



A WARM AND WELCOMING START TO LIFE

Ukraine

**The Expanded
Baby Friendly
Hospital Initiative**

 1946 - 2006
UNITE FOR CHILDREN

unicef 

Contributors

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The Expanded Baby Friendly Hospital Initiative in Ukraine

Background

Evidence from around the world shows that exclusive breastfeeding during the first six months of life as a single intervention can reduce infant mortality by 10 per cent. This is why WHO and UNICEF have been providing significant support to the introduction and scaling up of the Baby Friendly Hospital Initiative, which deals largely with breastfeeding and its promotion. It is also known that if this approach is combined with sustaining the warm chain, the mortality rate can be reduced by a total of 20 per cent. The concept of the Expanded Baby Friendly Hospital Initiative is a joint vision of leading international and national organizations working in Ukraine, and has been developed on the basis of five years of relevant project implementation experience. The partnership promoting this concept includes the Ministry of Health (MOH) of Ukraine and its regional departments, UNICEF, WHO, John Snow International (JSI/AED/USAID) “Mother & Infant Health” project, the Ukrainian-Swiss project “Perinatology”, and civil society organizations Forum.

The UNICEF-WHO Baby Friendly Hospital Initiative (BFHI) was introduced in Ukraine in the year 2000. The Initiative started with the massive training of health care workers using 40- and 18-hour WHO and UNICEF training courses. Initially the BFHI was managed by the Ministry of Health (MoH) with UNICEF assistance. After two years of project implementation it became clear that MoH’s “monopoly” was slowing down the pace of BFHI scaling up. The decentralization of maternity hospital assessment processes and training of representatives from regional centres (Eastern, Western, Central, and Southern) resulted in a sharp increase in the number of hospitals certified as “baby friendly” from 4 in 2001 to 65 in 2005. In 2005, 25 per cent of all births in Ukraine took place in “baby friendly” hospitals. Currently three BFHI Regional centres are operating at their full potential: Kiev (central), Donetsk (Eastern), and Lviv (Western). The southern centre is planned to be established in the next two years.

The Ukrainian experience shows that in practice much more must be done than what is prescribed by the BFHI. Recent surveys conducted in Ukraine at maternity hospitals, including those certified as baby friendly, showed

that adherence to the minimal standards of the BFHI does not automatically ensure “friendliness” and “a good start in life”. A major concern was that maternity hospitals certified in accordance with current protocols are neither friendly to the baby nor to the mother or the family as a whole, as these protocols only cover the very minimum standards. There is also no doubt that successful and continued breastfeeding in itself is not possible without appropriate perinatal practices.

Given below is an overview of the prevailing situation in maternity hospitals, including in those certified as baby friendly, which show the areas which BFHI protocols do not cover, and which directly and negatively influence breastfeeding as well as the general health status of pregnant women, mothers and infants:

- ▶ Low rate (4 per cent) of companion (partner, close relative, friend) attendance during labor and delivery and their presence and support for the mother and infant during pre-, peri- and post-natal periods
- ▶ High level of hypothermia in infants
- ▶ Unnecessary but largely obligatory “hygiene practices
- ▶ Delivery on Rakhmanov beds; in the majority of cases a woman delivers “in the company of” other women in the same condition
- ▶ No opportunity for women to choose the position most comfortable to them during labour and delivery.
- ▶ Requirement of sterile conditions in delivery rooms, but scant attention to hand washing
- ▶ Over-medication and over-hospitalization of women during pregnancy and delivery
- ▶ Unreasonably high prevalence of cesarean sections and invasive manipulations
- ▶ Separation of mothers from the babies in case of intensive care or other medical procedures
- ▶ Delayed discharge of mothers and infants from the hospital
- ▶ Prohibition to visit mothers and infants at the maternity hospital
- ▶ Prohibition for mothers and newborns to wear clothes from home
- ▶ Baby swaddling

Tetiana Babich, a midwife and champion of EBFHI at the Donetsk Centre for Maternal and Child Health. She is also a lecturer of the Faculties of Midwifery, Gynaecology and Prenatal Care and Post Graduate Education at the State Medical University in Donetsk.

