

The Baby-Friendly Hospital Initiative: foundation stone in ensuring exclusive breastfeeding

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Globally, breastfeeding has been acknowledged as one of the most effective ways of ensuring the adequate health, development and survival of a child. In 1991, in order to ensure the right start for every infant and to extend the desired support to the postnatal mothers to execute successful breastfeeding, the World Health Organization and the United Nations Children's Fund (UNICEF) implemented the Baby-Friendly Hospital Initiative (BFHI). Irrespective of the multiple advantages of baby-friendly hospitals, none of the evaluation studies have identified completely adherent facilities to the 10 steps. To ensure successful implementation and long-term sustainability of the BFHI in different healthcare facilities, different measures have been proposed. To conclude, despite the availability of a definitive evidence of BFHI having a successful impact on different breastfeeding outcomes, only a comprehensive and multisectoral approach can enable every mother and family to give every child the best start in life.

Keywords: Baby-Friendly Hospital Initiative, BFHI, breastfeeding, World Health Organization

Introduction

Globally, breastfeeding has been acknowledged as one of the most effective ways of ensuring the adequate health, development and survival of a child.¹ The World Health Organization (WHO) advocates exclusive breastfeeding until the child attains six months of age, as almost over a million avoidable infant deaths each year are reported worldwide in settings in which the child is deprived of exclusive breastfeeding.^{1,2} Over the years, the benefits of breastfeeding for both the mother and the child have been well established.^{3,4} Also, it has been estimated that an additional 1.5 million lives of children under the age of five would be saved every year if all newborn infants were exclusively breastfed for the first six months of their lives.⁵

Baby-Friendly Hospital Initiative

A wide range of socio-demographic factors (education level, urban versus rural residence, the employment status of the mother and the income of the family and parity); family support; and cultural factors (beliefs, norms and attitudes towards breastfeeding), have been identified that eventually define the practice and duration of exclusive breastfeeding.^{6,7} In 1991, in order to ensure the correct start for every infant, and to extend supportive services to postnatal mothers so that they can accomplish successful breastfeeding, the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF) implemented the Baby-Friendly Hospital Initiative (BFHI). BFHI is an international initiative that necessitates reform in the routine practices of maternity healthcare professionals, based on completion of the "Ten Steps to Successful Breastfeeding".^{2,5}

Current status

Globally, by the end of the year 2011, almost 21 000 healthcare establishments were certified as "baby friendly".⁸ However, the rate of designation of such status to the facilities has been geographically variable, and currently the highest assignment is in the East Asia and Pacific region.⁸ Healthcare institutes implementing all of the proposed 10 steps have reported significant improvement in the incidence of breastfeeding initiation, duration and exclusivity.⁹⁻¹¹ Currently, more than 152 countries around the world are implementing the initiative

following the measurable and proven impact on augmenting the rates of exclusive breastfeeding in different settings.¹²

Barriers to implementing the Baby-Friendly Hospital Initiative

The WHO and UNICEF have proposed mandatory re-appraisal of the baby-friendly facilities every three years to ensure that they continue to remain adherent to the proposed "Ten Steps to Successful Breastfeeding".² This is mainly because of resistance from healthcare professionals, opposition from the healthcare establishments, lack of sustained support from the policy-makers and ignorance of or poor awareness within government departments, the healthcare system and parents on the need for the initiative.^{2,13,14} Studies carried out in different countries to assess the status of baby-friendly hospitals have revealed disappointing results as none of the facilities have adhered completely to the 10 steps subsequent to the initial approval.¹⁵⁻¹⁷

Identified challenges

Although the BFHI has had a significant impact on the initiation of exclusive breastfeeding, additional interventions are desired, both before and after discharge of the mother and infants from the hospital, to meet the recommended target for exclusive breastfeeding for six months. Thus, there is a need to initiate a multifaceted programme worldwide to promote community-based breastfeeding. This would sustain and extend the benefits of the initial BFHI.¹⁸ In addition, it is also essential that the 10 steps to successful breastfeeding of the BFHI are offered in neonatal intensive care units. This is because the ultimate aim is to reduce mother-child separation and to encourage the unrestricted presence of parents with regard to their children at the earliest opportunity.¹⁹

Proposed measures

To ensure the successful implementation and long-term sustainability of the BFHI in different healthcare facilities, different measures have been proposed, such as involving local administrators and governmental policy-makers; prohibiting pharmaceutical companies from marketing breastmilk substitutes;

ensuring training sessions for the healthcare professionals in hospital and community settings; and integrating hospitals and the public health sector to support optimal infant and young child feeding.^{19–21} In addition, hospital administrators should implement the comprehensive and evidence-based model in their hospitals to improve child health and survival, and thus help programme managers to achieve the Millennium Development Goals.^{2,19}

Conclusion

Despite the availability of definitive evidence that BFHI has resulted in varying successful outcomes with respect to exclusive breastfeeding, a comprehensive and multisectoral approach is still required to enable mothers and families to give their children the best start in life.

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