

Baby Friendly Community Health Initiative Maternal and Child Services

Standards:

1. Have a written infant feeding policy that is routinely communicated to all health workers and parents.
2. Train all healthcare staff in the knowledge and skills necessary to practice in accordance with the infant feeding policy.
3. Discuss with all pregnant women and their families about the importance and management of breastfeeding, and supportive practices.
4. Assist mothers to establish and maintain practices that facilitate optimal infant feeding.
5. Promote and support exclusive breastfeeding for six months and continued thereafter with appropriate complementary foods.
6. Establish and use a reliable system to ensure continuity of care within the service, between hospitals and community health services, and in collaboration with community supports.
7. Provide a welcoming and supportive environment for infant feeding and protection from marketing including adherence to the Code of Marketing and related legislation.

Standards and Criteria

1. Have a written infant feeding policy that is routinely communicated to all health workers and parents.

The head/director of maternal and child services at the health facility reports that:

- The health facility has a written infant feeding policy that addresses all Seven Standards and it is compulsory to be followed.
- Relevant managers have agreed to adhere to this policy and enable their staff to practice in accordance with the policy.
- All health care staff members (including any students, trainees or volunteers) who have any contact with pregnant women, infants and young children and their mothers or other care givers, have received orientation on the infant feeding policy when they commence work in the facility.
- A named person is responsible for coordinating the implementation, audit and evaluation of the policy in the health facility.
- A written process is in place to regularly audit policy implementation and to share the results, with the experiences of the pregnant women and mothers/parents included in some of the audits.

A review of documentation indicates that:

- A written policy exists that addresses all Seven Standards and states that the policy is mandatory to be followed.
- Supporting materials for the policy exist and include guidance for how each of the Standards and other components should be implemented.
- All other policies or protocols related to infant and young child feeding in use in the health facility are in line with current evidence-based standards.

- Regular audit takes place of the implementation and compliance with the policy, and to evaluate the effectiveness of the policy and effects on infant feeding indicators, with reports available of these audit results.
- An outline of the orientation to the policy that is provided is sufficient for the staff members to understand their role in implementing the practices.

Observation indicates that:

- The policy is available so that all staff members who take care of pregnant women, infants and young children, and their mothers or other care givers can refer to it.
- Summaries of the policy covering, at minimum the health facility's adherence to the Seven Standards and a contact for further information, are visibly displayed in all areas of the health care facility which serve pregnant women, infants and young children, and their mothers. These areas include, at a minimum, the out-patient clinic/consultation rooms/treatment areas and associated waiting areas for antenatal care, postnatal care for the women, infant and young child care.
- The summaries are displayed in the language(s) and written with wording most commonly understood by mothers and staff.

Interviews with staff members indicate that:

- 80% of relevant staff members have attended orientation to the policy when commencing work, or when a new policy is introduced, and can indicate where a copy of the full policy can be read.

2. Train all healthcare staff in the knowledge and skills necessary to practice in accordance with the infant feeding policy.

The head/director of maternal and child services at the health facility reports that:

- Attendance at training is mandatory for relevant staff.
- Records are maintained of training that can easily provide a list of staff who have attended, non-attendees, and those awaiting training.
- There is a process for follow-up of non-attendees.
- Managers are aware of the importance of training and staff are facilitated to attend training within working time.

A review of documentation indicates that:

- 80% or more of the clinical staff members who have contact with pregnant women, infants and young children and their mothers and have been on the staff 6 months or more have received training at the health facility, in a previous workplace or in pre-service training prior to arrival, that cover all Seven Steps in both theoretical knowledge and skills for practical application.
- 80% or more of the relevant non-clinical staff members have received training that is adequate, given their roles, to provide them with the skills and knowledge needed to support effective infant and young child feeding.
- A training schedule for new employees is available.
- The type and percentage of staff receiving training is adequate, given the facility's needs.
- The curricula or course session outlines for training for various types of staff are available for review.
- The training on how to provide breastfeeding information and support covers key topics such as:
 - the importance of breastfeeding for child, for mother, family and wider community
 - labour and birth practices that are supportive of breastfeeding including to have companion(s) of their choice with them throughout labour and birth, ways to deal with