“We are trying to ensure that both mother and baby are together right after birth, and that mothers breastfeed their babies. The program now not only ensures that mothers receive all the necessary information regarding breastfeeding their babies, but has grown into a program which promotes family birthing. It's very important that we provide couples and families with a great deal of information and prenatal training and then we let them make their own decisions regarding the birth of their child. But we don't just do this, we try to create an environment which is pleasant for mothers prior to and after birth.”

“Through instruction, exercise, partner support, and giving a woman the environment and the choice of position in which she wants to give birth have had some positive effects. If in 1997 we only had 18% of births that were considered normal, today 49% of our births are carried out naturally, with out need for invasive measures, or use of stimulants during birthing.

“Years ago a maternity hospital was nothing short of an assembly line, a number of women were put in a cold sterile room while in labour, then moved to a *Rakmanov* bed to give birth, just because someone decided that was the way it should be. When the child was born, it was taken away from its mother and swaddled. Breastfeeding was shunned upon and contact between mother and child was absent, and you would hear a lot of crying. Do you hear any babies crying here?”

Eleven years ago **Iryna Tretiakova** gave birth to her first daughter. “What I experienced back then was a world apart from when **Dasha** was born on June 21 of this year,” says Iryna. “Back then I was separated from my daughter for three days after she was born, they would bring her in every three hours for feeding, but that was not always regular. And then it was forbidden for anyone to be present during her birth, but this time my husband was with me, he provided me with moral support not only during my pregnancy but also while our daughter was being born. Right after Dasha was born she was placed on my belly next to my breast.”

“It was unheard of back then for me to be present and I didn't see my daughter until five days after she was born,” said her husband **Volodymyr Fyodorov**, “But this time I was there for Iryna, I could give her moral support, and I was present for the birth of our child.”

“Being in contact with my daughter right from the start has made quite a difference. Dasha only cries when she wants to be fed, and usually after she is fed she falls asleep,” said Iryna. For Volodymyr and Iryna who live more than 50 kilometres away from the the Donetsk Centre for Maternal and Child Health, the trip was not always an easy one, having to travel by public transportation but both agreed on one thing: “It was worthwhile that we came here to give birth to our daughter, the conditions are pleasant and welcoming, and everything is done to make you feel as comfortable as possible, it was a good start for our child,” said Iryna.

Volodymyr adds with a smile, “We'll tell a lot of our friends about our experience!”

It has been seen that eliminating the practices described above, improves the duration and frequency of breastfeeding and makes a significant contribution to the reduction of maternal and infant mortality and morbidity rates. It was noted that the situation needed to be improved through the introduction of evidence-based perinatal health care practices and the expansion of the BFHI criteria to make them consistent with WHO guidelines and recommendations.¹ Another lesson learned from the implementation of BFHI in Ukraine was that successful results and sustainable progress are possible when antenatal clinics, maternity hospitals, children hospitals and children polyclinics adhere to the same requirements; thus BFHI needed to be *expanded* to cover these types of MCH institutions as well.

With the support of UNICEF and the JSI “Mother & Infant Health Project”, a new set of national standards for the assessment of baby friendly hospitals was introduced in 2004. These covered a wider range of MCH interventions and providing the basis for including antenatal clinics, children hospitals, and polyclinics into the initiative. The Expanded Baby Friendly Hospital Initiative concept was recently pre-tested in 16 maternity hospitals in Ukraine, where UNICEF and JSI efforts strengthened and complemented each other. In these hospitals the average rate of partner attended labour increased from 2 per cent to 80 per cent (the national figure is 4 per cent); level of hypothermia decreased from 70 per cent to 1 per cent; the proportion of physiological deliveries (without complications and invasive interventions) increased from 28 per cent to 69 per cent and consequently the proportion of cesarean sections decreased from 26 per cent to 16 per cent. As a result the neonatal mortality and newborn morbidity rates almost halved. For example, in Donetsk Municipal

¹ For example, WHO’s 16-step strategy underlines the fact that pregnancy is not an illness and focuses on reducing neonatal mortality with simple interventions, such as prevention of hypothermia in newborns, safe motherhood, friendly approach in health care services, etc.

