Programmatic Case Study No 3

Working Towards a "Baby Friendly" World — Wellstart's Involvement in the Baby Friendly Hospital Initiative

A Global Initiative Making a Difference

The concept of a Baby Friendly Hospital Initiative (BFHI) began to take form as WHO and UNICEF introduced the "Ten Steps to Successful Breastfeeding" in a Joint Statement in 1989 The key components of optimal infant feeding were widely publicized through both the Innocenti Declaration and policy statements from the World Summit for Children in 1990, and design work and global consensus-building discussions on "Baby Friendly" proceeded at a rapid pace in 1991 In early 1992 the first Master Assessor/Trainer Workshop organized by Wellstart International in collaboration with UNICEF and WHO launched the implementation phase of the Initiative in twelve "starter countries "

From the beginning, the aim of the Initiative has been to promote maternity policies and practices that have been shown to lead to significant improvements in breastfeeding practices, and thus to lower morbidity and mortality for both babies and mothers In just five years of intensive activity since the first BFHI trainers and hospital assessors began their work 171 countries had joined the Initiative and over 12 000 hospitals in 114 countries had been assessed and designated "Baby Friendly" (as of August, 1997)

The Ten Steps: A Simple Guide for Successful Breastfeeding

The "Ten Steps to Successful Breastfeeding" that form the basis of the Initiative were drafted collaboratively by UNICEF and WHO The authors drew from Wellstart's "Model Hospital Breastfeeding Policies," as well as materials and experience from other groups The WHO/UNICEF Joint Statement on *Protecting,*

The aim of the Initiative has been to promote maternity policies and practices that have been shown to lead to significant improvements in breastfeeding practices, (and thus to lower morbidity and mortality for both babies and mothers.)

Promoting, and Supporting Breast-feeding The Special Role of Maternity Services, which formally introduced the "Ten Steps," was published in 1989 after review by Wellstart and other technical groups The idea of distilling the required changes into just "Ten Steps" was an important one, making ten key changes to hospital practices and policies seemed manageable, and kindled the imagination of health providers and administrators eager to support breastfeeding

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for new-born infants should

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

2 Train all health-care staff in the 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 are separated from their infants

6 Give new-born infants no food or drink other than breastmilk unless *medically* indicated

7 Practice rooming-in — allow mothers and infants to stay together — 24 hours a day

8 Encourage breastfeeding on demand

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

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

Source World Health Organization and United Nations Children s Fund (1989) *Protecting Promoting and Supporting Breast Feeding — The Special Role of Maternity Services (A Joint WHO/UNICEF Statement)* Geneva WHO

Setting the Political Stage

Encouraging international consensus on key policies and goals through high-level global forums was the next step in building a successful initiative Wellstart staff and several Wellstart Associates (participants in Wellstart's LME Program) were active in the preparatory conference leading up to a 1990 meeting in Florence, Italy, out of which came the *Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding* The Innocenti meeting was attended by a number of donor organizations and high-level representatives from 30 governments, all of whom pledged to support the Declaration

Later that same year the World Summit for Children resulted in a Plan of Action which included a policy statement calling for "the empowerment of all women to breastfeed their children exclusively for four to six months, and to continue breastfeeding with complementary foods well into the second year"

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Designing "Baby Friendly"

As a follow-up to the World Summit for Children, the first meeting of the World Alliance for Breastfeeding Action (WABA) was held in 1991, with Wellstart participation Though the Initiative was not yet called "Baby Friendly," the concept of awarding a plaque or some other tangible reward for achievement to hospitals practicing the Ten Steps was suggested during one of the working group sessions

In discussions with UNICEF regarding the award concept and how to assess a hospital's readiness, the need to define criteria was identified In June, 1991, Wellstart participated in a meeting of a small group of people arranged by UNICEF During this meeting, the first ideas regarding assessment criteria were developed, and the notion came about for an 18-hour course as a practical, minimum standard for training maternity care staff for their role in providing breastfeeding support A concept paper was prepared by Wellstart during this time period as well helping to form the basis for what later became the Initiative's assessment and training strategy

