

## Implementation Guidance on the Revised Baby-friendly Hospital Initiative (WHO & UNICEF, 2018)

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### Introduction

Breastfeeding matters, no less now than in 1991, when WHO / UNICEF launched the Baby-friendly Hospital Initiative (BFHI). With the scaling up of breastfeeding, there could be 820,000 less under-5 deaths of children and 20,000 less deaths of mothers from breast cancer each year<sup>1</sup> and USD 300 million added to the global economy.<sup>2</sup> The contribution of breastfeeding to the reduction of non-communicable diseases is well recognised<sup>1</sup> and the environmental impact of tons of carbon dioxide emission from formula feeding cannot be ignored.<sup>3</sup> Fundamentally, enabling a baby to be breastfed realises a child's right to survival, development, protection and participation. Both the child has the right to the highest standard of health and the mother the right to ample support to carry out her informed choice on infant feeding.

On this basis, WHO reviewed the evidence of the Ten Steps to Successful Breastfeeding and the implementation of BFHI<sup>4</sup> recently, as it was estimated, even in 2016, only 10% of births takes place in designated baby-friendly hospitals (BFH) and many designated hospitals have not been revalidated. A number of recommendations emerged from the review, leading to the “Implementation Guidance on Protecting, Promoting and Supporting Breastfeeding in Facilities providing Maternity and Newborn Services: the Revised Baby-friendly Hospital Initiative” being published in 2018.<sup>5</sup>

## Essence of the Revised 2018 Implementation Guidance

Overall, descriptions of the revised 2018 version tend to be more **specific, outcome-oriented and supportive** for mothers. The following table shows a comparison between the 2018 version of the Ten Steps to Successful Breastfeeding (Ten Steps) and the last revision issued in 2009.

Step	2018 Version	2009 Version
1	<ul style="list-style-type: none"> <li>a. Comply fully with the <b>International Code of Marketing of Breast-milk Substitutes</b> and relevant WHA resolutions.</li> <li>b. Have a <b>written infant feeding policy</b> that is routinely communicated to staff and parents.</li> <li>c. Establish <b>ongoing monitoring and data-management</b>.</li> </ul>	Have a <b>written breastfeeding policy</b> that is routinely communicated to all health care staff.
2	<b>Ensure</b> that staff have sufficient <b>knowledge, competence and skills</b> to support breastfeeding.	<b>Train</b> all health care staff in <b>skills</b> necessary to implement the policy.
3	<b>Discuss</b> the <b>importance</b> and <b>management</b> of breastfeeding with pregnant women and their families.	<b>Inform</b> all pregnant women about the <b>benefits</b> and <b>management</b> of breastfeeding.

4	<b>Facilitate</b> immediate and uninterrupted <b>skin-to-skin contact</b> and <b>support</b> mothers to <b>initiate breastfeeding as soon as possible</b> after birth.	<b>Help</b> mothers <b>initiate</b> breastfeeding <b>within a half-hour of birth</b> ( <i>now interpreted as: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.</i> )
5	<b>Support</b> mothers to <b>initiate</b> and <b>maintain</b> breastfeeding and <b>manage common difficulties</b> .	<b>Show</b> mothers how to breastfeed and how to <b>maintain lactation</b> , even if they should be separated from their infants.
6	<b>Do not provide</b> breastfed newborns any food or fluids other than breastmilk, unless medically indicated.	<b>Give</b> newborn infants <b>no</b> food or drink other than breast milk, unless medically indicated.
7	<b>Enable</b> mothers and their infants to <b>remain together</b> and to <b>practice</b> rooming-in 24 hours a day.	Practice rooming-in – <b>allow</b> mothers and infants to <b>remain together</b> – 24 hours a day.
8	<b>Support</b> mothers to <b>recognize</b> and <b>respond</b> to their <b>infants' cues</b> for feeding.	<b>Encourage</b> breastfeeding <b>on demand</b> .
9	<b>Counsel</b> mothers on the <b>use and risks</b> of feeding bottles, teats and pacifiers.	<b>Give no</b> artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10	<b>Coordinate discharge</b> so that parents and their families have <b>timely access</b> to <b>ongoing support</b> and care.	<b>Foster the establishment of breastfeeding support groups</b> and <b>refer</b> mothers to them on discharge from the hospital or clinic.

