

# NATIONAL IMPLEMENTATION OF THE **BABY-FRIENDLY** HOSPITAL INITIATIVE 2017



**I**N 1989, WHO and UNICEF described the Ten Steps to Successful Breastfeeding as a global standard of quality maternity care. The Ten Steps address facility policies, training, community outreach, and caring procedures for new mothers and babies. The Baby-friendly Hospital Initiative (BFHI) was launched to encourage maternity facilities worldwide to adopt the Ten Steps. Maternity facilities that adhere to the Ten Steps and comply with the International Code of Marketing of Breast-milk Substitutes are awarded the prestigious title of being “Baby-friendly.”

In the Global Strategy on Infant and Young Child Feeding, the World Health Assembly called upon all countries to ensure that every facility providing maternity services fully practices all the Ten Steps. This report provides an analysis of the current status of the BFHI in countries around the world, based on results from the 2nd Global Nutrition Policy Review 2016-17 (GNPR2).

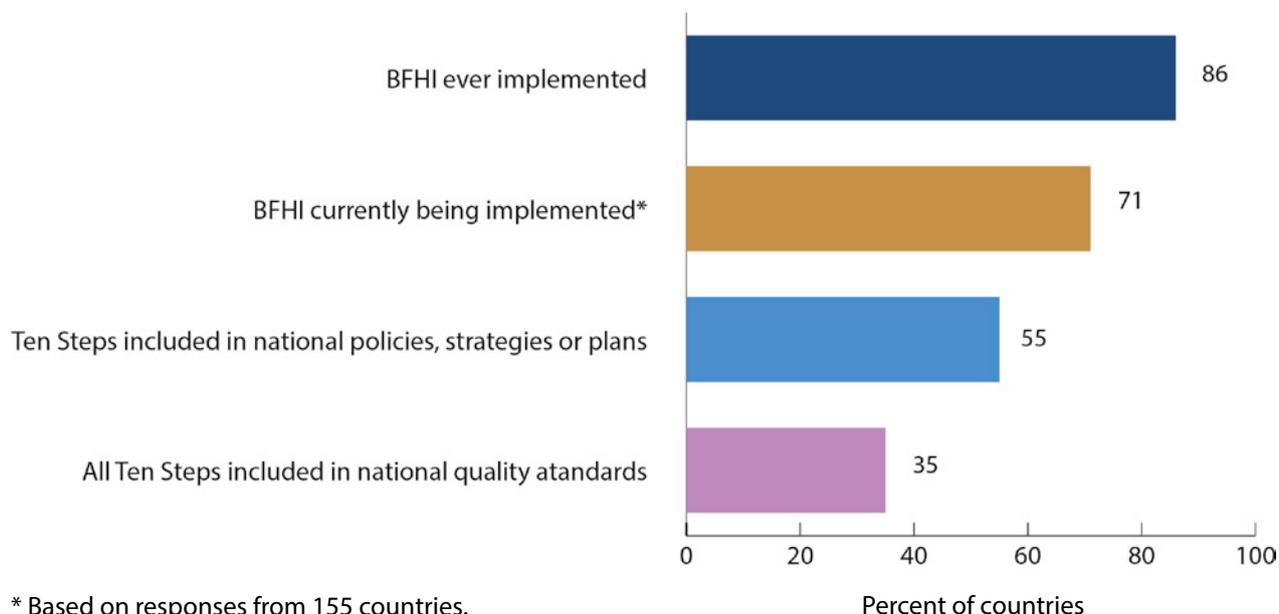
## THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

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

## A MAJORITY OF COUNTRIES HAVE IMPLEMENTED THE BFHI

Most countries responding to the GNPR2 reported that they had established a national BFHI programme and were still operating it in 2016/17. Over half had national policies or strategies related to the Ten Steps. But only one in three countries has fully integrated the Ten Steps into national standards of quality of care for maternity services.

