

Baby Friendly Health Initiative Information for Maternity Facilities



Congratulations on taking the first step in helping your maternity facility achieve Baby Friendly accreditation! You will find all the information and documents you will need to prepare for accreditation in the BFHI Information Pack, including:

- BFHI Handbook for Maternity Facilities (2016) (V3)
- BFHI Self-Appraisal Tool (2016)
- BFHI Data Collection for Initial Assessment (2016)
- BFHI Skin-to-Skin Audit Tool (2016)
- BFHI Breastfeeding Assessment Tool (Short) & (Extended)
- Request for BFHI Assessment form (2016)
- Financial Agreement forms (FY17-18)
- Innocenti Declaration 2005
- BFHI Timeline
- Sample breastfeeding policy
- Sample baby feeding cues leaflet
- Sample supervised clinical practice record book

Why 'Baby Friendly'?

The role of the Baby Friendly Hospital Initiative (BFHI) is to protect, promote and support breastfeeding. It does this by providing a framework for *Baby Friendly* hospitals to operate within called the *Ten Steps to Successful Breastfeeding*. These standards ensure all mothers and babies receive appropriate support and contemporary information in both the antenatal and postnatal period, regarding infant feeding.

In Australia in 2006, the Baby Friendly Hospital Initiative became the Baby Friendly Health Initiative in order to more accurately reflect the expansion of the initiative into community health settings.

In a *Baby Friendly* accredited facility, breastfeeding is encouraged, supported and promoted. Breastfed babies are not given breastmilk substitutes (infant formula), dummies or teats unless medically indicated or it is the parents informed choice. Regardless of feeding choices and circumstances, every woman is supported to care for her baby in the best and safest way possible.

BFHI is a joint World Health Organization (WHO) and UNICEF project that aims to create a healthcare environment where breastfeeding is the norm, and practices known to promote the wellbeing of all

mothers and infants are promoted. The *Ten Steps to Successful Breastfeeding* are the global criteria against which maternity hospitals are assessed and accredited.

Baby Friendly accreditation is a quality assurance measure that demonstrates a facility's commitment to offer the highest standard of maternity care to mothers and babies. Attaining accreditation signifies that the facility is committed to evidence-based, best-practice maternity care and ensuring that every mother is supported with her informed choice of infant feeding during her transition to motherhood.

In a *Baby Friendly* facility, a mother's informed choice of infant feeding is encouraged, respected and supported. At no time are mothers 'forced' to breastfeed. The *Ten Steps to Successful Breastfeeding* are beneficial for all mothers and babies, promoting bonding, parental responsiveness, empowerment and informed choice - regardless of feeding method.

In a *Baby Friendly* facility, breastfeeding mothers are given consistent, accurate information and support. In many cases the duration of breastfeeding is extended.

Mothers who choose to artificially feed their babies, or who are required to supplement with or switch to infant formula, are given individual support and information to help them correctly prepare feeds and to ensure that they know how to feed their babies safely.

The *Ten Steps to Successful Breastfeeding* work synergistically and so therefore are implemented in unison to ensure benefits for mothers and babies.

BFHI accreditation, which occurs every 3 years, ensures regular independent assessment, and provides facilities with the framework and support to continuously improve. It ensures that mothers themselves are heard when it comes to their experience of their care. It draws attention to areas of excellence and can improve staff morale.

BFHI accreditation, with its focus on education and training, also aids recruitment and retention of staff through increased professional development opportunities and increased job satisfaction.

BFHI accreditation ensures that the facility protects breastfeeding by adhering to the relevant provisions of the WHO International Code of Marketing of Breast-milk Substitutes. A summary of the WHO International Code of Marketing of Breast Milk Substitutes follows:

Summary of Main Points:

- No advertising of breast milk substitutes, teats and bottles
- No donations of breast milk substitutes, teats and bottles to maternity hospitals
- No free samples to mothers
- No promotion in the health services
- No company personnel to advise mothers
- No gifts or personal samples to health workers
- No use of space, equipment or educational materials sponsored or produced by companies when teaching mothers about infant feeding
- No pictures of infants or other pictures idealising artificial feeding
- Information to health workers about artificial feeding should be scientific and factual
- Information on artificial feeding, including labels, should explain the benefits of exclusive breastfeeding and the costs and risks associated with artificial feeding
- No promotion of products unsuitable for infant feeding, such as condensed milk or evaporated milk

The role of administrators and staff in upholding The Code:

- Free or low-cost supplies of breast milk substitutes should not be accepted in health care facilities.
- Breast milk substitutes should be purchased by the health care facility in the same way as other foods and medicines, for at least wholesale price. Promotional material for infant foods or drinks other than breastmilk should not be permitted in the facility.
- Pregnant women should not receive materials that promote artificial feeding.
- Feeding with breast milk substitutes should be demonstrated on an individual basis by health workers only, and only to the mothers or family members who need to use them.

