

# **Breastfeeding Committee for Canada (BCC)**

The National Authority for the WHO/UNICEF Baby-Friendly™ Initiative (BFI)



**Guidelines for WHO/UNICEF Baby-Friendly™ Initiative (BFI) in Canada**

## **Practice Outcome Indicators for:**

**Baby-Friendly™ Hospitals (The Ten Steps)**  
**Baby-Friendly ä Community Health Services (The Seven Points)**

## **Checklists and Appendices**

October 14, 2003

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### **Checklists:**

- Breastfeeding Education for Hospital and Community Health Service (CHS) Employees, Physicians and Midwives**
- Documenting Staff Education: Commitment to Education**

### **Appendices:**

- 1. Summary of the International Code of Marketing of Breastmilk Substitutes: World Health Organisation, Geneva, 1981**
- 2. Principles of Breastfeeding**
- 3. Attitudes, Knowledge and Skills**
- 4. Assessment of Latch Check-off Sheet**
- 5. Initiation of Lactation: Anticipated Behaviors and Feeding Patterns**
- 6. Breastfeeding Education Materials for Families**
- 7. The Global Criteria for The WHO/UNICEF Baby-Friendly™ Hospital Initiative**

## *The Baby-Friendly™ Initiative*

### **Checklist: Breastfeeding Education for Hospital and Community Health Service (CHS) Employees, Physicians and Midwives**

The focus of the Baby-Friendly™ Hospital Initiative external assessment is on breastfeeding outcomes. Nurses and others providing direct breastfeeding care must be able to demonstrate certain skills and effectively teach mothers basic breastfeeding skills. As well as speaking to mothers, the assessment process involves asking specific questions of staff who offer direct breastfeeding care, observing their actions and examining breastfeeding outcomes.

Physicians/midwives and other employees must be prepared to answer questions regarding protecting, promoting and supporting breastfeeding. Education is important to ensure successful outcomes in the assessment process. In these times of fiscal restraint hospitals and community health services have to be creative in achieving their educational goals.

For those providing *hands on* care, UNICEF recommends a minimum of 18 hours of education including 3 hours of supervised clinical practice. The education should be appropriate to the role of the employee or health care provider. The Ten Steps represent minimum practice guidelines for hospitals and the Seven Point Plan represents minimum practice guidelines for community health services. Therefore in striving for optimal care based on best practice, the BFI provides an evidence-based beginning in the ongoing journey of providing excellent care to childbearing families. Education needs of individual institutions will vary in order to achieve expected outcomes.

Education can be provided to staff in a variety of ways including computer modules, readings, supervised clinical practice, discussion groups, focused education sessions, self-paced learning modules etc. For best results the mode of education should match the materials used. For example the UNICEF 18 hour course, *Breastfeeding Management and Promotion in a Baby Friendly Hospital*, is not a self-study module and should not be used as one. Effective implementation of policies relies not only on knowledge but also on the attitudes of the staff. Changing attitudes, though difficult and slower than acquiring knowledge, most likely occurs when a variety of strategies are employed.

Materials across Canada vary. The following criteria will assist in the selection and/or production of suitable materials.

#### **To begin the assessment process, hospitals and community health services are asked to provide**

- ❑ information provided for orientation of new employees to the breastfeeding policy and to Baby-Friendly practice.
- ❑ copies of the curriculum or course outline and description of the breastfeeding education and continuing education programs provided for the various disciplines.
- ❑ a schedule for education of new employees that occurs within six months of employment.

**To meet educational indicators, educational materials (written, visual and video) for use in employee and physician education must**

- ❑ comply with the provisions to the WHO International Code of the Marketing of Breast Milk Substitutes (*The Code*) and subsequent World Health Assembly (WHA) Resolutions<sup>1</sup>
  - ❑ not include materials from companies whose products fall within the scope of the Code.
  - ❑ not be provided by companies whose products fall within the scope of the Code.
- ❑ be referenced with up to date and, preferably, primary references.
- ❑ promote evidenced-based care and best practice.
- ❑ be accurate and current.