The following table displays other differences between the two versions.

	2018 Version	2009 Version
<b>Scope</b>	All <b>newborns</b> including small, sick, preterm.	<b>Healthy full term</b> infants.
<b>Mother-friendly care</b>	<b>Expected</b> , although not part of BFHI.	Optional module, <b>encouraged</b> .
<b>HIV</b>	Management according to health authority recommendation.	Optional module.
<b>Scoring in BFH assessment</b>	<b>80% or above</b> .	Mostly 80%, others 75%, 70%, 50% or above.

## Transition to 2018 Implementation Guidance in Hong Kong

As the revised Ten Steps are clearer, **health facilities are recommended to adopt the revised wordings** in the near future, if not immediately. **Training materials** should be progressively **aligned**. On the other hand, BFHI is a relatively new programme in Hong Kong. Many hospitals are still working towards the Ten Steps in relation to healthy term infants. It would be a major step if all small, sick and preterm newborns are included in the programme immediately although this would be the eventual goal.

WHO has reminded health care providers that **BFHI is not to be implemented in isolation** and assumes other related practices e.g. “WHO recommendations: intrapartum care for a positive childbirth experience”<sup>6</sup> and “Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice”<sup>7</sup> are being implemented as well. Hence **mother-friendly care**, previously an optional module, is **now an expected practice**. Local hospitals are thus strongly encouraged to practise mother-friendly care especially when the hospital has included this in the hospital policy.

The revised BFHI implementation guidance requires the **attainment of at least 80% for the various standards**. This has already been the requirement of the internal audit tools of the UK UNICEF Baby-friendly Initiative adopted by local hospitals in the BFHI programme. This requirement would therefore be followed in the external assessment of new applicants to the programme. As is the current practice, there is **no requirement for a specific breastfeeding rate prior to an application**.

The following table shows the **recommended transition of the Hong Kong BFHI programme to the 2018 Guidance**.

2018 Guidance	Way forward for Hong Kong
New wordings of the Ten Steps	All new applicants to BFHI programme Current participants – adoption is voluntary
Preterm, small and sick newborns	BFHI practices encouraged Separate assessment in the future
Mother-friendly care	Strongly encouraged If stated in hospital policy, need to justify any deviation from the policy
Assessment scoring of 80% or above	All new applicants and revalidation (Continue to exclude requirement of 80% exclusive breastmilk feeding)

## Related Initiatives

The 2018 Guidance encourages other breastfeeding support initiatives outside the hospital setting. Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) will continue to encourage and facilitate health facilities in the community to achieve the relevant baby-friendly standards.

## Conclusion

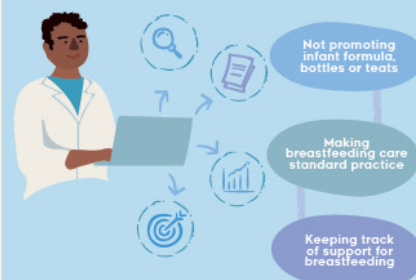
The new WHO guidance brings a better understanding to the BFHI and the evidence-based practices in maternal and neonatal care that support breastfeeding. BFHIHKA hopes the progressive approach tailored to the local situation would ease the transition process.



# The TEN STEPS to Successful Breastfeeding

## 1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...



## 2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...



## 3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...



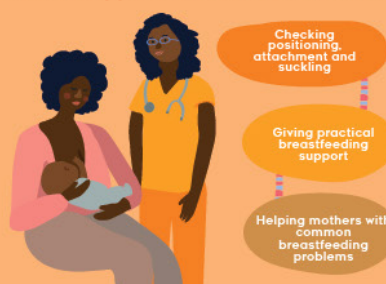
## 4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...



## 5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...



## 6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...



## 7 ROOMING-IN

Hospitals support mothers to breastfeed by...



## 8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...



## 9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...



## 10 DISCHARGE

Hospitals support mothers to breastfeed by...



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