

Did you know that:

- Since the BFHI was launched by UNICEF and WHO in 1991, **the Initiative has grown**, with more than 20,000 designated facilities in 152 countries around the world over the last 15 years.
- The Baby-friendly Hospital Initiative (BFHI) seeks to provide mothers and babies with a **good start in life**. The BFHI applies to all **mothers and babies** in maternity facilities, and facilitates equity in health service standards.
- The BFHI and implementation of the **International Code of Marketing of Breast-milk Substitutes** and its subsequent relevant resolutions help to protect babies, their parents and health workers.
- The BFHI has **measurable and proven impact**, increasing the likelihood that babies will be exclusively breastfed for the first six months, and reducing the risk of gastro-intestinal infections.
Kramer MS, et al: JAMA. 2001 and Merten S, et al Pediatrics. 2005
- **“HIV and Infant Feeding - Framework for Priority Action”** (2003) endorsed by nine UN agencies recommends support for optimal infant and young child feeding for all, including support for BFHI in settings with high HIV prevalence.
- The **Global Criteria** for the Baby-friendly Hospital Initiative provides a standard to measure adherence to the Ten Steps for Successful Breastfeeding, aspects of the International Code of Marketing of Breast-milk Substitutes, support for infant feeding in the context of HIV and mother-friendly care. These criteria can link with other **quality assurance** systems in health facilities to assist in **mainstreaming BFHI**.
- **The BFHI can be expanded or integrated into other activities** including women's health care units, paediatric, medical and surgical units; community health programmes; support for breastfeeding women who work in health facilities, and other programmes.
- **The BFHI is an operational target of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. The BFHI should be a central part of comprehensive, multi-sector, multi-level efforts to enable every mother and family to give every child the best start in life.**

The Baby Friendly Hospital Initiative -at health facility level

If your health facility is not yet designated as Baby-friendly this is what to do:

- ▶ Obtain the BFHI Self-appraisal materials from your country's central BFHI co-ordination group and complete the self-appraisal.
- ▶ Make an action plan to address any areas that need attention. Find out what supports are available from your country's central BFHI co-ordination group. Develop a policy, carry out training and changes in practices or whatever other actions are needed.
- ▶ When the self-appraisal indicates a high standard of practice, contact your country's central BFHI co-ordination group to arrange for an external assessment team to visit the health facility.
- ▶ When the health facility is designated as Baby-friendly, carry out on-going monitoring/audit to ensure the practices remain supportive.

If your health facility was designated Baby-friendly more than three years ago, there may need to be a re-assessment to ensure the practices are still in place. Follow the steps for the original assessment: self-appraisal, action planning as needed, seeking external assessment and then on-going monitoring/audit.



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Implementing and revitalizing THE BABY- FRIENDLY HOSPITAL INITIATIVE



"Maternity", 1963, c 2003 Estate of Pablo/Artists Rights Society (ARS), New York

The Baby-friendly Hospital Initiative is a global effort to implement practices that protect, promote and support breastfeeding. It began in 1991 in response to the Innocenti Declaration. Now with the renewed call for BFHI in the Global Strategy for Infant and Young Child Feeding, the challenges posed by the HIV pandemic, and the experiences of countries, **the global BFHI materials are revised, updated and expanded for integrated care. The materials:**

- **Reflect new research and experience**
- **Reinforce the International Code of Marketing of Breast-milk Substitutes**
- **Support mothers who are not breastfeeding**
- **Provide modules on HIV and infant feeding and mother-friendly care**
- **Give more guidance for monitoring and reassessment.**



How can BFHI be implemented or revitalized?

