



**WHO / UNICEF**

# **Baby Friendly Hospital Initiative**

## **Part One**

### **Background and Baby Friendly Implementation in New Zealand**

- **Introduction**
- **Towards the Baby Friendly Hospital Award**
- **The Baby Friendly Hospital Designation Process**
- **Process for Baby Friendly Assessment**

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## Statement

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The Baby Friendly Hospital Initiative (BFHI) has two main goals:

- To encourage and facilitate the transformation of hospital facilities in accordance with the WHO and UNICEF Ten Steps to Successful Breastfeeding.
- To end the practice of distribution of free and low-cost supplies of breastmilk substitutes to hospitals and health care facilities in accordance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions.

# Introduction

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The criteria for a Baby Friendly Hospital apply equally in all countries, and to all health care facilities.

*The 2002 WHO/UNICEF Global Strategy for Infant and Young Child Feeding (GSIYCF) calls for renewed support – with urgency – for exclusive breastfeeding as expressed in the foreword by Gro Harlem Bruntland, the Director-General of the World Health Organisation (WHO) and Carol Bellamy, the Executive Director of the United Nations Children’s Fund (UNICEF).*

*“WHO and UNICEF jointly developed the Global Strategy for Infant and Young Child Feeding to revitalize world attention to the impact that feeding practices have on the nutritional status, growth and development, health and thus the very survival of infants and young children.*

*The Global Strategy is based on the evidence of nutrition’s significance in the early months and years of life, and of the crucial role that appropriate feeding practices play in achieving optimal health outcomes. Lack of breastfeeding – and especially lack of exclusive breastfeeding during the first half-year of life – are important risk factors for infant and childhood morbidity and mortality that are only compounded by inappropriate complementary feeding. The life-long impact includes poor school performance, reduced productivity, and impaired intellectual and social development.*

*The Strategy is the result of a comprehensive two-year participatory process. The aim, from the outset, was to move towards formulating a sound approach to alleviating the tragic burden borne by the world’s children – 50 to 70% of the burden of diarrhoeal disease, measles, malaria and lower respiratory infections in childhood are attributable to undernutrition – and to contribute to a lasting reduction in poverty and deprivation.*

*This exercise provided an exceptional opportunity to re-examine critically, in light of the latest scientific and epidemiological evidence, the fundamental factors affecting feeding practices for infants and young children. At the same time, it renewed commitment to continuing joint action consistent with the Baby Friendly Hospital Initiative, the International Code of Marketing of Breast-milk Substitutes, and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.*

*The Strategy is intended as a guide for action; it identifies interventions with a proven positive impact, it emphasizes providing mothers and families the support they need to carry out their crucial roles, and it explicitly defines the obligations and responsibilities in this regard of governments, international organizations and other concerned parties.”*

WHO/UNICEF Global Strategy for Infant and Young Child Feeding (2002)

## The Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

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

From: Protecting, Promoting and Supporting Breastfeeding:  
The Special Role of Maternity Services

*A Joint WHO/UNICEF Statement 1989*

Published by the World Health Organisation, 1211 Geneva 27, Switzerland

# International Code of Marketing of Breast-milk Substitutes

## Key points from the International Code

1. Products should not be advertised or otherwise promoted to the public.
2. Mothers and pregnant women and their families should not be given samples of products.
3. Health care providers should not be given free or subsidised supplies of products and must not promote products.
4. People responsible for marketing products should not try to contact mothers or pregnant women or their families.
5. The labels on products should not use words or pictures, including pictures of infants, to idealise the use of their products.
6. Health workers should not be given gifts.
7. Health workers should not be given samples of products, except for professional evaluation or research at the institution level.
8. Material for health workers should contain only scientific and factual information and must not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding.
9. All information and educational materials for pregnant women and mothers, including labels, should explain the benefits and superiority of breastfeeding, the social and financial implications of its use, and the health hazards of the unnecessary or improper use of formula.
10. All products should be of a high quality and take account of the climate and storage conditions of the country where they are used.

*Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand. MoH 2007*

## ***New Zealand Ministry of Health Breastfeeding Definitions***

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Exclusive breastfeeding: The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed\* medicines have been given from birth.