- pain and be more comfortable during labour, and the effects of ways of dealing with pain on mothers, babies and breastfeeding
 - supportive practices in hospital such as immediate and sustained skin-to-skin contact, early initiation of breastfeeding, and rooming-in on a 24-hour basis
 - on-going practices such as responsive baby-led feeding, frequent feeding to help assure enough milk, effective positioning and attachment
 - assessment of feeding and using indicators of growth
 - milk expression
 - signs of difficulties and how to care for sore nipples, sore breasts, low weight gain and breastfeeding during illness of the infant or mother
 - how to support exclusive breastfeeding for the first 6 months
 - relactation when breastfeeding ceased early
 - that breastfeeding continues to be important after 6 months when other foods are given
 - the risks of giving formula or other breast-milk substitutes
 - medically acceptable reasons to use breast milk substitutes
 - HIV and infant feeding

- The training on how to provide information and feeding support for non-breastfeeding covers key topics such as:
 - the risks and benefits of various feeding options
 - helping the mother choose what is acceptable, feasible, affordable, sustainable and safe (AFASS) in her circumstances
 - the safe and hygienic preparation, feeding and storage of breast-milk substitutes
 - how to teach the preparation of various feeding options
 - care of the breasts when not breastfeeding
 - how to minimize the likelihood that breastfeeding mothers will be influenced to use formula

- The training on how to provide information and support on complementary feeding covers key topics such as:
 - appropriate age for introducing complementary foods and drinks and how to notice signs of developmental readiness to notice
 - breastfeed exclusively for around six months and how to maintain breastfeeding until two years of age and beyond
 - responsive feeding - to child's needs and developmental skills
 - safe preparation and storage of complementary foods
 - quantity or amount of complementary foods needed and meal frequency
 - consistency (or texture) of foods – appropriate moving from puree to family foods
 - what foods to use – iron and zinc rich foods, foods from animals, energy density, fruit and vegetables
 - vitamin and mineral supplements
 - feeding during and after illness of the child
 - how the mother can provide accurate information on complementary feeding to others who may care for her child
 - growth monitoring

- All training includes information and practice on:
 - communication skills for providing and discussing information
 - adult learning techniques for assisting mothers to acquire skills
 - counselling and problem solving skills
 - critical reading of information for evidenced based care

- finding sources for further information
- ethic and professional responsibility regarding accurate information
- effects of marketing on attitudes and practices of health workers, parents and wider community
- policy, legislation and international code requirements to limit marketing of breast milk substitutes and infant feeding related products

Interviews with clinical staff members indicate that:

- At least 80% confirm that they have received the described training at the health facility, in a previous workplace or in pre-service training prior to arrival, or, if they have been working in the health facility less than 6 months, are scheduled for training.
- At least 80% who provide care to pregnant women or infants less than six months of age or their mothers are able to answer correctly 4 out of 5 questions on breastfeeding supportive practices.
- At least 80% who provide care to pregnant women or infants less than six months of age or their mothers can describe two issues that should be discussed with a pregnant woman or new mother if she indicates that she is considering giving her baby something other than breast milk.
- At least 80% who provide care to pregnant women or infants less than six months of age or their mothers can describe at least two items of information that should be discussed when a mother will be separated from her breastfeeding baby due to illness, employment or other reasons, to assist the mother to continue breastfeeding.
- At least 80% who provide care to children from 4 months to 24 months can describe at least three recommended practices about complementary feeding that should be discussed with mothers when the baby is approaching six months old.

Interviews with non-clinical staff members indicate that:

- At least 70% confirm that they have received orientation and/or training concerning the infant feeding policy since they started working at the facility.
- At least 70% are able to describe at least one reason why breastfeeding is important.
- At least 70% are able to mention one possible practice in health facility that would support breastfeeding.
- At least 70% are able to mention at least one thing they can do in their employment role to support women so they can feed their babies well.

