





## Update Baby-Friendly Hospital Initiative: BFHI

พญ. ยุพียง แห่งเซาวนิช  
19 กรกฎาคม 2561

World Health Organization  
unicef

### Baby-Friendly Hospital Initiative Congress, World Health Organization & UNICEF, Geneva 2016



**> 300 คน > 130 ผู้แทนประเทศ > 20 เครือข่ายการพัฒนา**

### วัตถุประสงค์ของ BFHI Congress

- ฉลองความสำเร็จครบ 25 ปี
- วิเคราะห์สถานการณ์ปัจจุบันของ BFHI
- เสนอเอกสารแนวทางชุดใหม่
- สร้างความเข้มแข็งเครือข่ายระดับภูมิภาค

### 2016 BFHI Congress : Highlights

- ❖ 20,000 maternity facilities have been designated Baby-Friendly
- ❖ This is approximately 10% of births world wide
- ❖ Need to scale up to full coverage for **all maternity facilities**
- ❖ BFHI should not be voluntary or a stand alone program
- ❖ Need national standards based on the Ten Steps
- ❖ Integrate BFHI into health care improvement and quality initiatives
- ❖ Internal and external monitoring needed
- ❖ BFHI designation process is cumbersome

**Source: LeDrew M. BFHI- The Global View**

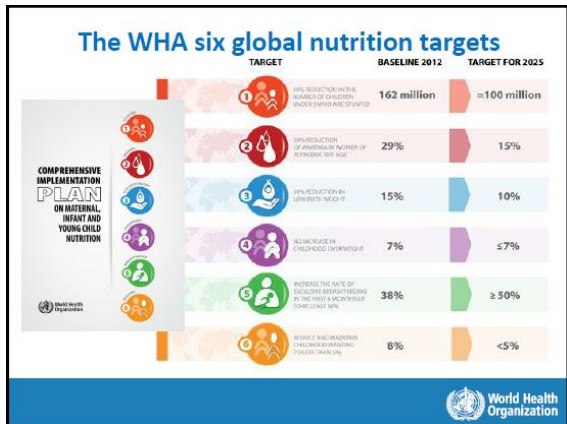


Regional Consultation to Protect, Promote and Support Breastfeeding with a Focus on Baby Friendly Hospital Practices

WHO SEARO New Dehli, India , 4-5 December 2017

### ความสำเร็จ ●●●

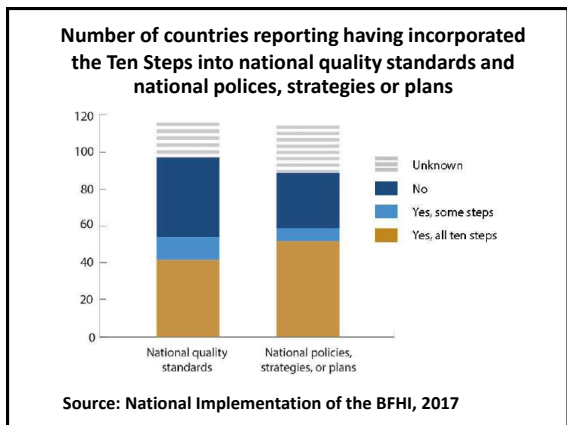
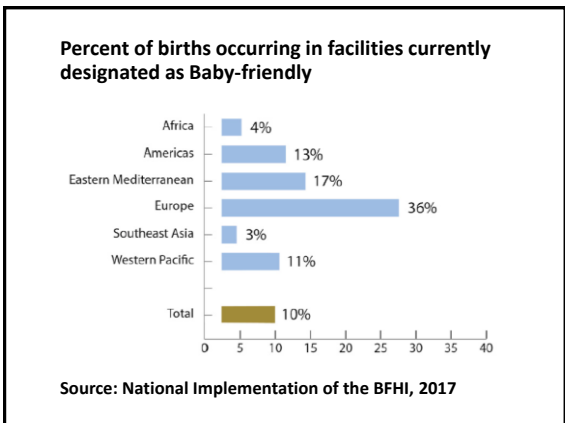
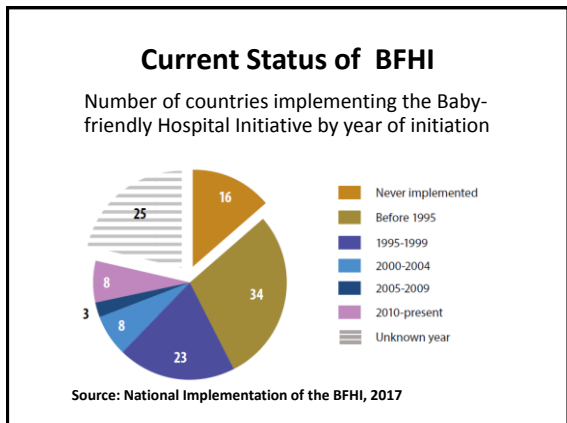
- ❖ BFHI ได้นำไปใช้เกือบทุกประเทศทั่วโลก
- ❖ มีรพ. ที่เป็น BFHI มากกว่า 20,000 แห่ง
- ❖ BFHI สะท้อนการเป็นนโยบายด้านสุขภาพของโลก
  - 1990 Innocenti Declaration
  - 2002 Global Strategy on Infant and Young Child Feeding
  - 2012 WHA nutrition target
  - 2014 ICN2 Framework for Action
  - 2015 Global Nutrition Monitoring Framework
- ❖ การประยุกต์ใช้บันไดสิบขั้นพิสูจน์ว่าการเลี้ยงลูกด้วยนมแม่ดีขึ้น



