A successful movement to promote breastfeeding through hospitals

The days when babies will be routinely given bottles and infant formula in hospitals are likely to be over soon. Trained and committed health professionals are now talking about breastfeeding with women; there is whole new trend towards helping mothers to be successful in breastfeeding.

Since the launch of BFHI in India in 1993, it has grown into a unique programme, capturing the imagination and harnessing the support of health workers, breastfeeding advocates, policy makers, and mothers. Although a tremendous amount has been accomplished, our work is far from over. Many hospitals have yet to be certified as BFHI and the quality of those already certified needs to be improved and sustained. This folder is designed to share some of the positive impact that BFHI has made and to suggest ways for further improvement. This movement can, with your help, change not only hospital practices, but evolve into a community change process.
The Baby Friendly Hospital Initiative (BFHI) was started in India in 1993. Under this, the hospital with maternity services have to follow the “Ten steps to successful breastfeeding”. These hospitals are assessed and certified as baby friendly once they adopt the “Ten Steps”. BFHI is slowly progressing in the country and more than a thousand hospitals have been declared as Baby Friendly (BF). In 1999 a study was commissioned to study breastfeeding practices in 600 hospitals and compare these between BF and non-BF hospitals across 13 States of India. The study was conducted in 306 certified BF hospitals and 294 non BF hospitals with an objective to see the effectiveness of BFHI programme. A team of investigators visited these hospitals to interview staff and mothers based on which key findings and recommendations of this study have been presented.

What is happening in these hospitals

The study has revealed that there is considerable interest in this movement. Many more hospitals are expressing their desire to become baby friendly, what they need is good information and training of their staff in breastfeeding and lactation management.

Findings are presented in categories of ‘positive’, and ‘not so positive’ changes when we compare non-BF hospitals with BF hospitals.

Highly positive changes
Under this category, results that have shown statistically significant positive change are reported.

Starting to breastfeed within one hour of birth
Among BF hospitals, 54.5% women reported that breastfeeding was started within one hour while in non-BF hospitals it was in 36.5% (Fig.1).

Giving prelacteal feeds
Whether baby has been given anything to drink before starting to breastfeed is labelled as prelacteal feed. These were reportedly given only to 16% babies in BF hospitals and 34% in non-BF hospitals. This is very encouraging. This practice contributes to reduction in infections in newborn and also establishes lactation early (Fig. 1).

Objectives of BFHI
To achieve the goal of promoting breastfeeding practices in the hospitals both in government and private sectors, this is one of the key interventions towards achieving the goal of reducing infant mortality rates.

Type of prelacteal feeds
Most commonly given prelacteal feeds were Honey/Jaggery/Sugar (37%) or plain water (37%) in BF hospitals.

Supplementary milk feeds during hospital stay
Babies are more likely to give up breastfeeding early if offered supplements of other milk/formula during their hospital stay. In BF Hospitals it was reported that in 7% cases supplements were offered that means in 93% cases supplements were not offered. In non-BF hospitals supplement were offered in 17% cases (Fig. 1)

Breastfeeding discussions during antenatal period
For the success of breastfeeding, it is very critical that all women receive information during antenatal period, about why and how to breastfeed. While only a few mothers, less than 5% were talked about breastfeeding a decade ago, there seems to be tremendous shift towards this positive practice as 53% women in BF hospitals and 44% in non-BF hospitals reported that breastfeeding was discussed during antenatal period. (Fig.1)
Not so positive changes
Under this category are reported results that were positive but not statistically significant.

Breastfeeding problems
It was observed that 13% of women in BF and 12% in non-BF hospitals suffered from some kind of problem during breastfeeding like e.g. sore nipples, breast engorgement, breast abscess, and mastitis etc. Not much change was found. This is important in light of the fact that if women are adequately helped and supported, breastfeeding problems should show a decline.

Rooming in and demand feeding
This practice is being followed among almost all BF Hospitals and in most non-BF hospitals. To keep mother and baby together on the same bed is a very healthy practice for the neuromotor development of the baby. It prevents hypothermia and infections. In both types of hospitals, majority of nurses didn't keep any restriction on the frequency of breastfeeding.