Maternity Hospital #3 after five months of the introduction of new practices the number newborns in need of intensive care fell from 23 per cent to 9.6 per cent, and breastfeeding within an hour of birth increased from 25 per cent to 83.3 per cent. All 16 hospitals have successfully passed the assessment and received baby friendly status.

Relationship to MDGs, National Priorities, UNDAF, UNICEF CPAP and MTSP

The Government has adopted six Millennium Development Goals that are specific to Ukraine: poverty reduction; quality, life-long education; sustainable environmental development; improved maternal health and reduced child mortality; halting the spread of HIV/AIDS and tuberculosis; and gender equality.

The Expanded Baby Friendly Hospital Initiative contributes directly to the achievement of three of these goals. As stated in the UNICEF CPAP document for 2006-2010, in order to decrease newborn and infant mortality and morbidity, MCH policies and practices have to be reformed in line with WHO and UNICEF recommendations. Special attention needs to be given to introduction of evidence-based health care practices and to the promotion and protection of exclusive breastfeeding in the first 6 months and continued breastfeeding with adequate complementary feeding up to 2 years. Additional focus needs to be given to the promotion of family support to the mother and child during the pre-, peri- and post-natal periods, ensuring free access for family members to maternity and children’s hospitals, avoiding the separation of mother and child and unnecessary medical manipulations and intensive care of the newborn, and the creation of a family friendly environment in medical facilities.

The EBFHI concept is totally consistent with UNICEF’s joint health and nutrition strategy for 2006-2015 and has direct linkages to MTSP Focus

Area 1: Young child survival and development and particularly the key result in area 1 with the aim to scale-up, in partnership with Governments, WHO and others, high-impact health and nutrition interventions to reduce the number of neonatal and young child deaths from preventable and easily treatable causes and the key result in area 4 involving efforts to ensure that in declared emergencies, every child has access to life-saving interventions. The EBFHI is also a relatively effective intervention for achieving the goals of MTSP Focus Area 3: HIV/AIDS and children. In particular; the key result in Focus Area 1 that calls for reducing HIV infections among both women and children. Specific targets are to reduce by 40 per cent the number of new paediatric infections; increase to 80 per cent the proportion of HIV-positive mothers receiving anti-retrovirals (ARVs) to extend their lives and prevent mother-to-child transmission of HIV (PMTCT).

With regard to Ukraine UNDAF, the EBFHI directly contributes to Outcome #3: By 2010, increased equitable access to quality medical assistance and health services with priority on HIV/AIDS, TB and Mother & Child Health that ensures the right of people in Ukraine to enjoy the highest attainable standards in the area of health.

Compliance with WHO European Strategy for Child and Adolescent Health and Development

The Government of Ukraine has declared European integration as its priority. Therefore, high importance is given to ensure that national social and economic policies are compliant with European standards. The Government's strategy document stipulates that good health is the basis for social and economic development, and the strategy is aimed at developing a framework for an evidence-based review and improvement of national child health policies, programmes and action plans. Special focus is given to evidence-based effective peri-natal care, exclusive

breastfeeding during the first six months and its continuation with appropriate complementary feeding up to the age of two years. The EBFHI is seen and recognised as one of the tools for implementing this strategy and is therefore warmly welcomed by the Ukrainian Government.