\* Prescribed as per the Medicines Act 1981

Fully breastfeeding: The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

Partial breastfeeding: The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

Artificial feeding: The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

From: Breastfeeding Definitions For Monitoring The National Health Outcome Targets In New Zealand. MOH. New Zealand. Feb 1999

# Towards a Baby Friendly Hospital Award

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## Introduction

The Baby Friendly Hospital Initiative (BFHI) has been launched by WHO and UNICEF to encourage hospitals, health care facilities, and particularly maternity wards, to adopt practices that fully protect, promote and support exclusive breastfeeding from birth.

Becoming a Baby Friendly Hospital is a process that starts with self-appraisal by the hospital. This initial self-assessment will lead to analysis of the practices that encourage or hinder breastfeeding, and then to action to make the necessary changes. It thus follows the triple-A sequence (Assessment, Analysis, Action) which characterises other UNICEF Programme development.

After a facility is satisfied that it meets a high standard, this achievement is confirmed objectively by using internationally agreed standards for maternity care which protects, promotes and supports breastfeeding.

The process therefore concludes with an external evaluation of whether the facility has attained a level which can be awarded the global Baby Friendly Hospital designation and BFHI Certificate.

## Global WHO Statement

Breastfeeding is an unequalled way of providing ideal food for the health, growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production.

## Breastfeeding Rates

The Baby Friendly Hospital Initiative seeks to provide mothers and babies with an optimal start for breastfeeding, increasing the likelihood that babies will be breastfed exclusively for the first six months and then given appropriate complementary foods while breastfeeding continues for two years or beyond.

For the purposes of assessing a maternity facility, the number of women breastfeeding exclusively from birth to discharge may serve as an approximate indicator of whether protection, promotion and support for breastfeeding are adequate in that facility. The maternity facility's annual statistics should indicate that at least 75% of the mothers who birthed in the past year are either exclusively breastfeeding or exclusively feeding their babies breastmilk from birth to

discharge. If fewer than 75% of women who deliver in a facility are breastfeeding exclusively from birth to discharge, the managers and staff may wish to study the results for Part 3, the Self-Appraisal questionnaire, consider Part 2, the criteria for Aotearoa New Zealand, and work, through the process of assessment, analysis, and action, to increase their exclusive breastfeeding rates. Once the 75% exclusive breastfeeding goal has been achieved, an external assessment visit should be arranged.

The BFHI cannot guarantee that women who start out breastfeeding exclusively will continue to do so for the recommended 6 months. However, research studies have shown that women whose babies have received early supplemental feeding in hospital are extremely unlikely to rely upon fully breastfeeding after that. By establishing a pattern of exclusive breastfeeding during the maternity stay, hospitals are taking an essential step toward longer durations of exclusive breastfeeding after discharge.

If facility staff believe that antenatal care provided elsewhere contributes to rates of less than 75% breastfeeding after the birth, or that community practices need to be more supportive of breastfeeding, they may consider how to work with the antenatal caregivers to improve antenatal education on breastfeeding and with breastfeeding advocates to improve community practices. (See section 1.5, UNICEF / WHO BFHI Materials: Revised, Updated & Expanded for Integrated Care 2006, for a discussion of strategies for fostering Baby Friendly communities).

### **Supplies of Breastmilk Substitutes**

Research has provided evidence that clearly shows that breastmilk substitute marketing practices influence health workers' and mothers' behaviours related to infant feeding. Marketing practices prohibited by *The International Code of Marketing of Breast-milk Substitutes (The Code)* have been shown to be harmful to infants, increasing the likelihood that they will be given formula and other items under the scope of *The Code* and decreasing the optimal feeding practices. The 1991 the UNICEF Executive Board called for the ending of free and low-cost supplies of formula to all hospitals and maternity wards by the end of 1992. Compliance with *The Code* is required for health facilities to achieve Baby Friendly status.

Questions that are strictly not covered by the Ten Steps have therefore been added to the appraisal and assessment tools to monitor any distribution of free and low cost supplies of breastmilk substitutes. At the same time, certain questions determine if mothers are subjected to double messages by being exposed to promotion of breastmilk substitutes, bottles or teats through any written materials distributed or displayed in health care facilities.

## **HIV and Infant Feeding**

The increasing prevalence of HIV among women of childbearing age in many countries has made it important to give guidance on how to offer appropriate HIV related information and support for women.