- Breast milk substitutes in the health facility should be kept out of sight.
- The health facility should not allow sample gift packs with breast milk substitutes or related supplies that interfere with breastfeeding to be distributed to pregnant women or mothers.
- Financial or material inducements to promote products within the scope of the Code should not be accepted by health workers or their families.
- Manufacturers and distributors of products within the scope of the Code should disclose to the institution any contributions made to health workers such as fellowships, study tours, research grants, conferences, or the like. Similar disclosures should be made by the recipient.

What BFHI Assessors will look for when assessing compliance with the *WHO Code* **Interview with Supplies/Purchasing/Procurement Officer**

In general, assessors expect to see that:

- all supplies of infant formula are bought at no less than 80% of the wholesale price;
- no free or low-cost supplies or samples are permitted into the hospital;
- formula company representatives deal only with hospital procurement officer;
- the hospital has a policy regarding the selection of the house-brand of infant formula, taking into account factors such as cost and availability to parents in the local community;
- parents who have chosen to artificially feed from birth are requested to purchase and bring to the hospital their chosen formula;
- infant formula is only provided to parents who supplement with or switch to infant formula feeding while in hospital, or whose children are admitted already artificially feeding;
- *WHO Code* standards regarding gifts (subsidies, goods, education, events, equipment), representatives accessing the facility, and scientific research are observed.

Interview with Dietetic/Nutrition Education Staff

In general, assessors expect to see that:

- formula company reps who call on dietitians do so only by appointment and any gifts, samples or supplies meet WHO Code guidelines, and are recorded;
- educational literature about breastfeeding does not make it seem difficult or dependent on a good diet, rest, and other 'healthy habits';
- educational literature about artificial feeding meets the Code requirements regarding the superiority of breastfeeding.

Observations in all areas of the hospital, especially paediatric wards, dieticians' offices, supply areas.

In general, assessors expect to see that:

- parents are given individual instruction regarding artificial feeding, and are supervised for at least some preparation and giving of feeds;
- a separate area is designated for preparing artificial feeds;
- staff do not feed babies whose mothers are in the hospital;
- packages of infant formula, bottles, teats and dummies are hidden from direct view;
- infant formula company literature are not distributed or publicly displayed within the facility;
- safe arrangements exist for necessary artificial feeding;
- Bounty Bags, if used, are free of promotion of infant formula, bottles, teats and dummies or gift vouchers or discounts for same.

Desirable practices

The following desirable practices are not assessed as part of the *Ten Steps to Successful Breastfeeding*, though facilities are encouraged to implement these practices where possible.

- Availability of breast pumps and facilities for storing breastmilk on the Paediatric Unit and Emergency Department;
- Special Care Units which do not use bottles and teats for babies whose mothers intend to breastfeed, and which encourage Kangaroo Care and other practices that positively affect breastfeeding;
- demonstrated skill in several alternative methods of feeding babies other than using bottle and teat;
- regular audits of infant feeding practice;
- insistence that all staff in the facility demonstrate competency in the area of infant feeding;

- 'Care by Parent' rooms in the Paediatric Unit;
- provision of meals for breastfeeding women staying with their children;
- willingness to care for breastfeeding infants of mothers hospitalised, in ways that support breastfeeding;
- inclusion of infant feeding history questions on patient file;
- positive public images of breastfeeding in all areas of the facility, especially entrance foyers and public waiting areas;
- literature about breastfeeding and its benefits in areas other than the Maternity Unit;
- signs informing mothers that they are welcome to breastfeed anywhere in the facility;
- standard practice to dispose of any packages of infant formula left behind by parents;
- dummies not readily available, even in hospital kiosks and chemists;
- nutritional literature that does not over-emphasise intake of particular foods or drinks; or give the impression that only women on the healthiest diets should breastfeed.
- Staff parental leave policies that facilitate breastfeeding are also highly commendable, and facilities are encouraged to let assessors know of these and other policies which they believe are helping families, such as implementation of the ABA Breastfeeding Friendly Workplace.