Relationship with Other UNICEF Priorities for 2006-2010

- **Prevention of mother to child HIV transmission and care of infants born to HIV-positive mothers**

Almost all women in Ukraine regardless of their HIV status give birth in maternity hospitals. Evidence from around the world as well as national evidence demonstrate that best results in the prevention of mother to child HIV transmission are achieved by maternity hospitals utilizing evidence-based peri-natal practices and which are baby and family friendly. However, mortality and morbidity among HIV affected infants even in these settings remains high. The latest data from the Ministry of Health show that the peri-natal mortality rate is 1.5 times higher and the infant mortality rate is 4 times higher among children born to HIV-positive women as compared to the national average rate. In order to improve the situation of HIV affected mothers and infants, UNICEF Ukraine is promoting "family friendly" conditions in delivery departments with family, partner or peer support during delivery, securing the warm chain to prevent hypothermia in infants, avoiding unnecessary medical examinations, ensuring optimal infant feeding practices, and early stimulation of the child. These low cost interventions show remarkably good results, including a significant reduction in stigmatization and discrimination of HIV-positive patients in maternity hospitals. The restructuring of the old-fashion "Soviet type" joint delivery rooms to individual or family delivery rooms provides the mother, her infant and family members or peer supporters an adequate level of privacy and

enables them to receive necessary counselling and assistance without fear of disclosure of the mother's HIV status.

A rapid assessment undertaken among HIV-positive mothers shows that their main concerns and reasons for stress are the following:

- ▶ Isolation in the maternity hospital at the department of infectious diseases and stigmatisation linked to this
- ▶ Unfriendly environment and lack of privacy
- ▶ Absence of family support

In addition, they need to feel confident about a successful delivery and to feel assured of a non-judgmental approach by medical personnel.

The Donetsk Centre of Mother and Child Health, with UNICEF assistance, has been instrumental in ensuring that all hospitals providing PMTCT services in Donetsk region are compliant with EBFHI criteria. Thus, 14 maternity hospitals in eastern Ukraine (with the highest HIV prevalence rate in the country) providing PMTCT services have been certified as baby friendly. Obstetric and neonatal services in three maternity hospitals in Donetsk, Makeevka and Mariupol with the highest number of HIV-positive women have been improved. They are currently providing PMTCT services and optimal feeding counselling with the family friendly approach, and are using evidence-based perinatal health practices.

The attitude of medical personnel and conditions at maternity hospitals have changed significantly from having HIV-positive women deliver in separate infectious diseases departments without any privacy and respect for human dignity on *Rakhmanov* beds 'in the company' of other women in labour, to partner attended deliveries in individual delivery rooms where the HIV status of a woman is unknown to anyone other than those who provide specific HIV related services, counselling or treatment.

"I remember how I was in a separate room with a lot of other women when my first child was born 14 years ago, and there were a lot of babies screaming, but we could not do anything for them. They were in another room," said **Victoria Belikova**, now 32 years old, holding her less than day-old son **Artur** feeding at her breast, while sitting on her bed in her own private room. "It was a nightmare when I gave birth to my first son. I was in labor for 16 hours, and had an IV in my arm. As a child he came into this world under a great deal of stress. This was so different. This birth was much easier. I was in labour for 6 hours, as compared to what I went through before. There were wall bars that I could hang from or the ball I could bounce on. When Artur was born he cried a little, but then when he was placed on my belly, the crying stopped,"

"We decided before hand that I would be there with my wife, and while I was a little afraid at first, the staff at the centre told me what to expect and this helped me. The more information the staff here at the centre provided me the more my apprehensions dissipated," said **Oleksandr**, Victoria's husband.

Stereotypes are the most difficult thing to overcome in this society, yet people are changing. "When I told my mother that Victoria and I had decided that I would be there for the birth, she said it was a good thing." But while Oleksandr's mother was supportive he noted that he still hadn't told his friends that he had been there for the birth, but was going to tell them later that day and see what their reaction would be. He smiled and said, "I think that this experience brought Victoria and me closer together. Being there for the birth of our son was a very unusual feeling!"

