

The Baby Friendly Hospital Initiative In India

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Introduction

Breast feeding is the first fundamental right of the child. Scientific evidence has proved beyond any doubt that breast feeding is the ideal form of feeding the newborn. The list of advantages of breast feeding, such as nutritional, psychological, anti-infective, social, developmental, birth spacing, economic, etc., is growing everyday. It is estimated that breast feeding prevents six million deaths annually. However, it is only in the most advanced of the more than 4000 mammals on this earth that this ancient practice of protecting the young ones is threatened in the name of modernization. Every year over one million infants die and millions of others have impaired growth and development because of the ill effects of artificial feeding.

Global trends in Breastfeeding

Wet nursing appeared as the first alternative in the history of mankind about 2000 BC. Later, animal milk was used as a substitute. Artificial milk appeared on the scene in the present century. The western world saw a rapid decline in breast feeding prevalence after 1940's. The proportion of babies exclusively breast-fed at discharge in the USA declined to about 20 to 40% in the late 1960's. Patented foods like Liebig's Food and Nestle's Milk Food appeared

in Europe and USA in the 1860's and started making extravagant claims about their products and offering free samples in the last century. In the 1960's physicians did not realise the advantages of breast-feeding and even recommended artificial feeding. From the 1970's the scientific community started realizing the unique properties of breast-feeding and, organized efforts for protecting and promoting breast-feeding were initiated. This was followed by a rise in the prevalence of breast feeding because of campaigning by many groups which support breast-feeding. This practice leveled off in the 1980's and has, since then been declining steadily.

WHO and UNICEF have spearheaded global efforts for the protection of breast-feeding. A joint WHO/UNICEF meeting held in October 1979 came up with the recommendations on Infant and Young Child Feeding. The International Code on Marketing of Breast milk Substitutes was developed by WHO in 1981. The Innocenti Declaration on the Protection, Promotion and Support of Breast-feeding was prepared and adopted by participant countries at the WHO/UNICEF policy makers meeting on "Breast-feeding in the 1990's - A Global Initiative". It specified the operational targets for all governments to implement by 1995. The Baby friendly Hospital Initiative (BFHI) was one of the activities initiated by WHO and UNICEF in 1991. A number of non-governmental organizations like La Leche League, Infant Baby Food Action Network (IBFAN) and World Alliance of Breast-feeding Associations (WABA) have played an important role in the promotion of breast feeding.

Breast-feeding Practices in India

The prevalence of breast-feeding has shown some decline in recent times in India but it is still high at 99% in rural areas and 96% in urban areas. However, there are many undesirable practices associated with infant feeding in India which call for strengthening activities to promote

and support breast-feeding. Some of the desirable feeding practices include demand feeding, breastfeeding over prolonged period viz. Upto 2 to 5 years of age and family support to mothers during the breastfeeding period.

Certain undesirable practices that need to be modified in order to get the maximum benefits of breast milk to the babies include the discarding of colostrum, late initiation of breastfeeding after birth, giving prelacteal feeds, bottle feeding, and delay in starting complementary feeds. Concern for the declining trend in breast-feeding in India was raised in a number of studies in the 1970's and early 1980's. The international initiative from WHO and UNICEF also provided a push to these efforts since the early 1980's. Some of the major activities that were undertaken included :

- Development of the curriculum on breast-feeding for inclusion in medical teaching (1982).
- Code on protection and promotion of breast-feeding which became an Act in 1992.
- Promotion of exclusive breast-feeding and appropriate feeding practices as a part of diarrhoea and ARI management policies.
- Promotion of exclusive breast-feeding and appropriate feeding practices as a part of Child Survival and Safe Motherhood Programme (1992-97).
- Protection and promotion of breast-feeding as a part of the National Nutritional Policy.
- Baby Friendly Hospital Initiative since 1992.
- National breast feeding Committee to oversee protection and promotion of breast feeding established in 1997.

