Baby Friendly Watch
愛嬰情報
Baby Friendly Hospital Initiative Hong Kong Association
July 2019

The Spirit of Being Baby-friendly

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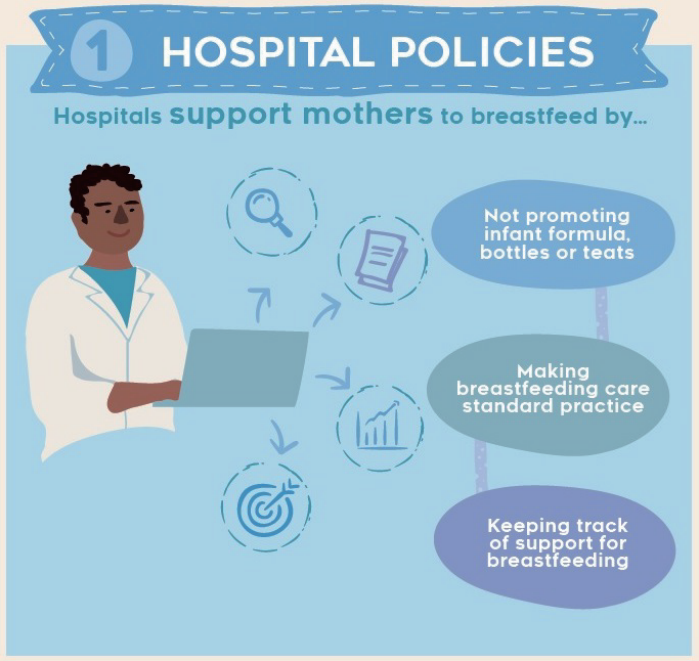
Introduction

The World Health Organization (WHO) introduced the Baby-friendly Hospital Initiative (BFHI) in 1991 to support mothers to establish lactation and breastfeed in the early days after childbirth. Hospitals that practise the Ten Steps to Successful Breastfeeding (Ten Steps) and comply with the International Code of Marketing of Breastmilk Substitutes are eligible for being designated as baby-friendly hospitals (BFH). Since the designation programme started in Hong Kong in 2013, there are now two baby-friendly hospitals with others at different stages of the designation process. Achieving certain stages or being designated are important milestones for hospitals. As the WHO is not asking for perfection in acquiring the BFH status, there can always be quality improvement, keeping in mind the purpose and spirit of BFHI.

Infant Feeding Policy



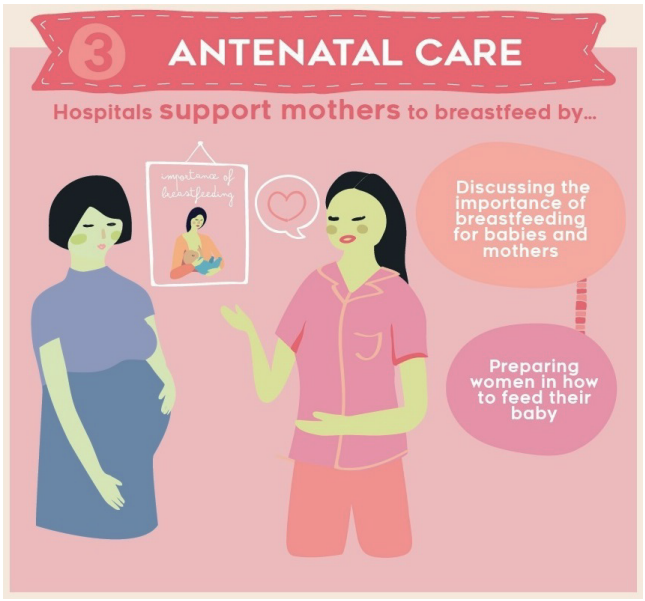
The Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) asks hospitals to undertake a self-assessment of the practice of the Ten Steps each year before the World Breastfeeding Week. This both monitors the trend in Hong Kong and serves as a reminder to the hospitals of the Ten Steps. Some hospitals indicate they have a policy that all staff are acquainted with although it is not a written policy. Perhaps the management of hospitals feel they are supportive of breastfeeding and consider all their staff are like-minded. However, it cannot be over-emphasized that having a written policy is a serious matter. A policy is a means of guaranteeing that "appropriate care is equitably provided to all mothers and babies" independent of staff preference, as explained by the WHO Guidance on BFHI.[1] The policy ensures "patients receive consistent, evidence-based care" whether it is during the early hours of the morning or a public holiday. Any deviation from the policy needs to be justified and documented.

Training

A training curriculum is essential to provide the staff with uniform knowledge and skills to carry out the care standards according to their roles and responsibilities. "Being trained" is not the end. The staff do not only need supervision to carry out what they have learned, but also regular formal and informal reassessments, especially in practical skills including communication skills. The staff who had undergone basic training are not expected to be able to manage all potential breastfeeding problems. They need to know their limitations and seek assistance as appropriate. Pointing out a problem to a mother without offering a solution only aggravates her anxiety. Staff with more specialised skills need to be accessible for consultation.

Antenatal Information

Antenatal talks that provide much information to a large group of pregnant women may not be able to address their individual concerns. Discussion with pregnant women individually or in small groups serves to resolve their particular problems, allay anxiety and increase confidence in breastfeeding. As information on the benefits of breastfeeding is easily accessible to many mothers, what they need to learn are what to expect in reality and practical breastfeeding skills.



Mother-friendly Childbirth

One can hardly be baby-friendly without considering the mother. "Mother-friendly" practices which have previously been an optional module of BFHI, are now expected to be part of routine care.[2] Examples of such practices include having a companion during labour and birth, the use of non-drug methods of pain relief, assuming positions of choice when giving birth and having invasive procedures only when medically indicated. Apart from respecting the mother's autonomy, these practices provide a mother with a positive childbirth experience, thereby reducing her stress as well as facilitating her appropriate response to her baby and breastfeeding.