The Donetsk region was selected as a project implementation site for the improvement of MCH services for HIV affected mothers and infants because HIV prevalence in this region is among the highest in Ukraine. The number of HIV-positive pregnant women increased from 258 in year 2000 to almost 1,000 in 2005. The rate of mother-to-child HIV transmission dropped from 25.3 per cent in year 2000 to 12.7 per cent in 2005, thanks to joint efforts of the PMTCT and EBFHI projects. During 2005, in the Donetsk Centre of Mother and Child Health, 47 per cent of deliveries among HIV-positive women were attended by a partner. Comprehensive PMTCT treatment was provided to 78 per cent of HIV-positive women. Only one baby born to an HIV-positive mother was abandoned to the State.

- **Young child development**

The EBFHI is a fundamental initial step for successful interventions in the area of early childhood development since it ensures basic standards for a child's physical and emotional development during the most critical neonatal period. In addition to breastfeeding, EBFHI ensures the highest possible quality neonatal, paediatric and parental care.

According to EBFHI, parents' training regarding child care and development must start during the antenatal period and continue at the maternity hospital and paediatric clinics. To further parenting education programmes linked to BFHI, two Child Development centres were established in Lviv and Donetsk MCH facilities. ECD interventions integrated into Expanded BFHI focus on the age group from birth to three years, with special attention to children in the first year of life. The effort is to strengthen the capacity of the health care system, enabling health providers to counsel parents and conduct parent education sessions.

The main activities of Child Development Centres are the following::

- ▶ Parents counselling
- ▶ Distribution of educational and information materials
- ▶ Parents' training
- ▶ Meetings of parent support groups
- ▶ Joint activities for parents and children facilitated by a specialist (practical training)
- ▶ Developmental activities for children
- ▶ Entertainment – first birthday, family day

- **Prevention of early abandonment**

There is clear evidence that introduction of the EBFHI, including the family centred approach, reduces the number of infants abandoned to the State. This trend, while it needs to be studied in greater depth, has been clearly observed in several maternity hospitals, such as Simferopol, Donetsk, Makeevaka.

Training in the Expanded Baby Friendly Hospital Initiative

Training is provided to gynecologists, obstetricians, midwives, neonatologists, paediatricians, epidemiologists, visiting nurses and health care administrators. The Expanded BFHI requires expanded training as well, which includes the following elements:

- **Basic Course**

The basic training for health care workers covers not only breastfeeding issues, but also evidence-based effective antenatal and perinatal practices that are fundamental to successful and continued breastfeeding. The WHO EPC training course (Effective Perinatal Care) is the most appropriate for

EBFHI training. The course contains 41 training modules, which gives an opportunity to tailor the design of the training depending on the specific needs of the particular region or territory. The duration of the training varies from one to three weeks and includes clinical practice.

- **EBFHI training course**

The training has been adapted for training of staff from different MCH institutions. In the case of Ukraine it has been adapted for antenatal clinics, maternity hospitals, children's polyclinics and hospitals. The course is based on the new WHO and UNICEF BFHI 20-hour training.

- **Assessors/re-assessors' training**

A three-day theoretical and a two-day practical training course is designed for those who have successfully completed the basic training and EBFHI training and received the certificate as national trainer in EPC and EBFHI. The training is based on WHO and UNICEF assessors training course, protocol and tools with expanded criteria.

- **Health care workers' training on young child development**

The training course is under development. It will be based on WHO guidelines "Care for Development", the New MoH Ukraine Order on Healthy Child Care, National ELDS (Early Learning and Development Standards) and based on the National Programme for Young Child Development *The Little Grain*.

A glimpse of services in most Maternal and Child Health Facilities in Ukraine – unchanged from the old days...



...and after the introduction of the Expanded BabyFriendly Hospital Initiative