Development of "The Baby Friendly Hospital Initiative" (BFHI)

During 1990 two powerful international declarations were issued, both explicitly addressing the need for improved breastfeeding practices. The Convention on the rights of the Child entered into force and included the legal obligations of states to provide mothers and families with the knowledge and support needed for breastfeeding. In September 1990, two months after the Innocenti Meeting the World Summit for children agreed on a set of actions

needed in order to save and improve children's lives. Among the global goals for the 1990's agreed upon at the World Summit is the re-creation of an environment that enables all women to breastfeed their children.

The protection, promotion and support of breastfeeding have been identified as the most important actions for achieving a reduction in undernutrition among young children. Against this backdrop, UNICEF and WHO launched BFHI in June, 1991 as a part of the global effort to protect, promote and support breastfeeding. The BFHI recognises the important supportive role that hospitals play in the movement to support breastfeeding. It also recognises that hospital practices have greatly contributed to the trend away from breastfeeding.

Ten Steps to Successful Breastfeeding

1. Have a written breast feeding 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 breast-feeding.
4. Help mothers initiate breast-feeding within a half hour of birth.
5. Show mothers how to breast-feed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in-allow mothers and infants to remain together – 24 hours a day.
8. Encourage breast-feeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

The minimum criteria for any hospital to be recognised as baby-friendly by international WHO/UNICEF standards is the implementation of all Ten steps to Successful Breastfeeding, as measured by the BFHI Hospital Assessment Criteria.

Goal and Objectives of BFHI

The goal of BFHI is to contribute to the achievement of the global breastfeeding goal as stated in the Innocenti Declaration and adopted by the World Summit for Children.

“All women should be enabled to practice exclusive breastfeeding and all infants should be exclusively on breastmilk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, upto two years of age or beyond”

The programme objectives under BFHI include :

- Transformation of hospitals and maternity facilities into Baby-Friendly Institutions, i.e. all the Ten Steps are implemented according to the BFHI hospital assessment criteria.
- Establishment of lactation training and resource centres.
- Enactment of the necessary laws, regulations and procedures envisaged in the Innocenti Declaration.

The BFHI is also designed to increase the general awareness of the problem of malnutrition, to increase the demand for long-term solutions and to mobilise resources for sustainable programmes for the achievement of all the nutrition goals of the World Summit Plan of Action.

Global guidelines for implementing the BFHI have been developed by UNICEF and WHO. These include BFHI principles, hospital self-appraisal questionnaire, hospital assessment criteria and designation procedures. These documents are made available to each country for customization / adaptation as per the local requirements of the country. The Baby-Friendly Hospital Initiative is fully funded by UNICEF.

BFHI Guidelines

The BFHI guideline manual includes the “Four Stages”

methodology:

- **BFHI Principles:** An elaboration of the UNICEF/WHO Ten Steps to Successful Breastfeeding and the Fundamental principles guiding the designation of Baby-Friendly Hospitals.
- **Hospital Self Appraisal Form:** A questionnaire to enable hospitals to assess their own levels of conformity with the BFHI principles.
- **Hospital Assessment Criteria:** Detailed criteria used by UNICEF/WHO – certified assessors to determine hospital conformity with the BFHI principles.
- **Developing a country level hospital assessment and designation process:** Guidelines and procedures for conducting country level hospital assessment and designation.

The BFHI programme guidelines manual also includes the following information resource materials:

1. BFHI 18-hour training outline.
2. Information note on global level mobilisation activities.
3. Information note on building support for mothers.
4. Information note on related legal and legislation issues.
5. Resource guide.

Why the focus on hospitals?

This initiative focuses on the hospitals specially the larger ones in phase I for the following reasons:

- ✓ Hospitals are institutions of learning for medical practitioners.
- ✓ Practices promoted and adhered to in hospitals have a multiplier effect on the community outside. The patients, their family members and other visitors carry the message back into the community and influence the practices in the community as well.
- ✓ Babies delivered in hospitals derive the benefits of desirable feeding practices.
- ✓ Hospitals have been a major source of misinformation on infant feeding. BFHI aims to correct this and

empower women to practise what is best for their babies and make an informed choice about it.

