The Baby Friendly Initiative

A global WHO/UNICEF initiative to increase breastfeeding rates and improve population health outcomes for ALL
The Baby Friendly Initiative

Based on the principles of informed decision making and best practice standards throughout the continuum of care.
Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The WHO Constitution
Global Strategy for Infant and Young Child Feeding

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
The Baby Friendly Initiative

Evidence based
Best practice
Outcomes-oriented
Protects, Promotes & Supports BF
Protects the artificially fed infant

All mothers & babies benefit

The Baby Friendly Initiative
• 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 Principles
• 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 Baby Friendly Initiative

Improved breastfeeding outcomes for mothers and babies

What are the stats?
- Exclusive BF
- Any BF
- Med Indicated?
• Positive attitude - all levels
• Consistent information
• No unnecessary separation/intervention
• Support is available throughout the continuum
• No commercial influence
The process of changing attitudes and practice is important, not “passing” or “failing”
Breastfeeding Committee for Canada (BCC)
The National Authority for the WHO-UNICEF Baby-Friendly™ Initiative (BFI)

Guidelines for WHO-UNICEF Baby-Friendly™ Initiative (BFI) in Canada

Practice Outcome Indicators for:
Baby-Friendly™ Hospitals: (The Ten Steps)
Baby-Friendly™ Community Health Services: (The Seven Points)

March 20, 2004

GUIDING ASSUMPTIONS
The Baby-Friendly™ Initiative (BFI)

- The Baby-Friendly™ Initiative is an international program to improve breastfeeding
  worldwide by facilitating and promoting the support and practice.
- The Canadian Practice Outcomes Indicators for Hospitals (The Ten Steps) and Community
  Health Services (The Seven Points) are the guidelines for facilities and clinicians to know
  what outcomes are expected in what conditions and evidence of good practice. The process of
  changing attitudes and practice is important, not “passing” or “failing” the assessment.
- To support the continuing effort and the need for collaboration, Practice Outcomes
  Indicators for Hospitals (The Ten Steps) and Community Health Services (The Seven Points)
  are included, together with Checklists and Appendices.
- The global assessment tool (not reported to reflect the Canadian Indicators) will uncover
  aggregate evidence of Baby-Friendly™ practice outcomes to the facility being assessed.
- 13 hours of education, including 9 hours of supervised clinical instruction is recommended,
  not required, if all practice outcomes are adopted.

Principles of Public Health (Health Canada 2001)

- Focus on improving the health of all people, populations or sub-populations.
- Sensitive to the economic, social, political, environmental and cultural determinants of health.
- Apply inclusive strategies to address determinants of health.
- Collaborate across levels and sectors.
- Apply evidence to address determinants of health.
- Increase accountability for health outcomes.

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Find out where the staff are at by facilitating them to identify needs and concerns and to formulate objectives for the journey.
HEALTH CARE PROVIDERS RESPONSES

“There is a real health difference between babies who are breastfed and babies who are bottle fed.”
(Martens, 1997)

- Strongly disagree: 1
- Disagree: 6
- Neutral: 20
- Agree: 6
- Strongly agree: 5
• Gather all existing info /policies, guidelines etc… check for accuracy and validity

• 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?
Look at everything the facility IS doing to support breastfeeding…

Build on small successes!
Information and skills are fairly easy to provide/obtain -

Attitude change takes time, commitment, patience, and optimism…
Shift the paradigm!

NURSE, BRING THE BABY BACK IMMEDIATELY! THE MOTHER IS BONDING WITH THE FETAL MONITOR.
“We must become the change we want to see in the world.”

Mahatma Ghandi
Step 1: Policy

Nova Scotia promotes, protects, and supports breastfeeding!

It is our policy to promote, protect, and support breastfeeding, and to respect the decision each mother makes about how to feed her baby.

We pledge to help you and your baby breastfeed —
in hospital, at home, and in the community.

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 teach you to express and store breastmilk for your baby
- We will help you to learn to breastfeed
- We will help you to start breastfeeding when your baby is ready
- When your baby is ready, we will encourage you to feed your baby breastmilk only and breastfeed whenever your baby wants
- You will be given a list of community resources
Step 2: Education

Many ways to obtain the required education:

BFI is outcomes oriented.

