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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 procedures¹, 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 practices², 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 experience³ 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://epilegothilasmogroup.org/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 stimulation.
- Avoid the use of feeding bottles for preterm newborns.
- Counsel caregivers of all other newborns on the safe and hygienic use of feeding bottles, teats and pacifiers.

It is important to note that the International Code of Marketing of Breast-milk Substitutes prohibits the promotion of breastmilk substitutes, feeding bottles and teats. The Code also reiterates that the information provided by health workers regarding such products should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding.

10. Why is the role of support groups and breastfeeding peer counsellors not elaborated in the BFHI Implementation Guidance.

The BFHI focuses on the responsibilities of maternity facilities. While community support for breastfeeding is critically important to ensure that mothers are able to breastfeed successfully, it is not the role of the maternity facility to create or manage community support. Maternity facilities need to identify appropriate community resources for continued and consistent breastfeeding support that is culturally and socially sensitive to mothers' needs and refer mothers to them. Facilities also have a responsibility to engage with the surrounding community to enhance the accessibility of such resources.

Community support for breastfeeding can and should be provided through numerous types of services, including primary health-care centres, community health workers, home visitors, breastfeeding clinics, nurses/midwives, lactation consultants, peer counsellors, and mother-to-mother support groups. The *WHO Guideline: counselling of women to improve breastfeeding practices* states that breastfeeding counselling should be provided as a continuum of care, by appropriately trained health-care professionals and community-based lay and peer breastfeeding counsellors.

Capacity building

11. Will the BFHI training materials for health workers be revised in accordance with the updated guidance?

WHO and UNICEF are updating the current 20-hour course for maternity staff on breastfeeding promotion and support in a Baby-friendly Hospital. Given that the updated BFHI Implementation Guidance emphasizes the assessment of competencies (Section 2.2.3), the revised course will be organized in modules so that hospital managers or national/provincial/district managers can organize trainings on the specific topics staff members need to strengthen their competencies. The updated training materials will be made available shortly on the [WHO webpage](https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/)⁶.

⁶ <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>

12. What are the criteria to assess the competencies of health professionals, including knowledge, skills and attitudes?

Earlier BFHI guidance emphasized a specific number of hours for training of health professionals. Given that training can take different shapes and might be pre-service or in-service, online or face-to-face, the updated BFHI Implementation Guidance focuses on competency assessment rather than time spent in training. Health professionals need to have adequate knowledge, competence and skills to implement globally recommended practices and procedures for the protection, promotion and support of breastfeeding in facilities providing maternity and newborn services.

Individual facilities have the responsibility for assessing competencies and ensuring that all of those who work at a facility have appropriate knowledge and skills when these are found to be substandard as part of their quality assurance efforts. The national breastfeeding coordination mechanism needs to ensure that breastfeeding and the BFHI are incorporated in pre-service curricula and that in-service trainings are organised when needed.

The detailed description of Step 2 of the BFHI Implementation Guidance (Page 15) includes a list of the competencies that all staff who help mothers with infant feeding need.

Accreditation

13. Will international designation of “Baby-friendly” hospitals be continued?

While the BFHI is a global initiative, designation of facilities is done at the national level in line with the international standards. The new BFHI Implementation Guidance has not changed that. Countries can choose to promote the Ten Steps using a designation process or through other processes that mainstream the Ten Steps into other protocols, monitoring and accreditation systems.

14. How can countries have access to experienced assessment teams to help revitalize BFHI and strengthen the capacity of the national assessors?

Countries are encouraged to seek the technical support required to start or revitalize the BFHI, including the monitoring and assessment aspects, from national agencies, academics, professional organizations, experts responsible for maternal and newborn care both within and outside of government. Governments can also request technical assistance and guidance from WHO and UNICEF for this.

15. Are there materials available to train assessors based on the revised Ten Steps?

Each country is encouraged to establish or update their own protocols for external assessment under the leadership of the national breastfeeding coordinating body, adapting and using the global guidance provided by WHO and UNICEF. This will enable the assessors at the country-level to be trained based on the national context and refine their skills to provide feedback for corrective measures.

16. Can countries still use Picasso's picture, Maternity, for plaques or posters when designating facilities as "Baby-friendly"?

WHO and UNICEF will no longer provide rights for reproductions of this image. Countries that are using designation as an incentive for BFHI compliance are encouraged to develop their own imagery for this, as many countries have already done.

17. What are the recommendations for transition arrangements in BFHI implementation?

The BFHI Implementation Guidance (Section 5) addresses transition of BFHI implementation. Countries that are operating designation programmes are encouraged to develop a transition plan indicating when facilities are expected to adhere to the updated standards and to use the new tools. The transition can be planned for the entire country at the same time, with adequate lead time and guidance for facilities, or it can be planned in phases. It is important to develop a vision and a plan and communicate it to all actors involved. Facilities that have already been designated and those in the pipeline for designation will need to be granted a reasonable amount of time to make changes to their practices before the new standards become mandatory.