From early on, "Baby Friendly" was designed to have a two-pronged approach — encouraging both the agreement by participating governments to prohibit use of free and low-cost breastmilk substitutes in their

Photo Wellstart

Effective breastfeeding support through the actions mandated by the Ten Steps was essential if crises were to be avoided as hospitals shifted away from formula use.

maternity services and adherence to the "Ten Steps to Successful Breastfeeding" in these same facilities Effective breastfeeding support through the actions mandated by the Ten Steps was essential if crises were to be avoided as hospitals shifted away from formula use Training and assessment were also essential to assist health care staff and administrators in making the mandated changes and then to evaluate adherence to them

Training and Assessment — The Building Blocks for Change

With UNICEF funding and technical collaboration, Wellstart developed the assessment criteria and methodology now used worldwide in the BFHI effort, drafted the assessment tools, and carried out the field-testing and review of the tools through its network of Associates Wellstart also drafted the initial design for a course which was then refined further to become the official 18-Hour BFHI Course

In February, 1992, 40 participants representing 24 countries, WHO, and UNICEF attended the first Master Assessor/Trainer Workshop for the BFHI at Wellstart The group, which included some of the most dedicated and knowledgeable breastfeeding advocates from around the world, reviewed and refined the assessment process and made suggestions for finalization of the 18-Hour Course In the weeks just following the workshop, training and assessment activities were launched by UNICEF in the 12 "starter countries "

Wellstart has remained an active partner in the Baby Friendly endeavor Involvement has included participation by Wellstart staff as organizing committee members and/or co-faculty at UNICEF and WHO workshops in St Petersburg, Warsaw, and Prague, as well as representation at meetings related to Baby Friendly training and coordination in Turkey and Mexico The majority of Wellstart 's Lactation Management Education (LME) Program field visits since 1992 have included support for local BFHI activities In 1993, Wellstart's Expanded Promotion of Breastfeeding (EPB) Program collaborated with other partners to host a regional Maternal and Child Health (MCH) Conference in Almaty, Kazakstan, and a Reproductive Health Conference in the Ukraine These events and the resulting country-level advocacy work have greatly increased the commitment to breastfeeding promotion in the former Soviet region, where a number of countries are now actively involved in the BFHI

Photo UNICEF

Support from hospital decision-makers and officials responsible for infant feeding policies is essential if the BFHI is to be successful Wellstart has collaborated with WHO over the last three years on development of *Promoting Breastfeeding in Health Facilities, a Short Course for Administrators and Policy-makers,* designed to sensitize this group to the need for the Initiative and to offer practical guidance on how to make the administrative changes needed Since it was field-tested in Kenya, Saudi Arabia, and the United Kingdom, the Course is now being used in a number of countries, and is currently being translated into Spanish, Russian, French, Italian, and Arabic

As the Initiative matures, the need for strategies to maintain or increase the quality of breastfeeding protection and support provided by Baby Friendly hospitals has become evident Wellstart has worked with country teams to develop and test tools and systems for BFHI monitoring and reassessment For example, the Ministry of Health in Honduras, along with Wellstart, the Population Council, and other partners, has developed an effective system for monitoring the "Ten Steps" on a periodic basis in all its government hospitals through exit interviews with mothers Many countries have begun to devise national strategies for both sustaining and monitoring BFHI activities UNICEF is working to develop general guidelines for reassessment, and WHO and Wellstart are initiating a process to draft and field-test prototype monitoring and reassessment tools and procedures which can be adapted and used by interested countries

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Wellstart Associates in Action

At the launch of the BFHI, it was fortuitous that there was already an extensive network of Wellstart Associates and other committed colleagues in many countries who were striving, often without needed resources, to build viable programs to support breastfeeding The BFHI offered a vision of change that was within their reach It provided simple steps for them to follow, as well as a strategy that reached from the highest political circles down to health facilities and out into the community The Initiative benefited significantly from the availability of cadres of well-trained and committed professionals, and the work of these advocates, in turn, has been greatly aided by the Initiative

At the start of 1992 there were already 329 Wellstart Associates in 29 countries From the beginning, Associates have served in a number of key roles in the Initiative, including

- National BFHI coordinators,
- BFHI consultants to UNICEF,

The Initiative provided a strategy that reached from the highest political circles down to health facilities and out into the community.

