Baby Friendly Hospital Initiative: Challenges and Opportunities

Experiences in New Zealand: BFHI & BFCI and in Industrialized Countries

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Translating BFHI into practice in NZ
WHO/UNICEF

Five Steps in Implementing BFHI at the Country Level:

1. Establish the National Authority & conduct a baseline review
2. Identify - or re-establish - national BFHI goals and approaches
3. Identify, designate or develop a BFHI Coordination Group (BCG).
4. Ensure ongoing assessments of facilities, development of a plan for curricula revision and BFHI training, that national health information system includes a record of feeding status, and ongoing monitoring and evaluation.
BFHI Standards for New Zealand

Comply with the WHO/UNICEF BFHI International standards and achieve 100% maternity services BFHI

• In NZ we require:
  – > 75% exclusive breastfeeding at discharge for all babies discharged from the maternity service
  – **100%** compliance for Step 1 and Step 7
  – **80%** for all other Steps
  – Compliance with the WHO International Code of Marketing of Breast-Milk Substitutes and the subsequent relevant WHA resolutions
  – Compliance with the Treaty of Waitangi (partnership, protection and participation for Maori)
  – Compliance with the standards of care for non-breastfeeding mothers
Establishing a Baseline before BFHI accreditation

The Ministry of Health (MoH) funded NZBA to conduct a BFHI audit (2001) of 30 maternity services (36%) – which included all tertiary and secondary maternity services in NZ (>67% of births).
Challenges /Barriers to Implementation in New Zealand

- Initial reluctance by many maternity services and health professionals
- Costs
- Time required for education
- Breastfeeding data collection
- Adherence to the Code of Marketing of Breast-milk Substitutes
- Need to change current practice
WHAT WAS IMPORTANT?

- Implementing BFHI requirements in a step-by-step approach. The maternity services were required to:
  - Develop a timeline to achieve BFHI accreditation (2002 – 2005)
  - All maternity services required to be BFHI accredited and maintain accreditation (2005 - )

The PROGRESS:
2000 – No BFHI services
2014 – 74 of the 77 maternity services (96.1% BFHI)
What has worked?

• **Having Benchmarks** helped prove the positive impact made by BFHI.
• **Government** support, commitment and funding
• **Non-profit** and non-government organization to administer BFHI
• **Consultation & Collaboration** by the members in all aspects of development and ongoing maintenance of Baby Friendly
• Maintaining the WHO/UNICEF **international standards**
• Allowing for **unique features in NZ** – informed consent, midwifery, focus on indigenous people (Maori), etc.
• Valuing staff with a celebration of achievement
Ministry of Health funded a BFHI Assessment in 30 services of their implementation of the Ten Steps to Successful Breastfeeding (2001)
Ten Steps to Successful Breastfeeding in the Same Facilities (2014)
Progress of BFHI in NZ - Accreditations

Total No. BFHI facilities

- 2002: 3
- 2003: 6
- 2004: 16
- 2005: 29
- 2006: 51
- 2007: 58
- 2008: 63
- 2009: 69
- 2010: 71
- 2011: 74
- 2012: 75

Total No. BFHI facilities
2014 BFHI services (75)

- 12 accredited four times
- 42 accredited three times
- 17 accredited twice
- 4 accredited once
- 2 not accredited
  (1 has lapsed accreditation)

Total number of Maternity facilities - 77
Using standard definitions
NZ Ministry of Health: Breastfeeding Definitions (1999)

<table>
<thead>
<tr>
<th>Exclusive</th>
<th>Fully</th>
<th>Partial</th>
<th>Artificial</th>
</tr>
</thead>
<tbody>
<tr>
<td>The infant has never, to the</td>
<td>The infant has taken breastmilk only, no other</td>
<td>The infant has taken some breastmilk and some infant</td>
<td>The infant has had no breastmilk but</td>
</tr>
<tr>
<td>mother’s knowledge, had any</td>
<td>liquids or solids except a minimal amount of</td>
<td>formula or other solid food in the past 48 hours.</td>
<td>has had alternative liquid such as</td>
</tr>
<tr>
<td>water, formula, other liquid</td>
<td>water or prescribed medicines, in the past 48</td>
<td></td>
<td>infant formula with or without</td>
</tr>
<tr>
<td>or solid food. Only breastmilk</td>
<td>hours.</td>
<td></td>
<td>solid food in the past 48 hours.</td>
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<tr>
<td>from the breast or expressed,</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>and prescribed medicines have</td>
<td></td>
<td></td>
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<tr>
<td>been given from birth.</td>
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NZ Exclusive breastfeeding rates
At audit in 2001 and in 2014

“Now 83.3% of babies born in maternity facilities in New Zealand leave exclusively breastfeeding”
Progress in Tertiary Maternity Services

% Exclusive breastfeeding rates at discharge

2001
First Accreditation
2011
A Secondary maternity service

% Exclusive breastfeeding at discharge

- 2001: 56.0%
- 2004: 78.0%
- 2005: 81.4%
- 2009: 84.3%
- 2011: 87.0%
Quality standards for breastfeeding services: Baby Friendly Initiatives

1. Identify an area for improvement
2. Set standards of care
3. Confirm the presence of an opportunity to improve
4. Develop an action plan
5. Implement change
6. Monitor and evaluate process
7. Refine the problem and continue cycle
## Results of BFHI Assessments