Offering dummy/pacifiers
In both types of hospitals, the percentage of babies who ever sucked on a pacifier or dummy is very small, about 5% in BF and 7.5% in non-BF hospitals, and this was not significant.

Women’s plan on period of exclusive breastfeeding
It was observed that 39.2% women in BF hospitals and 36% women in non-BF hospitals intended to practice exclusive breastfeeding till four months of age. The response was almost similar in two types of hospitals and differences were not significant. (Fig. 2)

In summary, these observations indicate that there has been significant improvement in key breastfeeding practices in the BF hospitals. For example, initiation of breastfeeding, practice of giving prelacteal feeds, offering supplements of other milks during hospital stay and discussions about breastfeeding during antenatal period have shown a positive change.

Status of breastfeeding policies and training

Policy on breastfeeding
Almost all staff reported that they have a policy on breastfeeding in the hospitals.

Training of doctors and nurses in breastfeeding and lactation management
Only 44% doctors and 30% nurses reported that they received ‘any length of training’ in breastfeeding and lactation management (Fig. 3). It varied from 1 hour to more than 20 hours. Only 1/3 rd of those trained, received training of more than 20 hours. This is important as training of health care providers determines the success of breastfeeding. If the staff is adequately trained they are more likely to help women and support her to establish exclusive breastfeeding while she is in the hospital and counsel for practice of exclusive breastfeeding for first six months at home.
It was observed that from those interviewed only less than half of doctors and less than one third of nurses received “any length of training” in breastfeeding and lactation management. (44 % doctors and 30 % nurses). To find out if training had any impact on the breastfeeding practices, mothers were interviewed regarding help and support available from doctors or nurses during labour/delivery and postpartum period.

The results indicate significant positive impact of training for indicators like initiation of breastfeeding, reduction in prelactal feeding and discussion during antenatal period. However, the present level of training fails to make an impact on women’s plan/decision to exclusively breastfeed for an optimum length of time or on reduction on in supplements. (Fig. 4)

The study findings show that BFHI has shown the way forward to improve breastfeeding practices in hospitals. The key factor that brought these changes has been found to be “training in breastfeeding and lactation management”.

Even though, training was inadequate, it has shown a positive impact. It is evident that training is necessary for the implementation of a breastfeeding policy and it seems to be a potentially effective strategy to bring long lasting changes.

Ten steps in BFHI: a stepwise analysis

The results of this study in BF hospitals are discussed in light of the “Ten Steps”.

Step 1 is about having a policy on implementation of the steps and most doctors and nurses reported that there is a policy to support breastfeeding in their hospitals.

Step 2 is about training of all staff to implement all steps. These two steps are critical for everything else to happen.

Steps 3, 5 and 10 concern establishing support to breastfeeding mothers. Step 3 is regarding antenatal information/counselling, and Step 5 is to show mothers how to breastfeed and maintain lactation, teaching how to express breastmilk. Step 10 is to set up or foster a mother support group / follow up support system where mothers could be referred after discharge from the hospitals. All these steps 3,5 and 10 require skill, which is dependant on training of health care providers. These steps are crucial to bring long lasting changes in the system and require counselling skills, staff time and knowledge. In this study there is reasonable progress made in the antenatal counselling and other steps need to be strengthened. What would be more interesting is to find out what kind of information was provided and what was most useful during antenatal period.
Breastfeeding problems were not much different in two types of hospitals. Women are likely to stop breastfeeding if they face problems. If helped in time they are likely to practice exclusive breastfeeding. It was also observed that there was a only a marginal difference in the percentages of nurses and doctors who were 'trained' or 'not trained' to be able to solve breastfeeding problems like sore nipples, breast engorgement, breast abscess, inverted nipples and insufficient milk. The capacity of health workers to help women during breastfeeding problems has not changed significantly with the implementation of the BFHI programme, which underlines the need for an effective training strategy.

As only about 40% women planned breastfeeding there babies exclusively for 4 months or more, the study findings thus imply lack of adequate and effective counselling in these hospitals during antenatal, peri-natal or postnatal period for women to adopt exclusive breastfeeding for first six months.

