



Protecting, Promoting and Supporting Breastfeeding

The Baby Friendly Health Initiative
Louise Duursma Monica Hogan

Breastfeeding in Australia

- Breastfeeding is one of the most important contributors to infant health
- Infant's growth, immunity & development
- Maternal health, economic benefits to family, health care system and workplace
- National survey 2001 → 83% initiation
- By 3 months → 57% being breastfed
- By 6 months → 18% being breastfed

Parliamentary Enquiry 2006

- National enquiry into the health benefits of BF
- Large interest from the public and consumer groups, state governments
- Submissions and public hearings
- Overall 22 formal recommendations
- Recommended **funding for BFHI**
- Collaborate with ACHS for BFHI to be part of the accreditation process
- States report **numbers of BFHI hospitals -funding**

Background

1st August 1990, high level govt decision-makers from 30 countries adopted the [Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding](#)

“All women should be enabled to practise exclusive breastfeeding”

The Declaration, adopted by all WHO and UNICEF Member States, has been a key strategy on improving health of infants and young children through optimal nutrition.





Innocenti Declaration 1990

1. Appointment of a national breastfeeding coordinator
2. Designation of 'baby friendly' hospitals
3. Enactment of laws to enforce the International Code of Marketing of Breastmilk substitutes, and
4. Establishment of 'imaginative legislation' to ensure breastfeeding rights of women employed outside the home

Innocenti Declaration 2005

1. Develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding.
2. Ensure that the health and other relevant sectors protect promote and support exclusive breastfeeding for six months and continues breastfeeding up to two years of age and beyond.
3. Promote timely, adequate, safe and appropriate complementary food with continues breastfeeding.
4. Provide guidance on feeding infants and young children in exceptionally difficult circumstances.
5. Consider what new legislation or other suitable measures may be required to give effect to the principles of the WHO code.



What is BFHI?

- Developed jointly by WHO and UNICEF
- Launched in 1991
- International project aims to give everyone the best start in life by creating a health care environment where:
 1. Breastfeeding is the norm
 2. Practices known to promote the health and wellbeing of all babies and mothers are followed



BFHI in Australia



- Victoria leads the way 25 hospitals -
- South Australia 11
- Queensland 9
- Western Australia 3
- Northern Territory 2
- ACT 2
- Tasmania 8
- NSW 9



Benefits of Being Baby-friendly



Breastfeeding Rates Improve



- BFHI accreditation is a **quality** improvement measure
- Demonstrates **higher standard of care** to mothers and babies
- Increased skills and knowledge leads to **best practice**
- Improves **health** of new generations

For the Woman and her Child

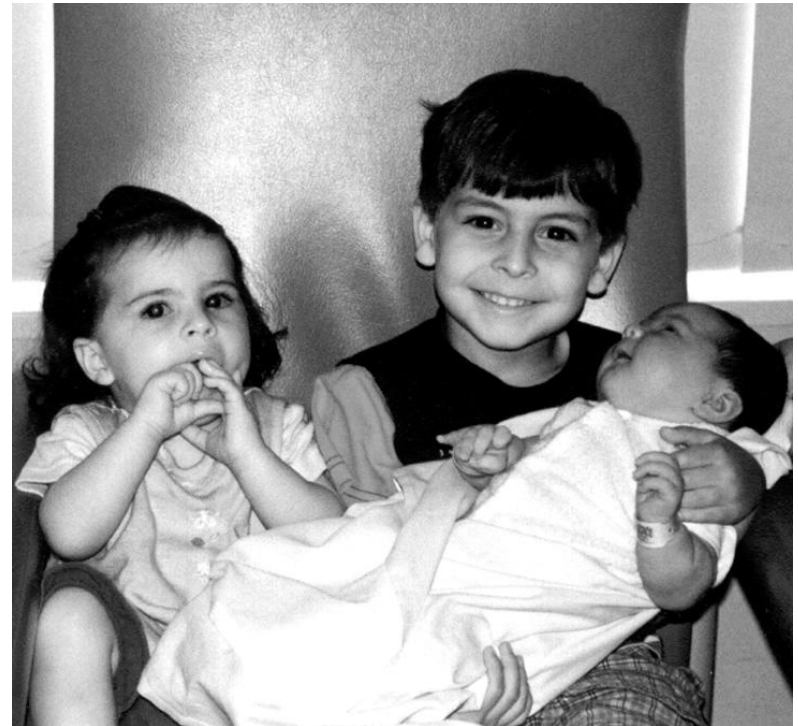


- Consistent care, information and advice
- Early bonding: skin to skin - skin flora, olfactory; psychological adaptation etc
- Consistent and skilled help with breastfeeding
- Early initiation of breastfeeding
- Mother's milk is valued
- Breastfeeding is valued
- Empowerment: authority over own resource