- Members of national BFHI committees,
- Staff of national breastfeeding training centers,
- BFHI hospital assessors and trainers, working nationally and internationally, and,
- Organizers of national and regional BFHI workshops

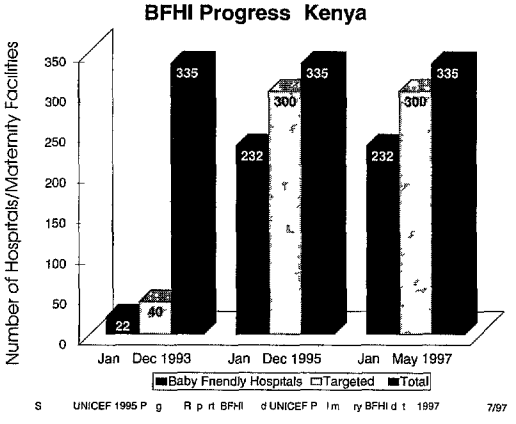
As of November, 1997, there were over 635 Associates in 55 countries Some of the teams that have entered the LME Program between 1992 and 1997 were specifically identified and sponsored by UNICEF with the goal of increasing lactation management expertise to guide national BFHI programs (for example, in Myanmar, Malaysia, China, Romania, Ghana, and Poland)

Examples of Wellstart Associates' involvement in four countries in Africa, Latin America, and Asia, combined with UNICEF statistics on BFHI targets and accomplishments, illustrate the active role of the Associate network in many countries and the progress that has been achieved

Wellstart Associate Involvement in BFHI
Country Examples

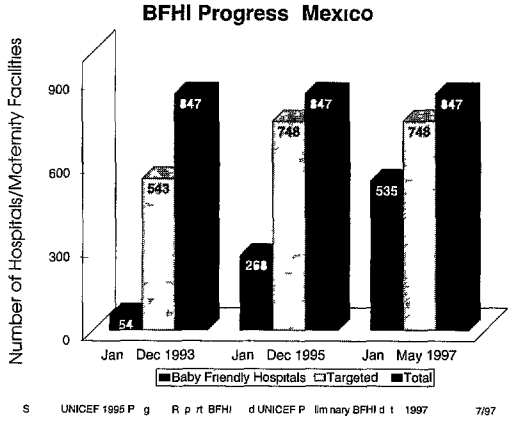
Kenya

- A Wellstart Associate serves as National Coordinator for BFHI
- Associates staff the National Lactation Training Center at Kenyatta National Hospital in Nairobi
- Over 4,000 health workers have been trained
- Associates have been active in BFHI assessments



Mexico

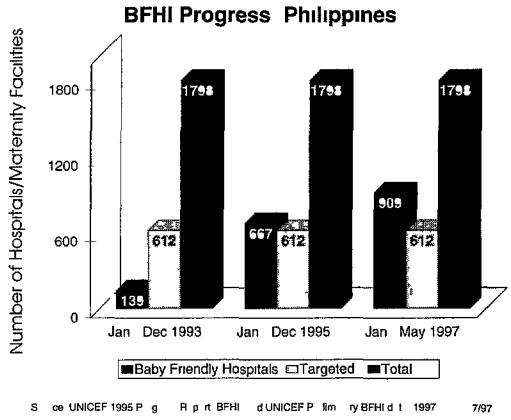
- Wellstart Associates were key in establishing the National Breastfeeding Center in Mexico City, as well as 5-6 regional centers
- Over 1,500 health professionals have been trained at national and regional centers They, in turn, have trained at least 3,000 others (as of the mid 1990s)



- Associates were key in holding an international BFHI conference in 1994, attended by representatives from Africa, Asia, and Latin America
- Associates serve as BFHI consultants to other countries (Honduras, Dominican Republic, Nicaragua, El Salvador)