**Step 4** regarding early contact seems quite satisfactory in BFHI hospitals. It requires a close contact with the mother to be able to establish skin-to-skin contact. Early initiation is important and crucial practice for later success of breastfeeding and emotional bonding between the mother and the child. The practice of giving prelacteal feeds is not only dangerous but also contributes to delay in suckling by the baby creating ‘nipple confusion’ and leads to initial problems in breastfeeding like breast engorgement and sore nipples. Babies are at an increased risk of infection with prelacteal feeds. If the staff is adequately trained, they are more likely to help women and support them to establish exclusive breastfeeding while she is in the hospital and counsel for practice of exclusive breastfeeding for six months at home.

![Early contact](image)

**Dangers of Prelacteal Feeds**
- They replace colostrum
- greater risk of infection, allergy
- They interfere with suckling
- artificial feeds satisfy hunger
- bottles interfere with attachment (nipple confusion)
- baby suckles less
- more difficult to establish breastfeeding

Step 6 and step 9 on use of supplements and artificial milks or pacifiers, teats are very closely related. This study shows decrease in supplements during hospital stay which is very encouraging. To implement these steps again health workers need time, skills, and more knowledge, to help mothers effectively.

**Step 7** is regarding rooming in, keeping mothers and babies together 24 hours a day. This is quite satisfactory in all hospitals. **Step 8** that is demand feeding is also well implemented. Both steps 7 and 8 are relatively easy to implement and are complementary to each other. These steps need information, knowledge and a strong policy. Global trends also help to establish and strengthen these steps and extensive training may not be necessary for these but they cannot be implemented in isolation.

In conclusion, steps that are easy to implement and don't need many skills or staff time have been observed to be showing more improvement like step 4,7 and 8. These address initiation, rooming in and demand feeding. Other steps like 3,5,6,9 and 10 addressing helping women if they have problem, counselling, support, and building confidence, need skills and staff time. These are seemingly not well implemented. The step 2 regarding training has not been sufficiently addressed through the current programme.
Challenges and Recommendations

The challenges that we have to face are,

- Accurate information and education of women during antenatal period,
- Extra support and help during delivery and postpartum visits,
- Support for the mothers in the community.

This is possible with commitment, and strong will. Programmatic support to good quality skill training in breastfeeding counselling and lactation management would make all the difference.

Why training and how much?

It is necessary to increase knowledge, but it is also necessary to increase skills, or the knowledge may not be able to be used. There is also a need to change attitudes, which create barriers to breastfeeding promotion. Training in breastfeeding counselling and lactation management is needed since most health professionals are not prepared during their basic education to be able to help mothers to be successful in breastfeeding.

Evidence from all over the world suggests that implementation of ten steps has positive impact on breastfeeding. To increase skills of health workers in breastfeeding management, current experience seems to confirm that 18 hours (3 days) training is an appropriate minimum length of training, while longer courses (e.g. 5 days) with daily clinical sessions are more desirable. State level trainers teams should be available to be bale to meet the vast needs. Special training courses of 5-6 days to develop trainers are recommended.

Who should be trained?

Training must be compulsory for all staff including seniors and combined with strong, specific breastfeeding policies to ensure change in hospital practices.

It would make sense to focus efforts to train women doctors and nurses to make meaningful progress in BFHI. They are likely to be the best resource to act as a counsellor to mothers on exclusive breastfeeding, being women very near the mother, and she could also share her breastfeeding experience.

Recommendations

Following are the key recommendations:

1. Training in breastfeeding and lactation management should be made a priority for all health professionals especially nurses.
2. Breastfeeding and lactation management should be included in basic training of existing peripheral workers.
3. A strong link through NGOs involvement should be established between the hospital and the community to achieve success in promotion of breastfeeding in the community.
4. Periodic evaluation to document effectiveness and progress of BFHI programme should make essential element of this programme.
5. Longitudinal studies should be carried out to qualitatively see the effect of counselling on women’s behaviours to adopt exclusive breastfeeding.

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