**The following are Baby-Friendly™ assessment indicators for education programs:**

**1. General Orientation Programs**

- ❑ must be available for all employees, physicians/midwives and volunteers
- ❑ include information<sup>2</sup> on
  - ❑ the benefits of breastfeeding
  - ❑ the hospital and/or CHS breastfeeding policy
  - ❑ each employee's, or physician's/midwife's particular role in the protection, promotion and support of breastfeeding
  - ❑ respect the needs of the family. Mothers vary in their comfort with breastfeeding in front of others. (Support mothers' need to control their environment: breastfeeding is a priority, knock before entering mothers' rooms etc.)
  - ❑ cultural barriers and need for community support.

**2. Education Programs for Professional Staff & Physicians/Midwives include**

- ❑ hospital and/or CHS policies
- ❑ ethics of infant feeding including marketing of breastmilk substitutes in the health care system and community health facilities (e.g. hospital waiting areas and midwives'/doctors' offices, CHS common areas)
- ❑ WHO International Code of Marketing of Breast Milk Substitutes and subsequent WHA Resolutions
- ❑ the Baby Friendly Initiative (The 10 Steps and 7 Point Plan in action)
- ❑ benefits of breastfeeding and human milk including donor milk banking; risks and costs of not breastfeeding/artificial feeding
- ❑ referral information to those providing direct breastfeeding care to mothers and babies.
- ❑ cultural barriers and need for community support.

**3. Specific Information for Physicians working with mothers and infants/ children**

**In addition to the above, physicians receive information on the physician's role in promoting, protecting and supporting breastfeeding including**

- ❑ discussion of breastfeeding during prenatal visits (benefits of breastfeeding and

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<sup>1</sup> See Appendix 1: Summary of the Provisions of *The Code* and subsequent resolutions

<sup>2</sup> See Appendix 2: Principles of Breastfeeding

- human milk, including donor milk banking, and the risks of artificial feeding.)
- ❑ practices that ensure mothers and babies remain together throughout their hospital stay unless separation is medically indicated (e.g. early initiation of breastfeeding and skin-to-skin contact, phototherapy at the bedside, physical exam of baby at the bedside)
- ❑ referral of mothers experiencing difficulties to the those providing direct breastfeeding care
- ❑ medical indications for supplementation (including current information on medications and breastfeeding) and management of common situations (e.g. reluctant or sleepy baby, jaundice, hypoglycaemia)
- ❑ the application of the WHO Code and subsequent WHA Resolutions to Physician practice (no distribution of formula company literature or samples of formula to breast or bottle feeding mothers)
- ❑ ways to promote and support breastfeeding in hospital and in their offices
- ❑ appropriate weaning information
- ❑ care of maternal illness cognizant of the needs of the breastfeeding dyad.

#### **4. Programs for employees<sup>3</sup> providing direct breastfeeding support to mothers**

- ❑ at least 18 hours of instruction time, including a clinical component (3 or more hours of supervised clinical education) is strongly recommended
- ❑ specifically address
  - ❑ benefits of breastfeeding and risks of artificial feeding
  - ❑ early initiation of breastfeeding and skin-to-skin contact
  - ❑ position and latch<sup>4</sup>
  - ❑ hand expression of breastmilk
  - ❑ cup feeding
  - ❑ rooming in, importance of no separation of mother and baby
  - ❑ infant feeding cues (hunger, satiation)
  - ❑ expected normal feeding behaviors<sup>5</sup> (frequency of feeds, output, infant states and implication for feeding)
  - ❑ signs of effective feeding
  - ❑ exclusive breastfeeding for about six months
  - ❑ sustained breastfeeding beyond six months with appropriate introduction of complementary foods and recommended care for those experiencing difficulties throughout the breastfeeding continuum
  - ❑ community professional follow-up
  - ❑ mother-to-mother support groups
  - ❑ collaboration between health care providers, breastfeeding support groups and the local community (Point 7; Step 10).