Benefits to family

- Relationship protected and facilitated
- Health and development of baby
- Health of mother
- Cost saving
- Family planning - world wide number one form of pregnancy delay





Benefits for the Carers

- Increased knowledge
- Increased skill
- Increased professional competence
- Increased satisfaction and empowerment
- A new respect for the woman, the baby and their ability to breastfeed - midwife 'with woman' rather than providing nursing management of problems



Benefit for community

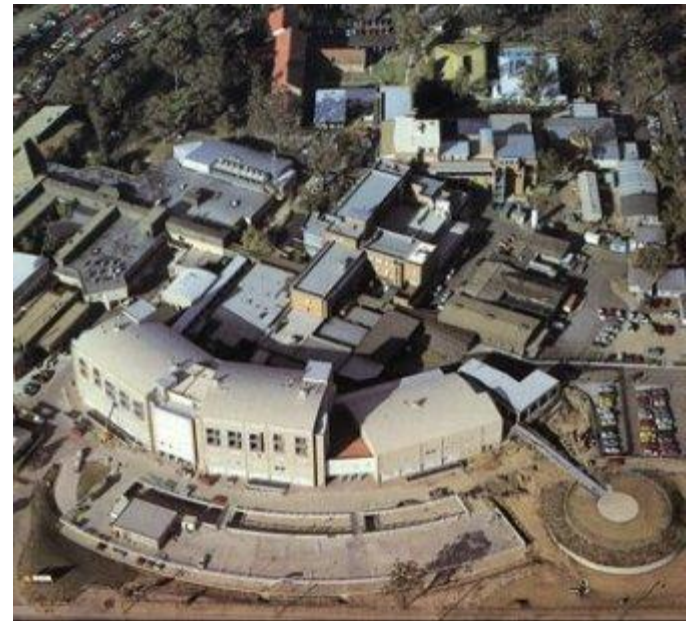
- Flow on from family benefits
- Increased level of respect for human rights of both women and children - in ensuring access to best standards of health through BFHI
- Environmental considerations - no waste products
- Cost savings (billions)





Benefits for the Institution

- **Quality improvement:** many of the ten steps are easily adaptable as QI projects.
- **Cost containment:** increased breastfeeding rates can have impact on many health care costs from postpartum haemorrhage, to decreased incidence of ear infection.





Benefits for the Institution

- **Public relations/ marketing:** families who feel adequately supported during the vulnerable postpartum days can speak powerfully for a birth facility.
- **Prestige:** The receipt of this international award is an achievement to celebrate!



BFHI Highlights



UNICEF (1999) has collected highlights of the outcomes of implementing the BFHI in a range of countries around the world.





BFHI Highlights

UNICEF estimates that more than one million health care providers worldwide have been trained through the program





BFHI Highlights

- In Nicaragua, breastfeeding rates have increased from 47 percent prior to implementation of the BFHI to nearly 100% in 1999
- In Poland, between 1995 and 1998, implementation of the BFHI resulted in an increase of rooming-in from 19 percent to 60 per cent, and the practice of supplementing breastfed infants fell from 54 percent in 1988 to 22 per cent in 1998



BFHI Highlights

In China, after two years of BFHI implementation, exclusive breastfeeding rates doubled in rural areas and increased from 10% to 47% in urban areas