### National Implementation of the BFHI, 2017

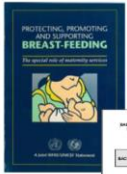



- วิเคราะห์สถานการณ์ปัจจุบันของBFHI ทั่วโลก
- มีการดำเนินการ 168 ประเทศ
- มีจำนวนBFHI ประมาณร้อยละ 10 ซึ่งร้อยละ 35 อยู่ที่ภูมิภาคยุโรป และร้อยละ5 อยู่ที่ อัฟริกาและเอเชีย
- จำเป็นให้มีการบูรณาการกับนโยบายของชาติและมาตรฐานการดูแล (กระบวนการประเมินคุณภาพ: HA)
- จำเป็นให้ฟื้นกลับมาและมีการปฏิรูป



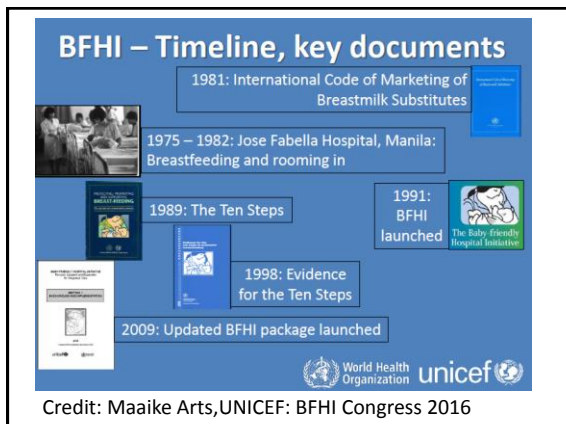
### Why Updated Guidance is Needed?

- New WHO process for guidelines
- Last update written in 2006-2007
- Silver anniversary

World Health Organization | unicef

Credit: Dr. Lawrence M. Grummer-Strawn,WHO



## Highlights of the BFHI over 25 years

### Origin of the “Ten Steps”

- 1986 Informal Meeting at UNICEF
- Participants were asked: “What can we do to increase breastfeeding?”
- Suggested *changes to health care practices*

Credit: Dr. Felicity Savage, BFHI Congress 2016

## Newborns - Results of a change in hospital practices – Baguio, Philippines

Natividad Relucio-Clavano J Tropical Pediatrics 1982

Before and after study:  
 Before (1973-5) : separation and formula supplements  
 After (1975-7): rooming-in from birth and exclusive breastfeeding

	Before	After
No of neonates	4720	5166
Breastfed	40%	87%
Sepsis	88	10
Deaths (sepsis)	64	3
Diarrhoea	27.5%	1.3%
Deaths (diarrhoea)	8 per 1,000 babies	nil

(Almost all deaths were in bottle fed infants in either group)

Credit: Dr.Felicity Savage, BFHI Congress 2016

## 1970s Sosa, De Chateau, Ali and others found early contact increased breastfeeding

Credit: Dr.Felicity Savage, BFHI Congress 2016

## 1980s Fisher, Woolridge and others' showed that baby's attachment at the breast affects milk transfer

**Ineffective attachment**      **Effective attachment**

Credit: Dr.Felicity Savage, BFHI Congress 2016

## The Ten Steps to Successful Breastfeeding

1989 WHO/UNICEF Joint Statement

Included 10 Steps And a number of “mother-friendly” Practices eg:

- Mobility in labour
- Companion
- Minimise analgesics

1990 Innocenti Declaration  
Operational Target 2 – policy basis

Credit: Dr.Felicity Savage, BFHI Congress 2016

### 1991 Baby-friendly Hospital Initiative Launched in Ankara, Turkey at meeting of the International Pediatric Association

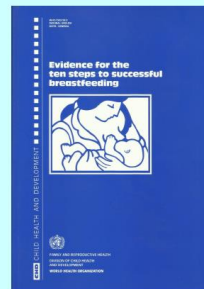


Picasso picture used for accreditation

- Hospital implements ALL "Ten Steps to Successful Breastfeeding"
- Complies with the Code of Marketing of BMS
- Is assessed according to Global Criteria (UNICEF) for implementation and compliance

