Session 3: The Baby-friendly Hospital Initiative

Objectives

At the conclusion of this session, participants will be able to:

- Describe the history and implementation of the WHO/ UNICEF Baby-friendly Hospital Initiative (BFHI) and relevant experience of participants in their institutions and country.
- Describe the guidelines health facilities should follow related to the International Code of Marketing of Breast-milk Substitutes.
- Describe the WHO/UNICEF Global Criteria and the Self-appraisal Tool.
- Describe the BFHI assessment and designation process.
- Discuss the importance of monitoring and reassessing adherence to the "10 steps".
- Discuss the health facility decision-maker's role in supporting the BFHI.
- Discuss key aspects of the Global Strategy for IYCF and BFHI's role within it.

Duration

Total: 1 hour

Teaching methods

Presentation
Discussion
Video or slide show (optional)

Preparation for session

- Work with the national breastfeeding coordinator and committee and/or WHO and UNICEF country and regional offices to prepare up-to-date information on the status of BFHI nationally, including transparencies if possible.
- Collect examples of completed self-appraisal tools to gain a general understanding of the BFHI status of health facilities in the country. Make sure that the information on particular hospitals is kept confidential.
- Review the global criteria, self-appraisal tool, and assessment and reassessment processes, in preparation for a brief presentation during the session. A copy of the revised global criteria

and self appraisal tool is attached as Handouts 3.4 and 3.5. Information and links for downloading the revised BFHI course and assessment documents are available at the UNICEF website, http://www.unicef.org/nutrition/index_24850.html?q=printme. .

- Review the WHO/UNICEF document, *Global Strategy for Infant and Young Child Feeding.* Geneva, Switzerland, 2003 (http://www.who.int/nutrition/publications/infantfeeding/en/index.html; http://www.who.int/child-adolescent-health/NUTRITION/global_strategy.htm). Read in particular sections 30, 31 and 34, pages 13-19, which focus on the importance of continuing to support the *Baby-friendly Hospital Initiative* and implementation of the *Ten Steps to Successful Breastfeeding*, as well as monitoring and reassessing facilities that are already designated and expanding the Initiative to include clinics, health centers, and paediatric hospitals.

Training materials

Handouts

3.1 Presentation for session 3
3.2 Breastfeeding: An issue on the world's agenda
3.3 The International Code of Marketing of Breast-milk Substitutes: summary of main points
3.4 *Baby-friendly Hospital Initiative, Section 1 Background and Implementation, Section 1.2: Hospital Level Implementation, and Section 1.3: The Global Criteria for the BFHI*, WHO and UNICEF, 2006. (http://www.unicef.org/nutrition/index_24850.html?q=printme).
3.5 *Baby-friendly Hospital Initiative, Section 4 Hospital Self-Appraisal and Monitoring, 4.1: The Hospital Self-Appraisal Tool*, WHO and UNICEF, 2006, (http://www.unicef.org/nutrition/index_24850.html?q=printme)
3.6 WHO/UNICEF breastfeeding and young child feeding courses
3.7 The Baby-friendly Hospital Initiative : Guidelines and Tools for Monitoring and Reassessment

Slides/Transparencies

3.1 Goals of the Baby-friendly Hospital Initiative
3.2-3 Ten steps to successful breastfeeding
3.4-5 Key dates in the history of breastfeeding and BFHI
3.6-12 The International Code: Summary and role of Baby-friendly hospitals
3.13 The route to Baby-friendly designation
3.14-15 Differences between monitoring and reassessment
3.16-17 The role of the hospital administrator in BFHI
3.18-21 The Global Strategy for IYCF and the further strengthening of BFHI

The website featuring this Course contains links to the slides and transparencies for this session in two Microsoft PowerPoint files. The slides (in colour) can be used with a laptop computer and LCD projector, if available. Alternatively, the transparencies (in black and white) can be printed out and copied on acetates and projected with an overhead projector. The transparencies are also reproduced as the first handout for this session, with 6 transparencies to a page.

Additional materials to be distributed

The following documents, which can be purchased from the World Health Organization, Geneva or the appropriate WHO regional office, should be distributed to all participants:

- *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services. A Joint WHO/UNICEF Statement.* World Health Organization, Geneva, 1989.

- *The International Code of Marketing of Breast-milk Substitutes*. World Health Organization, Geneva, 1981.

Suggested additional audio-visual programmes

- Slide set or video on "Baby-friendly" in the country or region where the course is being given (optional, if available).

References

Global Strategy for Infant and Young Child Feeding. Geneva, World Health Organization, 2003 (http://www.who.int/nutrition/publications/infantfeeding/en/index.html; http://www.who.int/child-adolescent-health/NUTRITION/global_strategy.htm).

Global strategy for infant and young child feeding: The optimal duration of exclusive breastfeeding. Fifty-fourth World Health Assembly, Provisional agenda item 13.1, A54/INF.DOC./4. Geneva, World Health Organization, 1 May 2001 (http://www.who.int/gb/EB_WHA/PDF/WHA54/ea54id4.pdf).

Horton S, Sanghvi T, Phillips M, Fiedler J, Perez-Escamilla. Breastfeeding promotion and priority setting in health. *Health Policy and Planning,* 1996, 11(2):156-168.

International Baby Food Action Network. *Protecting infant health: A health workers' guide to the international code of marketing of breast-milk substitutes.* 7th ed. Penang, Malaysia, IBFAN, 1993.

International code of marketing of breast-milk substitutes. Geneva, World Health Organization, 1981.

Kramer MS, Kakuma R. *The optimal duration of exclusive breastfeeding. A systematic review.* Geneva, World Health Organization, 2002 (WHO/NHD/01.08; WHO/FCH/CAH/01.23).

New data on the prevention of mother-to-child transmission of HIV and their policy implications. Conclusions and recommendations. WHO technical consultation on behalf of the UNFPA/UNICEF/WHO/UNAIDS Inter-Agency Task Team on Mother-to-Child Transmission of HIV. Geneva, 11-13 October 2000. Geneva, World Health Organization, 2001 (WHO/RHR/01.28).

Protecting, promoting and supporting breastfeeding: The special role of maternity services. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.

Report of the expert consultation on the optimal duration of exclusive breastfeeding, Geneva, Switzerland, 28-30 March 2001. Geneva, World Health Organization, 2001 (WHO/NHD/01.09; WHO/FCH/CAH/01.24).

Resolution WHA 39.28: Infant and Young Child Feeding. Geneva, World Health Organization, 1992.

Resolution WHA 47.5: Infant and Young Child Nutrition. Geneva, World Health Organization, 1994.

Saadeh R et al.,eds. *Breastfeeding: the technical basis and recommendations for action.* Geneva, World Health Organization, 1993 (WHO/NUT/MCH/93.1).

The Baby-friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care, Section 1: Background and Implementation; Section 2: Strengthening and sustaining BFHI: A course for decision-makers; Section 3:Breastfeeding Promotion and Support in a Baby-friendly Hospital; a 20-hour course; Section 4:Hospital Self-Appraisal and Monitoring; Section 5: External Assessment and Reassessment, New York, New York, UNICEF, 2006 (http://www.unicef.org/nutrition/index_24850.html?q=printme).

The International Code of Marketing of Breast-milk Substitutes: Frequently Asked Questions, Geneva, World Health Organization, 2006 (http://www.who.int/child-adolescent-health/publications/NUTRTION/ISBN_92_4_159429_2.htm).

Additional information from regional/country offices, national breastfeeding committees, local Wellstart Associates, IBFAN groups, or other sources.

Outline

Content	Trainer's Notes
1. The Baby-friendly Hospital Initiative (BFHI) - Description and key dates ■ BFHI is a global movement, spearheaded by WHO and UNICEF, that aims to give every baby the best start in life by creating a health care environment where breastfeeding is the norm.	Mention that a mini-version of the presentation is reproduced in Handout 3.1 and included in the participants' folder.
■ BFHI has two main goals: ▪ To transform hospitals and maternity facilities through implementation of the "Ten Steps" ▪ To end the practice of distribution of free and low-cost supplies of breast-milk substitutes to maternity wards and hospitals.	Show slide/transparency 3.1.
■ The joint WHO/UNICEF statement on breastfeeding and maternity services has become the centrepiece for the BFHI. Maternity wards and hospitals applying the principles described in the joint statement are being designated Baby-friendly to call public attention to their support for sound infant feeding practices.	Refer participants to the Joint Statement, which they have received as a handout for the course. Describe briefly the information included in the booklet.
■ The "Ten steps to successful breastfeeding" are a convenient yardstick to measure the standards of maternity services.	Show slides/transparencies 3.2 and 3.3. Mention that the Ten Steps are listed in the Joint Statement.
■ Brief background, reviewing steps in the history and development of the BFHI and related events: **1979** - Joint WHO/UNICEF Meeting on Infant and Young Child Feeding (Geneva) **1981** - Adoption of the International Code of Marketing of Breast-milk Substitutes	Show slides/transparencies 3.4 and 3.5. Refer participants to Handout 3.2 "Breastfeeding - An issue on the world's agenda", which describes this history in more detail. Mention that the Innocenti Declaration included four targets – the appointment of a national breastfeeding coordinator and establishment of a multisectoral national breastfeeding committee, ensuring that every facility providing maternity services fully practices all "Ten Steps" set out in

Content	Trainer's Notes
1989 - Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services. A Joint WHO/UNICEF Statement. Convention on the Rights of the Child **1990** - Innocenti Declaration - World Summit for Children **1991** - Launching of the Baby-friendly Hospital Initiative **2000** - WHO Expert Consultation on HIV and Infant Feeding **2001 -** WHO Consultation on the optimal duration of exclusive breastfeeding (about 6 months) **2002 -** Endorsement of the Global Strategy for Infant and Young Child Feeding by World Health Assembly **2005 -** Innocenti Declaration 2005 **2006 -** Revision of the BFHI documents	the Joint WHO/UNICEF Statement, taking action to give effect to the principles and aim of the International Code of Marketing of Breast-Milk Substitutes, and enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement. Enforcement of the Code and implementation of the "Ten Steps" were key to the BFHI, launched two years later. In 2005 a follow-up Declaration stressed the importance of revitalizing BFHI, expanding it, and identifying sufficient resources for its continuation. As part of the effort to revitalize BFHI and expand it, the BFHI documents were revised in 2006, with updated information and new modules related to HIV and infant feeding and mother-friendly care. This session will explore the key components of the Code of Marketing and Baby-friendly Hospital Initiative and the role hospital administrators can play in supporting both the Code and BFHI. In many settings with high HIV prevalence there is a need to address issues related to HIV within the Baby-friendly Initiative. These issues are addressed in this course in Sessions 4 and 5. The launching of the Global Strategy for Infant and Young Child Feeding will be reviewed at the end of the session, exploring how it reinforces the importance of both the Code and the "Ten Steps" of BFHI.
2. International Code of Marketing of Breast-milk Substitutes – summary and the role of Baby-friendly hospitals	Note: This overview on "The Code" can come here or later in the session (following the discussion of monitoring and reassessment or at the end) if it will be given by a different presenter. Show slide/transparency 3.6.
■ **Aim** - The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate	Show slides/transparencies 3.7 and 3.8. Refer participants to the *International Code of Marketing of Breast-milk Substitutes*

<table>
<tr><th>Content</th><th>Trainer's Notes</th></tr>
<tr><td>marketing and distribution.

■ Scope - The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

■ WHO and UNICEF are striving to put an end to the distribution of free and low-cost supplies of products within the scope of the International Code anywhere in the health care system.</td><td></td></tr>
<tr><td>■ Main points in the International Code include:

▪ No advertising of breast-milk substitutes and other products to the public

▪ No donations of breast-milk substitutes and supplies to maternity hospitals

▪ No free samples to mothers

▪ No promotion in the health services

▪ No company personnel to advise mothers

▪ No gifts or personal samples to health workers

▪ No use of space, equipment or educational materials sponsored or produced by companies when teaching mothers about infant feeding

▪ No pictures of infants or other pictures idealizing artificial feeding</td><td>Show slides/transparencies 3.9 and 3.10.

Refer participants to handout 3.3, "The International Code of Marketing of Breast-milk Substitutes: Summary of main points" which presents the main provisions of the International Code and their rationale.</td></tr>
</table>

Content	Trainer's Notes
on the labels of the products. ▪ Information to health workers should be scientific and factual. ▪ Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.	
■ Cessation of free and low-cost supplies is an essential element for achieving Baby-friendly status. Baby-friendly hospitals and their administrators and staff have an important role to play in upholding the Code: ▪ Free or low-cost supplies of breast-milk substitutes should not be accepted in health care facilities. ▪ Breast-milk substitutes should be purchased by the health care facility in the same way as other foods and medicines, for at least wholesale price. ▪ Promotional material for infant foods or drinks other than breast milk should not be permitted in the facility. ▪ Pregnant women should not receive materials that promote artificial feeding. ▪ Feeding with breast-milk substitutes should be demonstrated by health workers only, and only to pregnant women, mothers, or family members who need to use them. ▪ Breast-milk substitutes in the health facility should be kept out of the sight of pregnant women and mothers. ▪ The health facility should not allow sample gift packs with breast-milk substitutes or related supplies that interfere with breastfeeding to be distributed to pregnant women or mothers.	Show slides/transparencies 3.11 and 3.12 and review the guidelines listed. Mention that samples include all products that might interfere with the successful initiation and establishment of breastfeeding, such as feeding bottles, teats, pacifiers, infant formula and other kinds of formula such as preterm formula.