Clinical staff members: These include staff members providing direct clinical care pregnant women, infants and young children, and their mothers.

Non-clinical staff members: These include staff members providing non-clinical care for pregnant women, infants and young children, and their mothers, or having contact with them in some aspect of their work. This category may also include staff members providing clinical care in areas with a very minor relation to support of breastfeeding/infant feeding who would not be expected to provide any information or assistance on breastfeeding/infant feeding.

3. Discuss with all pregnant women and their families about the importance and management of breastfeeding and supportive practices.

If the health facility provides an antenatal clinic and/or antenatal information sessions, the head of the antenatal services reports that:

- At least 80% of the pregnant women who are provided with antenatal care receive information about breastfeeding. (Documentation of the antenatal discussion is encouraged.)
- There is no group instruction given to pregnant women on the preparation of infant formula and bottle feeding.

A review of documentation indicates that:

- Any printed materials provided to pregnant women/families are accurate and supportive of good practice, with no materials marketing breast milk substitutes or other infant feeding items.
- A written description of the standard minimum content of the breastfeeding information discussed with all pregnant women/families is available. (A discussion checklist is acceptable).
- The antenatal discussion covers:
 - the importance of breastfeeding for child and for mother,
 - labour and birth practices that are supportive of breastfeeding including to have companion(s) of their choice with them throughout labour and birth, ways to deal with pain and be more comfortable during labour, and the effects of ways of dealing with pain on mothers, babies and breastfeeding,
 - supportive practices in hospital such as immediate and sustained skin-to-skin contact, early initiation of breastfeeding, and rooming-in on a 24-hour basis
 - on-going practices such as responsive baby-led feeding, frequent feeding to help assure enough milk
 - effective positioning and attachment
 - the importance of exclusive breastfeeding for the first 6 months,
 - that breastfeeding continues to be important after 6 months when other foods are given,
 - the risks of giving formula or other breast-milk substitutes, and risks of not breastfeeding
 - sources of help and support available

Interviews with randomly selected pregnant women in their third trimester who have completed at least two antenatal visits to the health facility indicate that:

- At least 70% confirm that a staff member has talked with them individually or offered a group talk that includes information on breastfeeding.
- At least 70% confirm that a staff member has provided information on how/where to get help and support with feeding and caring for baby, if needed.
- At least 70% are able to adequately describe what was discussed about five of the antenatal discussion topics listed above. [If the pregnant woman has a known medical reason that contraindicates breastfeeding, or tells the staff member during the discussion that she will not be breastfeeding at all, then individual information on making an informed decision not to breastfeed and what to consider about other ways of feeding her baby can be counted as one of the five topics]

4. Assist mothers to establish and maintain practices that facilitate optimal infant feeding

The head/director of maternal and child services at the health facility reports that:

- There is an effective system for mothers and their babies to be seen soon after hospital discharge (preferably 2-4 days after birth and again the end of the second week) at the hospital, primary health care facility or through home visits by a skilled breastfeeding support person who can assess feeding and give any support needed in caring for the baby or mother herself, and the head/director can describe an appropriate system and adequate timing for the visits.
- Mothers who have previously encountered problems with breastfeeding receive special attention and support both in the antenatal and postnatal periods, and can describe what this additional attention involves

- A specialist service and an appropriate referral pathway are available for those mothers and children who require additional assistance with feeding, and can state how to access the specialist service.
- A recommendation by health care staff to use breast milk substitutes is only given for medically acceptable reasons and this reason is documented in the card or file of the mother and/or the infant
- Mothers who ask about using breastmilk substitutes are provided with information, including the risks, and an opportunity to discuss it with a knowledgeable staff member so the mother can make an informed decision.
- The health facility has an adequate space and the necessary equipment for giving individual demonstrations to mothers who are not breastfeeding in how to prepare and give formula feeds in a way that does not influence breastfeeding mothers.