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<sup>3</sup> See Appendix 3: Attitudes, Knowledge and Skills

<sup>4</sup> See Appendix 4: Latch Check-off Sheet

<sup>5</sup> See Appendix 5: Initiation of Lactation: Anticipated Behaviors and Feeding Patterns

## ***The Baby-Friendly™ Initiative***

### **Checklist: Documenting Staff Education: Commitment to Education**

To provide quality care to new families, hospital and community health service staff require certain knowledge, skills and attitudes. Education supports the development of the necessary knowledge, skills and attitudes. The UNICEF Baby-Friendly™ Hospital Initiative focuses on patient outcomes. To reach the desired outcomes, UNICEF recommends at least 18 hours of instruction including 3 hours of clinical practice for those employees providing direct breastfeeding support to mothers. Ideally, basic professional education (post-secondary curricula) will provide sufficient information for the various professional groups. Until that time, individual hospitals need to audit their outcomes to determine the education needed for their staff. In addition, orientation specific to the hospital and community health service and their breastfeeding policies should be available to all employees (refer to *Checklist: Breastfeeding Education for Hospital Employees and Physicians/Midwives Checklist*).

The commitment to breastfeeding education within a hospital or community health service may be shown in many ways e.g. in some provinces nurses are required to provide evidence of self-assessment of their practice as a condition of maintaining registration. Modules on breastfeeding may be part of compulsory education requirements like Cardio-pulmonary Resuscitation and Neonatal Resuscitation. Administration may elect to keep records of the education of midwives/physicians, nurses and other employees or may require individuals to provide documentation as part of annual performance appraisals. The review board granting privileges may require breastfeeding education hours as a pre-condition. Obtaining continuing education recognition credits may be an incentive.

Documentation of staff education involves at least two processes:

#### **1. Audits of breastfeeding outcomes.**

- Does the hospital or community health service meet the Baby-Friendly™ Practice Outcomes Indicators?
- Are new staff members given enough orientation/education to provide the standard of care required?

#### **2. Document education provided to staff.** This can be done in a number of ways:

- provide a schedule for orientation of new employees. Document attendance.
- provide schedules of in-service programs provided. Document attendance
- record education support provided e.g. funding provided for attending conferences or courses.
- breastfeeding care clinicians mentor and educate individual employees.
- outline the process established to educate and follow-up with staff who are not able to meet standards of care as outlined in the hospital or community health service policy.
- complete performance appraisals. Encourage employees to contribute their record of breastfeeding education as part of the performance appraisal or professional competence requirements for registration/licensure/privileges.
- provide up-to-date educational resources and research articles for use by hospital and community health services staff.

## Appendix 1

### Summary of the International Code of Marketing of Breastmilk Substitutes: World Health Organisation, Geneva, 1981<sup>6</sup>

The Code includes these 10 important provisions:

1. **No advertising** of these products to the public.
2. **No free samples** to mothers.
3. No promotion of products in **health care facilities**.
4. **No company mothercraft nurses** to advise mothers.
5. **No gifts or personal samples to health workers**.
6. **No words or pictures idealizing artificial feeding**, including pictures of infants, on the labels of the products.
7. **Information** to health care workers should be **scientific and factual**.
8. **All information** on artificial infant feeding, including the labels, should explain the **benefits of breastfeeding, and the costs and hazards associated with artificial feeding**.
9. **Unsuitable products**, such as sweetened condensed milk, should not be promoted for babies.
10. All products would be of a high **quality** and take account of the climatic and storage conditions of the country where they are used.

### Relevant Resolutions of the World Health Assembly

#### WHA Resolution 39.28 (1986)

- Any food or drink given before complementary feeding is nutritionally required may interfere with the duration or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period.
- The practice being introduced in some countries of providing infants with specially formulated milks (so-called follow-up milks) is not necessary.

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<sup>6</sup> For further information see: Chetley, A (1985). Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breast Milk Substitutes. International Organization of Consumers Unions. Penang. (Available in Canada from INFACT).

**WHA Resolution 47.5 (1994)**

- ❑ Member States are urged to “foster appropriate complementary feeding from the age of about six months.”

**WHA Resolution 49.15 (1996)**

- ❑ Member States are urged to “ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding.”

**WHA Resolution 54.2 (2001)**

- ❑ Member States are urged to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions, regarding labelling and all forms of advertising and commercial promotion in all types of media, and to inform the general public on progress in implementing the Code and subsequent relevant WHA resolutions.
- ❑ Member states are urged to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months.