<table>
<tr><th>Content</th><th>Trainer's Notes</th></tr>
<tr><td>Financial or material inducements to promote products within the scope of the Code should not be accepted by health workers or their families.
Manufacturers and distributors of products within the scope of the Code should disclose to the institution any contributions made to health workers such as fellowships, study tours, research grants, conferences, or the like. Similar disclosures should be made by the recipient</td><td></td></tr>
<tr><td>Discussion of current marketing tactics of formula companies in the participants' health facilities and how to deal with them.</td><td>Ask the participants what kind of marketing tactics formula companies are currently using in their hospitals and what suggestions they have for dealing with them.</td></tr>
<tr><td>3. WHO/UNICEF Global Criteria for BFHI
Description of how the Global Criteria used in the BFHI assessment process were developed:
Challenge of finding objective methods for measuring each of the Ten Steps. Importance of questioning mothers and observing hospital practices.
The Global Criteria were used to develop both the Self-appraisal Tool and tools for the external assessment process.
The Global Criteria, self-appraisal tool, course and assessment tools were revised in 2006. They now include optional criteria and modules related to HIV and to mother-friendly childbirth practices.
Importance of using the Global Criteria versus nationally developed criteria</td><td>Refer participants to handout 3.4 Baby-friendly Hospital Initiative, Section 1 Background and Implementation, WHO and UNICEF, revised 2006, which includes a copy of the Global Criteria. Ask the participants to look at the criteria and discuss a few of them.</td></tr>
<tr><td>4. Use of the WHO/UNICEF Hospital Self-appraisal Tool
The Hospital Self-appraisal Tool can be used by a health facility to take a quick</td><td>Ask participants to take a brief look at the Self-Appraisal Tool which is included in Handout 3.5, "Baby-friendly Hospital Initiative, Section 4: Hospital Self-Appraisal and Monitoring." Indicate that the questions were developed to provide an</td></tr>
</table>

Content	Trainer's Notes
initial look at where it is in the process of creating an institutional environment supportive of breastfeeding. It includes simple "yes" or "no" answers and does not require interviews with mothers or staff. Hospitals and health facilities can apply it themselves without an external assessor. ■ If most answers to the self-appraisal tool are "yes" and at least 75% of the mothers who delivered in the last year exclusive breastfed from birth to discharge or, if not, it was because of acceptable medical reasons or fully informed choices, the hospital may wish to consider taking further steps towards being assessed by an external team and, if it passes, being designated as Baby-friendly. ■ A hospital with many "no" answers to the self-appraisal questions or with low exclusive breastfeeding may wish to develop a plan of action for making changes which will lead to more successful support of breastfeeding. When improvements have been made the hospital can conduct another self-appraisal and ask for an external assessment, if ready.	initial determination (through self-appraisal) of how well the hospital meets the criteria for each of the Ten Steps. It also includes questions on The Code of Marketing, HIV, and mother-friendly care. Pass out an extra copy of the self-appraisal tool (Handout 3.5) to each health facility team. Ask the participants to get together with others from their health facility and fill out the self-appraisal tool before the first session in the morning (unless they filled it in before coming to the course and/or brought it with them). Each group will analyze its results and share them during the session on "Appraising policies and practices" (Session 7). Note: If it will flow better, Session 7 on "Appraising policies and practices" can be given following Session 3, giving the participants a chance to assess how their own facilities are doing on implementing the Ten Steps before Sessions 4 and 5.
5. Hospital assessment and designation ■ The process generally includes the following steps: ▪ Request by hospital for external assessment ▪ Assessment, usually requiring a team of 2-4 trained assessors for 1 to 2 days depending on the size of the hospital ▪ Informal report and feedback of general results to hospital representatives, including achievements and steps still needing further work ▪ Report of results and recommendations to the national	Show slide/transparency 3.13 "The Route to Baby- friendly Designation" and discuss the process. (If the process is somewhat different in your country, adapt accordingly.) Emphasize that all Ten Steps need to be fulfilled (not 8 out of 10, for example) and that no free or low-cost supplies of products within the scope of the International Code are allowed. If the national authority decided that HIV and mother-friendly criteria should be included in the Initiative, these criteria should be met as well. Discuss the fact that the "Certificate of Commitment" is issued to a hospital that, upon official assessment, is not yet found to be fully complying with the standard, i.e. the Global Criteria. This means that the hospital is committed within a specific period of time to draw up a plan of action and make the required changes so as to

Content	Trainer's Notes
BFHI coordination group that makes the final decisions concerning status of hospitals ▪ Designation of hospital as Baby-friendly or award of a Certificate of Commitment ▪ If hospital still needs to make changes, collaboration with national BFHI coordination group to determine technical support needed	become truly Baby-friendly.
6. BFHI training ■ Most hospitals will need to arrange for further training of its staff as part of the process of becoming Baby-friendly. At least 20 hours of training on breastfeeding promotion and support is usually needed, including a minimum of three hours of supervised clinical experience.	
■ UNICEF, WHO and other groups have developed training materials which can be used for training staff. These courses are listed on a one-page summary.	Refer participants to Handout 3.6 "WHO/UNICEF Breastfeeding Courses." Mention that the materials for training maternity services staff have been revised and that the updated "20-hour course", "Section 3: Breastfeeding Promotion and Support in a Baby-Friendly Hospital, is available on the UNICEF website, http://www.unicef.org/nutrition/index_24850.html?q=printme Mention any support for training that may be available from the regional or country UNICEF offices or through the national authority for IYCF or BFHI coordination group..

Content	Trainer's Notes
7. Monitoring and reassessment ■ Once a hospital has been designed Baby-friendly it is important to maintain the hospital's support for successful breastfeeding. ■ Monitoring and/or reassessing the hospital's adherence to the Ten Steps can help administrators and staff members determine how they are doing and where further work may be needed to maintain standards. ■ Monitoring can either be instituted by the hospital itself or can be arranged by the national BFHI coordination group. ■ Reassessment is usually an external process, much like the original assessment, but often not as extensive.	
■ There are several key differences between monitoring and reassessment.	Show Slides/transparencies 3.14 and 3.15.
■ The BFHI guidelines and tools for monitoring and reassessing Baby-friendly hospitals were revised in early 2006 and are available as part of the updated BFHI documents. ■ Guidelines and tools for monitoring are included in BFHI Section 4, Hospital Self-Appraisal and Monitoring, Section 4.2. Guidelines and a tool for reassessment are included in BFHI Section 5: External Assessment and Reassessment, Section 5.3:	Pass out Handout 3.7, a description of WHO/UNICEF's monitoring and reassessment guidelines and tools, and briefly go over the contents and how the tools can be used.
8. The role of the hospital administrator in BFHI ■ Become familiar with the BFHI process ■ Decide where responsibility for BFHI lies within the hospital structure. This can be a coordinating committee, working group, multidisciplinary-team, etc.	Show slides/transparencies 3.16 and 3.17. Mention that in situations where there is high HIV prevalence, hospital administrators need to consider additional issues, as they implement BFHI. These issues will be explored in Sessions 4 and 5.

Content	**Trainer's Notes**
■ Establish the process within the hospital for working with the identified responsible body ■ Work with key hospital staff to fill in the self-appraisal tool using the Global Criteria and interpret results ■ Support staff in decisions taken to achieve 'baby-friendliness' ■ Facilitate any BFHI-related training that may be needed ■ Collaborate with the national BFHI coordination group and ask for an external assessment team when the hospital is ready for assessment ■ Encourage staff to sustain adherence to the Ten Steps, arranging for refresher training and periodic monitoring and reassessment	
9. The Global Strategy for Infant and Young Child Feeding The Global Strategy for Infant and Young Child Feeding aims to revitalize efforts to promote, protect and support appropriate infant and young child feeding. ■ It builds upon past initiatives, in particular the Innocenti Declaration and the Baby-friendly Hospital initiative and addresses the needs of all children including those living in difficult circumstances, such as infants of mothers living with HIV, low-birth-weight infants and infants in emergency situations. Its aim is "to improve – through optimal feeding – the nutritional status, growth and development, health, and thus the survival of infants and young children".	Show slide/transparency 3.18.
■ The strategy reaffirms the relevance and urgency of the operational targets of the Innocenti Declaration, including the implementation of the "Ten steps to successful breastfeeding" in all maternity	Show slide/transparency 3.19.

Content	Trainer's Notes
services and giving effect to the principles and aim of the International Code, which formed the basis for BFHI. ■ The strategy has five additional operational targets, asking that all governments: ▪ Develop, implement, monitor and evaluate a comprehensive policy on IYCF; ▪ Ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require; ▪ Promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding; ▪ Provide guidance on feeding infants and young children in exceptionally difficult circumstances; ▪ Consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and to subsequent relevant Health Assembly resolutions. (See full wording of targets in *Global Strategy.*)	
■ The Global Strategy stresses "that hospital routines and procedures (should) remain fully supportive of the successful initiation and establishment of breastfeeding through implementation of the Baby-friendly Hospital Initiative, monitoring and reassessing already designated facilities, and expanding the Initiative to include clinics, health centers and paediatric hospitals." ■ It also urges that support be given for	Show slides/transparencies 3.20 and 3.21.

Content	Trainer's Notes
feeding infants and young children in exceptionally difficult circumstances, with one aspect of this being to adapt the BFHI by taking account of HIV/AIDS and by ensuring that those responsible for emergency preparedness are well trained to support appropriate feeding practices consistent with the Initiative's universal principles.	
10. Overview of global and regional BFHI progress	Show current information on the number of Baby-friendly hospitals in the world and/or region, if available.
11. Current status of the national BFHI ■ Description of the current status of the national BFHI, including, for example: ▪ Number of hospitals committed to becoming Baby-friendly (having certificates of commitment, if used in the country) ▪ Number of hospitals designated Baby-friendly ▪ Any monitoring or reassessment process in place ■ Brief description of the country's future plans for BFHI.	Ask either a national BFHI representative or a knowledgeable WHO or UNICEF representative working in the country to describe the current status of the Initiative. Ask the same presenter to describe future plans for the Initiative. Ask participants for any questions, comments, or suggestions. Allow adequate time for discussion. Mention, again, that in situations where there is high HIV prevalence, hospitals implementing BFHI need to consider additional issues which fill be explored in Sessions 4 and 5.
12. Country experience with BFHI (optional) ■ Brief case study of "BFHI in Action," such as: ▪ Experience of a local hospital that has become Baby-friendly, or ▪ Presentation of the experience of another country	If it is appropriate and of interest, arrange for a brief "case study" presentation. An administrator or decision-maker from a local hospital that has become Baby-friendly can describe "how they did it". Alternatively, a slide set or video showing experience elsewhere can be shown. Leave time for any questions at the end.

Handout 3.1

Presentation for session 3

Goals of the Baby-friendly Hospital Initiative

1. To transform hospitals and maternity facilities through implementation of the "Ten steps".
2. To end the practice of distribution of free and low-cost supplies of breast-milk substitutes to maternity wards and hospitals.

Transparency 3.1

Every facility providing maternity services and care for newborn infants should follow these *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 a half-hour of birth.**
5. **Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.**

Transparency 3.2

Every facility providing maternity services and care for newborn infants should follow these *Ten steps to successful breastfeeding*

6. **Give newborn infants no food or drink other than breast milk, unless medically indicated.**
7. **Practise rooming-in — 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.**

Transparency 3.3

Key dates in the history of breastfeeding and BFHI

1979 – Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, Geneva
1981 – Adoption of the International Code of Marketing of Breast-Milk Substitutes
1989 – Protecting, promoting and supporting breast-feeding. The special role of maternity services. A Joint WHO/UNICEF Statement.
– Convention on the Rights of the Child
1990 – Innocenti Declaration
– World Summit for Children

Transparency 3.4

Key dates in the history of breastfeeding and BFHI

1991 – Launching of Baby-friendly Hospital Initiative
2000 – WHO Expert Consultation on HIV and Infant Feeding
2001 – WHO Consultation on the optimal duration of exclusive breastfeeding
2002 – Endorsement of the Global Strategy for Infant and Young Child Feeding by the WHA
2005 – Innocenti Declaration 2005
2006 – Revision of BFHI documents

Transparency 3.5

The International code of marketing of breast-milk substitutes:

Summary and role of Baby-friendly hospitals

Transparency 3.6

Aim

To contribute to the provision of safe and adequate nutrition for infants by:

- the protection and promotion of breastfeeding, and
- ensuring the proper use of breast-milk substitutes, when these are necessary, on basis of adequate information and through appropriate marketing and distribution.

Transparency 3.7

Scope

Marketing, practices related, quality and availability, and information concerning the use of:

- breast-milk substitutes, including infant formula
- other milk products, foods and beverages, including bottle-fed complementary foods, when intended for use as a partial or total replacement of breast milk
- feeding bottles and teats

Transparency 3.8

Summary of the main points of the International Code

- No advertising of breast-milk substitutes and other products to the public
- No donations of breast-milk substitutes and supplies to maternity hospitals
- No free samples to mothers
- No promotion in the health services
- No company personnel to advise mothers
- No gifts or personal samples to health workers

Transparency 3.9

Summary of the main points of the International Code

- No use of space, equipment or education materials sponsored or produced by companies when teaching mothers about infant feeding.
- No pictures of infants, or other pictures idealizing artificial feeding on the labels of the products.
- Information to health workers should be scientific and factual.
- Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding.
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

Transparency 3.10

The role of administrators and staff in upholding the International Code

- Free or low-cost supplies of breast-milk substitutes should not be accepted in health care facilities.
- Breast-milk substitutes should be purchased by the health care facility in the same way as other foods and medicines, and for at least wholesale price.
- Promotional material for infant foods or drinks other than breast milk should not be permitted in the facility.
- Pregnant women should not receive materials that promote artificial feeding.
- Feeding with breast-milk substitutes should be demonstrated by health workers only, and only to pregnant women, mothers, or family members who need to use them.