Philippines

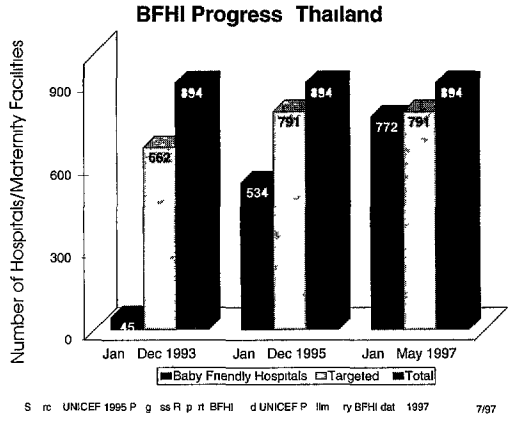
- A Wellstart Associate serves as National Coordinator for BFHI
- Associates serve as masters trainers at the Fabella National Training Center in Manila and the Regional Training Center in Cebu
- Over 78 BFHI courses have been given for 4,000 health professionals (as of late 1996)



- All Wellstart Associates have been designated national assessors
- BFHI-related training has been provided for teams from China, Thailand, Myanmar, Malaysia, Vietnam, Mexico, and Jamaica

Thailand

- A Wellstart Advanced Study Fellow serves as National Breastfeeding Coordinator and worked as the BFHI consultant to UNICEF
- The National Lactation Training Center at Siriraj Hospital, with a number of Associates as faculty, has played a major role in national and regional BFHI training and assessment



- Associates work as master trainers on the national BFHI and lactation management training program
- Training at various levels of the health system has reached over 176,000 health personnel (as of 1996)
- Plans prepared by Wellstart Associates are now being implemented to expand the Initiative to the community through development of Baby Friendly Health Centers and Provinces

The critical role of trained cadres of breastfeeding experts in implementing a global campaign such as the BFHI is demonstrated by the results illustrated in the graphic below Based on figures provided by UNICEF in mid-1997, it was determined that there are Wellstart Associates in 33% of the 171 countries currently

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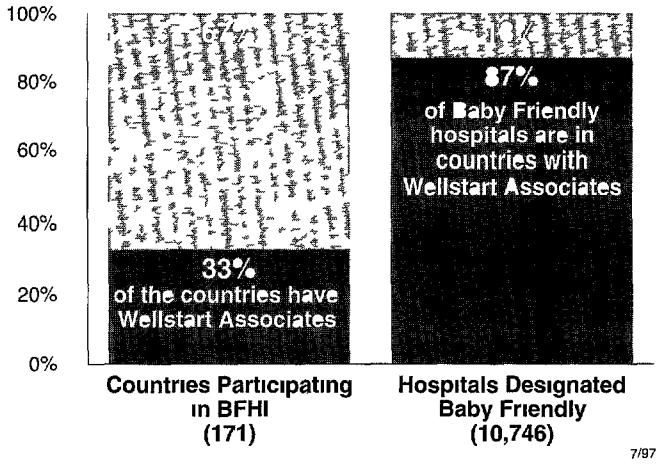
As 1997 draws to a close, there are over 12,700 Baby Friendly hospitals, but there is still much work to be done.

participating in BFHI A full 87% of the 10,746 hospitals designated Baby Friendly worldwide by that date are in those same countries

Wellstart Associate Involvement in BFHI Worldwide



The Wellstart Associates, of course, have not been the only leaders and technical experts active in the Initiative The many dedicated professionals involved in breastfeeding promotion who have been available as dedicated experts at the national level, ready to devote a great deal of energy, and often many hours of voluntary time, are the main reason for the success of the Initiative so far As 1997 draws to a close, there are over 12,700 Baby Friendly hospitals, but there is still much work to be done to reach the targets set by the countries themselves and to sustain the quality of breastfeeding protection and support in the hospitals already designated Baby Friendly

The Expansion of the Initiative

Many countries working to achieve Baby Friendly status at the hospital level have been impressed by the power of this Initiative to make change They have also discovered that the Baby Friendly philosophy can be easily adapted to other settings where breastfeeding mothers and babies need additional support Wellstart Associates and other colleagues have helped pioneer new approaches, and a number of country-level program planners have made serious efforts to design "spin-off" initiatives that maintain standards similar to those associated with the official BFHI Wellstart Associates and colleagues have developed new guidelines and assessment tools for a number of these new programs as well For example