Further information about the World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes is available in the useful booklets *Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breastmilk Substitutes* (IBFAN/ICDC, 2010), and *The International Code of Marketing of Breastmilk Substitutes: a Common Review and Evaluation Framework* (WHO, 1996) which can be found at: www.who.int/nutrition/

Achieving BFHI Accreditation

Ten Steps to Successful Breastfeeding

Review the standards for Implementation of the *Ten Steps to Successful Breastfeeding*.

Coordination

Many facilities find that it is easiest to appoint a BFHI Coordinator who can manage the accreditation process and ensure the facility continues to implement *Baby Friendly* standards following accreditation. It is also beneficial to establish a BFHI Committee comprising midwives, lactations consultants, obstetricians, pediatricians, consumers and other key individuals as appropriate.

Support

Consider contacting other BFHI Coordinators in *Baby Friendly* accredited facilities, particularly ones that are a similar size. The BFHI Manager is also available to provide support at any time.

Self-Appraisal

Complete the BFHI self-appraisal tool.

Policies for BFHI

Thoroughly review the facility's breastfeeding/infant feeding policy against requirements listed for step 1. Review any clinical pathways/ guidelines that support the breastfeeding policy to ensure they also meet BFHI requirements and reflect contemporary lactation management practices. Review the facility's breastfeeding and supplementation statistics over the previous 12 months.

Observations

Walk through the facility, looking at it from a BFHI perspective. Refer to Appendix 4 for guidance on internal auditing for implementation of the *WHO International Code* in a BFHI facility.

Self-audit

Conduct an audit of common problem areas, for example step 5 (show mothers how to breastfeed using 'hands off' techniques, show mothers how to hand-express), step 6 (*Acceptable Medical Reasons for Use of Breastmilk Substitutes*, required documentation and informed consent), step 7 (rooming in, including required documentation regarding separation), step 8 (breastfeeding on demand), or others as needed.

The results of these internal audits are not required as part of the accreditation process, however it is a useful tool for the facility to gauge how it measures against Baby Friendly standards.

Action Plan

With the help of the BFHI Committee, develop an action plan to remedy any areas identified as not yet meeting *Baby Friendly* standards.

Staff Education

Allocate all relevant staff to a staff group. Refer to step 2. Establish a database of relevant BFHI education for each staff member (an electronic database is best, using a spreadsheet or similar). Determine whether any further staff education is needed and if so ensure that it is completed.

Further Self-Appraisal

Complete the BFHI self-appraisal tool a second time. If the facility appears to meet all the standards in the *Ten Steps to Successful Breastfeeding*, do a further check by interviewing a small sample of mothers, pregnant women and staff to see if their responses confirm this.

Assessment Type

Determine if a multi-facility or cluster assessment is appropriate.

Multi-Facility Assessment

A multi-facility assessment is designed for two or more facilities in an area under the same governance to be assessed together. It is primarily designed to provide financial advantage as there is a fee reduction for the second and subsequent facilities.

The facilities must meet the following criteria:

- All facilities follow the same policies for BFHI and clinical protocols that support those policies, and have the same staff education curriculum (education attendance records may be maintained separately).
- The BFHI Coordinators for each facility work closely together to manage the assessment, the ongoing maintenance of BFHI standards, and to address any recommendations resulting from assessment.

Assessments for all facilities are to occur consecutively. Two full days are required for each facility, and the number of births at each facility will determine the number of assessors required.

Other than interviews with key personnel common to all facilities e.g. Executive Officer, Director of Nursing/Midwifery, Purchasing Officer and review of common documents such as policy, protocols and education programs for staff, a full assessment as per BFHI guidelines will be completed at each facility.

All documentation to support BFHI accreditation e.g. policies etc. are to be available at each facility. The Assessors will review the common documentation at the first facility, but may need to refer to it at the other facilities. Materials relevant to specific facilities, including infant feeding data, must be available at the relevant facility.