## Appendix 2

### Principles of Breastfeeding<sup>7</sup>

In a *Baby-Friendly*<sup>TM</sup> world, the following principles help create a breastfeeding culture - an atmosphere conducive to successful lactation and breastfeeding. In a *Baby-Friendly* community:

#### Women have:

- ❑ precise information about the benefits of breastfeeding for themselves, their children and their families.
- ❑ support from their families, employers, communities, health care providers, health care agencies, and governments.
- ❑ education and support that increases their skill and confidence enabling them to meet their breastfeeding goals.
- ❑ knowledge of, and access to, community breastfeeding support groups such as La Leche League.
- ❑ knowledge about the risks of not breastfeeding.
- ❑ protection from marketing practices that affect breastfeeding.

#### Children have:

- ❑ the opportunity to be exclusively breastfed for at least the first six months of their lives and to continue breastfeeding with the addition of culturally appropriate, nutritious foods for two years or beyond if that is mutually agreeable to mother and child.
- ❑ the opportunity to gain the full psychological, developmental, and health benefits of breast milk feeding, even if they are separated from their mothers.

#### Health Care Providers have:

- ❑ breastfeeding and lactation information that is current, scientific, factual and practical.<sup>8</sup>
- ❑ orientation and continuing education that gives, and builds, skills which equip them to be constructive and consistent in their support of breastfeeding mothers and children.
- ❑ a working atmosphere that acknowledges and affirms the importance of their role in breastfeeding support.
- ❑ exposure to, and understanding of, the complete cycle of breastfeeding.
- ❑ an approach that empowers families, *doing with* rather than *doing for*.

#### Health Care Agencies have:

- ❑ a written breastfeeding policy which is freely available to staff and parents.
- ❑ orientation programs, continuing education, and quality assurance programs which demonstrate the implementation of the breastfeeding policy.
- ❑ an atmosphere that encourages employees to increase their breastfeeding knowledge and skills so that each demonstrates a commitment to the policy of the institution.

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<sup>7</sup> Adapted with permission from Promoting Breastfeeding. Victoria Breastfeeding Guidelines (1994). Health and Community Services, Victoria. Melbourne, Australia.

<sup>8</sup> Where possible information should be research based. Nowhere else in health care does personal opinion and experience play such a predominant role.

- ❑ staffing levels reflecting the 24 hours a day, seven days a week, need for breastfeeding support.
- ❑ a demonstrated commitment to, and a clear understanding of, the principles of the International Code of Marketing of Breast Milk Substitutes (1981) and the joint WHO/UNICEF Statement Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services (1989).

## Appendix 3

### Attitudes, Knowledge and Skills<sup>9</sup>

Breastfeeding promotion, support and protection ideally occur throughout the community. In our current system, health care providers play an important role as they are often seen as experts in childcare. To assist breastfeeding mothers, health care providers require the following attitudes, knowledge and skills.

#### Attitudes:

- ❑ Recognize that breastfeeding and human milk are the *gold standard* for infant nutrition.
- ❑ Recognize mothers' abilities to make the best decisions for their babies and families when given sufficient information and support.
- ❑ Recognize that support for parenting and breastfeeding are helpful in meeting breastfeeding goals.
- ❑ Respect mother's right to be involved in planning care for herself and her family.
- ❑ Recognize the need to involve other family members in care of mothers and babies.
- ❑ Support mothers in a way that enhances their self-esteem.
- ❑ Recognize the necessity to meet the intrinsic dependency needs of children to facilitate optimal development.
- ❑ Recognize the need to support women who cannot breastfeed as they experience a grieving reaction.