The Ministry of Health has recommended that HIV-infected mothers in New Zealand do not breastfeed their children. Safe and effective alternatives to breastfeeding are available in New Zealand (Ministry of Health 2006). Infant mortality rates are low compared to developing countries where the nutritional and health benefits of breastfeeding outweigh the risk of transmitting HIV.

Ministry of Health 2006. Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women: A background paper. Wellington: Ministry of Health.

# The Baby Friendly Hospital Designation Process

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The facility should:

- Obtain *Part 2 -the NZBA Criteria* and *Part 3 – the Self-Appraisal Questionnaire* and follow through the steps recommended by the NZBA
- Appraise (assess) its practices using *Part 3 - the Self-Appraisal Questionnaire*
- Apply to the NZBA for BFHI assessment
- Undergo the BFHI assessment

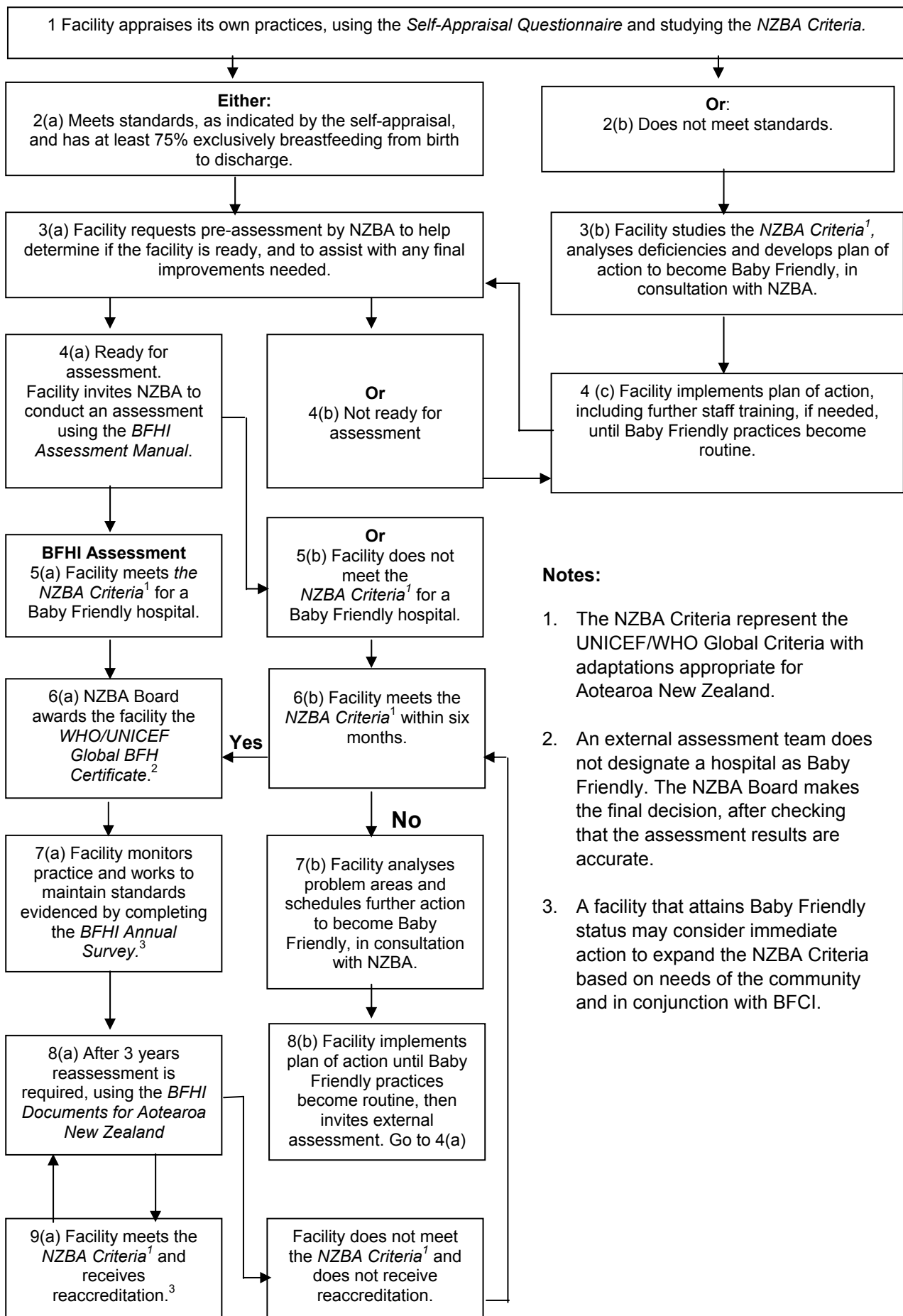
Once accreditation is achieved the facility must:

- Complete and return to NZBA, a BFHI Annual Survey report.
- Be reassessed every 3 years to maintain accreditation

## ***Refer***

UNICEF / WHO Baby Friendly Hospital Initiative Revised, Updated and Expanded for Integrated Care, Section 1 Background – Implementation Jan 2006

# THE BABY FRIENDLY HOSPITAL DESIGNATION PROCESS FLOW CHART



**Notes:**

1. The NZBA Criteria represent the UNICEF/WHO Global Criteria with adaptations appropriate for Aotearoa New Zealand.
2. An external assessment team does not designate a hospital as Baby Friendly. The NZBA Board makes the final decision, after checking that the assessment results are accurate.
3. A facility that attains Baby Friendly status may consider immediate action to expand the NZBA Criteria based on needs of the community and in conjunction with BFCI.

## Process for BFHI Assessment

### **A facility contacts the New Zealand Breastfeeding Authority (NZBA)**

- The NZBA Executive Officer arranges a pre-assessment visit
- On the visit the audit process and any issues are discussed
- Following the visit the request for assessment is initiated by the facility. The facility sends the BFHI Assessment Request form and a completed Part 3 Self-Appraisal Questionnaire to NZBA.

### **NZBA selects assessment team**

*(minimum one specialist in clinical lactation and one Māori assessor)*

- NZBA submits the team list to the facility
- The facility management has the right to reject assessment members, (if this occurs they need to provide NZBA with the reason)
- Once the team is agreed upon NZBA will arrange the assessment date
- Audits cannot be cancelled after dates for audit have been confirmed, without incurring additional costs

### **The facility will have the following available for the assessment team:**

- Layout of site (map given)
- Name of a site liaison contact person for the BFHI assessment team
- Arranged time for the BFHI assessment team to meet the facility management
- The security requirements of the facility (especially after hours) and safety procedures (e.g. fire exits, etc)
- A secure room for assessors to work in and to keep documents (lockable)
- Phone access in a room where interviews can be performed in private
- A staff duty roster. A complete list of all staff at the facility
- A list of mothers with the type of birth and the method of feeding
- A list of interpreters (not to be staff members) if language may be a problem
- Copies of any information sheets and completed consent forms given out by the facility
- The facility may need to begin collecting informed consent from mothers prior to the assessment. This would be necessary if there is a likelihood of inadequate numbers of antenatal or postnatal mothers during the time of the audit (at least 20 mothers in each category). This is especially important for small units
- Copies of the breastfeeding policy, education curricula, education records, content of antenatal education, records of the policy consultation process, and maternal handout materials
- Documentation of staff orientation to the breastfeeding policy.
- Records of breastfeeding data for the past year.

The facility will arrange for the assessment team to have a tour of the facility / unit for familiarisation purposes.

**The Assessment team:**

- Will conduct the assessment and the Lead Assessor will provide a feedback of the findings (if required) to management and staff
- A suitable time will be arranged for the feedback session

**Following the assessment:**

- NZBA sends the facility an Assessment Feedback form for the facility to complete and return
- The Lead Assessor completes the assessment write up and sends it to the NZBA Executive Officer
- The NZBA Executive Officer checks all of the data and the report
- The NZBA Board reviews the report and discusses the findings
- The NZBA Board makes the decision to award BFHI accreditation to the facility / or not
- The facility is contacted and sent the completed documents

**a) If the facility does not meet all of the criteria:**

- The facility has a period of 6 months following receipt of the report, to fulfil the requirements
- The facility will be invoiced by the NZBA for additional costs incurred following the initial visit (This includes the Lead Assessor time, administration, telephone calls and postage)

**b) If the facility passes the assessment:**

- An accreditation ceremony is arranged by the facility with NZBA
- The NZBA has a certificate framed for presentation.
- A NZBA staff /Board member will attend and present the certificate and will make a speech.

