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Frequently Asked Questions

Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018 Implementation guidance

Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018 implementation guidance. Frequently asked questions

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Frequently Asked Questions

General questions

1. Why was the BFHI Implementation Guidance updated in 2018?

The Ten Steps to Successful Breastfeeding were developed in 1989 and updated in 2009. WHO guideline development procedures[1], which were not in place at that time, indicate that technical recommendations need to be updated periodically based on a review of the latest evidence. In addition, many countries have noted challenges with implementing the BFHI, so a reconsideration of how to operationalize the Steps was needed.

Revised Ten Steps

2. What are the main revisions to the Ten Steps to Successful Breastfeeding?

The Ten Steps to Successful Breastfeeding (the Ten Steps) have been revised for the first time since 1989. The topic of each step is unchanged, but the wording of each one has been updated in line with the evidence-based guidelines and global public health policy. Annex 1 of the Baby-Friendly Hospital Initiative (BFHI) Implementation Guidance provides a comparison of the 2018 version of the Ten Steps with the corresponding recommendations from the WHO Guideline and the wording from the original Ten Steps. Key changes include the addition of a Step on implementing the Code of Marketing of Breast-milk Substitutes, the need for internal monitoring of the Steps within facilities, a greater emphasis on competency assessment, a shift towards

[1] WHO Handbook for Guideline Development. Geneva: World Health Organization; 2012. (https://apps.who.int/iris/bitstream/handle/10665/75146/9789241548441_eng.pdf?sequence=1).

counselling about bottles and teats rather than an outright ban on their use, and a focus on ensuring continuity of care after discharge from the maternity facility.

3. Why are the guidelines for mother-friendly practices not featured in the 2018 BFHI Implementation Guidance?

The 2018 BFHI Implementation Guidance encourages the integration of the BFHI with other programmes focusing on improving the quality of care for women and children, including the mother-friendly practices. The BFHI focuses attention on the protection, promotion, and support for breastfeeding, but must be implemented in conjunction with other standards of care, including mother-friendly practices[2], quality antenatal care, Kangaroo Mother Care, and Early Essential Newborn Actions.

4. Why are the WHO recommendations on intrapartum care for a positive birthing experience not referenced in the BFHI Implementation Guidance?

The WHO recommendations on intrapartum care for a positive birthing experience[3] were finalized after the BFHI Implementation Guidance was already published and thus could not be included in the BFHI guidance document. This document recommends that all newborns, including low-birth-weight babies who are able to breastfeed, should be put to the breast as soon as possible after birth when they are clinically stable, and the mother and baby are ready (Recommendation 49). WHO encourages the use of these recommendations to complement the BFHI Implementation Guidance to ensure mother and newborn-centred care to optimize the experience of labour and childbirth for women and their babies through a holistic, human rights-based approach.

[2] Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization; 2016 (http://apps.who.int/iris/bitstream/10665/249155/1/9789241511216-eng.pdf?ua=1).

[3] WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf).

5. What is the guidance for care of preterm, small and sick newborns with regard to the implementation of BFHI?

The revised Ten Steps to Successful Breastfeeding and global standards apply to preterm, small and/or sick newborns and the Implementation Guidance emphasizes the importance of the Ten Steps these newborns. While each Step applies to them, the details of their application may need to be adapted to their specific health needs. The BFHI guidance document is not a clinical guide and does not include detailed guidance on the care or the feeding of this group. Specific guidance on applying the Ten Steps for this group does exist[4,5]. WHO is developing further detailed guidance on the application of the revised Ten Steps for this population group.

6. Does WHO or UNICEF have a model infant feeding policy to help hospitals implement the updated Ten Steps to Successful Breastfeeding?

WHO and UNICEF do not currently have a model policy. The Academy of Breastfeeding Medicine (ABM) has recently updated their Clinical Protocol #7: Model Maternity Policy Supportive of Breastfeeding to address the updated Ten Steps. It is comprehensive and well written and can be downloaded from the ABM website.

7. What is meant by the terms "facilitate", "immediate", and "as soon as possible" in description of Step 4 on skin-to-skin care and breastfeeding initiation.

Step 4 calls upon staff attending the birth to "facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth." This means that they should create the optimal circumstances for breastfeeding initiation (suckling at the breast) to occur by placing the baby directly on the mother's abdomen or chest with no clothing separating them. This skin-to-skin contact should begin immediately. The use of terms "as soon as possible" and "up to 5 minutes" are intended to signal those attending the birth that an occasional delay may be necessary to allow them time for brief assessment of a critical medical

[4] Guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries.Geneva: World Health Organization; 2011 (http://www.who.int/maternal_child_adolescent/documents/9789241548366.pdf?ua=1).

[5] Nyqvist KH, Maastrup R, Hansen MN, Haggkvist AP, Hannula L, Ezeonodo A et al. Neo-BFHI: the Baby-friendly Hospital Initiative for neonatal wards. Three guiding principles to protect, promote and support breastfeeding. Core document with recommended standards and criteria. Nordic and Quebec Working Group; 2015 (http://epilegothilasmo.gr/wp-content/uploads/2017/04/Neo_BFHI_Core_document_2015_Edition.pdf).

issue. The assessment of the standard allows for a delay of up to 5 minutes under these circumstances. The standard also assesses whether the newborn is “put to the breast” within the first hour. Breastfeeding within this first hour is considered “early initiation of breastfeeding.”

8. How should short periods of separation be counted in assessing whether rooming-in actually occurred?

The global standard for Step 7 describes rooming in as the baby staying the same room with the mother without separation lasting for more than 1 hour. This means that the total amount of time being separate should not add up to more than 60 minutes per 24-hour period. Multiple episodes of separation should be added together. For shorter facility stays, the total amount of time separated should not exceed 60 minutes.

9. Why does Step 9 on the use of feeding bottles, teats and pacifiers now focus on counselling mothers on their use, rather than completely prohibiting them.

The WHO Guideline Development Group found the evidence for a complete prohibition on the use of bottles, teats, and pacifiers to be weak, since the systematic reviews conducted in the guideline development process found little or no difference in breastfeeding rates between healthy term infants who used feeding bottles, teats or pacifiers in the immediate postpartum period and those who did not. While the WHO guidelines do not call for absolute avoidance of feeding bottles, teats and pacifiers for term infants, they include words of caution about their use, including hygiene, oral formation and recognition of feeding cues. If Step 6 on supplementation is correctly implemented, there should be very few and rare instances that healthy term newborns need to be fed in any way other than feeding at their mother’s breast.

The recommendation, as described in the BFHI Guideline, is to:

- Provide preterm newborns who are unable to feed directly at the breast with oral