A review of documentation indicates that:

- The card or file of the mother and/or child indicates that an assessment of feeding was carried out within the first week after discharge from hospital after birth.
- Any printed materials provided to new mothers/families are accurate and supportive of good practice, with no materials marketing breast milk substitutes or other infant feeding items.
- The written minimum standard for the information to be discussed with all breastfeeding mothers in the first week after return home from the hospital after birth is available for review and includes:
 - keeping baby close in order to help build a close and loving relationship, including managing night-time feeding and care, and the role of others in care of the baby
 - when to feed the baby that is baby focused and responsive; that breastfeeding can be used to feed, comfort and calm baby, that feeds can be initiated by the mother when baby shows feeding cues, when the mother's breasts feel full or when she would just like to have time with her baby
 - how to wake a sleepy baby and how to settle a crying baby
 - pacifiers can interfere with responsive feeding as their use may hide feeding cues
 - the importance of effective positioning and attachment and how to recognise effective breastfeeding (signs relating to milk transfer and breast health) ; expected weigh gain
 - value of continuing breastfeeding if separated from baby and how to do this
 - hand expression of breast milk, including why it is a useful skill and the offer of assistance to learn how to do it; information on use of breast pumps if needed
 - signs of difficulties and how to care for sore nipples, sore breasts, or low weight gain (resulting from simple situations such as poor attachment and infrequent feeding)
 - how to get further information, assistance and support
 - the importance of exclusive breastfeeding and, if needed, information on the value of continued partial breastfeeding when exclusive breastfeeding is not possible/not the choice by the mother
- The written minimum standard for the information to be provided to all non-breastfeeding mothers in the first week after return home from the hospital after birth is available for review and includes:
 - keeping baby close in order to help build a close and loving relationship, including managing night-time feeding and care, and the role of others in care of the baby
 - the mother to give most feeds themselves while holding their baby close to support relationship building.
 - when to feed the baby, how much to feed and feeding techniques that are baby focused and responsive to baby's needs; expected weigh gain
 - how to wake a sleepy baby and how to settle a crying baby
 - how to care for sore or engorged breasts when not breastfeeding
 - information that relactation may be possible and how to find help to do so

- the importance of preparing feeds in a safe and accurate method with attention to the correct amounts and cleaning of the equipment
- how to get further information, assistance and support

Observation indicates that:

- For mothers who are using breast milk substitutes, in 75% of the cases teaching of mothers by staff on how to safely prepare and feed breast-milk substitutes is accurate and complete, and the mother is asked to give a “return demonstration”. (If individual teaching is done in the health facility rather than in the mother’s home)

Interviews with clinical staff members indicate that:

- At least 80% report that they assess the effectiveness of feeding and sufficient milk intake and are able to describe the key points of how they do this assessment (use of a checklist is acceptable) , or, if they do not do this assessment, can describe to whom they refer mothers in this health facility for this assessment.
- At least 80% report that they teach mothers how to position and attach their babies for breastfeeding and are able to describe or demonstrate correct techniques for both, or, if they do not teach this, can describe to whom they refer mothers in this health facility for this assistance.
- At least 80% report that they teach mothers how to hand express and can describe or demonstrate an acceptable technique for this, or, if they do not teach this, can describe to whom they refer mothers in this health facility for this assistance.
- At least 80% report that they teach non-breastfeeding mothers how to safely prepare their infant feeds and can describe or demonstrate the key points to include, or can describe to whom they refer mothers in this health facility for this assistance.
- At least 80% report that a specialist service and an appropriate referral pathway are available for those mothers and children who require additional assistance, and can state how to access the specialist service.

Interviews with randomly selected mothers who gave birth within the previous 6 weeks indicate that:

- At least 70% report that someone on the staff of the health facility offered a review of feeding and caring for their baby and themselves within the first week after discharge from hospital.
- At least 70% report that someone on the staff of the health facility offered a review of feeding and caring for their baby and themselves at one or more times after the first week.
- At least 70% report that they know who to contact if they have questions or difficulties with feeding and caring for their baby and themselves.
- At least 70% report that they have been told how to recognize when their babies are hungry and can describe at least two feeding cues.
- At least 70% of those who are breastfeeding are able to describe what signs would indicate that their babies are attached and suckling well.
- At least 70% of those who are breastfeeding report that they were offered assistance in learning to express their milk by hand.
- At least 70% of the mothers who are not breastfeeding report that they have been offered help in preparing and giving their baby’s feeds, can describe the main points of the information they were given, and were offered an opportunity to prepare and give a feed themselves with a staff member present to answer questions.