An assessment scoring document will be completed for each facility. A conclusion session will be provided at each facility on completion of the assessment.

Each facility will receive an individual confidential assessment which will not be influenced by the results of the assessment in the other facilities. Each facility will receive an individual report, scoring booklet and accreditation certificate.

Cluster Assessment

A cluster assessment is designed for two or more small facilities located in the same region to be assessed as a group. Unlike the multi-facility assessment where each facility is assessed separately, in a cluster assessment, all the facilities are assessed together as one single entity rather than individual

assessments for each facility. It is primarily designed for small rural facilities with low birth numbers who may not have the funding for an individual assessment, although it may also be appropriate for other facilities, depending on the individual circumstances.

As for multi-facility assessments, the facilities must meet the following criteria:

- All facilities follow the same policies for BFHI and clinical protocols that support those policies, and the same staff education curriculum (education attendance records may be maintained separately).
- The BFHI Coordinators for each facility work closely together to manage the assessment, the ongoing maintenance of BFHI standards, and to address any recommendations resulting from assessment.

The BFHI Manager will determine the number of assessors and days required, based on the specific cluster of facilities being assessed.

The total number of interviews conducted across the facilities is the same number of interviews as for a single facility.

Only one assessment scoring document and one assessment report will be completed for a cluster assessment. A conclusion session will be provided at one facility on completion of the assessment. All the facilities share one report and the outcome of the assessment is as a group. Each facility will receive a copy of the same cluster accreditation certificate.

Applying for Assessment

Once the facility is ready for assessment, the facility must submit to the BFHI Manager 4-6 months prior to the proposed assessment dates, the following documents:

- Request for assessment form
- Financial agreement form
- BFHI self-appraisal
- BFHI data for the most recent 12 months (Jan-Jun & Jul-Dec or Jul-Dec & Jan-Jun) using the BFHI Excel spreadsheet. Required for facilities applying for accreditation for the first time. (Already accredited facilities are required to submit data bi-annually).
- Copy of the facility's breastfeeding policy

Human Subject Research Clearance

If human subject research clearance is required through the facility's ethics review committee, the process must be completed prior to commencement of the assessment.

Police Checks/Working with Children and/or Vulnerable People Checks

Some facilities/states require Assessors to produce a current clearance certificate or letter. If Assessors are required to have this documentation, the facility is required to advise the BFHI Manager at the time of application. The necessary procedure will then be followed according to the requirements applied in each state of Assessor residence and/or state of where the assessment is being carried out. Costs associated with these checks may be invoiced to the facility.

Confirming the Assessment

The BFHI Manager will provide a letter of confirmation along with an invoice for payment, to the BFHI Coordinator at the facility to confirm the dates of the assessment, the assessment team as well as other useful information about the assessment. The Lead Assessor will contact the BFHI Coordinator at the facility leading up to the assessment to discuss the practicalities of the assessment.

Conflict of Interest

The facility will be informed of the proposed Assessors prior to the assessment, and may appeal in writing the proposed selection, if they believe there may be a conflict of interest from their perspective.

The Assessment Team

A Lead Assessor and one or two Co-Assessors will spend two full days at the facility, including, returning during the evening on the first day to interview night shift staff. On some occasions there may also be a trainee Assessor or an observer present at the assessment.

All Assessors are trained by the Australian College of Midwives and have comprehensive knowledge of BFHI and WHO requirements, and experience in contemporary lactation management. Assessors must maintain their skills by completing a required amount of education and experience every 3 years, and by regularly conducting assessments. Assessors are bound by the BFHI Assessor Agreement and are expected to act in a professional manner and dress appropriately.

Assessors must respect the facility's customs and organisational procedures. They are required to undertake the assessment according to the philosophy and policies of BFHI and assess the facility using the BFHI materials provided.

The assessment is confidential and will only be discussed with the assessment team and persons nominated by the BFHI Manager. Privacy for the staff, women and families involved in the assessment will be maintained. Confidentiality of materials will be maintained.

During Assessment

The assessment team will attend the facility to conduct interviews, review policies, staff education records and clinical pathways, and make observations in the areas being assessed.

On the day the assessment commences, the Assessors should be provided with a suitable workplace, appropriate identification, access to relevant areas, and be introduced to relevant staff. Facilities are encouraged to provide meals for the assessment team such as lunch, morning and afternoon tea, though this is not a requirement. If there are satellite sites, the facility is responsible for the assessors' travel to and from the primary site.