National management of the BFHI

18. What guidance is available on how to gain government interest/buy in to the BFHI?

Section 3.8 of the BFHI guidance document focuses on communications and advocacy to relevant audiences including government leaders, legislators and funders. At the global level, WHO and UNICEF coordinate the Global Breastfeeding Collective⁷ partnership that brings together implementers and donors from governments, philanthropies, international organizations, civil society to increase political, legal, financial, and public support for breastfeeding. Implementation of the Ten Steps is one of the Collective's top priorities. The Collective has developed an advocacy toolkit with useful materials, which is available here: www.k4health.org/toolkits/breastfeeding-advocacy-toolkit

19. How can countries transition from international recognition to a broader 'incentives for compliance and/or sanctions for non-compliance' approach to increase BFHI implementation?

The BFHI Implementation Guidance encourages countries to define the best way to ensure that all mothers and newborns benefit from the Ten Steps for years to come. The responsibility for BFHI implementation does not solely lie with the individual facilities who wish to be compliant. Governments must make progress towards full scale up and universal coverage of the BFHI in all public and private facilities. Several options for incentivizing compliance and sanctioning non-compliance with the BFHI standards are recommended (Section 3.5, Table 1), which countries are encouraged to adopt based on their contextual need.

⁷ Global Breastfeeding Collective (<https://www.who.int/nutrition/topics/global-breastfeeding-collective/en/>)

20. How can countries transition from the voluntary nature of the BFHI implementation in facilities to scaled-up mandatory coverage?

The updated BFHI Implementation Guidance focuses on integrating the protection, promotion and support of breastfeeding more fully into the health-care system, including in policies and financing, and in private and as well as public facilities. The guidance emphasizes that adherence to the revised Ten Steps is the minimum requirement for each facility providing maternity and newborn services. All mothers and newborns should receive timely and evidence-based care and services appropriate to their needs. The modifications and increased feasibility serve the purpose of increasing newborns' access to breastfeeding in all facilities, and not only a select few that volunteer for compliance. It is recommended to incorporate the BFHI clinical standards into facility certification procedures that would help to institutionalize the quality of care practices and in turn reduce the costs of the overall programme.

21. What tools are available for internal monitoring and external assessments?

As part of the revised Ten Steps, the need for ongoing internal monitoring of adherence to the clinical practices has been incorporated into Step 1. Additionally, external assessment should be put in place to facilitate technical assistance and correction of inappropriate practices. Recommended indicators to be used in both internal monitoring and external assessments are listed in the [Appendix: indicators for monitoring of the BFHI Implementation Guidance](#). Countries are encouraged to adapt their existing monitoring mechanisms and/or design their own tools based on the recommended indicators.

Global coordination

22. How do WHO and UNICEF support countries with technical assistance?

WHO and UNICEF work with Governments, NGOs, and national breastfeeding committees to facilitate the uptake of the revised BFHI Implementation Guidance for national-level implementation. This technical assistance is provided through the provision of global guidelines,

recommendations, advocacy and implementation tools, and capacity building initiatives at the regional and country level.

23. What measures are being taken to disseminate the BFHI Implementation Guidance and the revised Ten Steps?

WHO and UNICEF are continually working with partners to disseminate and roll out of the updated BFHI Implementation Guidance through face-to-face workshops, webinars, regional and national meetings, and direct technical assistance. For specific information, please contact the relevant WHO or UNICEF country contacts. National governments and NGOs also play an active role in disseminating the Guidance.

24. Who approves materials and tools that are designed or adapted at the national level?

Countries are expected to adapt the BFHI guidance to their own situation and possibilities. Countries should establish or strengthen a national breastfeeding coordination body to facilitate this process. WHO and UNICEF can provide technical support, but formal international vetting or approval is not necessary.

25. How do governments report on their progress in improving breastfeeding rates and the implementation of BFHI?

WHO has developed a [Global Nutrition Monitoring Framework](#)⁸, which was approved by the World Health Assembly (WHA) in 2015. All countries were recommended by the WHA to report on the indicators in the framework. Two of the indicators are particularly relevant for the BFHI: prevalence of exclusive breastfeeding in infants aged 6 months or less and percentage of births in Baby-friendly facilities or percentage of births that experience care in line with the Ten Steps.

In addition to reporting to WHO, countries are also recommended to demonstrate their progress by reporting on BFHI coverage in reports to the Committee on the Right to Food, the Committee on the Rights of the Child, and the Scaling Up Nutrition (SUN) Movement.

⁸ Global Nutrition Monitoring Framework: operational guidance for tracking progress in meeting targets for 2025. Geneva: World Health Organization; 2017 (<https://www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/>).

26. The 2018 BFHI Implementation Guidance encourages countries to go beyond the global standards and achieve percentages higher than 80%. Can countries also set a lower target if achieving 80% is not yet realistic?

Countries are encouraged to set ambitious goals, which are also realistic and stimulate people to achieve them. While 80% is the global target, countries well below this target should develop realistic multi-year action plans to safely guide facilities to ultimately reach the target. The goal is to ensure all mothers and babies, regardless of where they live, receive the appropriate quality of care in line with the practices described in the Ten Steps.



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