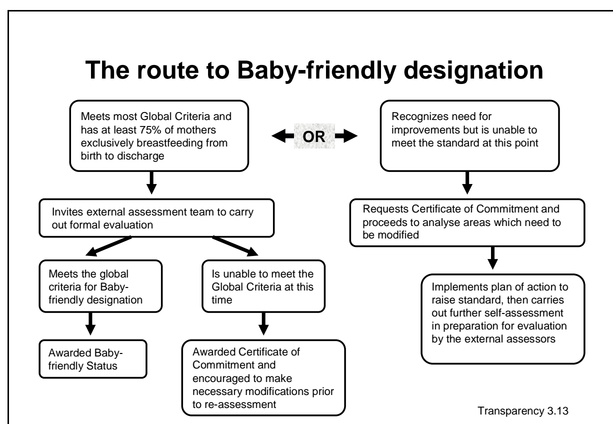
Transparency 3.11

The role of administrators and staff in upholding the International Code

- Breast-milk substitutes in the health facility should be kept out of the sight of pregnant women and mothers.
- The health facility should not allow sample gift packs with breast-milk substitutes or related supplies that interfere with breastfeeding to be distributed to pregnant women or mothers.
- Financial or material inducements to promote products within the scope of the Code should not be accepted by health workers or their families.
- Manufacturers and distributors of products within the scope of the Code should disclose to the institution any contributions made to health workers such as fellowships, study tours, research grants, conferences, or the like. Similar disclosures should be made by the recipient.

Transparency 3.12

The route to Baby-friendly designation



Transparency 3.13

Differences between monitoring and reassessment

Monitoring	Reassessment
■ Measures progress on the "10 steps"	■ Evaluates whether the hospital meets the Global Criteria for the "10 steps"
■ Identifies areas needing improvement and helps in planning actions	■ Same, but also used to decide if hospital should remain designated "Baby-friendly"
■ Can be organized by the hospital or by the national BFHI coordination group	■ Is usually organized by the national BFHI coordination group

Transparency 3.14

Differences between monitoring and reassessment

Monitoring	Reassessment
■ Can be performed by monitors "internal" to the hospital or from outside	■ Must be performed by "external" assessors
■ Quite inexpensive if performed "internally"	■ Somewhat more costly, as requires "external" assessors
■ Can be done frequently	■ Usually scheduled less frequently

Transparency 3.15

The role of the hospital administrator in BFHI

- Become familiar with the BFHI process
- Decide where responsibility lies within the hospital structure. This can be a coordinating committee, working group, multidisciplinary team, etc.
- Establish the process within the hospital of working with the identified responsible body
- Work with key hospital staff to fill in the self-appraisal tool using the Global Criteria and interpret results

Transparency 3.16

The role of the hospital administrator in BFHI

- Support staff in decisions taken to achieve "Baby-friendliness"
- Facilitate any BFHI-related training that may be needed
- Collaborate with national BFHI coordination group and ask for an external assessment team when the hospital is ready for assessment
- Encourage staff to sustain adherence to the "10 steps", arranging for refresher training and periodic monitoring and reassessment

Transparency 3.17

Global Strategy on Infant and Young Child Feeding (IYCF): Aim

- To improve – through optimal feeding – the nutritional status, growth and development, health, and thus the survival of infants and young children.

Transparency 3.18

Operational targets in the strategy

- **Develop, implement, monitor, and evaluate a comprehensive policy on IYCF;**
- **Ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require;**
- **Promote timely, adequate, safe, and appropriate complementary feeding with continued breastfeeding;**
- **Provide guidance on feeding infants and young children in exceptionally difficult circumstances;**
- **Consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on IYCF, to give effect to the principles and aim of the International Code of Marketing and to subsequent relevant Health Assembly resolutions.**

Transparency 3.19

Further strengthening of BFHI

The Global Strategy urges that hospital routines and procedures *remain* fully supportive of the successful initiation and establishment of breastfeeding through the:

- implementation of the Baby-friendly Hospital Initiative
- monitoring and reassessing already designated facilities; and
- expanding the Initiative to include clinics, health center, and paediatric hospitals

Transparency 3.20

It also urges that support be given for feeding infants and young children in exceptionally difficult circumstances,

- with one aspect of this being to adapt the BFHI by taking account of HIV/AIDS,
- and by ensuring that those responsible for emergency preparedness are well trained to support appropriate feeding practices consistent with the Initiative's universal principles.

Transparency 3.21

Handout 3.2

Breastfeeding: An issue on the world's agenda

Joint WHO/UNICEF Meeting on Infant and Young Child Feeding

The Joint WHO/UNICEF Meeting on Infant and Young Child Feeding took place at WHO Geneva from 9 to 12 October 1979. It was held as part of the two organizations' on going programmes on the promotion of breastfeeding and improvement of infant and young child nutrition.

The participants included representatives of governments, the United Nations system and technical agencies, non governmental organizations active in the area, the infant food industry and scientists working in the field. A total of some 150 participants were present.

The meeting was conducted in plenary and five working groups. There was one background document prepared by WHO and UNICEF (FHE/ICF/79.3). The themes of the working groups were:

- Encouraging and supporting breastfeeding,
- Promotion and support of appropriate weaning practices,
- Information, education, communication, and training,
- Health and social status of women in relation to infant and young child feeding,
- Appropriate marketing and distribution of breast-milk substitutes.

International Code of Marketing of Breast-milk Substitutes

Efforts to promote breastfeeding and to overcome problems that might discourage it are a part of the overall nutrition and child health programmes of the World Health Organization (WHO) and UNICEF, and are a key element of primary health care as a means of achieving health for all by the year 2000. As early as 1974, the 27th World Health Assembly noted the general decline in breastfeeding in many parts of the world. The Assembly found this decline to be related to the promotion of manufactured breast-milk substitutes, and urged "member countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary".

The issue was taken up again by the 31st World Health Assembly, which recommended, in May 1978, "regulating inappropriate sales promotion of infant foods that can be used to replace breast milk". Years of discussion and debate resulted in the drafting and adoption, on 21 May 1981, of the International Code of Marketing of Breast-milk Substitutes.

The Code seeks mainly to "contribute to the provision of safe and adequate nutrition for infants by protecting and promoting breastfeeding and by ensuring that breast-milk substitutes not be marketed or distributed in ways that may interfere with breastfeeding". But it also recognizes, in its preamble, the interconnectedness of breastfeeding and infant nutrition and that malnutrition is linked to "wider problems of lack of education, poverty, and social injustice". The Code points

out that the health of infants and young children cannot be isolated from the health and nutrition of women, their socio-economic status and their roles as mothers. In taking this broad view of breastfeeding, the Code helped set the stage for breastfeeding's inclusion in a series of other social rights documents.

Convention of the Rights of the Child

Adopted by the General Assembly of the United Nations on 20 November 1989, the Convention on the Rights of the Child recalls the basic principles of the United Nations and the provisions of relevant human rights treaties and proclamations, and makes children the focus of these. In seeking to ensure the health of children, it makes it a condition that all segments of society, particularly parents, should have access to education about, and be supported in, the use of breastfeeding. In calling for universal ratification of the Convention by 1995, former UNICEF Executive Director James P. Grant cited breastfeeding as part of the "revolution for children", noting that "the scientific rediscovery of the miracle of mother's milk means that more than a million children's lives a year could be saved by effective breastfeeding".

Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services. A Joint WHO/UNICEF Statement

The joint WHO/UNICEF statement has been prepared to increase awareness of the critical role that health services play in promoting breastfeeding, and to describe what should be done to provide mothers with appropriate information and support. It is intended for use, after adaptation to suit local circumstances, by policy-makers and managers as well as by clinicians, midwives, and nursing personnel.

Focusing on the brief period of prenatal, delivery, and perinatal care provided in maternity wards and clinics, the statement encourages those concerned with the provision of maternity services to review policies and practices that affect breastfeeding. It outlines practical steps that they can take to promote and facilitate the initiation and establishment of breastfeeding by mothers in their care.

Innocenti Declaration

Born of the policy-makers' meeting on "Breastfeeding in the 1990s: a Global Initiative", jointly sponsored by WHO and UNICEF in August 1990, the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding spells out clearly the benefits of breastfeeding. It calls for policies and the attainment of a "breastfeeding culture" enabling women to breastfeed their children exclusively for the first four to six months, and then up to two years of age and beyond. The Declaration asks that national authorities integrate breastfeeding programmes into their overall health and development policies.

Its four targets include the appointment of a national breastfeeding coordinator and establishment of a multisectoral national breastfeeding committee, ensuring that every facility providing maternity services fully practices all “Ten Steps” set out in the Joint WHO/UNICEF Statement, taking action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-Milk Substitutes and subsequent World Health Assembly resolutions, and enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement.

World Summit for Children

The World Summit for Children was convened in New York on 30 September 1990. 71 heads of state and 58 other observer delegations met for two days to talk about children. The Summit adopted the World Declaration on the Survival, Protection, and Development of Children and related Plan of Action containing specific 27 time-bound goals for children and development in the 1990s, including a cluster of food and nutrition targets. It stated that: “For the young child and the pregnant woman, provision of adequate food during pregnancy and lactation; promotion, protection and support of breastfeeding and complementary feeding practices, including frequent feeding; growth monitoring with appropriate follow-up actions; and nutritional surveillance are the most essential needs.” National plans of action were to report on how the Summit goals were to be met all over the world. The World Summit and the World Declaration and its related Plan of Action reaffirmed the importance of achieving optimal infant and young child feeding practices, laying the foundation for future initiatives to promote, protect and support these practices.

Launching of the “Baby-friendly Hospital Initiative”

The Forty-fifth World Health Assembly (4-14 May 1992) in its resolution 45.34 welcomes the leadership of the Executive Heads of WHO and UNICEF in organizing the “Baby-friendly” hospital initiative, with its simultaneous focus on the role of health services in protecting, promoting and supporting breastfeeding, and on the use of breastfeeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general, and endorses this initiative as a most promising means of increasing the prevalence and duration of breastfeeding.

World Declaration on Nutrition

Signatories to the World Declaration on Nutrition, adopted in December 1992 at the International Conference on Nutrition, pledge, in article 19, “to reduce substantially within this decade social and other impediments to optimal breastfeeding”. The Plan of Action for Nutrition, adopted at the same Conference, endorses breastfeeding under sections on preventing and managing infectious diseases and preventing and controlling specific micronutrient deficiencies. It also calls for the promotion of breastfeeding by asking governments and the international community to provide maximum support for women to breastfeed, whether they are formally or informally working, and under a variety of other conditions

WHO Expert Consultation on HIV and Infant Feeding

WHO's Department of Reproductive Health and Research, in collaboration with the HIV/STI Initiative and the Department of Child and Adolescent Health and development, convened a Technical Consultation on new data on the prevention of MTCT and their policy implications. The objective was to review recent scientific data and update current recommendations on the provision of ARVs and infant feeding counselling. The Technical Consultation focused on these two components, although it was recognized that many other components are important for a comprehensive package for MTCT-prevention.

The conclusions and recommendations of the meeting related to infant feeding addressed (1) risks of breastfeeding and replacement feeding, (2) cessation of breastfeeding, (3) infant feeding counselling, (4) breast health, and (5) maternal health.

WHO Consultation on the optimal duration of exclusive breastfeeding

WHO convened in 28-30 March 2001 an expert consultation on the optimal duration of exclusive breastfeeding. The objectives to the consultation were:

- To review the scientific evidence on the optimal duration of exclusive breastfeeding,
- To formulate recommendations for practice on the optimal duration of exclusive breastfeeding,
- To formulate recommendations for research needs in this area

The report of the Expert Consultation summarizes the objectives of the consultation as well as the findings, recommendations for practice, and research. The agenda of the consultation and list of participants in the consultation is included.

WHO Global Strategy for Infant and Young Child Feeding

Over the past decades, the evidence of biological requirements for appropriate nutrition, recommended feeding practices and factors impeding appropriate feeding has grown steadily. Moreover, much has been learned about interventions that are effective in promoting improved feeding. For example, recent studies in Bangladesh, Brazil and Mexico have demonstrated the impact of counselling, in communities and health services, to improve feeding practices, food intake, and growth.

The Global Strategy for Infant and Young Child Feeding aims to revitalize efforts to promote, protect, and support appropriate infant and young child feeding. It builds upon past initiatives, in particular the Innocenti Declaration and the Baby-friendly Hospital Initiative, and addresses the needs of all children including those living in difficult circumstances, such as infants of mothers living with HIV, low-birth-weight infants, and infants in emergency situations.

The strategy specifies not only responsibilities of governments, but also of international organisations, non-governmental organisations, and other concerned parties. It engages all relevant

stakeholders and provides a framework for accelerated action, linking relevant intervention areas and using resources available in a variety of sectors.

Innocenti Declaration 2005

The event, "Celebrating Innocenti 1990-2005: Achievements, Challenge and Future Imperatives" was held on 22 November 2005, in Florence, Italy, to celebrate the 15 years since the original "Innocenti Declaration". It was jointly organized by the Regional Authority of Tuscany and the UNICEF Innocenti Research Centre with a wide partnership, including the Italian National Committee for UNICEF, UN organizations, as well as non-governmental organizations like the World Alliance for Breastfeeding Action, the International Baby Food Action Network among others and an international expert panel.

The meeting highlighted the achievements of the last 15 years and issued the "Innocenti Declaration 2005 on Infant and Young Child Feeding". Statements in the Declaration related to BFHI include that:

- All governments revitalize the Baby-friendly Hospital Imitative (BFHI), maintaining the Global Criteria as the minimum requirement for all facilities, expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children.

- Multilateral and bilateral organizations and international financial institutions identify and budget for sufficient financial resources and expertise to support governments in formulating, implementing, monitoring and evaluating their policies and programmes on optimal infant and young child feeding, including revitalizing the BFHI.:

Handout 3.3

The International Code of Marketing of Breast-milk Substitutes Summary of main points[1]

- No advertising of breast-milk substitutes and other products to the public
- No donations of breast-milk substitutes and supplies to maternity hospitals
- No free samples to mothers
- No promotion in the health services
- No company personnel to advise mothers
- No gifts or personal samples to health workers
- No use of space, equipment or educational materials sponsored or produced by companies when teaching mothers about infant feeding
- No pictures of infants or other pictures idealizing artificial feeding on the labels of the products
- Information to health workers should be scientific and factual.
- Information on artificial feeding, including labels, should explain the benefits of exclusive breastfeeding and the costs and dangers associated with artificial feeding.
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

[1]Adapted from UNICEF UK Baby-friendly Initiative, Course in Lactation Management and Breastfeeding Promotion, Module 5 by A. Radford.