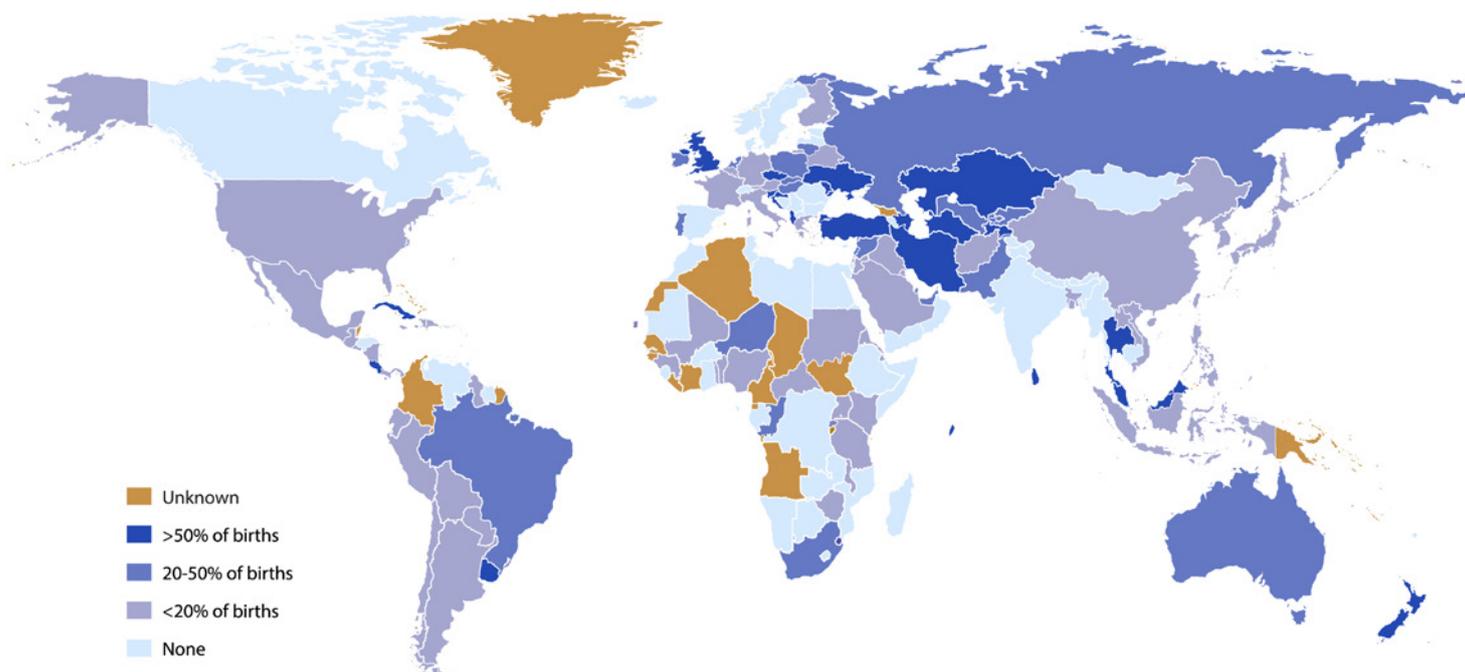
**Figure 1. Percent of countries implementing BFHI (out of 117 reporting).**



## COVERAGE OF THE BFHI IS LIMITED

To retain the designation of “Baby-friendly,” re-assessment should occur at least every five years. In spite of 25 years of implementation, only 10% of births occur in facilities that have been designated or re-assessed as “Baby-friendly” within the last five years. This percentage varies widely by region, with a coverage rate of over 35% in the European region but less than 5% in Africa and Southeast Asia.

