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*
Before and after study:
Before (1973-5) : separation and formula supplements
After (1975-7): rooming-in from birth and exclusive breastfeeding

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

- 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

Picasso picture used for accreditation
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
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

![Bar chart showing the increase in baby-friendly hospitals from 1992 to 2004. The y-axis represents the number of hospitals, ranging from 0 to 20,000, and the x-axis represents the years from 1992 to 2004. The number of baby-friendly hospitals increases significantly over the years.]
Total countries 198
Total no hospitals/maternities – 74,286
154 countries have “ever designated” hospitals
Number *ever-designated* baby-friendly 20,320 [21,328]
Proportion of all facilities worldwide baby-friendly:

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion</th>
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<tr>
<td>1997/8</td>
<td>0.19</td>
</tr>
<tr>
<td>2000/1</td>
<td>0.22</td>
</tr>
<tr>
<td>2003/4</td>
<td>0.26</td>
</tr>
<tr>
<td><strong>2006/7</strong></td>
<td><strong>0.27</strong></td>
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<tr>
<td>[2010/11]</td>
<td>0.275</td>
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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.
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 2nd week to assess feeding and give any support needed (Evidence suggests about 8 contacts needed)