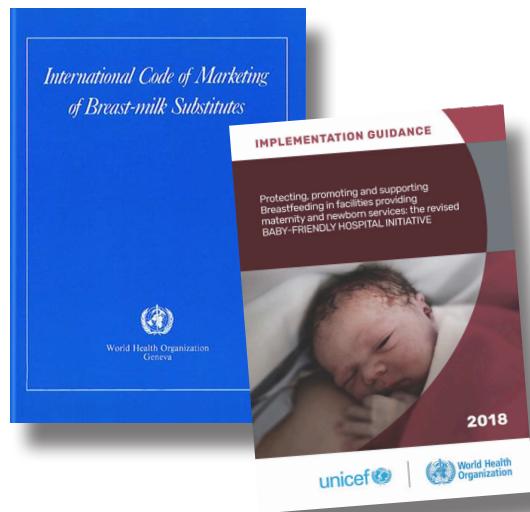


## Best start for breastfeeding in health facilities

The **Baby-friendly Hospital Initiative (BFHI)** is a programme launched by WHO and UNICEF in 1991 to designate facilities offering maternity and newborn services that implement evidence-based strategies to become centres of breastfeeding support. The basis of the BFHI is the adherence to the **Ten Steps to Successful Breastfeeding**<sup>1</sup> in the care of mothers and infants and compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions (the Code).<sup>2</sup>

Facilities that demonstrate their full adherence to the **Ten Steps**, as well as their compliance with the Code can be designated “Baby-friendly” after an external audit. BFHI was revised in 2006 and after extensive user surveys, was re-launched in 2009. The revised BFHI implementation tools<sup>3</sup> provided additional recommendations for expansion into other health and community settings.

In 2015, WHO and UNICEF began a process to re-evaluate and reinvigorate the BFHI programme. A new guideline published in 2017<sup>4</sup> reaffirms that to create an enabling environment for breastfeeding, facilities offering maternity and newborn services should have a clearly written breastfeeding policy to underpin the quality standards for promoting, protecting and supporting breastfeeding and these must be routinely communicated to staff and parents. The policy should incorporate provisions of the Code.



In 2018, the **2018 BFHI Implementation Guidance**<sup>5</sup> was published which includes a revision of the **Ten Steps** and encompasses for the first time the Code as a distinct step within the **Ten Steps**. See Box 1 for the updated **Ten Steps**.

“ Step 1 on facility breastfeeding policy has been modified to include three components. Application of the Code has always been a major component of the BFHI but was not included as part of the original Ten Steps. This revision explicitly incorporates full compliance with the Code as a step. ”

*Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative.*

*Geneva: World Health Organization; 2018 at p.14.*

### Box 1.

#### Ten Steps to Successful Breastfeeding (2018)

##### Critical management procedures

1. a. Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.
- b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- c. Establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

##### Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.

4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

6. Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated.

7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

8. Support mothers to recognise and respond to their infants’ cues for feeding.

9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

1. The Ten Steps, published two years before the launch of BFHI, summarises the practices and policies necessary to support breastfeeding and laid the foundation of BFHI.
2. National Implementation of the Baby-friendly Hospital Initiative, 2017. Geneva: World Health Organization; 2017. Retrieved from <http://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/>.
3. UNICEF/WHO. Baby-friendly Hospital Initiative, revised, updated and expanded for integrated care, Section 1, Background and implementation, January 2009.
4. Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Geneva: World Health Organization; 2017. Retrieved from <http://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en/>.
5. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organization; 2018 . Retrieved from: <http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>

## What products does the Code cover?

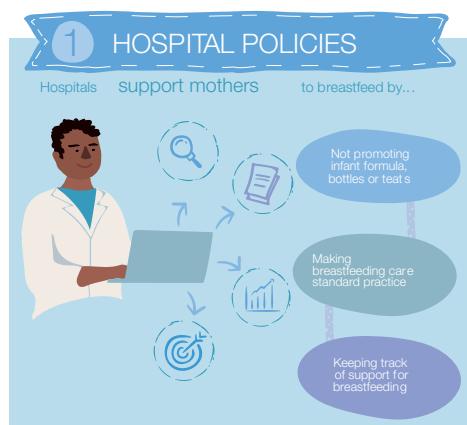
The Code applies to breastmilk substitutes or any food being marketed or otherwise represented as a partial or total replacement for breastmilk. This includes:

- Infant formula
- Follow-up formula (also referred to as ‘follow-on milk’)\*
- Growing-up milk \*
- Any other milk for children 0 < 36 months\*
- Any other food or liquid (such as cereal, jarred food, infant tea, juice and mineral water) that is represented as suitable to be fed to infants less than six months of age.\*

The Code also covers feeding bottles and teats.