Skin-to-skin Contact

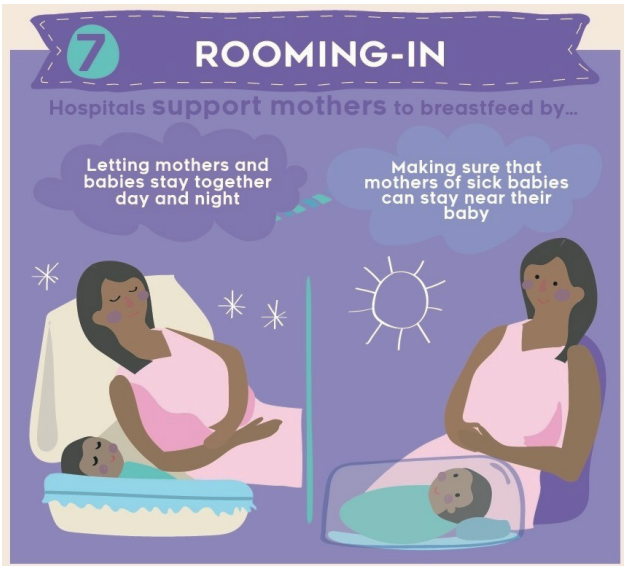
Skin-to-skin contact after birth is expected to be immediate and uninterrupted for at least an hour or till after the first feed, for as long as the mother wishes. This means many routine procedures could either be done during (e.g. checking the baby's well-being) or after the skin-to-skin contact (e.g. weighing). At the same time, the mother-and-baby dyad needs close observation, regular assessment and prompt management should there be any distress. These cannot be replaced by mechanical means. Mothers also need support to initiate breastfeeding during this early period when the behaviour is imprinted.

Supporting Breastfeeding

Mothers are not likely to breastfeed successfully by simply being urged to be more diligent and feed more frequently. This is especially true for the first-time mothers, those who have never breastfed before or those who have had unpleasant experiences with previous attempts. Their breastfeeding needs to be observed and assessed. They need concrete skills taught with hands-off technique built on what they can already do. Mothers' confidence diminishes when babies, having been well positioned and attached in the staff's presence, come off as soon as the staff leaves and cannot reattach effectively. Re-checking on how the breastfeeding progresses is important.

Infant Feeding Records

By recording what mothers report regularly only means someone has spoken to the mother. One needs to be aware of the caveats of the feeding records. Asking a new mother who has never breastfed before to comment on how well her baby was feeding could be misleading. The recorded duration of feeding must be interpreted with caution: A mother who spends three quarters of an hour breastfeeding may be having multiple attempts to position and re-position, attach and re-attach her baby. Urging mothers who report fair or poor feeding to continue trying without practical assistance is futile. Feeding records are only useful if there is an awareness of their limitations, being interpreted appropriately and actions are taken accordingly.



Rooming-in

The benefits of rooming-in are many for both breastfeeding and non-breastfeeding mothers. It should also be recognised that it can be stressful for a tired new mother, who may have an episiotomy wound, to care for her baby by herself amidst the forever busy staff. Despite all the information about its benefits, it is therefore not surprising that some mothers elect not to room-in with their babies. Hospitals do well to consider how mothers' short postnatal stay can be rendered less stressful. In view of staffing constraints, extending the system of allowing a companion of choice at birth to the postnatal period may be a viable option.

Supplementation and Readmissions

Purely medical indications for supplementation are not many. Often it is to do with inadequate intake, whether perceived or real, and the baby being separated from the mother. In order to avoid the improper use of supplementation, documentation as to why supplements are given is required and the risks of supplementation explained to obtain mother's informed consent. Together with the time spent on cup feeding and subsequent efforts to maximise breastfeeding, the investment of staff time is considerable. There is also the economic and environmental costs of the use of formula milk and disposable cups.

Some hospitals are concerned about the apparent increase in workload from readmission of newborn babies with excessive weight loss or neonatal jaundice since the active promotion of breastfeeding. This could be the result of mothers well motivated to exclusively breastfeed but the milk had not yet come in, or mothers who had not yet mastered the skills of breastfeeding and been able to assess whether there was effective transfer of breastmilk before hospital discharge.

One should reflect on why supplements were being given for non-medical indications, why the coming in of mothers' milk was slow and why babies were not able to breastfeed effectively. Ensuring all Ten Steps and Mother-friendly childbirth care are implemented as intended and minimising mother-baby separation without putting babies at risk are the fundamental approaches to resolving these issues. By laying a sound foundation, the remedial actions of supplementation and readmissions could well be minimised.

Conclusion

It is heartening to see more and more hospitals willing to adopt the WHO standards in support of optimal infant feeding, through the practice of the Ten Steps and mother-friendly childbirth care. The effort spent in achieving these standards could be massive but an important investment in public health. To maximise the benefits for mothers and babies, it is important to view being baby-friendly as a process and not an end. Understanding the substance of the Ten Steps and its significance will move one from following the letter to bringing alive the spirit of being baby-friendly.

Key Message

Being baby-friendly is a process and not an end. Understanding the substance of the Ten Steps will facilitate improvements beyond the letter of the Ten Steps to achieving the maximum benefits for mothers and babies through the BFHI.

成為愛嬰醫院是一個過程而非終點。了解十項成功母乳餵哺指引背後的涵意和精神，有助超越其字面解釋，令愛嬰醫院行動對母嬰帶來最大的裨益。

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Illustrations from WHO poster of Ten steps to successful breastfeeding:
https://www.who.int/nutrition/bfhi/bfhi-poster-A2.pdf?ua=1

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