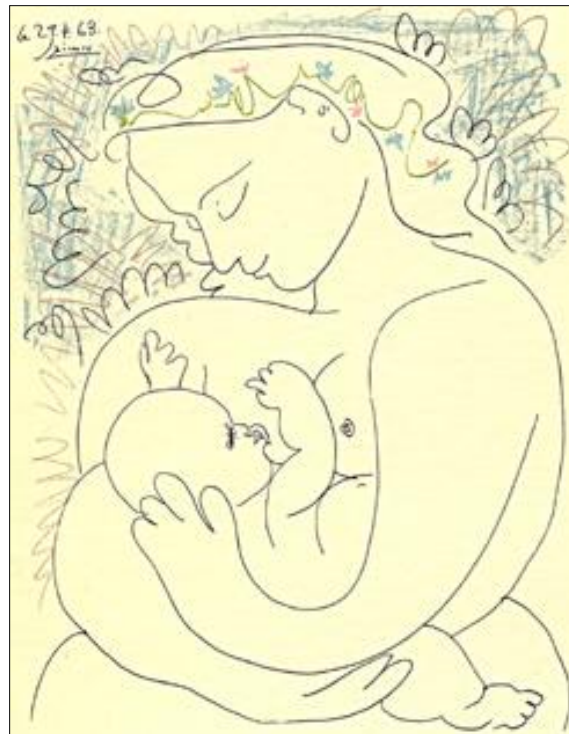
Current research

- Royal Women's has found that since BFHI implemented (2002)
 - less readmissions for mastitis
 - less after hours phone calls from women with problems
 - greater staff satisfaction



The Ten Steps

The Ten Steps to Successful Breastfeeding is the global standard by which hospitals are assessed and accredited.





Step One

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

- Requires a course of action and provides guidance
- Helps establish consistent care for mothers and babies
- Provides a standard that can be evaluated



Step Two

Train all health care staff in skills necessary to implement this policy

- Advantages of breastfeeding
- Risks of artificial feeding
- Mechanisms of lactation and suckling
- How to help mothers initiate and sustain breastfeeding
- How to assess a breastfeed
- How to resolve breastfeeding difficulties
- Hospital breastfeeding policies and practices
- Focus on changing negative attitudes which set up barriers

Include all other health professionals other than perinatal staff who can influence breastfeeding success



Step Three

Inform all pregnant women about the benefits and management of breastfeeding

- Benefits of breastfeeding
- Early initiation
- Importance of rooming-in (if new concept)
- Importance of feeding on demand
- Importance of exclusive breastfeeding
- How to assure enough breastmilk
- Risks of artificial feeding and use of bottles and dummies
- Should not include group education on formula preparation



Step Four

Help mothers initiate breastfeeding within half an hour of birth.

New interpretation of Step 4 in the revised BFHI Global Criteria (2006):

“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.”





Step Five

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

- Milk removal stimulates milk production.
- The amount of breast milk removed at each feed determines the rate of milk production in the next few hours.
- Milk removal must be continued during separation to maintain supply.





Step Six

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

- Decreased frequency or effectiveness of suckling ->
- Decreased amount of milk removed from breasts ->
- Delayed milk production or reduced milk supply
- Some infants have difficulty attaching to breast if formula given by bottle
- Exposure to cows milk protein and therefore the loss of the protective effect of exclusive breastfeeding for 6 months
- Change in protective gut flora which take an infant 2 weeks to recover



Step Seven

Practice rooming in, allow mothers and infants to remain together - 24 hours a day

- Reduces cost
- Requires minimal equipment
- Requires no additional personnel
- Reduces infection
- Helps establish and maintain breastfeeding
- Facilitates the bonding process



Step Eight



Encourage breastfeeding on demand



- Earlier passage of meconium
- Lower maximal weight loss
- Breast-milk flow established sooner
- Larger volume of milk intake on day 3
- Less incidence of jaundice



Step Nine

Give no artificial teats or dummies to breastfeeding infants

Alternatives to artificial teats:



- cup
- spoon
- dropper
- Syringe



Step Ten



Foster the establishment of breastfeeding support groups* and refer mothers to them on discharge from the facility

- Early postnatal or clinic checkup
- Home visits
- Telephone calls
- Community services
- Outpatient breastfeeding clinics
- Peer counselling programmes such as ABA
- Mother support groups - ABA
- Family support system
- Establish working relationships with those already in existence ABA



australian
breastfeeding
association

* Under current guideline the word group has been removed from this point.

Seven Point Plan



Australian Baby Friendly Initiative 7 Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services.

Work is yet to start on Baby Friendly paediatric units.