Handout 3.4

BABY-FRIENDLY HOSPITAL INITIATIVE:
Revised, Updated and Expanded for Integrated Care

SECTION 1
BACKGROUND AND IMPLEMENTATION

Preliminary Version for Country Implementation
January 2006
Original BFHI Guidelines developed 1992

SECTION 1.2:
HOSPITAL LEVEL IMPLEMENTATION

Breastfeeding Rates

The Baby-friendly Hospital Initiative (BFHI) seeks to provide mothers and babies with a good start for breastfeeding, increasing the likelihood that babies will be breastfed exclusively for the first six months and then given appropriate complementary foods while breastfeeding continues for two years or beyond.

For purposes of assessing a maternity facility, the number of women breastfeeding exclusively from birth to discharge may serve as an approximate indicator of whether protection, promotion, and support for breastfeeding are adequate in that facility. The maternity facility's annual statistics should indicate that at least 75% of the mothers who delivered in the past year are either exclusively breastfeeding or exclusively feeding their babies breast milk from birth to discharge or, if not, that it is because of acceptable medical reasons or fully informed choices. (Mothers who are HIV positive and have made an informed decision to replacement feed are considered as having made an "informed choice" and can be counted as meeting the criterion.) If fewer than 75% of women who deliver in a facility are breastfeeding exclusively from birth to discharge, the managers and staff may wish to study the results from the *Self Appraisal*, consider the *Global Criteria* carefully, and work, through the Triple A process of assessment, analysis, and action, to increase their exclusive breastfeeding rates. Once the 75% exclusive breastfeeding goal has been achieved, an external assessment visit should be arranged.

The BFHI cannot guarantee that women who start out breastfeeding exclusively will continue to do so for the recommended 6 months. However, research studies have shown that women whose babies have received early supplemental feeding in hospital are extremely unlikely to rely upon exclusive breastfeeding after that. By establishing a pattern of exclusive breastfeeding during the maternity stay, hospitals are taking an essential step toward longer durations of exclusive breastfeeding after discharge.

If hospital staff believes that antenatal care provided elsewhere contributes to rates of less than 75% breastfeeding after the birth, or that community practices need to be more supportive of breastfeeding, they may consider how to work with the antenatal caregivers to improve antenatal education on breastfeeding and with breastfeeding advocates to improve community practices. (See Section 1.5 for a discussion of strategies for fostering Baby-friendly Communities.)

Supplies of Breastmilk Substitutes

Research has provided evidence that clearly shows that breastmilk substitute marketing practices influence health workers' and mothers' behaviours related to infant feeding. Marketing practices prohibited by *The International Code of Marketing of Breast-milk Substitutes* (the *Code)* have been shown to be harmful to infants, increasing the likelihood that they will be given formula and other items under the scope of *The Code* and decreasing optimal feeding practices. The 1991 UNICEF Executive Board called

for the ending of free and low-cost supplies of formula to all hospitals and maternity wards by the end of 1992. Compliance with *The Code* is required for health facilities to achieve Baby-friendly status.

Questions have been added to the *Self-Appraisal Tool* that will help the national BFHI coordination groups and maternity facilities determine how well their maternity services are complying with *The Code* and subsequent WHA resolutions and what actions are needed to achieve full compliance.

HIV and Infant Feeding

The increasing prevalence of HIV among women of childbearing age in many countries has made it important to give guidance on how to offer appropriate information and support for women related to HIV within the BFHI. Thus, as mentioned earlier, components on HIV and infant feeding have been added to the *20-hour Course* and to the *Global Criteria* and assessment tools.

The course material aims to raise the awareness of participants as to why BFHI continues to be important in areas of high HIV prevalence and ways to assist mothers who are HIV-positive as part of regular care in the health facility. This 20-hour course does not train participants to counsel women who are HIV-positive on infant feeding decisions. Another course and counselling aids are available from WHO for that specialized training and counselling.

It is recommended that the BFHI coordination groups in each country work with other relevant national decision-makers to determine whether the HIV components of the assessment will be required and whether this requirement will be for all facilities or only those meeting specified criteria. The decision should be based on the prevalence of HIV among pregnant women and mothers and, therefore, the need for information and support on this issue. If this information is not available, surveys may be necessary to determine what percentages of pregnant women and mothers using the antenatal and delivery services in maternity facilities are HIV positive. It is suggested that if a maternity facility has a prevalence of more than 20% HIV positive clients, and/or has a PMTCT[1] program, this component of the assessment should be required. If prevalence is over 10%, the use of this component is strongly advised. National decision-makers in countries with high HIV prevalence may decide to include additional HIV-related criteria and questions, depending on their needs.

The *Global Criteria*, *Self-Appraisal Tool* and *Hospital External Assessment Tool* all have HIV-related items added in such a way that they can be included or not, depending on the need. The HIV and Infant Feeding criteria are listed separately in the *Global Criteria*. The questions related to HIV in both the *Self-Appraisal* and the various interviews in the *Assessment Tool* are either presented in separate sections or at the end of the respective interviews. There is a separate Summary Sheet in the *Assessment Tool* to display the HIV-related results.

---

1 Prevention of mother-to-child-transmission (of HIV/AIDS).

Mother-friendly Care

Optional new *Global Criteria* and questions have been added to insure that practices are in place for mother-friendly labour and delivery. These practices are important, in their own right, for the physical and psychological health of the mothers themselves, and also have been shown to enhance their infants' start in life, including breastfeeding. Many countries have explored options for including mother-friendly criteria within the Initiative, in some cases re-terming their national initiatives as "mother and baby friendly". Other countries have adopted full "mother-friendly" initiatives. New self-appraisal and assessment questions on this topic offer a way for countries that have not done so already to add a component focused on the key "mother-friendly" criteria needed for an optimal "continuum of care" for both mother and child from the antenatal to postpartum period.[2]

The Baby-friendly Hospital Designation Process

The BFHI is initiated at national level, with government, UNICEF, WHO, breastfeeding groups, and others interested parties as catalysts. The *Global Criteria* and *Self-Appraisal Tool* are available to all who are interested in accessing it on the UNICEF website. UNICEF and WHO will encourage the national authorities and BFHI coordination groups to access it and encourage health facilities to join or continue to participate in the Initiative. For details on country level implementation, please read Section 1.1 of this document.

At the facility level the assessment and designation process includes a number of steps, with facilities following differing paths, depending on the outcomes at various stages of the process. Once a facility has used the *Self-Appraisal Tool* to conduct a "self assessment" of whether it meets Baby Friendly standards and has studied the *Global Criteria* to determine whether an external assessment is likely to give the same results, it will decide whether or not it is ready for external assessment.

If the facility determines that it is ready for external assessment in some countries the next step would be an optional or required pre-assessment visit during which an outside consultant explores the readiness of the hospital for a full assessment, using the *Self-Appraisal Tool* and *Global Criteria*. This could be done through an on site visit or by means of an extensive telephone interview/survey, if travel costs are prohibitive. This can be a quite useful intermediate step, as many hospitals overrate their compliance with the *Global Criteria* and this type of visit, followed by working on any further improvements needed, can save a lot of time, money, and anguish both for the hospital and the national BFHI coordination group.

If a facility has used the *Self-Appraisal Tool,* studied the *Global Criteria*, and received feedback during a pre-assessment visit, if scheduled, and determined that it does <u>not</u> yet meet the BFHI standards and recognizes its need for improvement, it should analyse its

---

2 See the website for the Coalition for Improving Maternity Services (CIMS) http://www.motherfriendly.org/MFCI/ for a description of *The Mother- Friendly Childbirth Initiative*.

deficiencies and develop plans to address them. This may include scheduling the *20-hour Course* (presented in Section 3 of these BFHI materials) for its maternity staff, if this training has not been given or was conducted very long ago.

The facility may also request a *Certificate of Commitment* while it is working to become Baby-friendly, if the BFHI coordination group supplies this for facilities at this stage of the process. When it is ready, the facility should then request an external assessment, following the process described in the paragraph above.

The next step, as mentioned above, would be for a facility to request or invite an external assessment. The BFHI coordination group may review the *Self Appraisal* results, any supporting documents that it requires, and the results from a pre-assessment visit, if one has been made, to help determine if the facility is ready. The external assessment will determine whether the facility meets the *Global Criteria for a Baby-friendly Hospital*. If so, the BFHI coordination group should award the facility the Global BFH Award and Plaque for a specified period.

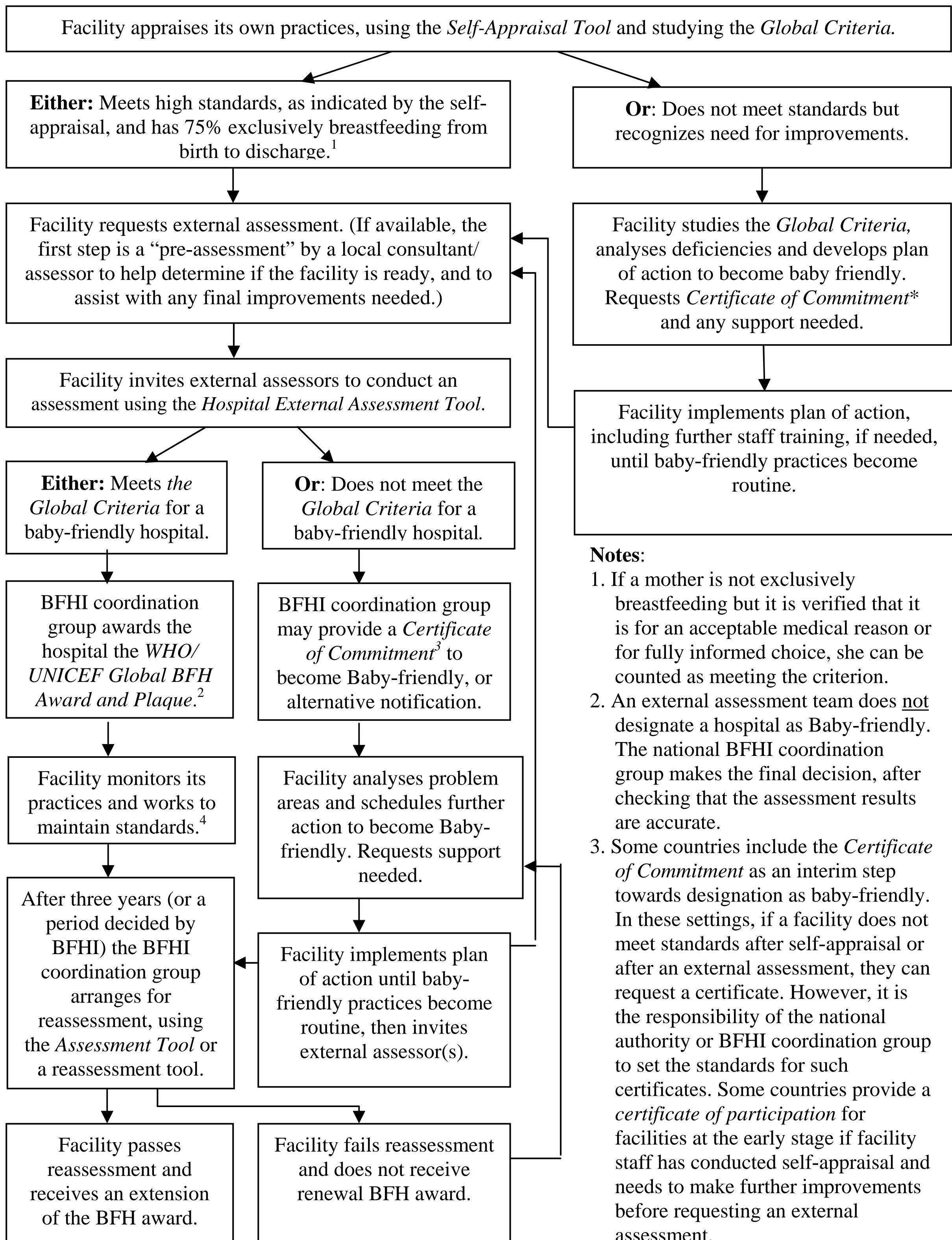
If the facility, on the other hand, does not meet the *Global Criteria*, it would be awarded a *Certificate of Commitment* to becoming Baby-friendly and would be encouraged or supported to further analyse problem areas and take whatever actions are needed to comply, then inviting another assessment. Whether this second assessment would be a full one, or only partial, focusing on those criteria on which the facility did not originally comply, would depend on the decision made by the assessors and BFHI coordination group at the time of the original assessment.

If the national BFHI coordination group finds that hospitals that have been assessed as failing at times do not agree with the conclusions reached by the assessors, it might consider setting up an appeal process, when necessary, with a review of results by panels of assessors not involved in the original assessments.

Reassessments should be scheduled for Baby-friendly hospitals, after the specified period for the Award. If the facility passes the reassessment, it should be given a renewal. If not, it needs to work to address any identified problems and then apply again for reassessment.

This process is illustrated in graphic form in the flow chart on the following page.

THE BABY-FRIENDLY HOSPITAL DESIGNATION PROCESS



Notes:

1. If a mother is not exclusively breastfeeding but it is verified that it is for an acceptable medical reason or for fully informed choice, she can be counted as meeting the criterion.
2. An external assessment team does not designate a hospital as Baby-friendly. The national BFHI coordination group makes the final decision, after checking that the assessment results are accurate.
3. Some countries include the *Certificate of Commitment* as an interim step towards designation as baby-friendly. In these settings, if a facility does not meet standards after self-appraisal or after an external assessment, they can request a certificate. However, it is the responsibility of the national authority or BFHI coordination group to set the standards for such certificates. Some countries provide a *certificate of participation* for facilities at the early stage if facility staff has conducted self-appraisal and needs to make further improvements before requesting an external assessment.
4. A facility that attains the BF status may consider immediate action to expand the Global Criteria based on needs of the community.