- In Chile, guidelines and tools have been developed for assessing Baby Friendly clinics

- In Myanmar, an assessment package has been designed specifically for assessing Baby Friendly home deliveries
- In Honduras, a major program to provide mother support at the community level has spawned the development of a very practical set of manuals for "Community-based Breastfeeding Support," with support from Wellstart's EPB Program, that can now be used to strengthen "Step 10" and other community outreach activities in interested countries
- In Nicaragua, the launch of a very active "Mother-Baby Friendly University Initiative," supported by USAID Mission field support and UNICEF funds, is resulting in steps, criteria, guidelines, and strategies specific to the university setting Six participating universities, in collaboration with the MOH, UNICEF, as well as others interested in curriculum change such as OMNI, will be strengthening both their curricula and their support for breastfeeding students and staff as part of this pioneering initiative A Mother-Baby Friendly MCH Clinic initiative will also be carried out with UNICEF and PL-480 funds

Spin-off programs are developing, including "Baby Friendly" work places, pharmacies, shopping centers, and even "Baby Friendly" provinces.

Other spin-off programs are also developing, including "Baby Friendly" work places, pharmacies, shopping centers, and even "Baby Friendly" provinces Various "Mother/Baby Friendly" projects are also being designed in order to give added focus to maternal needs

Lessons Learned

- *To promote widespread change, begin with a simple program with easily attainable targets and steps* In the early days of the BFHI there was much debate concerning the appropriate scope of the Initiative, with pressure from a number of sides to broaden the approach to include not just babies, but mothers, not just maternities, but other units serving mothers and babies, and not just breastfeeding, but other MCH-related components as well There were also pressures from supporters of the Code of Marketing of Breastmilk Substitutes to include additional criteria related to breastmilk substitutes UNICEF and WHO resisted these pressures at the time, and the success of the Initiative seems to support the designers' intuitive decision to "keep it simple," at least in the beginning A more complex and regulatory program would have very likely threatened a number of potential supporters and participants However, once the basic Initiative was solidly in place, many countries have been able to successfully add new components

In addition to ongoing educational activities, strategies for monitoring and/ or reassessment of designated hospitals need to be further developed and field-tested.

- *A well-coordinated approach at both the policy and program implementation levels is essential to success* The dynamic leadership of UNICEF's former Executive Director, James Grant, was critical for gaining support at the highest governmental levels The pressure exerted on the top executive and policy-making ranks through the various global forums and related declarations and plans of action, as well as personal communications and meetings by Dr Grant and others with key "heads of state" and senior decision-makers, were essential At the same time, an initiative of this type would never have gained momentum without the availability of a widespread network of technical experts who were prepared to take on the demanding series of training and assessment activities necessary for full implementation once the political will was assured

- *Additional strategies are needed to promote widespread adoption of Baby Friendly practices in private hospitals* In some countries, strategies to gain the commitment of top officials in key professional societies (such as those for pediatrics, obstetrics and gynecology, nursing, and midwifery) have resulted in society-sponsored educational efforts that have had more success in gaining support from administrators and staff of private facilities than some of the more traditional Ministry of Health training activities Short, well-designed courses for policy-makers and administrators have proved helpful, as have efforts to engage the most prestigious private care facilities as "role models" for other private institutions Much of the resistance to change appears to come from affluent mothers served by these facilities, who have come to regard nursery care that allows rest away from their babies after delivery as "state-of-the-art " Therefore, additional mass media and educational approaches targeting these mothers are needed as well

- *Serious attention must be given in the immediate future in order to develop viable strategies for sustaining "Baby Friendliness" in facilities already so designated* In some cases, pressure from the top level to meet targets for change has meant that facilities have been designated before they are truly Baby Friendly It is essential to train new maternity service staff and provide refresher sessions for those already there In addition to ongoing educational activities, strategies for monitoring and/or reassessment of designated hospitals need to be further developed and field-tested Resources and technical support are needed to assist countries in implementing a "maintenance phase" for the Initiative