Seven Point Plan

- **Point 1:** Have a written breastfeeding policy that is routinely communicated to all health care staff and volunteers
- **Point 2:** Educate all health care staff in the knowledge and skills necessary to implement the breastfeeding policy
- **Point 3:** Inform women and their families about breastfeeding being the biologically normal way to feed a baby and about the risks associated with not breastfeeding

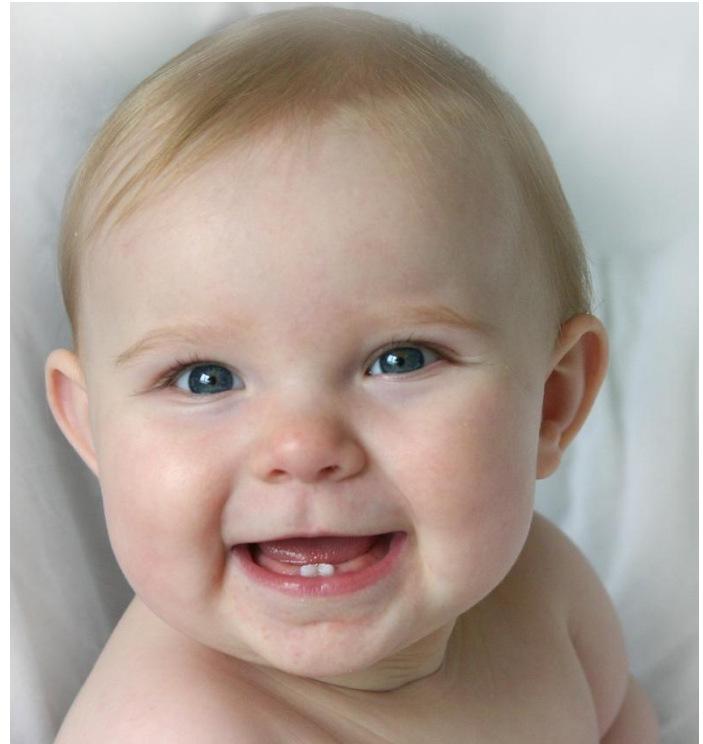
Seven Point Plan

- **Point 4:** Inform women and their families about the management of breastfeeding and support them to establish and maintain exclusive breastfeeding to 6 months
- **Point 5:** Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods
- **Point 6:** Provide a welcoming atmosphere for breastfeeding families
- **Point 7:** Promote collaboration between health care staff and volunteers, breastfeeding support groups and the local community in order to promote, protect and support breastfeeding.

Becoming accredited...



- Implement ten steps
- Trained assessors come to hospital over three day period and assess each ward area each shift
- Evidence of implementation of ten steps demonstrated
- Accreditation given (three yearly)
- Every 3 years Reassessment



Latest from WHO

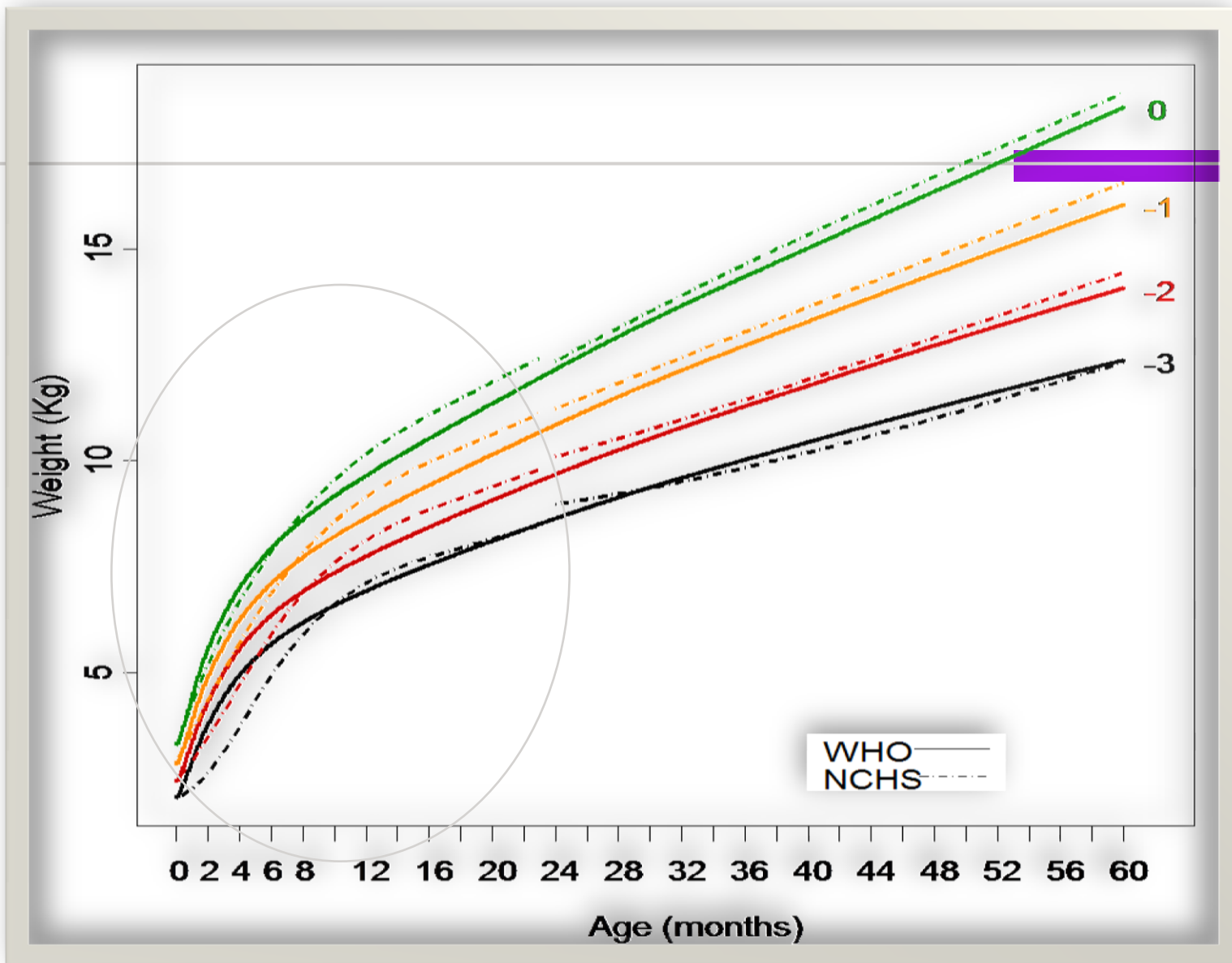
- WHO Growth Charts with velocity charts
- WHO advise that these are the only growth charts that accurately show normal infant and child growth.
- Recommendation from WHO that infant formula should be prepared with water at 70°C this has wide ranging ramifications.