Credit: Dr.Felicity Savage, BFHI Congress 2016

### 1998 Evidence for the Ten Steps – WHO



- Experimental and quasi-experimental studies (Assessed according to Peres-Escamilla criteria 1994)
- Few RCTs for individual steps – difficult to separate them
- Studies often included more than one step
- **More steps together generally had greater effect especially with postnatal support**

Credit: Dr.Felicity Savage, BFHI Congress 2016

### Why Updated Guidance is Needed? Key Challenges .....

- ❖ Limited coverage
- ❖ Poor sustainability
- ❖ Reasons:
  - Voluntary nature
  - Dependence on champions
  - Funding
  - Training
  - Assessment
  - Staff workload



Credit: Dr. Lawrence M. Grummer-Strawn,WHO

### Updating the BFHI



### Ten steps to successful breastfeeding (revised 2018)



*The core intent of  
the Ten Steps... is  
to protect ,  
promote and  
support  
breastfeeding*

### Ten Steps to Successful Breastfeeding 2018

#### Critical management procedures

- 1:** 1a. Comply fully with the International Code of BMS and relevant WHA resolutions.  
1b. Have a written infant feeding policy that is routinely communicated to staff and parents.  
1c. Establish ongoing monitoring and data-management systems.
- 2:** Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

### Ten Steps to Successful Breastfeeding 2018

#### Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated

### Ten Steps to Successful Breastfeeding 2018

7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

### The Ten Steps to Successful Breastfeeding 1989

6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming in - that is, 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.



**Comply with the International Code of Marketing of Breastmilk Substitutes**

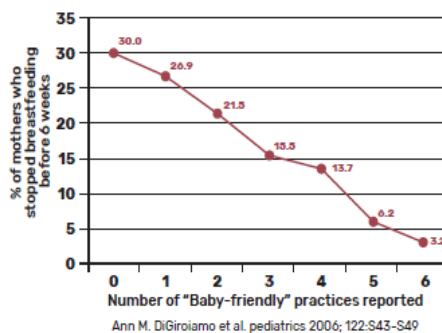
### The Ten Steps to Successful Breastfeeding 1989

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 one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.

#### Box 2. Summary of updated directions for implementation of the Baby-friendly Hospital Initiative

1. Appropriate care to protect, promote, and support breastfeeding is the responsibility of every facility providing maternity and newborn services. This includes private facilities, as well as public ones, and large as well as small facilities.
2. Countries need to establish national standards for the protection, promotion and support for breastfeeding in all facilities providing maternity and newborn services, based on the updated Ten Steps to Successful Breastfeeding and global criteria.
3. The Baby-friendly Hospital Initiative must be integrated with other initiatives for maternal and newborn health, health-care improvement, health-systems strengthening and quality assurance.
4. To ensure that health-care providers have the competencies to implement the BFHI, this topic needs to be integrated into pre-service training curricula. In addition, in-service training needs to be provided when competencies are not yet met.
5. Public recognition of facilities that implement the Ten Steps and comply with the global criteria is one way to incentivize quality improvement. Several other incentives exist, ranging from compliance with national facility standards to performance-based financing.
6. Regular internal monitoring is a crucial element of both quality improvement and ongoing quality assurance.
7. External assessment is a valuable tool for validating the quality of maternity and newborn services. External assessments should be sufficiently streamlined into existing mechanisms that can be implemented sustainably.

#### Early cessation of breastfeeding declines with adherence to the Ten Steps





**IMPROVING BREASTFEEDING PRACTICES COULD SAVE MORE THAN 820,000 LIVES A YEAR**

SOURCE: THE LANCET BREASTFEEDING SERIES

**THE LANCET BREASTFEEDING SERIES CONFIRMS: EACH YEAR OF BREASTFEEDING decreases a woman's chance of developing INVASIVE BREAST CANCER BY 6%**

	Short-term	Long-term	Maternal
<b>Protection</b>	<ul style="list-style-type: none"> <li>Under-five mortality</li> <li>Infectious morbidity and hospitalizations                             <ul style="list-style-type: none"> <li>Diarrhea</li> <li>Respiratory infections</li> </ul> </li> <li>Malocclusion</li> </ul>	<ul style="list-style-type: none"> <li>Overweight/obesity</li> <li>Types I and II diabetes (?)</li> <li>Intelligence</li> </ul>	<ul style="list-style-type: none"> <li>Lactational amenorrhea</li> <li>Breast cancer</li> <li>Ovarian cancer</li> <li>Diabetes (?)</li> </ul>

**GLOBALLY, ESTIMATED COSTS ASSOCIATED WITH NOT BREASTFEEDING AMOUNT TO \$300 BILLION ANNUALLY**

The Lancet Breastfeeding Series

**WOMEN ARE 2.5 TIMES MORE LIKELY TO BREASTFEED WHERE IT IS**

PROTECTED | PROMOTED | SUPPORTED

**1-7 สิงหาคม สัปดาห์นมแม่โลก 2018**



**BREASTFEEDING Foundation of Life**  
WABA | WORLD BREASTFEEDING WEEK