5. Promote and support exclusive breastfeeding for six months and continued thereafter with appropriate complementary foods.

The head/director of maternal and child services at the health facility reports that:

- Infant feeding is discussed and documented at each visit of the infant to the health facility with recognition of good practices and assistance provided to improve practices, if needed.
- There is an effective system to indicate when an infant is approaching six months of age and to schedule a discussion on complementary feeding and can describe what this system involves.
- This complementary feeding discussion is documented in the card or file of the mother and/or child.
- Mothers who have previously encountered problems with complementary feeding receive special attention and support, and can describe what this additional attention involves.
- Training in complementary feeding is provided for staff members who provide care to children approaching 6 months to 24 months.

A review of documentation indicates that:

- Any printed materials provided to mothers/families are accurate and supportive of good practice with no materials marketing breast milk substitutes or other infant feeding items
- A written description is available of the standard minimum content of the complementary feeding information to be discussed with all mothers/families when the infant is approaching six months of age. (A discussion checklist is acceptable).
- The complementary feeding discussion covers:
 - appropriate age for introducing complementary foods and drinks and how to notice signs of developmental readiness
 - breastfeed exclusively for around six months and how to maintain breastfeeding until two years of age and beyond
 - responsive feeding - to child's needs and developmental skills
 - safe preparation and storage of complementary foods
 - quantity or amount of foods and meal frequency
 - consistency (or texture) – appropriate moving from puree to family foods
 - what foods to use – iron and zinc rich foods, foods from animals, energy density, fruit and vegetables
 - feeding during and after illness of the child
 - vitamin and mineral supplements
 - how the mother can provide accurate information on complementary feeding to others who may care for her child
 - how to get further information, assistance and support

Interviews with randomly selected mothers of infants from approaching six months to twelve months of age who have attended the health facility at least once in the previous eight weeks indicate that:

- At least 70% confirm that they have received information and an opportunity to discuss it for at least five of the topics listed above.

6. Establish and use a reliable system to ensure continuity of care within the service, between hospitals and community health services and in collaboration with community supports.

The head/director of maternal and child services at the health facility reports that:

- There is an effective system by which the primary health care informs the birth facility of concerns related to the pregnant women and foetus for both clinical and psycho-social aspects.
- There is an effective system by which the birth facility informs the primary health care service of the birth and necessary discharge information of baby and mother in a timely manner.

- There is a clear system of responsibility for providing support to the mother who is at home and her infant remains in the hospital neonatal unit, or her young child has been admitted as a paediatric in-patient, or if the mother is admitted to hospital.
- All mothers using the health facility are given information on where they can get support if they need help with feeding and caring for their babies and the head/director can also mention at least one source of this support.
- An effective system exists to refer for assistance families who are in social situations that could result in poor infant feeding practices.
- The health facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and can describe at least one way this coordination is done.
- Community support persons who are not employees of the primary care health facilities are facilitated to participate in training with health facility staff, or the primary care health facility collaborates with community support groups to ensure there is consistency of information and practices.

A review of documentation indicates that:

- Printed information is distributed to mothers on how and where mothers or other care givers can find help on feeding and care of their infants and includes specific information on at least one type of help or support available.

Interviews with clinical staff members indicate that:

- 80% of relevant staff members can state at least one specific support group or other community organization for mothers/families for support on care of infants and mothering/parenting, or can state to whom they refer mothers in this health facility for this support.

Interviews with randomly selected mothers indicate that:

- At least 70% report that they have been given information on how to find support groups, peer counsellors or other community health services if they want to meet other mothers or have questions about feeding and care of their babies, and can describe at least one type of help that is available.