#### Knowledge:

- ❑ Identify factors in mother's health, prenatal history and labour and birth experience that potentially effect breastfeeding.
- ❑ Identify factors in baby's health history, labour and birth experience that effect breastfeeding.
- ❑ Identify the impact of social support on breastfeeding.
- ❑ Identify the constituents of comfortable positioning and effective latch.
- ❑ Identify the signs of effective feeding behaviour.
- ❑ Recognize baby's need to be close to mother in order for her to recognize feeding cues.
- ❑ Identify expected pattern of infant weight loss and gain.
- ❑ Understand the concept of nipple confusion.
- ❑ Describe alternate feeding techniques.
- ❑ Understand the principles of moist wound healing for damaged nipples.
- ❑ Recognize the signs and symptoms of plugged milk ducts.
- ❑ Recognize the signs and symptoms of mastitis.
- ❑ Describe prevention and treatment of plugged ducts and mastitis.
- ❑ Understand the principles of increasing and decreasing milk supply.
- ❑ Describe the benefits of human milk and the risks of formula.
- ❑ Identify when supplementation is needed and the most appropriate substance to use.
- ❑ Describe the principles of managing an oversupply of breast milk.
- ❑ Differentiate between pathologic, physiologic and breast milk jaundice.
- ❑ Identify the advantages of exclusive breastfeeding for the first six months.

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<sup>9</sup> Jones, F., Green, M. (2002). The Baby-Friendly™ Initiative. HABC, Vancouver.

- ❑ Identify factors leading to premature weaning.
- ❑ Describe different types of weaning.
- ❑ Understand the advantages of continuing breastfeeding if/when mother returns to employment outside the home.
- ❑ Identify signs and symptoms of yeast infection.
- ❑ Identify when referral to other health care and community resources is appropriate.
- ❑ Identify barriers within the community.
- ❑ Recognize the effects of attitudes on breastfeeding success.

**Skills:**

- ❑ Incorporate a counselling style that enhances mother's confidence and self-esteem.
- ❑ Complete an assessment of mother and baby relative to breastfeeding and lactation.
  - Assessment includes:
    - health history and emotional status of mother
    - social support and awareness of community resources
    - history of pregnancy, birth, early postpartum experience of mother and baby
    - mother's breasts and nipples
    - feeding history
    - observation of a feeding
    - visual inspection of baby
    - naked weights of babies
    - infant behaviours.
- ❑ Plan care cognizant of basic principles:
  - the need for mother's informed decision making
  - the need to establish maternal milk supply
  - need for infants to learn to breastfeed
  - infant's need for milk.
- ❑ Assist mothers to achieve effective position and latch.
- ❑ Help mothers develop effective plans to overcome breastfeeding difficulties.
- ❑ Effectively refer mother to other professional and community resources.
- ❑ Provide anticipatory guidance to mothers as they add solids to babies' diets so that milk supply is not compromised.
- ❑ Provide anticipatory guidance to mothers planning on returning to work outside the home.
- ❑ Provide anticipatory guidance to mothers nursing toddlers.

## Appendix 4

### Assessment of Latch Check-off Sheet<sup>10</sup>

#### A Staff Education Handout

- Mother comfortable – sitting in a chair if possible
- Baby skin-to-skin and positioned towards mother
- Modified cradle or football hold
- If supporting breast, mothers fingers are well back from the areola.

#### Baby:

- Chest to chest
- Neck slightly extended, chin is not flexed toward baby's chest
- Mother supports back and neck but the head is not pushed into the breast.

#### To latch:

- Nipple aligned with baby's nose
- Stroke mouth with underside of breast/nipple
- Wait for wide mouth (“yawn”)
- Nipple aimed high in baby's mouth
- Lower lip is well under breast
- Baby brought in close to mother.

#### Appearance:

- Mouth appears “full” of breast tissue: no dimpling of cheeks
- Lower lip is well under breast: areola may be visible above the upper lip
- Chin is very close to breast
- Baby begins sucking (sleeping at the breast may indicate poor latch)
- Changes from fast to slower deeper sucking
- Visible movement ear/temple.

#### Further assessment:

- Mother has discomfort but no significant pain
- After initial latch feeding is comfortable
- Nipple is not distorted when baby releases breast (no creasing or flattening of the nipple)
- Nipples are intact: no blisters, cracks
- Baby removes self from breast: no time limits.

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<sup>10</sup> Jones, F., Green, M. (2002). The Baby-Friendly™ Initiative. HABC, Vancouver.