- ✓ The proportion of deliveries in the hospital is likely to go up in future as this is being promoted in the safe motherhood component of Reproductive and Child Health Programme

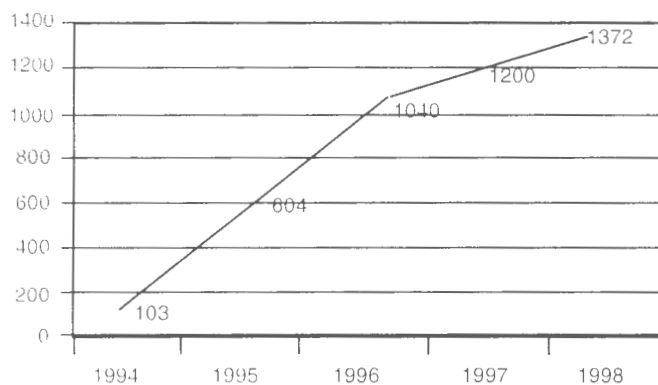
Global Progress in BFHI

BFHI was started in 12 lead countries in 1992. These countries were Bolivia, Brazil, Côte d'Ivoire, Egypt, Gabon, Kenya, Mexico, Nigeria, Pakistan, Philippines, Thailand and Turkey. The Initiative spread to other countries from 1993 onwards, and has now spread to 171 countries in the world. It has been gathering momentum and during the last five years has shown increasing progress.

Progress of BFHI in India

The BFHI was initiated in India with focus on the Metropolitan cities initially and then spread to the whole country. The National Task Force comprising of representatives from GOI, UNICEF, WHO and professional bodies viz. FOGSI, IMA, IAP, TNM, etc. with a Secretariat located in IMA Headquarters in Delhi provides the policy guidelines and technical support. Each state has a State Task Force on BFHI with representatives of all the agencies constituting the National Task Force. The national Task force is gradually providing more and more autonomy to the State BFHI

Figure - 1
PROGRESS OF BFHI IN INDIA
No. of Baby Friendly Hospitals



Task Forces. Since July 1995, the process of certification has been decentralised to State Task Forces to a very large extent. The State Task Forces conduct the whole process and forward the completed assessment forms to National Task Force for final certification. For hospitals with less than 250 deliveries, certification is done by the State BFHI Task Forces. In India, BFHI has picked up towards early 1995. The number of hospitals certified Baby Friendly has increased from 103 in December 1994 to 604 in December 1996 and 1370 in Nov., 1998 (Fig 1). This includes the smaller hospitals (less than 250 deliveries in a year) from Kerala and Tamil Nadu.

The situation in the states varies from no hospital certified in some to only one in Bihar to nearly all hospitals certified as baby friendly (e.g. Tamil Nadu and Kerala) (Table I).

Table I :
Number of hospitals certified as Baby Friendly in the states in India

State	Above 250 deliveries	Less than 250 deliveries	Total
Andhra Pradesh	7	-	7
Assam	17	-	17
Bihar	1	-	1
Bengal	17	-	17
Chandigarh	1	-	1
Delhi	28	4	32
Goa	1	-	1
Gujarat	15	-	15
Haryana	5	-	5
Karnataka	69	-	69
Kerala	329	+99	428
Madhya Pradesh	55	-	55
Maharashtra	106	-	106
Orissa	5	-	5
Punjab	2	-	2
Rajasthan	6	-	6
Tamil Nadu	362	+106	468
Uttar Pradesh	23	-	23
Total	1163	209	1372

BFHI & The Infant Milk Substitutes Act 1992

The Government of India has enacted a law titled "The

THE SALIENT FEATURES OF THE ACT

Promotion to Public

No person shall advertise any kind of infant milk substitutes (IMS) or feeding bottles (FB)

No person shall take part in the promotion of milk substitutes, feeding bottles or infant foods (IF)

No person shall give free samples or gifts of IMS or FB or gifts of utensil or other articles.

No person shall offer inducement of any other kind for the purpose of the promotion of sales of IMS or FB.