SECTION 1.3
THE GLOBAL CRITERIA FOR THE BFHI

Criteria for the 10 Steps, the Code, and optional components

The Global Criteria for the Baby-friendly Hospital Initiative serves as the standard for measuring adherence to each of the Ten Steps for Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. The criteria listed below for each of the Ten Steps and the Code is the minimum global criteria for baby-friendly designation. Additional criteria are provided for "HIV and Infant Feeding" and "Mother-friendly care", with the recommendation that relevant decision-makers in each country decide whether these criteria should be required, depending on the prevalence of HIV among women using the maternity facilities and whether it seems appropriate to include criteria related to mother-friendly labour and childbirth.

The BFHI Self-Appraisal Tool, presented in Section 4 of this series, gives maternity facilities a tool for making a preliminary assessment of whether they are fully implementing the Ten Steps, adhering to the International Code of Marketing, and meeting criteria related to HIV and infant feeding and mother-friendly care. The Global Criteria actually describe how "baby-friendliness" will be judged during the external assessment, and thus can be very useful for maternity staff to study as they work to get ready for assessment. The Global Criteria are listed both here and after the respective sections of the Self Appraisal Tool, for easy reference during self-appraisal.

It is important that the hospital consider adding the collection of statistics on feeding and implementation of the Ten Steps into its maternity record-keeping system, if it has not done so already. It is best if this data collection process be integrated into whatever information gathering system is already in place. If the hospital needs guidance on how to gather this data and possible forms to use, responsible staff can refer to the sample data-gathering tools available in Section 4.2: Guidelines and Tools for Monitoring BFHI.

STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

Global Criteria - Step One

The health facility has a written breastfeeding or infant feeding policy that addresses all 10 Steps and protects breastfeeding by adhering to the International Code of Marketing of Breast-milk Substitutes. It also requires that HIV-positive mothers receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations.

The policy is available so that all staff who takes care of mothers and babies can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, the Code and subsequent WHA Resolutions, and support for HIV-positive mothers, are visibly posted in all areas of the health care facility which serve pregnant women, mothers, infants, and/or children. These areas include the antenatal care, labour and delivery areas, maternity wards and rooms, all infant care areas, including well baby observation areas (if there are any), and any infant special care units. The summaries are displayed in the language(s) and written with wording most commonly understood by mothers and staff.

STEP 2. Train all health care staff in skills necessary to implement the policy.

Global Criteria - Step Two

The head of maternity services reports that all health care staff members who have any contact with pregnant women, mothers, and/or infants, have received orientation on the breastfeeding/infant feeding policy. The orientation that is provided is sufficient.

A copy of the curricula or course session outlines for training in breastfeeding promotion and support for various types of staff is available for review, and a training schedule for new employees is available.

Documentation of training indicates that 80% or more of the clinical staff members who have contact with mothers and/or infants and have been on the staff 6 months or more have received training, either at the hospital or prior to arrival that covers all 10 Steps, and the Code and subsequent WHA resolutions. It is likely that at least 20 hours of targeted training will be needed to develop the knowledge and skills necessary to adequately support mothers. 3 hours of supervised clinical experience are required.

Documentation of training also indicates that non-clinical staff members have received training that is adequate, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants.

Training on how to provide support for non-breastfeeding mothers is also provided to staff. A copy of the course session outlines for training on supporting non-breastfeeding mothers is also available for review. The training covers key topics such as:

- the risks and benefits of various feeding options,
- helping the mother choose what is acceptable, feasible, affordable, sustainable and safe (AFASS) in her circumstances,
- the safe and hygienic preparation, feeding and storage of breast-milk substitutes,
- how to teach the preparation of various feeding options, and
- how to minimize the likelihood that breastfeeding mothers will be influenced to use formula.

The type and percentage of staff receiving this training is adequate, given the facility's needs.

Out of the randomly selected clinical staff members*:

- at least 80% confirm that they have received the described training or, if they have been working in the maternity services less than 6 months, have, at minimum, received orientation on the policy and their roles in implementing it
- at least 80% are able to answer 4 out of 5 questions on breastfeeding support and promotion correctly
- at least 80% can describe two issues that should be discussed with a pregnant woman if she indicates that she is considering giving her baby something other than breastmilk

Out of the randomly selected non-clinical staff members**:

- at least 70% confirm that they have received orientation and/or training concerning breastfeeding since they started working at the facility
- at least 70% are able to describe at least one reason why breastfeeding is important,
- at least 70% are able to mention one possible practice in maternity services that would support breastfeeding.
- at least 70% are able to mention at least one thing they can do to support women so they can feed their babies well.

* *These include staff members providing clinical care for pregnant women, mothers and their babies.*

*** These include staff members providing non-clinical care for pregnant women, mother and their babies or having contact with them in some aspect of their work.*

STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

Global Criteria - Step Three

If the hospital has an affiliated antenatal clinic, the head of maternity or antenatal services reports that at least 80% of the pregnant women who are provided antenatal care receive information about breastfeeding.

A written description of the minimum content of the antenatal education is available. The antenatal discussion covers the importance of breastfeeding, the importance early skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24 hour basis, feeding on demand or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, and the fact that breastfeeding continues to be important after 6 months when other foods are given.

Out of the randomly selected pregnant women in their third trimester who have come for at least two antenatal visits:

- at least 70% confirm that a staff member has talked with them or offered a group talk that includes information on breastfeeding
- at least 70% are able to adequately describe what was discussed about two of the following topics: importance of skin-to-skin contact, rooming-in, and risks of supplements while breastfeeding in the first 6 months.

STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.

This Step is now interpreted as:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.

Global Criteria - Step Four

Out of the randomly selected mothers with vaginal births or caesarean sections without general anaesthesia in the maternity wards:

- at least 80% confirm that their babies were placed in skin-to-skin contact with them immediately or within five minutes after birth and that this contact continued for at least an hour, unless there were medically justifiable reasons for delayed contact.
- at least 80% also confirm that they were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help, if needed.

(The baby should not be forced to breastfeed but, rather, supported to do so when ready.)

(Note: Mothers may have difficulty estimating time immediately following birth. If time and length of skin-to-skin contact following birth is listed in the mothers' charts, this can be used as a cross-check.)

If any of the randomly selected mothers have had caesarean deliveries with general anaesthesia, at least 50% should report that their babies were placed in skin-to-skin contact with them as soon as the mothers were responsive and alert, with the same procedures followed.

At least 80% of the randomly selected mothers with babies in special care report that they have had a chance to hold their babies skin-to-skin or, if not, the staff could provide justifiable reasons why they could not.

Observations of vaginal deliveries, if necessary to confirm adherence to Step 4, show that in at least 75% of the cases babies are placed with their mothers hold skin-to-skin within five minutes after birth for at least 60 minutes, and that the mothers are shown how to recognize the signs that their babies are ready to breastfeed and offered help, or there are justified reasons for not following these procedures.

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants

Global Criteria - Step Five

The head of maternity services reports that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support both in the antenatal and postpartum periods.

Observations of staff demonstrating how to safely prepare and feed breast-milk substitutes confirm that in 75% of the cases, the demonstrations were accurate and complete, and the mothers were asked to give “return demonstrations”.

Out of the randomly selected clinical staff members:

- at least 80% report that they teach mothers how to position and attach their babies for breastfeeding and are able to describe or demonstrate correct techniques for both, or can describe to whom to refer mothers for this advice.
- at least 80% report that they teach mothers how to hand expression and can describe or demonstrate an acceptable technique for this, or can describe to whom to refer mothers for this advice.
- at least 80% can describe how non-breastfeeding mothers can be assisted to safely prepare their feeds, or to whom they can be referred for this advice.

Out of the randomly selected mothers (including caesarean):

- at least 80% of those who are breastfeeding report that nursing staff offered further assistance with breastfeeding the next time they fed their babies or within six hours of birth (or of when they were able to respond).
- at least 80% of those who are breastfeeding are able to demonstrate or describe correct positioning, attachment and suckling
- at least 80% of those who are breastfeeding report that they were shown how to express their milk by hand or given written information and told where they could get help if needed
- at least 80% of the mothers who have decided not to breastfeed report that they have been offered help in preparing and giving their babies feeds, can describe the advice they were given, and have been asked to prepare feeds themselves, after being shown how.

Out of the randomly selected mothers with babies in special care:

- at least 80% of those who are breastfeeding or intending to do so report that they have been offered help to start their breastmilk coming and to keep up the supply within 6 hours of their babies’ births
- at least 80% of those breastfeeding or intending to do so report that they have been shown how to express their breastmilk by hand
- at least 80% of those breastfeeding or intending to do so can adequately describe and demonstrate how they were shown to express their breastmilk by hand
- at least 80% of those breastfeeding or intending to do so report that they have been told they need to breastfeed or express their milk 6 times or more every 24 hours to keep up their supply.

STEP 6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.

Global Criteria - Step Six

Hospital data indicate that at least 75% of the full-term babies delivered in the last year have been exclusively breastfed or exclusively fed expressed breast milk from birth to discharge, or, if not, that there were documented medical reasons or fully informed choices.

Review of all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence-based guidelines.

No materials that recommend feeding breast milk substitutes, scheduled feeds or other inappropriate practices are distributed to mothers.

The hospital has an adequate facility/space and the necessary equipment for giving demonstrations of how to prepare formula and other feeding options away from breastfeeding mothers.

Observations in the postpartum wards/rooms and any well baby observation areas show that at least 80% of the babies are being fed only breastmilk or there are acceptable medical reasons or informed choices for receiving something else.

At least 80% of the randomly selected clinical staff members can describe two types of information that should be discussed with mothers who indicate they are considering feeding breast milk substitutes

At least 80% of the randomly selected mothers report that their babies had received only breast milk or, if they had received anything else, it was either for acceptable medical reasons, described by the staff, or as a result of fully informed choices.

At least 80 % of the randomly selected mothers who have decided not to breastfeed report that the staff discussed with them the various feeding options and helped them to decide what was suitable in their situations.

At least 80% of the randomly selected mothers with babies in special care who have decided not to breastfeed report that staff has talked with them about risks and benefits of various feeding options.

STEP 7. Practice rooming-in - allow mothers and infants to remain together – 24 hours a day

Global Criteria - Step Seven

Observations in the postpartum wards and any well-baby observation areas and discussions with mothers and staff confirm that at least 80% of the mothers and babies are rooming-in or, if not, have justifiable reasons for not being together.

At least 80% of the randomly selected mothers report that their babies have stayed with them in their rooms/beds since they were born, or, if not, there were justifiable reasons.

STEP 8. Encourage breastfeeding on demand.

Global Criteria - Step Eight

Out of the randomly selected mothers:

- at least 80% report that they have been told how to recognize when their babies are hungry and can describe at least two feeding cues.
- at least 80% report that they have been advised to feed their babies as often and for as long as the babies want or something similar.

STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

Global Criteria - Step Nine

Observations in the postpartum wards/rooms and any well baby observation areas indicate that at least 80% of the breastfeeding babies observed are not using bottles or teats or, if they are, their mothers have been informed of the risks.

At least 80% of the randomly selected breastfeeding mothers report that, to the best of their knowledge, their infants have not been fed using bottles with artificial teats (nipples).

At least 80% of the randomly selected mothers report that, to the best of their knowledge, their infants have not sucked on pacifiers.

STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Global Criteria - Step Ten

The head/director of maternity services reports that:

- mothers are given information on where they can get support if they need help with feeding their babies after returning home, and the head/director can also mention at least one source of information
- the facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and this same staff member can describe at least one way this is done.
- the staff encourages mothers and their babies to be seen soon after discharge (preferably 2-4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed and can describe an appropriate referral system and adequate timing for the visits.

A review of documents indicates that printed information is distributed to mothers before discharge, if appropriate, on how and where mothers can find help on feeding their infants after returning home and includes information on at least one type of help available.

Out of the randomly selected mothers at least 80% report that they have been given information on how to get help from the facility or how to contact support groups, peer counsellors or other community health services if they have questions about feeding their babies after return home and can describe at least one type of help that is available.

Compliance with the International Code of Marketing of Breast-milk Substitutes

> **Global Criteria – Code compliance**
>
> The head/director of maternity services reports that:
> - No employees of manufacturers or distributors of breast milk substitutes, bottles, teats or pacifiers have any direct or indirect contact with pregnant women or mothers
> - The hospital does not receive free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast milk substitutes, bottles, teats or pacifiers
> - No pregnant women, mothers or their families are given marketing materials or samples or gift packs by the facility that include breast milk substitutes, bottles/teats, pacifiers, other infant feeding equipment or coupons.
>
> A review of records and receipts indicates that any breast milk substitutes, including special formulas and other supplies, are purchased by the health care facility for the wholesale price or more.
>
> Observations in the antenatal and maternity services and other areas where nutritionists and dieticians work indicate that no materials that promote breast milk substitutes, bottles, teats or dummies, or other designated products as per national laws, are displayed or distributed to mothers, pregnant women, or staff.
>
> Infant formula cans and prepared bottles are kept out of view.
>
> At least 80% of the randomly selected clinical staff members can give two reasons why it is important not to give free samples from formula companies to mothers.

HIV and infant feeding (optional)

Note: *The national BFHI coordination group and/or other appropriate national decision-makers will determine whether or not maternity services should be assessed on whether they provide support related to HIV and infant feeding.*

> **Global Criteria – HIV and infant feeding**
>
> The head/director of maternity services reports that:
> - the hospital has policies and procedures that seem adequate concerning providing or referring pregnant women for testing and counselling for HIV, counselling women concerning PMTCT of HIV, providing individual, private counselling for pregnant women and mothers who are HIV positive on infant feeding options, and insuring confidentiality.
> - mothers who are HIV positive or concerned that they are at risk are referred to community support services for HIV testing and infant feeding counselling, if they exist.
>
> A review of the infant feeding policy indicates that it requires that HIV-positive mothers receive counselling, including information about the risks and benefits of various infant feeding options and specific guidance in selecting the options for their situations, supporting them in their choices.
>
> *continued on next page*

A review of the curriculum on HIV and infant feeding and training records indicates that training is provided for appropriate and is sufficient, given the percentage of HIV positive women and the staff needed to provide support for pregnant women and mothers related to HIV and infant feeding. The training covers basic facts on:

- basic facts of the risks of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention
- importance of testing and counselling for HIV
- local availability of feeding options
- facilities/provision for counselling HIV positive women on advantages and disadvantages of different feeding options; assisting them in formula feeding (Note: may involve referrals to infant feeding counsellors)
- how to assist HIV positive mothers who have decided to breastfeed; including how to transition to replacement feeds at the appropriate time
- the dangers of mixed feeding
- how to minimize the likelihood that a mother whose status is unknown or HIV negative will be influenced to replacement feed

A review of the antenatal information indicates that it covers the important topics on this issue. (These include the routes by which HIV-infected women can pass the infection to their infants, the approximate proportion of infants that will (and will not) be infected by breastfeeding; the importance of counselling and testing for HIV and where to get it; and the importance of HIV positive women making informed infant feeding choices and where they can get the needed counselling).