**Appendix 5: Initiation of Lactation: Anticipated Behaviours and Feeding Patterns**  
**INITIATION OF LACTATION: ANTICIPATED BEHAVIOURS AND FEEDING PATTERNS\***

	<b>Birth – 2 hours</b>	<b>2 - 20 hours</b>	<b>20 - 24 hours</b>	<b>24 - 48 hours</b>	<b>48 - 72 hours</b>	<b>&gt; 72 hours</b>
<b>INFANT</b> <i>State</i>	Alert, eager to suckle.	Periods of light and deep sleep.	Increasing wakefulness followed by long, deep sleep after cluster feeds.	Similar to 20 - 24 hours. Periods of deep and light sleep.	Periods of light and deep sleep.	Periods of deep and light sleep.
<i>Feeding patterns</i>	Breastfeed within 1 - 2 hrs after birth but may feed minimally.	Sporadic, variable and frequent feeds (offer skin-to-skin to maximize feeding opportunities).	Frequent or cluster feedings. Cluster feeds may occur during the night.	Feeds frequently (at least 8 times per day).	Feeds frequently (at least 8 times per day).	Feeds frequently, 8 or more times a day
<i>Voids</i>	Not usual	Increase as feedings increase. May void 0 – 1 times.	Gradually increases, may void 0 – 1 times. Uric acid crystals can be normal.	Increasingly wet diapers, urine pale. In colour. (May have 2 – 3 wet diapers in a day).	Increasingly wet diapers, urine pale. May have 3 or more wet diapers in a day.	Increasing numbers of wet diapers per day. Urine pale.
<i>Stools</i>	Not usual	Meconium	Meconium	Meconium and transition stool.	Transition stools several times in the day.	Transition – to lighter or yellowish stools.
<i>Weight</i>		Decreases	Decreases	Decreases	Decreases	Decreases up to 10%. Starts to increase day 4 or 5
<b>MOTHER</b>	Produces colostrum	Colostrum. As colostrum removed, alveoli cells secrete milk or colostrum.	Colostrum. Transition milk may start but this usually occurs earlier in multiples than primips.	Transition milk. Breast fullness may appear as milk starts to increase.	Breast fullness.	Engorgement if feedings have not been frequent.

\* Variances occur. Factors that slow initiation of the lactation process are: Cesarean delivery, analgesics and anaesthetics (epidurals included) during labour and delivery, supplementation, lack of breast stimulation, sleepy infant, and any additional conditions that interfere with frequent and unlimited feedings.

Roberta J. Hewat, PhD, RN, IBCLC University of British Columbia School of Nursing, 2211 Westbrook Mall, Vancouver, B.C., V6T 2B5, robhewat@shaw.ca

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## Appendix 6: Breastfeeding Education Materials for Families

The Baby-Friendly Initiative encourages facilities and services to provide information to parents consistent with the 10 Steps and 7 Points. Facilities and services have varying abilities to produce materials suitable for family education. It is not necessary that all materials across Canada are the same, however the following guidelines will assist staff in the selection and/or production of suitable materials.

Materials must:

- ❑ include accurate information to parents with particular attention to information on:
  - position and latch (see appendix 4)
  - hand expression of breast milk
  - infant feeding cues
  - expected normal feeding behaviors (see appendix 5)
  - community professional follow-up
  - mother-to-mother support groups
- ❑ comply with the provisions of *The Code*<sup>11</sup>.
- ❑ encourage breastfeeding for 2 years and beyond, with exclusive breastfeeding during the first 6 months from birth
- ❑ be reviewed on a regular basis.
- ❑ contain clear graphics or pictures
- ❑ acknowledge original authors

Suggestions: Materials<sup>12</sup>

- ❑ are written at a grade 6-8 level.
- ❑ have adequate white space
- ❑ use type size 12 or greater
- ❑ present basic information
- ❑ do not present breastfeeding as difficult, rule laden or medicalized
- ❑ reflect the cultural diversity of the community (including pictures and drawings)
- ❑ describe user friendly dietary information that reflects the cultural diversity of the community
- ❑ employ a style of writing that is empowering to mothers
- ❑ are generic (using company materials gives the impression of endorsement)

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<sup>11</sup> Chetley, A (1985). Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breast Milk Substitutes. International Organization of Consumers Unions. Penang. (Available in Canada from INFACT).

