



World Breastfeeding Trends Initiative (WBTi)

# Assessment Tool



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## **WBTi UK Working Group**

<http://www.lcgb.org/wbti/>

### ***Coordinators***

Clare Meynell RM (rtd) IBCLC

01243512327

07584 160892

[claremeynell@gmail.com](mailto:claremeynell@gmail.com)

Helen Gray MPhil IBCLC

[helengray123@yahoo.co.uk](mailto:helengray123@yahoo.co.uk)

07973 262659

88 Drakefield Road

London SW17 8RR

## Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (BFHI) (Ten Steps to Successful Breastfeeding<sup>2</sup>)

### Key questions:

- What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?
- What is the quality of BFHI program implementation? (see annex 2.1,2.2,2.3)

### Background:

The Joint WHO/UNICEF Statement: *Protecting, promoting and supporting breastfeeding: the special role of maternity services*, in 1989 called on the leadership of those working in maternity services to sustain or if necessary to re-establish a “breastfeeding culture”. The *Innocenti Declaration* of 1990 calls on governments to ensure that all maternity services fully practice all ten of the *Ten Steps to Successful Breastfeeding*.

The ten steps to successful breastfeeding established there, became the cornerstone of the global Baby-friendly Hospital Initiative launched in 1992 by both agencies. Several countries initiated action on BFHI and progress made so far has been in numbers mostly and reports suggest that fall back happens if the skills of health workers are not sufficiently enhanced. The Global Strategy for Infant and Young Child Feeding indicates the need for implementation of BFHI, monitoring and reassessment of already designated facilities (materials developed in 1998) and expanding the Initiative to include clinics, health centers and paediatric hospitals. The Global Criteria continue to be the minimum requirement for all baby-friendly facilities. The Global Criteria were revised in 2005, both to update them to take account of new evidence regarding best practices and to insure that the needs of non-breastfeeding mothers were fully met, as well as to provide new criteria for HIV and infant feeding and mother-friendly care, which could be included at the discretion of the national authority for BFHI.

The revised, updated and expanded for integrated care material published in 2009 is the comprehensive document to guide the implementation, monitoring and reassessment. It contains a training course of 20 hours for all health workers and a special programme for countries with a

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<sup>2</sup> THE GLOBAL CRITERIA FOR THE BFHI  
([http://whqlibdoc.who.int/publications/2009/9789241594967\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2009/9789241594967_eng.pdf?ua=1))

1. STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. STEP 2. Train all health care staff in skills necessary to implement the policy.
3. STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.
4. STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.
5. STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. STEP 6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. STEP 7. Practice rooming-in - allow mothers and infants to remain together – 24 hours a day.
8. STEP 8. Encourage breastfeeding on demand.
9. STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

prevalence of 20% of HIV positive mothers and/or a Prevention of Mother-to-Child Transmission (PMTCT) programme. The 2009 BFHI material includes specific new modules for the support of non-breastfeeding mothers and for mother-friendly care and recommendation for baby-friendly expansion up to complementary feeding. The focus on compliance with the International Code is reinforced.

The *questionnaire* will focus on quantitative and qualitative aspects both. It looks at the percentages of hospitals and maternity facilities designated as BFHI; how it is monitored and evaluated and the expansion of the programme.

**Possible Sources of Information:**

- Interviews can be held with the national BFHI committee members in the Ministry of Health, UNICEF and WHO officials.
- Review any summary reports on the status of the BFHI, numbers (and percentages) of hospitals declared Baby Friendly, etc.
- Refer to the latest status report on BFHI prepared by UNICEF headquarters for official figures reported by the country.
- Find out information on quantity and quality of BFHI from the IBFAN/other breastfeeding groups in the country.
- To find out the quality of services, interviews of mothers delivering in these hospitals can be planned.
- Use any studies done on BFHI within country for information.

## Guidelines – Quantitative Criteria

2.1) \_\_\_\_\_ out of \_\_\_\_\_ total hospitals ( both public & private )and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years \_\_\_\_\_ %

<i>Guidelines for scoring</i>	
<b>Criteria</b>	√ <b>Check only one which is applicable</b>
<b>0</b>	<b>0</b>
0.1 - 20%	1
20.1 - 49%	2
49.1 - 69%	3
69.1-89 %	4
89.1 - 100%	5
<b>Total rating</b>	<b>----- / 5</b>

## Guidelines – Qualitative Criteria

*Quality of BFHI programme implementation:*

<i>Guidelines for scoring</i>	
<b>Criteria</b>	√ <b>Check that apply</b>
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme <sup>3</sup>	1.0
2.3) A standard monitoring <sup>4</sup> system is in place	0.5
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5
2.5) An assessment system relies on interviews of mothers.	0.5
2.6) Reassessment <sup>5</sup> systems have been incorporated in national plans with a time bound implementation	1.0