No donation of IMS or FB to any person except to an orphanage

Labelling

Containers of IMS, FB and infant foods or a label on it should carry certain information prescribed in the Act and rules

No picture of an infant or woman is allowed on the label, or tins of infant milk substitutes

No use of word like > Humanised or > maternalised = on the label, container or advertisement of IMS.

No use of words like a recommended or approved by medical profession

No use of words like a full protein, a Complete Food = or a Energy food = on labels of IF

Not to use educational material on prenatal, postnatal care or infant feeding for the purpose of promoting sale of Infant milk substitutes or feeding bottles.

Promotion to Health Care System

No display of posters or placards on IMS, FB or IF in the hospitals, etc.

Information and education material relating to IMS and FB can only be distributed by medical practitioners and should have minimum prescribed information as per rules. No payments of any kind to a person working in health care system by any person producing, supplying, distributing or selling IMS, FB, and IF.

No direct or indirect financial inducement or gifts to health workers.

Company Employees

No commission to employees on the basis of sales volume by the producer, distributor, supplier or seller of IMS, FB or IF.

Penalty

Violation of the Act can lead to some fine and or imprisonment upto 3 years.

Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992” – The IMS Act is one of the actions by the Government of India to discourage unethical promotional practices adopted by the infant food industry that adversely affect breast feeding

This Act, for which Government of India has recently received a global award, has been considered one of the most useful and effective Acts in the social sector. Three NGOs have been identified by the government as watchdogs with powers to launch criminal proceedings against companies violating the IMS Act. Since the time the Act has come into force, legal action has been initiated against three baby food manufacturers.

Challenges and the future – Mother and Child Friendly Hospitals

BFHI has made rapid progress in India. At the same time there are some large States which need to accelerate their activities towards more baby friendly hospitals. This can only be possible if the local professional bodies like the Indian Academy of Paediatrics and FOGSI play a proactive role in these States, as they have already done in several other States in India. In many hospitals where BFHI activities have been implemented there has been a decline in morbidity and mortality of newborns and the load in the nurseries has come down.

However, there are certain areas of concern, which have emerged in the process of implementing this initiative. Some of the critical challenges that need to be addressed are indicated below.

- Although the training package has been standardised some hospitals are either not undertaking training on lactation management or are using their own curriculum. This may not ensure appropriate knowledge transfer to the hospital staff. Here again the involvement of the local professional bodies is crucial to ensure good quality training.
- At present there is no provision for re-assessment of baby friendly hospitals. Hence hospitals once certified as baby friendly are not revisited to ensure that the recommended practices are sustained.
- In many hospitals there is a large turnover of staff, especially the nursing staff. Hence, retraining becomes an important aspect of sustenance of BFHI.

UNICEF is now supporting a study to look at the practices in these hospitals as compared to those hospitals, which are not baby friendly. The study will also look at the impact of the initiative in the community.

BFHI has given an opportunity to establish a standard of quality health in practices related to infant feeding and care. Of late, there has been an effort to expand this to include quality care in all the major components of maternal and child health care. Those States which have progressed substantially in BFHI may now move into BFHI Plus which incorporates all the major components of Reproductive and Child Health (i.e. Antenatal Care, Comprehensive Obstetric Care, Postnatal Care, Essential Newborn Care, Rational Case Management in ARI, Diarrhoea). This has already been launched in Tamil Nadu, Kerala and Maharashtra as the Mother and Child Friendly Hospital Initiative (MCFHI).

Globally UNICEF has recently initiated efforts to make health services women friendly. It will be appropriate to integrate this package with BFHI Plus and make the health services women and child friendly.

Protection and promotion of breast-feeding needs special

attention in India not only for prevention of morbidity and mortality among mothers and children but also to reduce the prevalence of malnutrition which, in India is the second highest in the world. More than half of the child population (53%) in India is malnourished. Promotion of correct infant feeding practices will prevent a large number of children from becoming malnourished as the growth curve starts slackening during infancy and plateaus at around 2 years of age. Promoting desirable practices of infant and child feeding can also effectively prevent malnutrition. Baby Friendly Hospital Initiative is one of the important activities which needs to be further strengthened to improve infant and child feeding practices in India.

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