- » Develop or review the process for coordinating BFHI. Assure that there is an active coordinating body overseeing Infant and Young Child Feeding (IYCF) and on-going **implementation of the Global Strategy** for IYCF including BFHI. Use **BFHI Section 1** as a guide for this process. Determine if translation of the revised BFHI materials and if any local adaptations are needed – and complete.
- » Review the strategies, in any, which have been used to orient key decision-makers (including policy-makers, hospital administrators, and others) to BFHI and to gain their commitment. **BFHI Section 2: Course for Decision-makers** can be used for this orientation.
- » Review what strategies have been used to train maternity staff to implement BFHI within the framework of the Global Strategy for IYCF and HIV/IF context, and determine what further training is needed. **BFHI Section 3: Course for Maternity Staff** can be used for this training.
- » Review what strategies have been used for self-appraisal and to assess facilities. Determine what further activities are needed. **BFHI Section 4.1: Self Appraisal Tool** and **Section 5.1-2: External Assessment Tool** can be used for these assessments.
- » Review what strategies, if any, have been used to monitor and reassess designated baby-friendly facilities and determine what further monitoring and reassessment is needed to sustain BFHI. **BFHI Section 4.2: Monitoring Tools** and **Section 5.3: Reassessment Tool** can be used for this purpose.
- » Review the **coordination of BFHI with key related programmes** such as Mother-Friendly Care, PMTCT, IMCI and others and strengthen the links if needed.
- » Make an **action plan for future BFHI activities**, including strengthening of the BFHI coordinating group, obtaining any resources needed, developing policies, orienting decision-makers and any other needed advocacy, training trainers and assessors, scheduling courses for maternity workers, and scheduling self appraisal, assessment, monitoring and reassessment activities needed.

The revised BFHI package includes:

Section 1: Background and Implementation provides guidance on the revised processes and expansion options at the national, health facility, and community level, recognizing that the Initiative has expanded and must be mainstreamed for sustainability.

- 1.1 Country Level Implementation
- 1.2 Hospital Level Implementation
- 1.3 The Global Criteria for BFHI
- 1.4 Compliance with the International Code of Marketing of Breast-milk Substitutes
- 1.5 Baby-Friendly Expansion and Integration Options
- 1.6 Resources, References and Websites

Section 2: Strengthening and Sustaining the Baby-friendly Hospital Initiative: A course for decision-makers This can be used to orient hospital decisions-makers (directors, key managers, administrators, etc.) and policy-makers to the Initiative and the positive impacts it can have and to gain their commitment to promoting and sustaining a “Baby-friendly” hospital environment. It has been adapted from the WHO course “Promoting breast-feeding in health facilities a short course for administrators and policy-makers”.

Section 3: Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff can be used by facilities to strengthen the knowledge and skills of their staff towards successful implementation of the Ten Steps to Successful Breastfeeding and the International Code of Marketing. This course replaces the “18-Hour Course”.

- 3.1 Guidelines for Course Facilitators including a Course Planning Checklist
- 3.2 Outlines of Course Sessions
- 3.3 PowerPoint Slides for the Course

Section 4: Hospital Self-Appraisal and Monitoring provides tools that can be used by managers and staff to help determine whether their facilities are ready to apply for external assessment, and once their facilities are designated Baby-friendly, to monitor continued adherence to the Ten Steps.

- 4.1 Hospital Self-Appraisal Tool
- 4.2 Guidelines and Tool for Monitoring

Section 5: External Assessment and Reassessment provides guidelines and tools for external assessors to use initially to assess whether hospitals meet the Global Criteria and thus fully comply with the Ten Steps, and then to reassess on a regular basis whether they continue to maintain the required standards. Section 5 includes PowerPoint slides for training assessors and a computer scoring tool for assessment.

- 5.1 Guide for Assessors
- 5.2 Hospital External Assessment Tool
- 5.3 Guidelines and Tool for External Reassessment

The revised package of BFHI materials are available:

Sections 1 through 4 can be accessed on the UNICEF Internet at http://www.unicef.org/nutrition/index_24850.html, or the WHO Internet at www.who.int/nutrition

Section 5: External Assessment and Reassessment is not available for general distribution. It is available to the regional and national UNICEF through the UNICEF Intranet and WHO offices to provide to the national authorities for BFHI. It is then made available to the assessors who conduct BFHI assessments and reassessments.

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The revised package of BFHI materials are currently being distributed for initial country use. If users wish to suggest further revisions or corrections to any of the materials, please e-mail suggestions to: Dr. Moazzem Hossain at smhossain@unicef.org and to Mrs Randa Saadeh at saadehr@who.int