<sup>3</sup> IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

<sup>4</sup> **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

<sup>5</sup> **Reassessment** can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national

2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5
2.8) HIV is integrated to BFHI programme	0.5
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5
<b>Total Score</b>	<u>    </u> /5
<b>Total Score</b>	<u>    </u> /10

**Information Sources Used (please list):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Conclusions** (*Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed*):

**Gaps** (*List gaps identified in the implementation of this indicator*) :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Recommendations** (*List action recommended to bridge the gaps*):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

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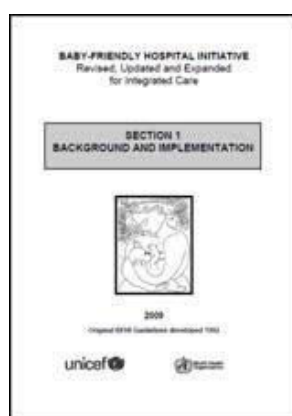
## Baby-Friendly Hospital Initiative –revised, updated and expanded for integrated care

Link : [http://www.who.int/nutrition/publications/infantfeeding/bfhi\\_trainingcourse\\_s1/en/](http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse_s1/en/)

(Please see the web link for the complete document)

### Authors:

World Health Organization, UNICEF



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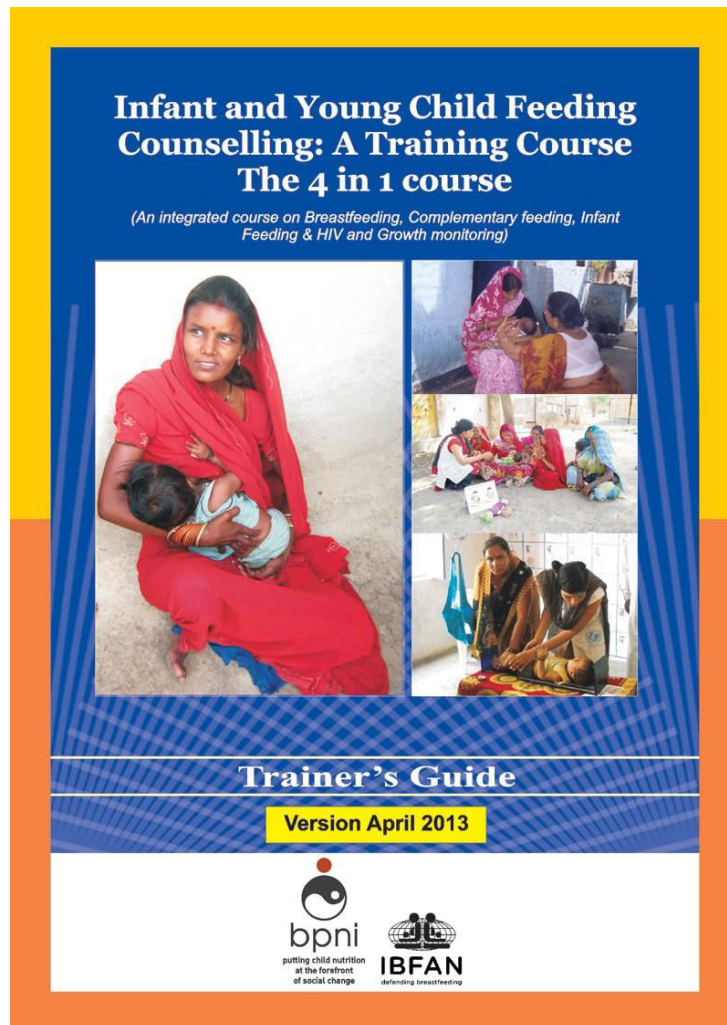
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### Downloads

- BFHI Section 1 : Background and implementation
- BFHI Section 2 : Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers
- BFHI Section 3 : Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff
- BFHI Section 4 : Hospital self-appraisal and monitoring

# Infant and Young Child Feeding Counselling: A Training Course ‘The 4 in 1’ Course

*(An integrated course on Breastfeeding, Complementary feeding, Infant Feeding & HIV and Growth monitoring)*





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# Breastfeeding Counselling A Training Course

WHO/CDR/93.5  
UNICEF/NUT/93.3  
Distr.: General  
Original: English

## BREASTFEEDING COUNSELLING

### A TRAINING COURSE



### PARTICIPANTS' MANUAL

#### PART ONE

Sessions 1-9

WORLD HEALTH ORGANIZATION CDD PROGRAMME

UNICEF