The award is given for a period of 3 years. The facility will then be required to undergo a BFHI reassessment. A BFHI Annual Survey report is to be completed and sent to NZBA.

**Resolution Procedure**

The NZBA provides an effective and efficient resolution process which deals with complaints or grievances in a professional manner with consideration given to cultural and ethnic sensitivities. If a facility or provider wishes to make a complaint or register a grievance in relation to the BFHI assessment process, the NZBA Executive Officer should be contacted.

**Contact details:****New Zealand Breastfeeding Authority (NZBA)**

Unit 1, First Floor  
16 Sheffield Crescent  
P O Box 20-454  
Bishopdale  
Christchurch 8543  
Phone: 03 3572 072  
Fax: 03 3572 074  
Email: [info@nzba.co.nz](mailto:info@nzba.co.nz)

# Basic Principles of the Baby Friendly Hospital Initiative in Aotearoa New Zealand

- 1 The Treaty of Waitangi principles of protection, participation and partnership are an integral part of BFHI in Aotearoa New Zealand.
- 2 The *Ten Steps to Successful Breastfeeding* and the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant WHA Resolutions are non-negotiable. They are the minimum standard of hospital and maternity practices required to be Baby Friendly.
- 3 *Part Two: The NZBA Criteria* for the WHO/UNICEF BFHI establish a measurable standard for each of the *Ten Steps* and *The Code*.
- 4 Mothers are to be interviewed because they are an important source of information on the breastfeeding practices within the facility. Informed consent **must** be obtained.
- 5 Elimination of free and low-cost supplies of infant formula to the hospital or maternity facility seeking designation is an essential precondition for attaining Baby Friendly status.
- 6 Assessment tools must cover all aspects of Part Two: The NZBA Criteria. The NZBA requires facilities to complete Part Three: The Self-Appraisal Questionnaire and a BFHI Assessment Request form.
- 7 In New Zealand the Ministry of Health requires maternity facilities to achieve BFHI Accreditation.
- 8 Once accredited a BFHI Annual Survey Report (Part 8) must be completed and forwarded to the NZBA each year prior to assessment.
- 9 Reassessment is required 3 yearly. NZBA may revoke the facility's BFHI status for failure to apply for reassessment within three years of the date on the certificate
- 10 The BFHI Assessment report is confidential to the NZBA and the facility.

## A facility checklist of what is required for the assessment team

No.	Requirements	Tick
1.	Layout of site (map given if available)	
2.	Explanation of the security requirements of facility (especially after hours) and safety procedures (e.g. fire exits, etc)	
3.	Secure lockable room for assessors to work in and to keep confidential documents – Keys to the room available for the assessors	
4.	Staff duty roster and a complete list of all staff who work in the maternity area	
5.	A list of mothers – with type of birth and the method of feeding	
6.	A list of interpreters (not to be staff members) if language will be a problem	
7.	A copy of the breastfeeding policy and a folder presenting copies of letters, minutes of meetings, emails and other related documentation which demonstrates the policy consultation process	
8.	A copy of other facility policies relevant to BFHI requirements and / or breastfeeding, e.g. the artificial feeding policy and guidelines on the treatment of hypoglycaemia and hypothermia	
9.	Contacts for the DHB Māori Health Unit / Manager / Cultural Advisor	
10.	All relevant breastfeeding education documentation. Staff list with completed hours of education indicated (see following Breastfeeding Hours Education Assessment Form). This data must include: <ul style="list-style-type: none"> <li>• Staff designation</li> <li>• Date of commencement of employment</li> <li>• Programmes of sessions attended</li> <li>• Attendance sheets</li> <li>• Clinical education records</li> </ul>	
11.	Content / programme of antenatal breastfeeding education	
12.	Copies of any relevant facility information sheets offered to mothers	
13.	Consent forms for mother interviews where necessary	
14.	Receipts and other relevant data regarding the purchase and rotation of infant formula	
15.	Phone access in a room where interviews can be performed in private	
16.	Records of breastfeeding data for the last year	

## Breastfeeding Education Hours Assessment Form

Data compiled by:

Hospital:

Date:

Name	Start Date	Designation	Orientation to Policy	Study Days	Breastfeeding for Māori women	Clinical Hours	Ongoing Education	Completed (✓ or X)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

Insert the date, in the columns provided, of each component of education and / or the completed number of hours