A review of documents indicates that printed material is available, if appropriate, on how to implement various feeding options and is distributed to or discussed with HIV positive mothers before discharge. It includes information on how to exclusively replacement feed, how to exclusively breastfeed, how to stop breastfeeding when appropriate, and the dangers of mixed feeding.

Out of the randomly selected clinical staff members:

- at least 80% can describe at least one measure that can be taken to maintain confidentiality and privacy of HIV positive pregnant women and mothers
- at least 80% are able to mention at least two policies or procedures that help prevent transmission of HIV from an HIV positive mother to her infant during feeding within the first six months
- at least 80% are able to describe two issues that should be discussed when counselling an HIV positive mother who is deciding how to feed her baby

Out of the randomly selected pregnant women who are in their third trimester and have had at least two antenatal visits or are in the antenatal in-patient unit:

- at least 70% report that a staff member has talked with them or given a talk about HIV/AIDS and pregnancy
- at least 70% report that the staff has told them that a woman who is HIV-positive can pass the HIV infection to her baby.
- at least 70% can describe at least one thing the staff told them about why testing and counselling for HIV is important for pregnant women.
- at least 70% can describe at least one thing the staff told them about what a HIV-positive mother needs to consider when deciding how to feed her baby.

Mother-friendly care (optional)

Note: The national authorities will determine whether or not maternity services should be assessed on whether they meet the criteria related to mother-friendly care.

Global Criteria – Mother-friendly care

***Note:** A decision will be made by the national BFHI coordination group and other appropriate national decision-makers as to whether the criteria related to mother-friendly care will be included in the BFHI assessment.*

A review of the hospital policies indicates that they require mother-friendly labour and birthing practices including:

- encouraging women to have companions of their choice to provide continuous physical and/or emotional support during labour and birth, if desired
- allowing women to drink and eat light foods during labour, if desired
- encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women
- encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother
- care that does not involve invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, or caesarean sections unless specifically required for a complication and the reason is explained to the mother

Out of the randomly selected clinical staff members:

- at least 80% are able to describe at least two recommended practices that can help a mother be more comfortable and in control during labour and birth
- at least 80% are able to list at least three labour or birth procedures that should not be used routinely, but only if required due to complications
- at least 80% are able to describe at least two labour and birthing practices that make it more likely that breastfeeding will get off to a good start

Out of the randomly selected pregnant women:

- at least 70% report that the staff has told them women can have companions of their choice with them throughout labour and birth and at least one reason it could be helpful
- at least 70% report that they were told at least one thing by the staff about ways to deal with pain and be more comfortable during labour, and what is better for mothers, babies and breastfeeding

Section 1.3 - Annex 1:

Acceptable medical reasons for supplementation (DRAFT)

Exclusive breastfeeding is the norm. In a small number of situations there may be a medical indication for supplementing breast milk or for not using breast milk at all. It is useful to distinguish between:

- infants who cannot be fed at the breast but for whom breast milk remains the food of choice;
- infants who may need other nutrition in addition to breast milk;
- infants who should not receive breast milk, or any other milk, including the usual breas milk substitutes and need a specialised formula;
- infants for whom breast milk is not available;
- maternal conditions that affect breastfeeding recommendations.

Infants who cannot be fed at the breast but for whom breast milk remains the food of choice may include infants who are very weak, have sucking difficulties or oral abnormalities, or are separated from their mother who is providing expressed milk. These infants may be fed expressed milk by tube, cup, or spoon.

Infants who may need other nutrition in addition to breast milk may include very low birth weight or very preterm infants, i.e., those born less than 1500 g or 32 weeks gestational age; infants who are at risk of hypoglycaemia because of medical problems, when sufficient breast milk is not immediately available; infants who are dehydrated or malnourished when breast milk alone cannot restore the deficiencies. These infants require an individualised feeding plan, and breast milk should be used to the extent possible. Efforts should be made to sustain maternal milk production by encouraging expression of milk. Milk from tested milk donors may also be used. Hind milk is high in calories and particularly valuable for low birth weight infants.

Infants who should not receive breast milk, or any other milk, including the usual breast milk substitutes may include infants with certain rare metabolic conditions such as galactosemia who may need feeding with a galactose free special formula or phenylketonuria where some breastfeeding may be possible, partly replaced with phenylalanine free formula.

Infants for whom breastmilk is not available may include when the mother had died, or is away from the baby and not able to provide expressed breast milk. Breastfeeding by another woman may be possible; or the need for a breast-milk substitute may be only partial or temporary. There are a very few maternal medical conditions where breastfeeding is not recommended.

Maternal conditions that may affect breastfeeding recommendations include where the mother is physically weak, is taking medications, or has an infectious illness.

- A weak mother may be assisted to position her baby so her baby can breastfeed.
- A mother with a fever needs sufficient fluids.

Maternal medication

If mother is taking a small number of medications such as anti-metabolites, radioactive iodine, or some anti-thyroid medications, breastfeeding should stop during therapy.
Some medications may cause drowsiness or other side effects in the infant. Check medications with the WHO list, and where possible choose a medication that is safer and monitor the infant for side effects, while breastfeeding continues.

Maternal addiction

Even in situations of tobacco, alcohol and drug use, breastfeeding remains the feeding method of choice for the majority of infants. If mother is an intravenous drug user, breastfeeding is not indicated.

HIV-infected mothers

When replacement feeding is acceptable, feasible, affordable, sustainable and safe, (AFASS) avoidance of all breastfeeding by HIV-infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life, and should then be discontinued as soon as the specified conditions are met. Mixed feeding (breastfeeding and giving replacement feeds at the same time), is not recommended. This recommendation applies whether women are receiving ARVs or not.

Other maternal infectious illnesses

Breast abscess - feeding from the affected breast is not recommended but milk should be expressed from the breast. Feeding can be resumed once the abscess has been drained and the mother's treatment with antibiotics has commenced. Breastfeeding should continue on the unaffected breast.

Herpes Simplex Virus Type I (HSV-1) – Women with herpes lesions on their breasts should refrain from breastfeeding until all active lesions on the breast have resolved.

Varicella-zoster – Breastfeeding of a newborn infant is discouraged while the mother is infectious, but should be resumed as soon as the mother becomes non-infectious.

Lyme disease – Breastfeeding may continue during mother's treatment.

HTLV-I (Human T-cell leukaemia virus) - breastfeeding is not encouraged if safe and feasible options (AFASS) for replacement feeding are available.

Maternal conditions of common concern for which breastfeeding is not contraindicated

Hepatitis B: Infected mothers should continue breastfeeding as usual. Infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter.

Tuberculosis: Breastfeeding by the TB-positive mother should be continued as usual. Mother and baby should be managed according to national tuberculosis guidelines.

Mastitis: In general, continued breastfeeding is recommended during antibiotic therapy.

References:

Available from Child and Adolescent Health, WHO, Geneva
http://www.who.int/child-adolescent-health/publications/pubnutrition.htm

HIV transmission through breastfeeding. A review of available evidence (2004) ISBN 92 4 159271 4

Breastfeeding and Maternal Medication: Recommendations for Drugs in the UNICEF/WHO Eleventh WHO Model List of Essential Drugs. Geneva: World Health Organization, 2002

Handout 3.5

BABY-FRIENDLY HOSPITAL INITIATIVE
Revised, Updated and Expanded
for Integrated Care

SECTION 4

HOSPITAL SELF-APPRAISAL AND MONITORING

Preliminary Version for Country Implementation

January 2006

Original BFHI guidelines developed 1992

4.1. THE HOSPITAL SELF-APPRAISAL TOOL

Using the hospital self-appraisal tool to assess policies and practices

Any hospital or health facility with maternity services that is interested in becoming Baby-friendly should - as a first step - appraise its current practices with regard to the *Ten Steps to Successful Breastfeeding*. This *Self-Appraisal Tool* has been developed for use by hospitals, maternity facilities, and other health facilities to evaluate how their current practices measure up to the *Ten Steps*, and how they practice other recommendations of the 1989 WHO/UNICEF Joint Statement titled *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. It also assists facilities in determining how well they comply with the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant World Health Assembly resolution, how well they support HIV-positive women and their infants, and whether they provide mother-friendly care.

In many cases, it is useful if the hospital decision-makers and policy-maker attend an orientation to the goals and objectives of the Baby-friendly Hospital Initiative (BFHI), before the self appraisal. An orientation session can be developed, using *Section 2: Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers* and/or Session 15 “Making your hospital baby-friendly” in *Section 3: Breastfeeding promotion and support in a Baby-friendly Hospital: A course for maternity staff*, along with a review of the *Self-appraisal tool* and *Global criteria for BFHI* discussed in the following pages.

The *Self-appraisal tool* that follows will permit the director and heads of relevant units in a hospital or other health facility giving maternity care to make an initial appraisal or review of its practices in support of breastfeeding. Completion of this initial self-appraisal checklist is the first stage of the process, but does not in itself qualify the hospital for designation as Baby-friendly.

The *Global criteria*, which guide the external assessment of whether the hospital qualifies as Baby-friendly, should also be reviewed by staff when reflecting upon the effectiveness of their breastfeeding programme. For ease of reference, the *Global criteria* for each of the Steps, for the Code, HIV and infant feeding, and Mother-friendly care are reproduced with the respective sections in the *Self-appraisal tool.* The *Self-appraisal tool* also includes four Annexes:

Annex 1, a checklist to assist in appraising the hospital’s breastfeeding or infant feeding policy,

Annex 2, a list of the main points in the *International Code of Marketing* and the role of administrator and staff in upholding it,

Annex 3, a set of recommendations for HIV and infant feeding, and

Annex 4, acceptable medical reasons for supplementation.

Nationally determined criteria and local experience may cause national and institutional authorities responsible for BFHI to consider the addition of other relevant queries to this global self appraisal tool. Whatever practices are seen by a facility to discourage breastfeeding may be considered during the process of self-appraisal.

If it does not do so already, it is important that the hospital consider adding the collection of statistics on feeding and implementation of the Ten Steps into its maternity record-keeping system, preferably integrated into whatever information gathering system is already in place. If the hospital needs guidance on how to gather this data and possible forms to use, responsible staff can refer to the sample data-gathering tools available in this document in *Section 4.2: Guidelines and tools for monitoring BFHI.*

Analysing the Self-Appraisal Results

Under ideal circumstances, most of the questions in this tool will be answered as "yes". Numerous negative answers will suggest divergence from the recommendations of the *WHO/UNICEF Joint Statement* and its *Ten Steps to successful breastfeeding*. In addition to answering the questions in the *Self appraisal*, the hospital could consider doing some informal testing of staff and mothers, using the *Global criteria* listed for the various steps as a guide, to determine if they meet the required standards.

When a facility can answer most of the questions with "yes", it may then wish to take further steps toward being designated as a Baby-friendly Hospital. In some countries, a pre-assessment visit is the next step, with a local consultant visiting the health facility and working with managers and staff to make sure the facility is ready for assessment.

Then a visit by an external assessment team is arranged, in consultation with the national BFHI coordination group. The external assessors will use the *Hospital external assessment tool* to determine if the hospital meets the criteria for "Baby-friendly" designation.

A hospital with many "no" answers on the *Self-appraisal tool* or where exclusive breastfeeding or breast milk feeding from birth to discharge is not yet the norm for at least 75%[3] of newborns delivered in the maternity facility may want to develop an action plan. The aim is to eliminate practices that hinder initiation of exclusive breastfeeding and to expand those that enhance it.

Action

Results of the self-appraisal should be shared with the national BFHI coordination group. If improvements in knowledge and practices are needed before arranging for an external assessment, training may be arranged for the facility staff, facilitated by senior professionals who have attended a national or international training-of-trainers course in lactation management and/or have received national or international certification as lactation consultants.

In many settings, it has been found valuable to develop various cadres of specialists who can provide help with breastfeeding, both in health care facilities and at the community level. Through community-based health workers (village health workers, traditional birth attendants, etc.) and mother support groups, mothers can be reached with education and

---

3 As mentioned elsewhere, if mothers are not breastfeeding for justified medical reasons or because of fully informed choices, including by mothers who are HIV-positive, they can be counted as part of the 75%.

support in their home settings, a vital service wherever exclusive and sustained breastfeeding have become uncommon.

It is useful if a "breastfeeding support" or BFHI committee or team is organized at the health facility at the time of the self-appraisal, if this has not been done earlier. This committee or team can be charged with coordination of all activities regarding the implementation and monitoring of BFHI, including monitoring compliance with the *Code of Marketing*. The committee can serve as leader and coordinator for all further activities, including arranging for training, if needed, further self-appraisal, external assessment, self-monitoring, and reassessment. Members should include professionals of various disciplines (for example, physicians such as neonatologists, paediatricians, obstetricians, nurses, midwives, nutritionists, social workers, etc.) with some members in key management or leadership positions.

The facility can consult with the relevant local authority and the UNICEF and WHO country offices, which may be able to provide more information on policies and training, which can contribute to increasing the Baby-friendliness of health facilities.

Preparing for the external assessment

Before seeking assessment and designation as Baby-friendly Hospitals are encouraged to develop:

- a written breastfeeding/infant feeding policy covering all *Ten Steps to successful breastfeeding* and compliance with the *Code*, as well as HIV and infant feeding, if included in the criteria
- a written policy addressing mother-friendly care, if included in the criteria
- a written curriculum for training given to hospital staff caring for mothers and babies on breastfeeding management and feeding of the non-breastfeeding infant,
- an outline of the content covered in antenatal health education on these topics.