<sup>12</sup> Adapted from the Jones, F. & Green, M. The Baby Friendly Initiative, 2002. HABC

## Appendix 7

### The Global Criteria for The WHO/UNICEF Baby-Friendly™ Hospital Initiative

Baby Friendly Hospital Initiative, Part II Hospital Level Implementation, UNICEF Guidelines, March 1992

#### SUMMARY – STEP ONE

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

The health facility should have a written breastfeeding policy that addresses all 10 steps and protects breastfeeding. The senior nurse manager for the institution and/or the senior nursing officer on maternity duty should be able to locate a copy of the policy and describe how the other staff are made aware of it.

The policy should be available so that all staff who take care of mothers and babies can refer to it. The policy should be visibly posted in all areas of the health care facility which serve mothers, infants, and/or children, particularly in the maternity ward, all infant care areas, including the well baby nursery (if there is one), the infant special care nursery, and the antenatal care services. The policy should be displayed in the language(s) most commonly understood by patients and staff.

#### SUMMARY – STEP TWO

##### **2. Train all health care staff in skills necessary to implement this policy.**

The senior responsible nursing officer should report that all health care staff who have any direct contact with mothers, infants, and/or children have received instruction on the implementation of the breastfeeding policy and be able to describe how this instruction is given.

A copy of the curricula or course outlines for training in breastfeeding and lactation management for various types of staff should be available for review and a training schedule for new employees should exist. The training should be at least 18 hours in total, including a minimum of three hours of supervised clinical experience, and cover at least 8 steps.

The senior nursing officer should report that all staff caring for women and infants have participated in breastfeeding and lactation management training, or, if new, have been oriented on arrival and scheduled for training within six months. Out of 10 randomly selected maternity staff members, at least 80% should confirm that they have received the described training or, if they have been on the maternity ward less than 6 months, have at least been oriented. 80% should be able to answer 4 out of 5 questions on breastfeeding management correctly.

### SUMMARY – STEP THREE

#### **3. Inform all pregnant women about the benefits and management of breastfeeding.**

If the hospital has an affiliated antenatal clinic or antenatal ward, the senior nursing officer in charge should report that breastfeeding counseling is given to most pregnant women using those services. A written description of the minimum content of the antenatal education should be available, or appropriate senior staff asked to prepare it. The antenatal discussion should cover the importance of exclusive breastfeeding for the first 4-6 months, the benefits of breastfeeding, and basic breastfeeding management.

Out of 10 randomly selected pregnant women of 32 weeks or more gestation who are using the hospital antenatal service, at least 80% should confirm that the benefits of breastfeeding have been discussed with them and are able to list at least two of the following benefits:

- |   |                                 |
|---|---------------------------------|
| ? Nutritional                                 | ? Bonding                       |
| ? Protective, including the role of colostrum | ? Health benefits to the mother |

Additionally, at least 80% of these women should confirm that they have received no group education on the use of infant formula. They should be able to describe at least two of the following breastfeeding management topics:

- |                                   |                              |
|-----------------------------------|------------------------------|
| ? Importance of rooming-in        | ? How to assure enough milk  |
| ? Importance of feeding on demand | ? Positioning and attachment |

### SUMMARY – STEP FOUR

#### **4. Help mothers initiate breastfeeding within a half-hour of birth.**

Out of 10 randomly selected mothers in the maternity ward who have had normal vaginal deliveries, 80% should confirm that within a half-hour of birth they were given their babies to hold with skin contact, for at least 30 minutes, and offered help by a staff member to initiate breastfeeding.

When possible, observations in the delivery room of up to ten normal vaginal deliveries confirm this practice.

Out of five randomly selected mothers who have had caesarean deliveries, at least 50% should confirm that within a half-hour of being able to respond, they were given their babies to hold with skin contact, for at least 30 minutes, and offered help by a staff member to initiate breastfeeding.

## SUMMARY – STEP FIVE

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

Out of 15 random selected postpartum mothers (including caesarean), at least 80% report that nursing staff offered further assistance with breastfeeding within six hours of delivery and that they were shown how to express their milk or given written information on expression and/or advised where they could get help, should they need it. Out of the same group of mothers, at least 80% of those who are breastfeeding are able to demonstrate correct positioning/attachment with their own babies.