‘Making a Difference’
Breastfeeding Course - Train the Trainer Course in BC
Step 3: Inform Pregnant Women
Step 4: Help mothers initiate breastfeeding...

Skin to skin initiates organized, predictable, sequential, pre-feeding behavior that leads to effective, coordinated suckling.
Step 5: Show mothers how to breastfeed …

and how to maintain lactation even if they should be separated from their infants.

NB. One on one teaching especially for mothers who are formula feeding
Step 6: Breastfeed/milk exclusively…

… no unnecessary supps.

NB. Medical indications & informed decision making.

Step 7: Practice rooming in…
NB. safe sleep environment..

9. NO ARTIFICIAL TEATS......

Interferes with infant cues, lactogenesis 2 and calibration of milk supply.
Step 10: Breastfeeding support ...
Discharge planning

- Assess effectiveness of breastfeeding
- Written information/care plan
- Liaison – breastfeeding clinic, ped. follow-up clinic
- Community health support
- Mother-to-mother/peer support (La Leche League, Breastfeeding Buddies etc…)
The WHO Code:

• Protects ALL infants from the consequences of unethical marketing strategies.

• No health claims allowed (Canada Food and Drugs Act)

• Protects HCWs - no conflict of interest
The Baby Friendly Initiative Reframes Infant Feeding
BREASTFEEDING IN THE MOST NARROW FRAME

‘ Good Mother’
RESULTS OF THIS PERSPECTIVE

• All the pressure is on the individual mother
• Intense anti or pro breastfeeding sentiment – most often from women
• Sensationalist press
• Industry capitalizes
• Implementation of best practice around infant feeding may be shackled by personal bias
Expanding the Breastfeeding frame expands the responsibility of spouse, family, society, health care system, government etc...
BFHI: 10 STEPS

1. Communicate BF Policy
2. Train Staff
3. Inform Pregnant Moms

EFFECTIVE PRACTICE

4. Within 1 hr & Often
5. Maintaining Lactation
6. Exclusive BF/No Other Food/Drink
7. Rooming In
8. On Demand
9. No Pacifiers
10. Support

LESS MORBIDITY IS SAVES MORE
BFI: Assessment

ATTITUDES

KNOWLEDGE

SKILLS
• The ‘VIBE’….. BFI is an attitude
• Code compliance
• Evidence of “best practice” – interviews and observation
• Infant feeding data : breastfeeding rates
• Proof of education – outcomes based
• Support systems - collaboration at all levels
• Documentation (* assessment, informed consent, supplementation, feeding plan, info for families)
Early
Often
Effective
Exclusive
The process of changing attitudes and practice is important, not “passing” or “failing”

BFI is a graduated process, building on strengths, working towards population health outcomes.
THE 5 PILLARS...

Build Healthy Public Policy
Create Supportive Environments
Strengthen Community Action
Develop Personal Skills
Reorient Health Services
BFI BENEFITS – HOSPITALS/ CHS

• Excellence in family-centred maternity care
• Ethical maternity care
• Quality assurance – meet international stds
• Enhanced corporate image and prestige
• Increased client satisfaction
• Increased staff satisfaction and retention
BFI has a ripple effect - it is a catalyst for growth and development.
The Journey Is Everything

Step by Step, Day by Day ...

That’s the Baby Friendly Way”

Kathy Venter
• Protects ALL infants from the consequences of unethical marketing strategies.

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ATTITUDES

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“Step by Step, Day by Day …
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Kathy Venter
BCC Website:
www.breastfeedingcanada.ca

Email BCC:
bfc.can@sympatico.ca

BFI: process, information and support
The effects of Baby Friendly Initiative training on breastfeeding rates and the breastfeeding attitudes, knowledge and self-efficacy of community health-care staff.

Jenny Ingram, Debbie Johnson and Louise Condon.


Canadian studies in progress in BC and NS
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.
SUSTAINED BREASTFEEDING RATES AT A US BABY-FRIENDLY HOSPITAL
Barbara L. Philipp, MD*; Kirsten L. Malone, BA; Sabrina Cimo, BA;
And Anne Merewood, MA

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.

*PEDIATRICS 2003;112:E234–E236.
Breastfeeding promotion in non-unicef-certified hospitals and long-term breastfeeding success in Germany.


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.