If HIV and infant feeding and mother-friendly care criteria are being covered in the assessment, documents related to staff training and antenatal education on these topics should also be developed.

Also needed for the assessment are:

- proof of purchase of infant formula and various related supplies,
- a list of the staff members who care for mothers and/or babies and the numbers of hours of training they have received on required topics.

The external assessment teams may request that these documents be assembled and set to the team leader before the assessment.

The Self Appraisal Questionnaire

Hospital data sheet

Hospital name and address: ____

The hospital is: *[Tick all that apply]*
- ☐ a maternity hospital
- ☐ a general hospital
- ☐ a teaching hospital
- ☐ a government hospital
- ☐ a privately run hospital
- ☐ other (specify:)

Name and title of hospital director or administrator: ______________________________
Telephone or extension: ____________________ E-mail address: __________________

Name and title of the head/director of maternity services: __________________________
Telephone or extension: ____________________ E-mail address: __________________

Name and title of the head/director of antenatal services/clinic: _____________________
Telephone or extension: _____________________ E-mail address: __________________

Number of postpartum maternity beds: ______

Average daily number of mothers with full term babies in the postpartum unit(s): ______

Does the facility have unit(s) for infants needing special care (LBW, premature, ill, etc.)? ☐Yes ☐No
[If "Yes":] Name of unit: ______________________________ Average daily census: ______
Name of head/director(s) of this unit:
____

Name of unit: ____ Average daily census: ______
Name of head/director(s) of this unit:
____

Are there areas in the maternity wards designated as well baby observation areas? ☐Yes ☐No
[If "Yes":] Average daily census of each area: ______________________________________
Name of head/director(s) of these areas: ____

What percentage of mothers delivering at the hospital attends the hospital's antenatal clinic? ___%
☐No antenatal clinic run by the hospital
Does the hospital hold antenatal clinics at other sites outside the hospital? ☐Yes ☐No
[If yes:] Please describe when and where they are held: ______________________________
____

Are there beds designated for high-risk pregnancy cases? ☐Yes ☐No *[If "Yes":]* How many?__

What percentage of women arrives for delivery without antenatal care? _____% ☐ Don't know

The following staff has direct responsibility for assisting women with breastfeeding (BF), feeding breast-milk substitutes (BMS), or providing counselling on HIV & infant feeding):
[Tick all that apply.]

	BF	BMS	HIV		BF	BMS	HIV
Nurses	☐	☐	☐	Paediatricians	☐	☐	☐
Midwives	☐	☐	☐	Obstetricians	☐	☐	☐
SCBU/NICU nurses	☐	☐	☐	Infant feeding counsellors	☐	☐	☐
Dietitians	☐	☐	☐	Lay/peer counsellors	☐	☐	☐
Nutritionists	☐	☐	☐	Other staff (specify):			
Lactation consultants	☐	☐	☐	____________________	☐	☐	☐
General physicians	☐	☐	☐	____________________	☐	☐	☐

Are there breastfeeding and/or HIV and infant feeding committee(s) in the hospital? ☐Yes ☐No.
[If "Yes":] Please describe:
____
____

- **Recent data:** (last calendar year _______)
- Total births in the last year: ______ of which:
- ____% were by C. Sec without general anaesthesia
- ____% were by C. Sec with general anaesthesia
- ____% infants were admitted to the SCBU/NICU or similar units

Total number of full-term babies discharged from the hospital last year: ____ of which:

- ____% were exclusively breastfed (or fed expressed breast milk) from birth to discharge
- ____% received at least one feed other than breast milk (formula, water or other fluids) in the hospital because of documented medical reason or mothers' informed choice
- ____% received at least one feed other than breast milk without any documented reason or mothers' informed choice

[Note: The total percentages listed above should equal 100%]

The hospital data above indicates that at least 75% of the full-term babies delivered in the past year were exclusively breastfed or fed expressed breast milk from birth to discharge,
or,
if they received any feeds other than breast milk this was because of documented medical reasons or mothers' informed choices:
☐Yes ☐No

Percentage of pregnant women who received testing and counselling for HIV: _____%

Percentage of mothers who were known to be HIV-positive at the time of babies' births: _____%

Please describe sources for the above data: ____
____
____

STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

	YES	NO
1.1 Does the health facility have a written breastfeeding/infant feeding policy that addresses all 10 Steps to Successful Breastfeeding in maternity services and support for HIV-positive mothers?	☐	☐
1.2 Does the policy protect breastfeeding by prohibiting all promotion of breast-milk substitutes, feeding bottles, and teats?	☐	☐
1.3 Does the policy prohibit distribution of gift packs with commercial samples and supplies or promotional materials for these products to pregnant women and others, as well as free gifts for the staff and hospital?	☐	☐
1.4 Is the breastfeeding/infant feeding policy available so all staff who take care of mothers and babies can refer to it?	☐	☐
1.5 Is a summary of the breastfeeding/infant feeding policy, including issues related to the 10 Steps, The International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions, and support for HIV-positive mothers posted or displayed in all areas of the health facility which serve mothers, infants, and/or children?	☐	☐
1.6 Is the summary of the policy posted in language(s) and written with wording most commonly understood by mothers and staff?	☐	☐
1.7 Is there a mechanism for evaluating the effectiveness of the policy?	☐	☐
1.8 Are all policies or protocols related to breastfeeding and infant feeding in line with current evidence-based standards?	☐	☐

Note: *See "Annex 1: Hospital Breastfeeding/Infant Feeding Policy Checklist" for a useful tool to use in assessing the hospital policy.*

STEP 2. Train all health care staff in skills necessary to implement the policy.

	YES	NO
2.1 Are all staff members caring for pregnant women, mothers, and infants oriented to the breastfeeding/infant feeding policy of the hospital when they start work?	☐	☐
2.2 Are staff members who care for pregnant women, mothers and babies both aware of the importance of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding?	☐	☐
2.3 Do staff members caring for pregnant women, mothers and infants (or all staff members, if they are often rotated into positions with these responsibilities) receive training on breastfeeding promotion and support within six months of commencing work, unless they have received sufficient training elsewhere?	☐	☐
2.4 Does the training cover all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breast-milk Substitutes?	☐	☐
2.5 Is training for clinical staff at least 20 hours in total, including a minimum of 3 hours of supervised clinical experience?	☐	☐
2.6 Is training for non-clinical staff sufficient, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants?	☐	☐
2.6 Is training also provided either for all or designated staff caring for women and infants on feeding infants who are not breastfed and supporting mothers who have made this choice?	☐	☐
2.7 Are clinical staff members who care for pregnant women, mothers, and infants able to answer simple questions on breastfeeding promotion and support and care for non-breastfeeding mothers?	☐	☐
2.8 Are non-clinical staff such as care attendants, social workers, and clerical, housekeeping and catering staff able to answer simple questions about breastfeeding and how to provide support for mothers on feeding their babies?	☐	☐
2.9 Has the healthcare facility arranged for specialized training in lactation management of specific staff members?	☐	☐

STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

	YES	NO
3.1 Does the hospital include an antenatal clinic or satellite antenatal clinics? *	☐	☐
3.2 If yes, are the pregnant women who receive antenatal services informed about the importance and management of breastfeeding?	☐	☐
3.3 Do antenatal records indicate whether breastfeeding has been discussed with pregnant women?	☐	☐
3.4 Does antenatal education, including both that provided orally and in written form, cover key topics related to the importance and management of breastfeeding?	☐	☐
3.5. Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding?	☐	☐
3.6. Are the pregnant women who receive antenatal services able to describe the risks of giving supplements while breastfeeding in the first six months?	☐	☐
3.7 Are the pregnant women who receive antenatal services able to describe the importance of early skin-to-skin contact between mothers and babies and rooming-in?		
3.8 Is a mother's antenatal record available at the time of delivery?	☐	☐
3.9 Does the healthcare facility take into account a woman's intention to breastfeed when deciding on the use of a sedative, an analgesic, or an anaesthetic, (if any) during labour and delivery?	☐	☐
3.10 Are staff facility aware of the effects of such medications on breastfeeding?	☐	☐

*** Note:** *If the hospital has <u>no</u> antenatal services or satellite antenatal clinics, questions related to Step 3 and the Global Criteria do not apply and can be skipped.*

STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.

This Step is now interpreted as:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.

	YES	NO
4.1 Are babies who have been delivered vaginally or by caesarean section without general anaesthesia placed in skin-to-skin contact with their mothers immediately after birth and their mothers encouraged to continue this contact for at least an hour?	☐	☐
4.2 Are babies who have been delivered by caesarean section with general anaesthesia placed in skin-to-skin contact with their mothers as soon as the mothers are responsive and alert, and the same procedures followed?	☐	☐
4.3 Are all mothers helped, during this time, to recognize the signs that their babies are ready to breastfeed and offered help, if needed?	☐	☐
4.4 Are the mothers with babies in special care encouraged to hold their babies, with skin-to-skin contact, unless there is a justifiable reason not to do so?	☐	☐

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

	YES	NO
5.1 Does staff offer all breastfeeding mothers further assistance with breastfeeding their babies the next time they fed them or within six hours of delivery?	☐	☐
5.2 Can staff describe the types of information and demonstrate the skills they provide both to mothers who are breastfeeding and those who are not, to assist them in successfully feeding their babies?	☐	☐
5.3 Are staff members or counsellors who have specialized training in breast-feeding and lactation management available full-time to advise mothers during their stay in healthcare facilities and in preparation for discharge?	☐	☐
5.4 Does the staff offer advice on other feeding options and breast care to mothers with babies in special care who have decided not to breastfeed?	☐	☐
5.5 Are breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding?	☐	☐
5.6 Are breastfeeding mothers shown how to hand express their milk or given information on expression and advised of where they can get help, should they need it?	☐	☐
5.7 Do mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from the staff of the healthcare facility, both in the antenatal and postpartum periods?	☐	☐
5.8 Are mothers who have decided not to breastfeed shown individually how to prepare and give their babies feeds and asked to prepare feeds themselves, after being shown how?	☐	☐
5.9 Are mothers with babies in special care who are planning to breastfeed helped within 6 hours of birth to establish and maintain lactation by frequent expression of milk and told how often they should do this?	☐	☐

STEP 6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

	YES	NO
6.1 Does hospital data indicate that at least 75% of the full-term babies discharged in the last year have been exclusively breastfeed (or exclusively fed expressed breast milk) from birth to discharge or, if not, that there were acceptable medical reasons or fully informed choices?	☐	☐
6.2 Are babies breastfed, receiving no food or drink other than breast milk, unless there were acceptable medical reasons or fully informed choices?	☐	☐
6.3 Does the facility take care not to display or distribute any materials that recommend feeding breast-milk substitutes, scheduled feeds, or other inappropriate practices?	☐	☐
6.4 Do mothers who have decided not to breastfeed report that the staff discussed with them the various feeding options, and helped them to decide what was suitable in their situations?	☐	☐
6.5 Does the facility have adequate space and the necessary equipment and supplies for giving demonstrations of how to prepare formula and other feeding options away from breastfeeding mothers?	☐	☐
6.6 Are all clinical protocols or standards related to breastfeeding and infant feeding in line with BFHI standards and evidence-based guidelines?	☐	☐

STEP 7. Practice rooming-in - allow mothers and infants to remain together – 24 hours a day

	YES	NO
7.1 Do the mother and baby stay together and/or start rooming-in immediately after birth?	☐	☐
7.2 Do mothers who have had caesarean sections or other procedures with general anaesthesia stay together with their babies and/or start rooming in as soon as they are able to respond to their babies' needs?	☐	☐
7.3 Do mothers and infants remain together (rooming-in or bedding-in) 24 hours a day, unless separation is fully justified?	☐	☐

STEP 8. Encourage breastfeeding on demand.

	YES	NO
8.1 Are mothers taught how to recognize the cues that indicate when their babies are hungry?	☐	☐
8.2 Are mothers encouraged to feed their babies as often and for as long as the babies want?	☐	☐
8.3 Are breastfeeding mothers advised that, if their babies sleep too long they should wake their babies and try to breastfeed, and that if their breasts become overfull they should also try to breastfeed?	☐	☐

STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

	YES	NO
9.1 Are babies being cared for without any bottle feeds?	☐	☐
9.2 Have mothers been given information by the staff about the risks associated with feeding milk or other liquids with bottles and teats?	☐	☐
9.3 Are babies being cared for without using pacifiers?	☐	☐

STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

		YES	NO
10.1	Do staff discuss plans with mothers who are close to discharge for how they will feed their babies after return home?	☐	☐
10.2	Does the hospital have a system of follow-up support for mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls?	☐	☐
10.3	Does the facility foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their babies?	☐	☐
10.4	Are mothers referred for help with feeding to the facility's system of follow-up support and to mother support groups, peer counsellors, and other community health services such as primary health care or MCH centres, if these are available?	☐	☐
10.5	Is printed material made available to mothers before discharge, if appropriate and feasible, on where to get follow-up support?	☐	☐
10.6	Are mothers encouraged to see a health care worker or skilled breastfeeding support person in the community soon after discharge (preferably 2-4 days after birth and again the second week) who can assess how they are doing in feeding their babies and give any support needed?	☐	☐
10.7	Does the facility allow breastfeeding/infant feeding counselling by trained mother-support group counsellors in its maternity services?	☐	☐