WHO GROWTH CHARTS

“The WHO have just made me a very proud and happy mother. Thank you so much for the WHO growth chart for breastfed babies compared to the standard UK growth chart. I was being harassed by both my midwife and health visitor on more than one occasion because my daughter wasn't gaining weight "as she should." I withstood the pressure to top up with bottle and breastfed exclusively until 6 months and am still breastfeeding her at 16 months. We don't smoke, and having plotted her 1st year measurements into the WHO growth chart, she is bang on average - in fact, the chart looks as though it was made for my daughter. I feel SO vindicated and I'm really pleased I stood my ground. I shall certainly be using the WHO chart with my son, due at Christmas this year. Thank you!”

August 2007 UK Mother

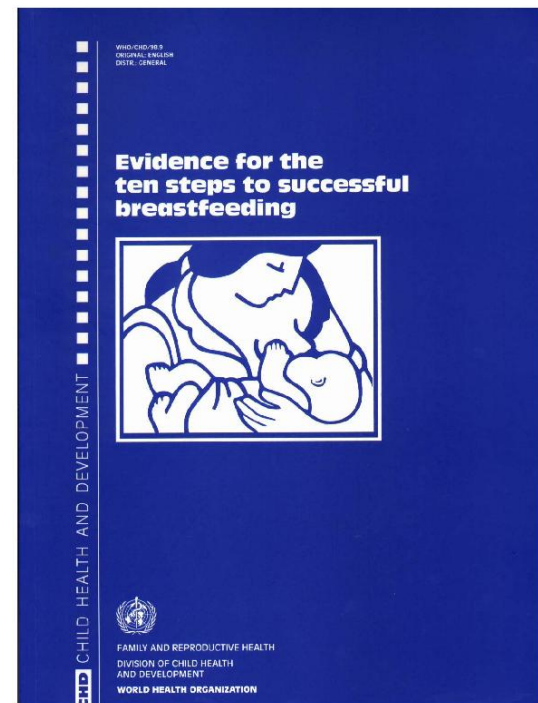
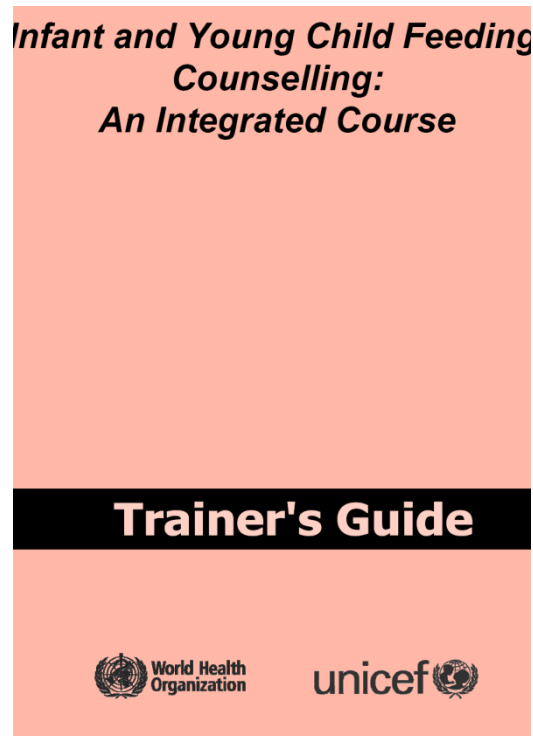
Comparison of WHO with NCHS weight-for-age z-scores for boys



