The WHO/UNICEF Baby-Friendly® Hospital Initiative in the United States

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What is the Baby-Friendly Hospital Initiative (BFHI)?

• A recognition program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding.

• An international program co-administered by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in conjunction with national BFHI authorities.
Background of BFHI Internationally

- The “Ten steps to successful breast-feeding”, published by WHO & UNICEF in 1989
- The Innocenti Declaration (1990/2005)

Background of BFHI in US

- Healthy Mothers, Healthy Babies and the US Dept. of HHS convened an expert workgroup to study the feasibility of a US BFHI (1994)

- US Committee for UNICEF and Minda Lazarov created the “Certificate of Intent” Process
Background of BFHI in US

Wellstart International and US Committee for UNICEF develop US assessment criteria

Evergreen Hospital of Kirkland WA - first US Baby-Friendly Hospital (1996)

Baby-Friendly USA, a not-for-profit organization, was incorporated to carry forward the implementation of the BFHI (1997)

The International Data

UNICEF reports that there were nearly 20,000 Baby-Friendly Hospitals worldwide. (2006)
The US Data

- 88 designated “Baby-Friendly” hospitals and birth centers
- 120 hospitals and birth centers have officially signaled their plans to complete the process
- More are on the way…

To attain Baby-Friendly designation, a birth facility:

- **Implements** the Ten Steps to Successful Breastfeeding
- **Invites** a Baby-Friendly survey team when it is determined that the Ten Steps are in place.
- **Undergoes** an on-site survey looking at the knowledge and practice of staff and the experience of mothers and babies
The Assessment Team

• The team creates a report that blinded and then sent out to an external review board.
• This board reviews the report and determines whether the facility receives the Baby-Friendly designation.
• Results are available within 6 to 8 weeks of assessment.

Ten Steps to Successful Breastfeeding

WHO/UNICEF
Supported and endorsed by the major maternal and child health authorities in the US.
STEP 1

Have a breastfeeding policy that is routinely communicated to all health care staff.

STEP 2

Train all health care staff in the skills necessary to implement this policy.
STEP 3

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

STEP 4

Help mothers initiate breastfeeding within one hour of birth.
STEP 5

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

STEP 6

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

[The requirement to purchase formula is a sub-step of Step 6.]
STEP 7

Practice rooming-in - allow mothers and infants to remain together twenty-four hours a day.

STEP 8

Encourage unrestricted breastfeeding.
STEP 9
Give no pacifiers or artificial nipples to breastfeeding infants.

STEP 10
Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center.
**Discovery Phase**

- Register with Baby-Friendly USA
- DISCOVER the process to designation
- Work to secure internal support for pursuing Baby-Friendly Designation
  - Find an internal champion
  - Secure Leadership (CEO) support
  - Conduct a Self Appraisal
Development Phase

- **Develop** a Baby-Friendly Committee or Task Force
- **Develop** a Baby-Friendly Work Plan based on the review of maternity care practices that effect infant feeding outcomes
- **Develop** a comprehensive Breastfeeding Policy that addresses all Ten Steps to Successful Breastfeeding

Development Phase

- **Develop** a staff training curriculum
- **Develop** Prenatal/Postpartum Teaching Plans
- **Develop** breastfeeding support groups and/or linkages to breastfeeding support groups that exist within the community
- **Develop** a Data Collection Plan
Dissemination Phase

- **Disseminate** information and provide orientation to all staff on the facility’s position on breastfeeding and the infant feeding resources available in the facility

- **Disseminate** information and provide orientation to all departments impacted by the BFHI

Dissemination Phase

- **Disseminate** information and provide training to all maternity care staff on the Breastfeeding policy

- **Disseminate** information about and train all maternity care staff on the BFHI topics and verify the appropriate competencies. Document all training.
Dissemination Phase

- **Disseminate** information about and implement a breastfeeding education program for pregnant women and new mothers

- **Disseminate** information about and implement referrals with community providers to provide breastfeeding support

Dissemination Phase

- **Disseminate** information about and implement agreements with community providers to provide mother to mother support

- Implement data collection and quality improvement plan
Dissemination Phase

- Complete questionnaire to assess what the facility has done to foster continuity of care between prenatal, delivery and post partum services within both, the facility and the community

Designation Phase

- Notify infant nutritional supplement vendor of the intent to purchase all supplements/request invoice
- Submit 3 months of paid invoices as proof of purchase of infant nutritional supplements along with description of how fair market value was determined
Designation Phase

- Conduct its own readiness assessment to identify correct implementation of the Ten Steps to Successful Breastfeeding
- Schedule the pre-assessment interview with BFUSA
- Make corrections

Designation Phase

- Schedule the on-site assessment
- Achieve Designation
Why change to the 4-D Pathway

- Organizes tasks into 4 separate and distinct phases, thus making the 10 Steps to Successful Breastfeeding more manageable to implement.
- Organizes the tasks into a logical order.
- This guides facilities to determine a good starting point and action plan for working through the process.

Why change to the 4-D Pathway

- Provides additional planning and self assessment tools.
- Acknowledges facility achievements with recognition certificates at 4 key points in the process.
- Provides extensive “facility centered” technical assistance.
Why change to the 4-D Pathway

• Facilities may enter the process at 4 distinct times during the year.
• Billing may be flexed to the facility’s fiscal year.
• The assessment fee has been eliminated. Only actual travel-related expenses will be charged at the end of the process.

» If reassessment is required, there is a separate fee.
» (assessment fee will remain for those facilities still in the COI program)

How Breastfeeding Coalitions Can Help
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• Promote the 4-D Pathway and its benefits
• Support facilities working towards designation
• Offer to assist with training
• Offer to assist with continuity of care plans
• Help bust myths about what it means to become a Baby-Friendly designated facility

Baby-Friendly MYTHS

• MYTH: It costs a lot of money to become Baby-Friendly.
• FACT: There are 3 primary Baby-Friendly budget items
  – Fees
  – Training
  – Formula/bottles nipples
  » Much can be done to keep these expenses at a minimum.
  » In-house training, on-line or self-contained learning modules
  » Exclusive breastfeeding decreases the need for formula
Baby-Friendly MYTHS

• MYTH: Mothers who plan to formula feed have to bring their own formula to a Baby-Friendly birthing facility.
• FACT: Formula may not be ROUTINELY provided and specific rules must be adhered to but Baby-Friendly facilities provide formula.

Baby-Friendly MYTHS

• MYTH: My facility can’t become Baby-Friendly, we don’t have enough IBCLC’s on staff.
• FACT: The Baby-Friendly assessment does not look at the number or type of credentialed providers at a facility. It assesses the amount and quality of breastfeeding training each provider has received.
FOR MORE INFORMATION:

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