Compliance with the International Code of Marketing of Breast-milk Substitutes

	YES	NO
Code.1 Does the healthcare facility refuse free or low-cost supplies of breast-milk substitutes, purchasing them for the wholesale price or more?	☐	☐
Code.2 Is all promotion for breast-milk substitutes, bottles, teats, or pacifiers absent from the facility, with no materials displayed or distributed to pregnant women or mothers?	☐	☐
Code.3 Are employees of manufacturers or distributors of breast-milk substitutes, bottles, teats, or pacifiers prohibited from any contact with pregnant women or mothers?	☐	☐
Code.4 Does the hospital refuse free gifts, non-scientific literature, materials or equipment, money or support for in-service education or events from manufacturers or distributors of products within the scope of the Code?	☐	☐
Code.5 Are all infant formula cans and prepared bottles kept out of view?	☐	☐
Code 6 Does the hospital refrain from giving pregnant women, mothers and their families any marketing materials, samples or gift packs that include breast-milk substitutes, bottles/teats, pacifiers or other equipment or coupons?	☐	☐
Code.7 Do staff members understand why it is important not to give any free samples or promotional materials from formula companies to mothers?	☐	☐

HIV and infant feeding (optional)

Note: *The national BFHI coordination group and/or other appropriate national decision-makers will determine whether or not maternity services should be assessed on whether they provide support related to HIV and infant feeding. See BFHI Section 1.2 for suggested guidelines for making this decision.*

		YES	NO
HIV.1	Does the breastfeeding/infant feeding policy require support for HIV positive women to assist them in making informed choices about feeding their infants?	☐	☐
HIV.2	Are pregnant women told about the ways a woman who is HIV positive can pass the HIV infection to her baby, including during breastfeeding?	☐	☐
HIV.3	Are pregnant women informed about the importance of testing and counselling for HIV?	☐	☐
HIV.4	Does staff receive training on: ▪ the risks of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention, ▪ the importance of testing and counselling for HIV, and ▪ how to provide support to women who are HIV- positive to make fully informed feeding choices and implement them safely?	☐	☐
HIV.5	Does the staff take care to maintain confidentiality and privacy of pregnant women and mothers who are HIV-positive?	☐	☐
HIV.6	Are printed materials available that are free from marketing content on how to implement various feeding options and distributed to mothers, depending on their feeding choices, before discharge?	☐	☐
HIV.7	Are mothers who are HIV-positive or concerned that they are at risk informed about and/or referred to community support services for HIV testing and infant feeding counselling?	☐	☐

Mother-friendly care (optional)

Note: *The national authorities will determine whether or not maternity services should be assessed on whether they meet the criteria related to mother-friendly care. (See Section 4.1 "Assessors Guide", p. 4, for discussion.)*

	YES	NO
MF.1 Do hospital policies require mother-friendly labour and birthing practices, including:		
Encouraging women to have companions of their choice to provide constant or continuous physical and/or emotional support during labour and birth, if desired?	☐	☐
Allowing women to drink and eat light foods during labour, if desired?	☐	☐
Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women?	☐	☐
Encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother?	☐	☐
▪ Care that avoids invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, caesarean sections unless specifically required for a complication and the reason is explained to the mother?	☐	☐
MF.2 Has the staff received orientation or training on mother-friendly labour and birthing policies and procedures such as those described above?	☐	☐
MF.3 Are women informed during antenatal care (if provided by the facility) that women may have companions of their choice during labour and birth to provide continuous physical and/or emotional support, if they desire?	☐	☐
MF.4 Once they are in labour, are their companions made welcome and encouraged to provide the support the mothers want?	☐	☐
MF.5 Are women given advice <u>during antenatal care</u> (if provided by the facility) about ways to use non-drug comfort measures to deal with pain during labour and what is better for mothers and babies?	☐	☐
MF.6 Are women told that it is better for mothers and babies if medications can be avoided or minimized, unless specifically required for a complication?	☐	☐
MF.7 Are women informed <u>during antenatal care</u> (if provided by the facility) that they can move around during labour and assume positions of their choice while giving birth, unless a restriction is specifically required due to a complication?	☐	☐
MF.8 Are women encouraged, in practice, to walk and move around during labour, if desired, and assume whatever positions they want while giving birth, unless a restriction is specifically required due to a complication?	☐	☐

Summary

	YES	NO
Does your hospital fully implement all **10 STEPS** for protecting, promoting, and supporting breastfeeding? (If "No") List questions for each of the 10 Steps where answers were "No":	☐	☐
Does your hospital fully comply with the **Code of Marketing of Breast-milk Substitutes**? (If "No") List questions concerning the Code where answers were "No":	☐	☐
Does your hospital provide adequate support for **HIV**-positive women and their infants (if required)? (If "No") List questions concerning HIV where answers were "No":	☐	☐
Does your hospital provide **mother-friendly care** (if required)? (If "No") List questions concerning mother-friendly care where answers were "No"	☐	☐
If the answers to any of these questions in the "Self Appraisal" are "no", what improvements are needed? If improvements are needed, would you like some help? If yes, please describe:		

This form is provided to facilitate the process of hospital self-appraisal. The hospital or health facility is encouraged to study the Global Criteria as well. If it believes it is ready and wishes to request a pre-assessment visit or an external assessment to determine whether it meets the global criteria for Baby-friendly designation, the completed form may be submitted in support of the application to the relevant national health authority for BFHI.

If this form indicates a need for substantial improvements in practice, hospitals are encouraged to spend several months in readjusting routines, retraining staff, and establishing new patterns of care. The self-appraisal process may then be repeated. Experience shows that major changes can be made in three to four months with adequate training. In-facility or in-country training is easier to arrange than external training, reaches more people, and is therefore encouraged.

Note: List the contact information and address to which the form and request for pre-assessment visit or external assessment should be sent.

Annex 1: Hospital breastfeeding/infant feeding policy checklist

- *(Note: A hospital policy does not have to have the exact wording or points as in this checklist, but should cover most or all of these key issues. Care should be taken that the policy is not too long. Shorter policies (3 to 5 pages) have been shown to be more effective as longer ones often go unread.)*

The policy should clearly cover the following points:		YES	NO
Step 1:	The policy is routinely communicated to all (new) staff.	☐	☐
	A summary of the policy that addresses the Ten Steps and support for non-breastfeeding mothers is displayed in all appropriate areas in languages and with wording staff and mothers can easily understand.	☐	☐
Step 2:	Training for all clinical staff (according to position) includes: Breastfeeding and lactation management (20 hours minimum or covering all essential topics, including 3 hours of clinical practice).	☐	☐
	Feeding the infant who is not breastfed.	☐	☐
	The role of the facility and its staff in upholding the International Code of Marketing and subsequent WHA resolutions.	☐	☐
	New staff members are trained within 6 months of appointment.	☐	☐
Step 3:	All pregnant women are informed of: Basic breastfeeding management and care practices.	☐	☐
	The risks of giving supplements to their babies during the first six months.	☐	☐
Step 4:	All mothers and babies receive: Skin-to-skin contact immediately after birth for at least 60 minutes.	☐	☐
	Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed.	☐	☐
Step 5:	All mothers are taught hand expression (or given leaflet and referral for help).	☐	☐
	All breastfeeding mothers are taught positioning and attachment.	☐	☐
	All mothers who have decided not to breastfeeding are: Informed about risks and management of various feeding options and helped to decide what is suitable in their circumstances	☐	☐
	Taught to prepare their feedings of choice and asked to demonstrate what they have learned.	☐	☐
	Mothers of babies in special care units are: Offered help to initiate lactation offered help to start their breast milk coming and to keep up the supply within 6 hours of their babies' births.	☐	☐
	Shown how to express their breast milk by hand and told they need to breastfeed or express at least 6-8 times in 24 hours to keep up their supply.	☐	☐
	Given information on risks and benefits of various feeding options and how to care for their breasts if they are not planning to breastfeed.	☐	☐
Step 6:	Supplements/replacement feeds are given to babies only: If medically indicated	☐	☐
	If mothers have made a "fully informed choices" after counselling on various options and the risks and benefits of each.	☐	☐

	Reasons for supplements are documented	☐	☐
Step 7:	All mothers and babies room-in together, including at night.	☐	☐
	Separations are only for justifiable reasons with written documentation.	☐	☐
Step 8:	Mothers are taught how to recognize the signs that their babies are hungry and that they are satisfied.	☐	☐
	No restrictions are placed on the frequency or duration of breastfeeding.	☐	☐
Step 9:	Babies are not fed using bottles and teats.	☐	☐
	Mothers are taught about the risks of using feeding bottles	☐	☐
	Babies are not given pacifiers or dummies.	☐	☐
Step 10:	Information is provided on where to access help and support with breastfeeding/ infant feeding after return home, including at least one source (such as from the hospital, community health services, support groups or peer counsellors).	☐	☐
	The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant feeding support.	☐	☐
	Mothers are provided with information about how to get help with feeding their infants soon after discharge (preferably 2-4 days after discharge and again the following week).	☐	☐
The Code:	The policy prohibits promotion of breast-milk substitutes	☐	☐
	The policy prohibits promotion of bottles, teats, and pacifiers or dummies	☐	☐
	The policy prohibits acceptance of free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events, from manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers.	☐	☐
HIV*	All HIV-positive mothers receive counselling, including information about the risks and benefits of various infant feeding options and specific guidance in selecting what is best in their circumstances.	☐	☐
	Staff providing support to HIV-positive women receive training on HIV and infant feeding	☐	☐
Mother-friendly care *	Policies require mother-friendly practices including: Encouraging women to have constant labour & birthing companions of their choice	☐	☐
	Encouraging women to walk and move about during labour, if desired, and to assume the positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother	☐	☐
	Not using invasive procedures such as rupture of membranes, episiotomies, acceleration or induction of labour, caesarean sections or instrumental deliveries, unless specifically required for a complication and the reason is explained to the mother	☐	☐
	Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women	☐	☐

* The **HIV and mother-friendly content** n the policy should be assessed only if national authorities have made the decision that the BFHI assessment should include these components.

Handout 3.6

WHO/UNICEF breastfeeding and young child feeding courses

Title	WHO/UNICEF Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers	WHO/UNICEF Breastfeeding promotion and support in a Baby-Friendly Hospital: a 20-hr course for maternity staff	WHO/UNICEF Breastfeeding counselling: A training course	WHO Complementary feeding counselling: A training course	WHO Infant and young child feeding counselling: An integrated course	WHO/UNICEF/UNAIDS HIV and infant feeding counselling: A training course
Length	12 hours	20 hours	40 hours	21 hours	5 days	3 days
Clinical Practice	None	4 hours	4x2 hours	2x2 hours	8 hours (4 sessions)	3 hours to practice preparation of milks
Aim	To raise awareness and provide practical guidance on administrative actions needed to become Baby-Friendly	To change maternity care to be "Baby-Friendly"	To develop clinical and counselling skills in breastfeeding	To provide knowledge and skills for counselling on appropriate complementary feeding practices	To provide knowledge and skills for counselling on breastfeeding, HIV and infant feeding and complementary feeding.	To provide knowledge and skills regarding how to counsel HIV-positive women about infant feeding decisions
Target Group	Health facility directors and administrators	All staff of a maternity facility	Key health workers in all parts of the health system	Health workers that care for & counsel caregivers of young children	Health workers that care for & counsel caregivers of infants and young children	Health workers to care for mothers & babies in areas with high HIV prevalence
Trainers	Training skills and experience needed	Training skills and experience needed	Preparation of trainers and detailed training instructions included	Training skills and experience needed	Training skills and experience needed	Training skills and experience needed. Trainer's' and Director's Guides included
Materials	Course guide - Session plans – Handouts – Slides – Transparencies – Reference materials	Session plans and PowerPoint slides	Director's Guide -Trainer's Guide - Participants' Manual - Transparencies & flipchart – Slides - Forms and check lists – Video – Ref.materials	Director's Guide - Trainer's Guide - Participants' Manual – Transparencies	Director's Guide Trainer's Guide Participant's Manual PowerPoint slides HIV and infant feeding counselling job aids	Director's Guide - Trainer's Guide - Participants' Manual - Feeding options cards - Instructions for milk preparation
Website	http://www.unicef.org/nutrition/index_24850.html?q=printme	http://www.unicef.org/nutrition/index_24850.html?q=printme	http://www.who.int/child-adolescent-health/publications/NUTRITION/BFC.htm	For information contact NHD/WHO Geneva	For information contact NHD/WHO Geneva or CAHD/WHO Geneva	http://data.unaids.org/Publications/External-Documents/WHO_FCH_CAH_00-4_en.pdf

Handout 3.7

The Baby-friendly Hospital Initiative: Guidelines and tools for monitoring and reassessment

A need for monitoring and reassessment tools

With the steady increase of hospitals worldwide that have been designated "Baby-friendly", health authorities in many countries have expressed a need for monitoring and reassessment tools that will help them build on progress achieved through the Baby-friendly Hospital Initiative (BFHI)

Guidelines and tools available from WHO and UNICEF

The revised BFHI package, ***The Baby-friendly Hospital Initiative, Revised, Updated and Expanded for Integrated Care,*** includes guidelines and tools for both monitoring and reassessing Baby-friendly Hospitals. The monitoring guidelines and tools can be used either by the national BFHI coordination group to monitor designated hospitals or by the hospitals themselves, as part of their own self-monitoring or quality assurance programmes. The reassessment guidelines and tool are designed to be used as part of an external reassessment and redesignation process, and thus are only available to UNICEF and WHO offices, national BFHI authorities, and their assessment teams. The implementation of a systematic monitoring and reassessment process is important for insuring the Initiative's long-term credibility and sustainability.

The documents and their contents

BFHI Section 4: Hospital Self-Appraisal and Monitoring

4.2: Guidelines and Tools for Monitoring Baby-friendly Hospitals

- Guide to developing a national process for BFHI monitoring
- Annex 1: Infant feeding record and report
- Annex 2: Staff training record and report
- Annex 3: Questionnaire or interview for mothers at discharge
- Annex 4: The BFHI Reassessment tool and its possible use for monitoring

BFHI Section 5: External Assessment and Reassessment

5.3: Guidelines and Tool for External Reassessment

- Guide to developing a national process for BFHI reassessment
- Annex 1: BFHI Reassessment Tool

BFHI Section 4 is available for downloading at the UNICEF website, (http://www.unicef.org/nutrition/index_24850.html?q=printme). ***BFHI Section 5*** has been posted on the UNICEF "intranet" and can be accessed by UNICEF regional and country offices and provided to national BFHI coordinator groups and assessors.