<table>
<thead>
<tr>
<th>Assessments</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
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<tbody>
<tr>
<td>Number of Services</td>
<td>76</td>
<td>71</td>
<td>54</td>
<td>12</td>
</tr>
<tr>
<td>Percentage that required further work</td>
<td>60.5%</td>
<td>64.1%</td>
<td>58.8%</td>
<td>50%</td>
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Ongoing reassessment shows that standards are not always maintained. — reassessment and monitoring are essential.
• No single intervention or group can succeed in meeting the challenge;

Need to reaffirm the relevance – indeed the urgency – of the four operational targets of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding

• Ensuring that every facility providing maternity services fully practices all the “Ten steps to successful breastfeeding” i.e. BFHI
“You also have to keep in mind that BFHI is “perishable”, wherever you are in the world – and there is no guarantee for how it looks like 1, 2, 3 years after a certification”.
Ongoing challenges

• Prevention of “fatigue” with the programme

• Continual challenges about the cost of the programme – assessment, education (e.g. budgets) “Short term solution”

• **Importance of evidence /research** of the short and long term impact – health and long term savings/benefits

• Managers who see breastfeeding rates as the only necessary measure to ascertain quality of service

• Avoid non-breastfeeding mothers feeling unsupported/guilt
BFHI impact in three regions in NZ – higher rate at discharge the better the community rates
Baby Friendly Community

- There is a need for standards and training for health workers beyond maternity services that have become BFCI:
  - The breastfeeding rates increase,
  - Less artificial feeding
  - Staff receive infant feeding education
  - Record keeping is more reliable
  - Materials are given
  - And appropriate infant feeding support and protection is provided to mothers
Industrialized Countries active in the BFHI network
### 2014: 32 Countries returned Reports

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<th>Country</th>
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<td>Australia</td>
<td>Japan</td>
<td>Singapore</td>
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<td>Austria</td>
<td>Kuwait</td>
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<td>Germany</td>
<td>Poland</td>
<td>United Kingdom</td>
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<tr>
<td>Greece</td>
<td>Portugal</td>
<td>USA</td>
</tr>
<tr>
<td>Italy</td>
<td>Russian Federation</td>
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Implementation (32 countries)

- **24** countries reported that they follow the Global Criteria.

- **12** countries indicated that they follow National Criteria.

- **4** countries have a dual system which designates facilities using Global Criteria with some additional National Criteria.
Percentage of Baby-friendly facilities in proportion to the total number of facilities providing maternal care (1)
Percentage of Baby-friendly facilities in proportion to the total number of facilities providing maternal care (2)
Percentage of Baby-friendly facilities in proportion to the total number of facilities providing maternal care (3)

- Russia
- Slovenia
- South Korea
- Spain
- Sweden
- Switzerland
- Taiwan
- Ukraine
- UK
- USA

Percentage of babies born in BFHI accredited facilities by Country

2014
Challenges/Barriers from Country reports

- Lack of government support or leadership
- Insufficient or no funding
- Uncertainty of ongoing funding
- Volunteers need to manage BFHI (in some countries)- high personal cost
- The infant formula industry involvement in health services and in funding health professional education, conferences, with inducements, etc. (Code implementation)
- Mother-friendly standards (inclusion with BFHI)
Sweden: Exclusively breastfed infants aged at 1 week, 2, 4 and 6 months born in year 1998-2011
Opportunities/strengths

• Passion in many professionals for the programme (advocates)
• Linking BF in with other programs
• Health Promoting hospitals,
• Reproductive National Strategy (Spain)
• National breastfeeding promotion campaign (Greece)
• Global nutrition targets, Every Newborn Action Plan
• Development of BF Standards beyond maternity (BFCI, Neo-BF, BF Paediatrics)
• Research linking BHFI outcomes with improved health (short and long term) and linking this with savings
Global nutrition targets endorsed by the WHA in May 2012

1. 40% reduction in the number of children under 5 who are stunted

2. 50% reduction of anaemia in women of reproductive age

3. 30% reduction in low birth weight

4. No increase on childhood overweight

5. Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%

6. Reduce and maintain childhood wasting to less than 5%
What to do differently?

*Every Newborn’s Five strategic objectives*

1. **Strengthen and invest in care** during labour, birth and the first day and week of life

2. **Improve the quality** of maternal and newborn care

3. **Reach every woman and every newborn**; reduce inequities

4. **Harness the power** of parents, families and communities

5. **Count every newborn** – measurement, tracking and accountability
Importance of including BFHI in the new Global Initiatives

• Easily forgotten when developing new strategies
• BUT BFHI is clearly an important part of achieving these – focus on evidenced based best practice and increased support for exclusive breastfeeding
• WHO need to ensure that Baby Friendly is actively promoted and included in the documents e.g. Global Nutrition Targets, the Every Newborn Actions and the Code
BFHI and the Code

• Monitors the Code as part of the requirements for accreditation

• The standards for the Code higher in BF Hospitals compared with the country standards

• Baby Friendly not only has a focus on initiation of breastfeeding but actively provides protection
The challenge is to continue the implementation of BFHI. There is a need for ongoing support within WHO, UNICEF and other organizations: there need to be staff who have BFHI as part of their focus, and BFHI needs to be included in documents and materials.

**BFHI makes a significant contribution to improving exclusive breastfeeding rates and standards of care for newborns**