(\*) denotes products that are confirmed to be breastmilk substitutes by the Guidance on ending the inappropriate promotion of foods for infants and young children.(A69/7 Add.1), which was welcomed by WHA Resolution 69.9 [2016].<sup>6</sup>

## What does it mean to be Code compliant under Step 1?



### Health systems

- must not promote products under the scope of the Code nor must companies that market foods for infants and young children, or feeding bottles and teats use health systems for this purpose.
- must acquire breastmilk substitutes, feeding bottles or teats through normal procurement channels and not receive free or subsidised supplies.

### Facility management and staff

- must not engage in any form of promotion or permit the display of any type of advertising of products under the scope of the Code, including the display or distribution of any equipment or materials that refer to a brand name.
- must not give mothers samples of products under the scope of the Code for use in the facility or discharge packs that contain product samples, leaflets, discount coupons or other promotional materials to take home.
- must teach mothers who are formula feeding by necessity or by choice, about safe preparation and storage of formula and ensure the information includes health hazards of improper use.
- must ensure that funding sources for BFHI do not create **conflicts of interest**. They must never accept funds, gifts or other incentives from companies that market foods for infants and young children, or feeding bottles and teats.

## Further avoidance of conflicts of interest\*\*

The Guidance on ending the inappropriate promotion of foods for infants and young children<sup>6</sup> prohibits health systems and health workers from allowing companies that market foods for infants and young children from sponsoring health professional and scientific meetings. This would include training and conferences in health facilities. Companies are also prohibited from participating in parenting education.

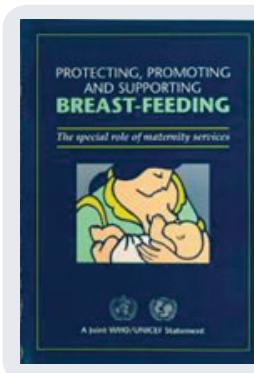
\*\*A conflict of interest arises whenever activities or relationships compromise the loyalty or independent judgment of an individual who is obligated to serve a party or perform certain roles.<sup>7</sup>

- There are two broad types of conflicts of interest:
- conflicts between an individual's obligations and their financial or other self-interest;
  - conflicts resulting from an individual's divided loyalties, dual roles or conflicting duties, sometimes referred to as conflicts of commitments...<sup>7</sup>

## WHA Resolutions relating to BFHI

### WHA 43.3 [1990]

Member States are urged to draw the attention of all concerned with planning and providing maternity services to the universal principles affirmed in the joint **WHO/UNICEF statement on breastfeeding and maternity services** that was issued in 1989.



### WHA 45.34 [1992]

Member States are urged to encourage and support all public and private health facilities providing maternity services to become “baby-friendly” by providing the necessary training in the application of the principles laid down in the joint **WHO/UNICEF statement**.

► **Editorial Note:** This **WHO/UNICEF statement** led to BFHI in 1991. It contains the original **Ten Steps** to successful breastfeeding.

### WHA 47.5 [1994]

The Director-General is requested to urge Member States to initiate the BFHI and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel.

### WHA 49.15 [1996]

Member States are urged to ensure that the **financial support** for professionals working in infant and young child health does not create **conflicts of interest**, especially with regard to the BFHI.

### WHA 54.2 [2001]

Member States are urged to support the BFHI and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative’s long-term sustainability and credibility.

### WHA 59.11 & 59.21 [2006]

Member States are urged to revitalise the BFHI in the context of HIV/AIDS (59.11) and in the Call for Action made in the **Innocenti Declaration**<sup>8</sup> (59.21).

### WHA 63.23 [2010]

Member States are urged to strengthen implementation of the BFHI.

### WHA 71.9 [2018]

Member states are urged to reinvigorate the BFHI, including by promoting full integration of the revised Ten steps.

6. Retrieved from: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf).

7. Rodwin, M. A (2017) Attempts to Redefine Conflicts of Interest, Legal Studies Research Paper Series, Research Paper 17-18. Retrieved from [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3084307](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3084307)

8. Retrieved from <https://www.unicef-irc.org/publications/435-innocenti-declaration-2005-on-infant-and-young-child-feeding.html>.