7. Provide a welcoming and supportive environment for infant feeding and protection from marketing including adherence to the Code of Marketing and related legislation.

The head/director of maternal and child services at the health facility reports that:

- Medications, treatments and procedures for mother and/or child are chosen/scheduled so as to cause the least possible disturbance to breastfeeding and mother-child relationship.
- Breastfeeding is permitted without restriction in any area of the health facility where the mother and child may be, and that a private space can be provided if requested.
- Places are available in the health facility where a mother can sit comfortably to feed her child with access to drinking water for the mother.
- There is a clean space away from where mothers are waiting that can be used for preparation of artificial feeds, with access to drinking water and a means of heating it to the necessary temperature and washing facilities, if needed for individual use by a mother/caregiver
- A space and time exists where the mother can have a private discussion and assistance with feeding, if needed.
- Staff members who are breastfeeding are facilitated to have lactation breaks at which times their child may be brought to them to feed or they can express their milk. A comfortable and

clean space is provided for expressing or feeding the baby, and appropriate storage for expressed milk is available.

The head/director of maternal and child services at the health facility also reports that:

- No employees of manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers or other feeding equipment have any direct or indirect contact with pregnant women or mothers or families of infants and young children.
- No pregnant women, mothers or their families are given marketing materials or samples or gift packs by the facility that include breast-milk substitutes, bottles/teats, pacifiers, other infant feeding equipment or coupons for these products.
- The health facility does not receive free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers or other feeding equipment.
- Any breast milk substitutes, including special formulas and other feeding supplies, if needed, are purchased by the health care facility for the wholesale price or more.
- Staff members are encouraged to not accept personal gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast milk substitutes, bottles, teats, pacifiers or other feeding equipment. Management is informed by the staff member and by the company of any gifts or other items given to any staff member.
- The national law on marketing of breast milk substitutes is upheld and the facility cooperates with monitoring procedures.
- A member of staff, or team, has responsibility for monitoring and reporting in accordance with the Code of Marketing (and related legislation).

A review of documentation indicates that:

- The infant feeding policy upholds the International Code of Marketing of Breast-milk Substitutes and subsequent related WHA resolutions by prohibiting:
 - the display of posters or other materials provided by manufacturers or distributors of breast milk substitutes, bottles, teats and dummies or other feeding equipment or any other materials that promote the use of these products;
 - any direct or indirect contact between employees of these manufacturers or distributors and pregnant women or mothers or their families in the facility;
 - distribution of samples or gift packs with breast-milk substitutes, bottles or teats or other feeding equipment or of marketing materials for these products to pregnant women or mothers or members of their families;
 - acceptance of free gifts (including food), literature, materials or equipment, money or support for in-service education or events from these manufacturers or distributors by the health facility or the staff (in their role as an employee of the facility);
 - demonstrations of the preparation of infant formula for anyone that does not need them; and
 - acceptance of free or low cost breast-milk substitutes or supplies by the health facility.
- Records and receipts for any breast-milk substitutes, including special formulas and other supplies, if needed, are purchased by the health care facility for the wholesale price or more.
- Regular monitoring is carried out and records are kept of any violations, and reporting of these violations, of the Code of Marketing (and related legislation).

Observation in the maternal and child services and other areas of the health facility indicates that:

- Breastfeeding is welcome and appropriately-worded signs indicated the availability of a private space if requested.
- Infant formula containers and pre-prepared bottles of formula are kept out of view unless in use, if any of these products are provided by the facility.

- No materials that promote breast milk substitutes, bottles, teats or dummies, or other designated products as per national laws, are displayed or distributed to mothers, pregnant women, or staff or their families.

Interviews with clinical and non-clinical staff members indicate that:

- At least 80% can give two reasons why it is important not to give free samples or marketing materials from formula and infant feeding related companies to mothers or families, or to staff members.
 - At least 80% are aware that mothers are welcome to breastfeed in all areas of the health facility and that a private space can be provided on request.
 - At least 80% can give one reason why co-workers who are breastfeeding should be supported, and give one way in which they could show their support.
-