Interviews

Pregnant women, mothers and hospital personnel will be interviewed during the assessment process. The interviews will be conducted in a friendly manner and where possible should be conducted in private, so a suitable interview space is required. Some interviews may be conducted via phone where women are not available to attend the facility. It is important to remember that it is the facility that is being assessed, not the women or personnel personally.

Apart from senior staff interviews, the results of all interviews are anonymous with identification by number rather than name. Most people being interviewed will be nervous and may often not be able to come up with an answer, even when they know the content well. It is the role of the Assessor to put them at ease and to try to prompt them to answer, without actually giving the answer. The Assessor may word the question a slightly different way or use other prompts to gain the required answer.

Interpreters

If interpreters are needed for the assessment, the facility's interpreter service may be used. Staff members with a vested interest in the outcome should not be used as interpreters.

Conclusion of the assessment

On completion of the assessment a suitable time will be arranged with the BFHI Coordinator so the Assessors can formally conclude the assessment. This is usually on the afternoon of the second day. This informal session will allow the BFHI Coordinator and any other relevant key maternity staff to ask questions and/or add any further information. The assessment team will provide general results including achievements and steps still needing further work; however, it is important to note that the assessment team cannot provide the outcome of the assessment.

The Assessment Report

The assessment team will submit a detailed assessment report, scoring booklet and supporting documentation to the BFHI Manager with a recommendation regarding the facility's overall achievements. The assessment documents will undergo an independent review before the final decision is made.

Assessment Outcomes

Ten Steps to Successful Breastfeeding Met

If the assessment and review indicates the facility has met all the standards for each of the *Ten Steps to Successful Breastfeeding*, the BFHI Manager will email the BFHI Coordinator at the facility. A copy of the assessment report and scoring booklet will be provided with a letter of outcome as well as an electronic copy of the accreditation certificate.

Ten Steps to Successful Breastfeeding Not Met

If the assessment and review indicates the facility has not yet met all the standards for each of the *Ten Steps to Successful Breastfeeding*, the BFHI Manager will email the BFHI Coordinator at the facility. A copy of the assessment report and scoring booklet will be provided with a letter detailing the recommendations and the expected time frame for implementation. Once the due date for the recommendations is reached, a partial reassessment will occur, either by document review and/or by return visit to the facility. Only the criteria not achieved previously will be assessed during the partial reassessment. A partial reassessment by return visit will incur an additional cost of 40% of the original assessment cost.

Final Decision

Accreditation is awarded by the Chief Executive Officer, Australian College of Midwives. The facility will be advised of the decision by email, and this is followed by an A3 accreditation certificate for display. Once accredited, the facility will be included on a list of Baby Friendly facilities in Australia on the ACM website. News of the accreditation will also be published in the Australian Midwifery News magazine, on the ACM's Facebook page and other social media. Photographs and stories of *Baby Friendly* celebrations or achievements help to further promote the facility, and can be submitted to the BFHI Manager.

Facility Feedback

After the assessment, the facility BFHI Coordinator is asked to complete an online survey to give feedback to the BFHI Manager on their experience of the assessment, the assessment team and the process, before, during and after the assessment. The aim of the survey is to gather information in order to help improve and refine the assessment process. Feedback may be communicated to the assessment team.

Appeals Process

If the facility wishes to appeal the outcome of the assessment, the appeal should be made in writing to the BFHI Manager within 14 days of receipt of the outcome.

Accreditation period

Accreditation is awarded for three years at which time the facility will need to undergo another full assessment to remain accredited.

Maintaining Accreditation

Once accredited, it is the facility's responsibility to ensure BFHI standards are maintained for the three-year period of accreditation. The facility will be required to submit BFHI data on a bi-annual basis to the BFHI Manager. Facilities will also be encouraged to complete an annual BFHI self-appraisal to track standards and should also conduct regular internal audits, although these documents will not be required to be submitted annually.

Re-Accreditation

Assessment for re-accreditation is the same process as for initial accreditation. Ensuring that a three-year action plan for BFHI requirements is developed and implemented on a rolling schedule will mean less stress and work in the lead up to re-accreditation.