Source: WHO Multicentre Growth Reference Study Group. WHO Child Growth Standards: Length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: Methods and development. Geneva: World Health Organization, 2006.

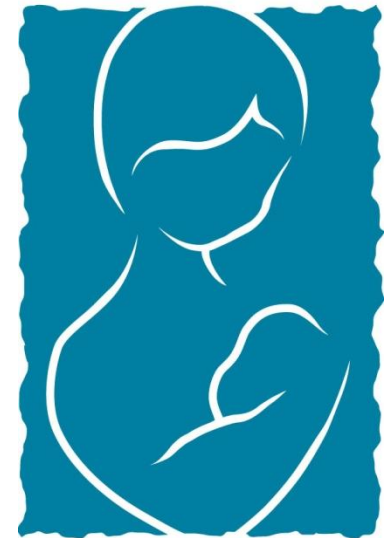
WHO Resources

- http://www.who.int/nutrition/iycf_intergrated_course/en/index.html



ABA role in BFHI

- ABA is all about the 10th Step
- ABA personnel are needed on BFHI assessment teams
- Local and regional BFHI committees



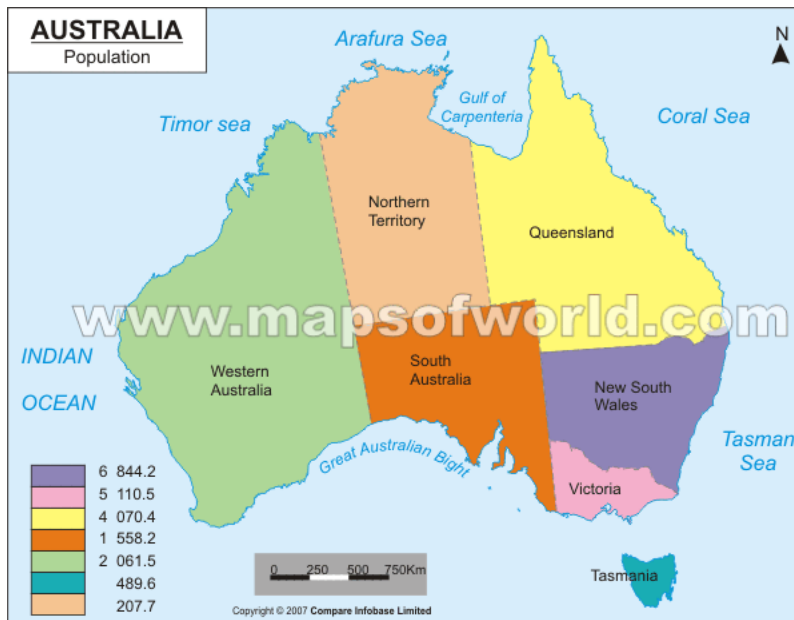
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How to become a BFHI educator or assessor

- Attend BFHI 2 day education course
- Complete application including 2 referees and CV
- Submit to state committee



Challenges



- Australia is a large country with a small population.
- Many geographically isolated areas
- 8 states and territories; 8 different governments and arrangements of community health services.

Challenges

- The gap between hospital and community services.
- Calculating breastfeeding rates.



Strengths

- The team developing and implementing the standards is a multi-disciplinary team represented by all states.
- Improve standards and produce change.
- Enquiry recommendations





THERE'S ONLY ONE
PROBLEM DRINKING
FROM THESE.
I CAN'T DUNK
/ A BISCUIT.