Out of five randomly selected mothers with babies in special care, at least 80% report that they have been helped to initiate and maintain lactation by frequent expression of breastmilk.

Out of 10 randomly selected health care staff on duty in maternity wards, 80% report that they teach mothers positioning/attachment and techniques for manual expression of breastmilk. 80% of these same staff demonstrate correct teaching of positioning/attachment with one mother on the ward. In addition, 80% can describe an acceptable technique for expressing milk manually that they teach to mothers.

## SUMMARY – STEP SIX

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

Observe mothers and infants in the maternity wards for at least two hours. If any babies are being fed food or drink other than breastmilk, ask the mothers if they are breastfeeding at all. For any breastfeeding babies being given food or drink other than breastmilk, ask the staff to indicate why. In at least 80% of the cases there should be acceptable medical reasons.

No promotion of infant foods or drinks other than breastmilk should be displayed or distributed to mothers, staff, or the facility.

Observe staff and infants in the well-baby nurseries (if there are any) for at least one hour. If any normal babies are being fed food or drink other than breastmilk, ask the staff to indicate why. In at least 80% of the cases there should be acceptable medical reasons unless the mothers specifically refuse to breastfeed for reasons outside the control of the hospital.

Ask 15 randomly selected mothers in the maternity wards (including 5 caesarean) if their babies have received food or drink other than breastmilk in the hospital. The senior nurse or another staff member should be able to give acceptable medical reasons for these cases where breastfeeding babies receive other food or drink (see Annex).

## SUMMARY – STEP SEVEN

**7. Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.**

Out of 15 randomly selected mothers with normal babies (including 5 caesareans), at least 80% report that since they came to their room after delivery (or since they were able to respond to their babies in the case of caesareans) their infants have stayed with them in the same room day and night, except for periods of up to one hour for hospital procedures.

Out of 10 mothers with normal vaginal deliveries, at least 80% report that their babies were separated from them for no longer than one hour before starting rooming-in.

All normal postpartum mothers in the maternity ward should be observed to have their babies with them or in cots by their bedside, unless their babies are away for a short time for a hospital procedure or unless separation is indicated.

## SUMMARY – STEP EIGHT

**8. Encourage breastfeeding on demand.**

Out of 15 randomly selected mothers of normal babies (including 5 caesarean), at least 80% of those who are breastfeeding report that no restrictions have been placed on the frequency or length of their babies' breastfeeds. In addition, out of the 15 mothers, at least 80% report that they have been advised to breastfeed their babies whenever they are hungry or as often as the baby wants and that they should wake their babies for breastfeeding if the babies sleep too long or the mother's breasts are overfull.

The nursing officer in charge of the maternity ward confirms that no restrictions are placed on the frequency or length of breastfeeds.

## SUMMARY – STEP NINE

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

Out of 15 randomly selected postpartum mothers (including 5 caesarean), at least 80% of those who are breastfeeding report that, to the best of their knowledge, their infants have not been fed using bottles with artificial teats (nipples) nor allowed to suck on pacifiers.

The nursing officer in charge of the maternity ward reports that breastfeeding infants are not given bottles with artificial teats (nipples) or pacifiers. No more than two breastfeeding infants are observed using them during two hours observation in the maternity ward. None are observed using them during one hour in the well-baby nursery (if there is one).

## SUMMARY – STEP TEN

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

Out of 15 randomly selected mothers (including 5 caesarean) 80% of those breastfeeding should confirm that their plans for infant feeding after discharge were explored. They should also be able to describe one thing that has been recommended to ensure that they will be linked to a breastfeeding support group (if adequate support is not available in their own families) or report that the hospital will provide follow-up support on breastfeeding if needed.

The nursing officer in charge of the maternity ward should be aware of any breastfeeding support groups in the local area and, if there are any, describe at least one way mothers are referred to them (e.g., through written material or counseling). Alternatively, she or he should be able to describe a system of follow-up support for all breastfeeding mothers after they are discharged (early postnatal or lactation clinic checkup, home visit, telephone call).