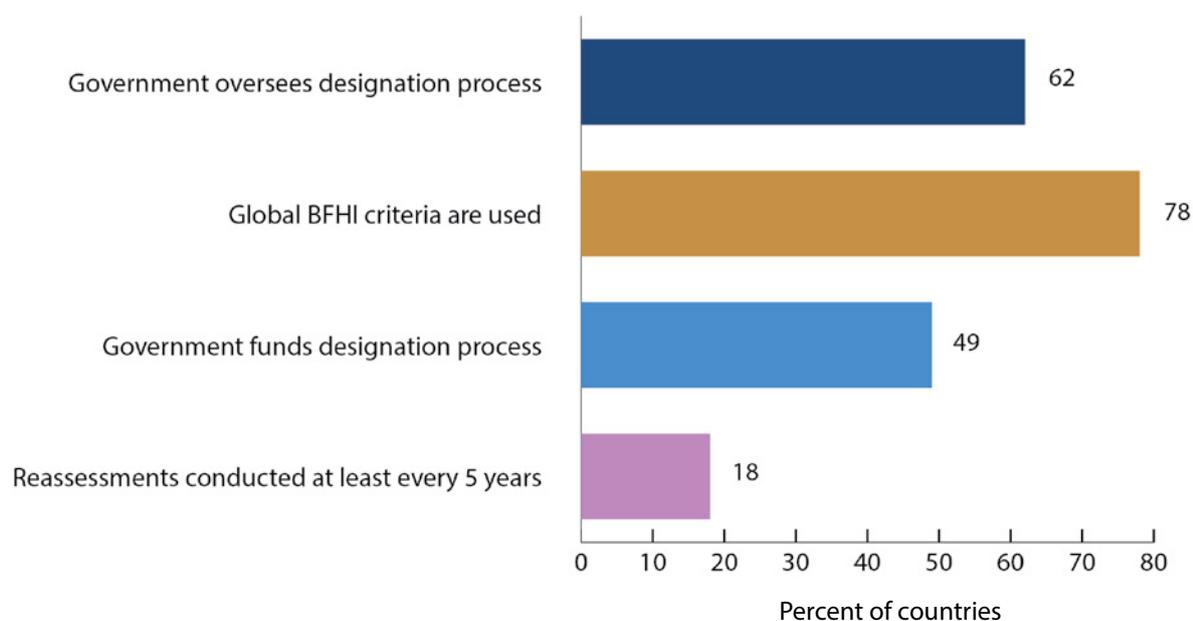
**Figure 2. Percent of births in facilities designated as Baby-friendly, by country.**



## SUSTAINABILITY OF THE FACILITY DESIGNATION PROCESS IS PROBLEMATIC

The process of assessing maternity facilities for adherence to the Ten Steps on an ongoing basis requires regular funding and oversight. While nearly two-thirds of the countries reported that the government was directly involved in overseeing the programme, less than half had dedicated specific financial resources for designation. As a result, the programme in many countries has depended on external funding and operation by non-governmental organizations. Most countries are not able to re-assess facilities at least every five years.

**Figure 3. Characteristics of BFHI designation process (out of 78 countries with a current programme).**



## BREASTFEEDING AND BFHI LEADERS REPORT NUMEROUS CHALLENGES WITH BFHI IMPLEMENTATION

This report also includes a summary of interviews with national leaders in breastfeeding programmes and the BFHI in 22 countries. Respondents described the positive impact of the Ten Steps not just for improving breastfeeding rates but also for transforming the quality of maternity care more generally. But they also described a number of challenges with implementing BFHI:

- Political support for BFHI among policy makers is mixed.
- Funding constraints exist at both the national level and the facility level.
- Maintenance of the assessment and designation process over time is difficult.
- Turnover of facility staff creates significant training costs.
- Facilities lack internal monitoring systems to ensure continued adherence to the Ten Steps.
- Lack of implementation of the International Code of Marketing of Breast-milk Substitutes at the national level makes it difficult to apply at the facility level.



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**COVERAGE OF BFHI DESIGNATION  
IS LESS THAN 5% IN AFRICA AND  
SOUTHEAST ASIA, BUT IS OVER 35%  
IN THE EUROPEAN REGION**