- *Further intensive work at the community level is essential to sustain optimal infant feeding* While the initiation of breastfeeding is strongly influenced by

mothers' experiences while in the hospital, support beyond the hospital stay is required to improve the rates of breastfeeding duration In addition, while hospital deliveries are the norm in some countries the majority of mothers in many other countries deliver at home Thus extension of the Initiative to reach the midwives and traditional birth attendants who support home deliveries, as well as the staff who provide antenatal and postnatal care in MCH centers and clinics, is essential if Baby Friendly care is to be offered to the full population of mothers and babies for the entire perinatal period Emphasis on strengthening "Step 10" (regarding mother support groups) through further technical and financial support for community outreach activities is necessary to promote exclusive breastfeeding and appropriate complimentary feeding practices

Photo IBFAN Africa

This baby friendly facility met the global criteria

Countries are just now approaching a point at which they are able to achieve widespread changes, and weakened international pressure and support now would greatly threaten their success.

Directions for the Future

As we look at the support needed for breastfeeding up to the Year 2000 and beyond, the Baby Friendly Hospital Initiative can continue to play an important role by promoting optimal breastfeeding support in additional hospitals, providing strategies to sustain good practices in hospitals already designated, and encouraging expansion of Baby Friendly practices beyond hospital walls

Many breastfeeding advocates are concerned that WHO and UNICEF support for the BFHI may wane as these organizations go on to new priorities and campaigns In many cases, countries are just now approaching a point at which they are able to achieve widespread changes and weakened international pressure and support now would greatly threaten their success Conscious plans need to be made by donor groups to emphasize the continued importance of this Initiative, including

- Continued pressure through international forums related to maternal and child health,
- Directives to UNICEF and WHO regional and country offices that stress the importance of encouraging updated BFHI targets and provision of both technical and financial support,

- Exploration of the feasibility of a global meeting or series of regional conferences focused specifically on the BFHI, with time provided for country groups to make plans for the future, building on accomplishments and lessons learned

If decision-makers at the higher levels both within UNICEF and WHO and within other donor and country organizations are to continue their support, it is important at this point to gather and disseminate impact data which provide convincing proof of the value of the Initiative Several important reviews of the scientific basis for the Ten Steps have already been completed A number of studies have been undertaken since the Initiative began to explore the impact of various components of the Initiative and of the intervention as a whole These studies need to be compiled, analyzed, and actively disseminated to the decision-makers who will determine the future of the Initiative

Strategies and prototype tools for monitoring and reassessment of hospitals already designated need to be finalized and distributed to countries interested in receiving technical guidance on this issue Guidelines should include an analysis of resources needed (staff time, per diem, etc) for alternative strategies, as well as suggestions concerning methods for increasing hospital management and worker commitment to attaining and maintaining true Baby Friendly standards Possibilities for integrating breastfeeding-related standards into broader quality assurance systems should be presented as well

Case studies featuring the wide range of creative strategies that countries have implemented to expand the Baby Friendly approach beyond the hospital should be compiled, and these examples as well as the guidelines and tools that have been developed should be shared with interested countries and donor groups

Support from UNICEF, WHO, USAID and other donor groups should continue, both for the "traditional" Baby Friendly program and for new components such as monitoring and reassessment, and expansion of the Baby Friendly approach beyond the hospital

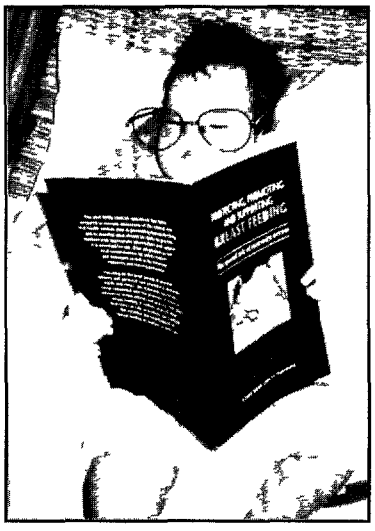


Photo Wellstart colleague from Thailand

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