. J. Giugliani, Maria Emilia Mattos Soares, Camila Giugliani, Andrea Proenco de Oliveira, and Claudia Maria Machado Danelon


http://www.ajph.org/cgi/content/full/93/8/1277?ct

This study shows a significant increase in breastfeeding rates, especially exclusive breastfeeding, after BFHI implementation. Nonetheless, in order for breastfeeding to become universal, it is necessary to strengthen the BFHI and to develop other interventions aimed at protecting, promoting, and supporting breastfeeding practices.

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**Sustained Breastfeeding Rates at a US Baby-Friendly Hospital**

Barbara L. Philipp, MD*‡; Kirsten L. Malone, BA‡; Sabrina Cimo, BA§; and Anne Merewood, MA

Pediatrics 2003;112:e234–e236.

Full implementation and continued application of the “Ten Steps to Successful Breastfeeding,” the framework of the Baby-Friendly Hospital Initiative, has an extended positive impact on breastfeeding rates in a US hospital setting.

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**Breastfeeding promotion in non-UNICEF-certified hospitals and long-term breastfeeding success in Germany.**

Dulon M, Kersting M, Bender R.


Department of Epidemiology and Medical Statistics, School of Public Health, University of Bielefeld, Germany.

In German hospitals even moderate levels of breastfeeding promotion identified by WHO/UNICEF criteria were associated with long-term breastfeeding success.

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**Bibliography**


BFI Assessment Process and Costs. 2006

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The Journey Is Everything

“Step by Step, Day by Day ...
That’s the Baby Friendly Way”

Kathy Venter

Manitoba Baby-Friendly™
www.gov.mb.ca/health/nutrition/bfi2.html

BCC Website:
www.breastfeedingcanada.ca

Email BCC:
bfc.can@sympatico.ca

bfi@breastfeedingontario.org

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