Baby-friendly Hospital Initiative at 25 years
Achievements, challenges, way forward

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Outline of the presentation

• Overview of the BFHI
• Impact of the BFHI
• Current status of the BFHI
• Summary of country experiences and challenges
• Updating the guidance
The 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 one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming in - that is, 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.

➢ Comply with the International Code of Marketing of Breastmilk Substitutes
BFHI – Timeline, key documents

1975 – 1982: Jose Fabella Hospital, Manila: Breastfeeding and rooming in


1989: The Ten Steps

1991: BFHI launched

1998: Evidence for the Ten Steps

2009: Updated BFHI package launched
Impact of the BFHI

• Randomised control trial in Belarus\textsuperscript{1}:
  – 16 Hospitals “BFHI”, 16 controls
  – At 3 months: 43% vs. 6.4% exclusive breastfeeding

• Systematic review (58 studies from 19 countries)\textsuperscript{2}:
  – Following the Ten Steps leads to increased BF rates
  – Exposure to more steps leads to higher BF rates
  – Avoiding supplementation (Step 6) key to success
  – Community support (Step 10) crucial to maintain BF

Country level implementation of the BFHI

Number of countries implementing the Baby-friendly Hospital Initiative by year of initiation (n=117)

Number of countries reporting having ever designated facilities as Baby-friendly and having designated facilities in the last 5 years (n=101)

Coverage of BFHI by WHO region

Percent of births occurring in facilities currently designated as Baby-friendly (168 countries)

- Africa: 4%
- Americas: 13%
- Eastern Mediterranean: 17%
- Europe: 36%
- Southeast Asia: 3%
- Western Pacific: 11%
- Total: 10%

Experiences in BFHI implementation


- Case studies (15)
- Key informant interviews (22)

Enabling environment

- BFHI often established and flourishing in enabling **policy environment**, specifically:
  - Nutrition/IYCF/Breastfeeding policy
  - International Code
  - Maternity protection

- **Social mobilization** for breastfeeding also facilitates BFHI
Funding and coordination

Main funding sources:
• Government funding
• External (donor) funding
  – UN second largest funder
• Facility contributions

Coordination mechanisms:
• Government coordination (national/sub-national)
  (BFHI among other responsibilities)
• NGO coordination
  (dedicated coordinator/coordination group)
Designations

• **Designation** as Baby-friendly facility is the main incentive/recognition method for the BFHI

• Alternatives:
  – Increased **reimbursement rate** when designated
  – Reimbursements **conditional** to designation
Integration of BFHI with other interventions or policies

- Embedding BFHI into broader MCH/Nutrition/Development interventions or policies helps ensure scale up and sustainability.

- Incorporation of breastfeeding and BFHI related indicators in national health information systems facilitates accountability.
Integration in national standards, policies, strategies or plans

Number of countries reporting having incorporated the Ten Steps into national quality standards and national policies, strategies, or plans (n=117)

Challenges

• Ownership (government - external donors)
• Voluntary nature of implementation
• Maintain momentum and funding for
  – Expansion
  – Quality, after certification
• Recurrent costs
  – In-service trainings
  – (Re-)assessments
• High workload of health staff
• Challenges with specific steps (country specific)
Recommendations for the future

• **Mainstreaming** of the BFHI
  – National policies
  – Other (MNCH) programmes & protocols
  – Health worker curricula

• Social mobilization – demand creation

• Invest in health workers’ capacity

• Ongoing **monitoring** – designation not endpoint

• Secure sustainable **funding**
Why updating the BFHI guidance?

- New WHO process for guidelines (since 2007)
- Last update written in 2006-2007
- Silver anniversary
The process for updating the guidance

Patient Care Guidelines ("The Ten Steps")

Implementation Guidance

Review at BFHI Congress (Oct. 2016)

Draft Guidance

Peer review

Final Guidance
BFHI Congress October 2016

- >300 people; >130 government delegates; >20 development partners
Key areas of agreement:

• Breastfeeding should be treated as the norm in all countries
• BFHI should be mainstreamed as much as possible into other programmes, initiatives, policies
• Increased advocacy is needed
• BFHI should cover both healthy and preterm/LBW newborns
• BFHI should cover public and private facilities
• The Code should remain a strong part and parcel of the BFHI
• Guidance should recognize different country contexts
• There are challenges to operationalize all these issues
The principles that drive the updated BFHI guidance

- Integrated people-centred health services
- Improving quality of care
- Strengthening health systems
Key points in the updated BFHI guidance

- BFHI should be responsibility of every maternity facility
- National standards of care
- Incorporated into national budgets
- Integration with other health care improvement and quality assurance initiatives. Example: Quality of Care initiative (http://www.qualityofcarenetwork.org/)
- Capacity building to include pre-service training
- Incentives other than designation are encouraged
- Regular internal monitoring crucial
- External assessments to be streamlined - manageable within existing resources
Thank you