

Training in Baby Friendly Hospital Initiative

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The Baby Friendly Hospital Initiative (BFHI) was initiated in India with focus on large hospitals initially and then spread to many parts of India. 'Ten steps to successful breastfeeding' form the basis of BFHI of which step 2 regarding training is critical for the success of this programme. The duration of training should be at least for 18 hours, including at least 3 hours of clinical practice. Programme managers and policy makers should take training of health care staff rather seriously for achieving the real success in implementing the BFHI policies laid down in steps 3 to 10.

Key words : Baby Friendly Hospital Initiative (BFHI), ten steps to successful breastfeeding, training of health care staff.

The concept of Baby Friendly Hospitals was developed jointly by UNICEF and WHO in 1989 to protect, promote and support the practice of exclusive breastfeeding worldwide¹. The Baby Friendly Hospital Initiative (BFHI) addresses a major factor, which has contributed to the erosion of breastfeeding ie, health care practices which interfere with breastfeeding. Until hospital practices improve, attempts to promote breastfeeding inside and outside the health services will be impeded². The BFHI was initiated in India with focus on large hospitals initially and then spread to many parts of India³. 'Ten steps to successful breastfeeding' form the basis of BFHI of which step 2 regarding training is critical for the success of this programme.

Status of Training in BFHI Programme in India :

The ten steps to successful breastfeeding are depicted below.

Every facility providing maternity services and care for newborn infants should:

- (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 half-hour of birth.
- (5) Show mothers how to breastfeed 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) Practise rooming-in – 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 soothes) to breastfeeding infants.
- (10) Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

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The observations based above indicate that training and time of health care providers are extremely important for successful implementation of the "Ten steps"^{1,2}. In one study⁴ conducted in BFHI hospitals in India, it was reported that only 44% doctors and 30% nurses had received any length of training in breastfeeding and lactation management and only 30% had received it for the recommended length of time of more than 18 hours.

Need for Training of Health Care Staff :

Health worker's lack of knowledge of breastfeeding, and their unhelpful attitudes and practices have been recognised for more than a decade³. Popkin *et al*⁵ conducted a knowledge, attitudes and practices (KAP) survey of midwives, nurses, physicians and community health workers in low-income region of the Philippines. Attitudes to breastfeeding were positive in general, but knowledge was poor, particularly about possible contra-indications. Attendance at infant food industry-sponsored conferences in which infant feeding was discussed had negative effects on both breastfeeding knowledge and attitudes meaning thereby that health workers should remain independent of infant formula industry.

Effectiveness of Training :

Although it is widely accepted that training is needed, only recently has its effectiveness been assessed. A KAP survey of all categories of staff, 9 months after training, showed a remarkable improvement regarding initial mother-infant contact, attachment at the breast, and reduced use of prelacteal feeds and supplements in the hospitals where training had taken place. There was no improvement in the control hospital. Exclusive breastfeeding rates up to 8 weeks were significantly higher among mothers who delivered in the hospitals where staff had been trained than where they had not².

The effectiveness of the training was also reported in the study conducted in Baby Friendly Hospitals in India⁴. Improvement in the knowledge of nurses and doctors was noted in solving breastfeeding problems like sore nipples, breast engorgement, breast abscess, inverted nipples and insufficient milk in the trained group (Figs 1 & 2).

The training had also made small but significant impact on breastfeeding practices like initiation of breastfeeding within one hour, reduction in prelacteal feeding, improved discussions during antenatal period, but it failed to make any impact on women's plan or duration of exclusive breastfeeding (Fig 3).

Popkin *et al*⁶ evaluated a national breastfeeding promotion programme in Honduras, which included changes in hospital policies and training physicians and nurses. National and community survey in 1981 and 1987 showed a significant increase in the initiation and duration of any breastfeeding. In another study, Bradley and Meme⁷ reported a national breastfeeding programme in

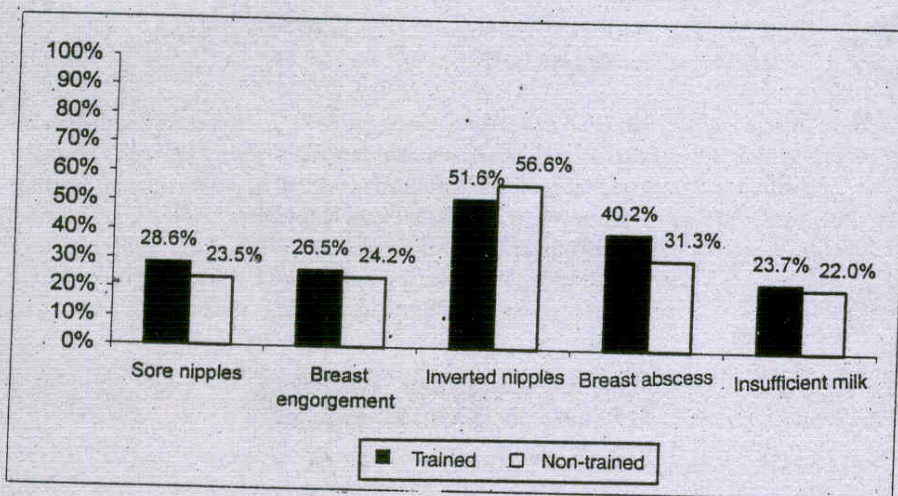


Fig 1 — Knowledge to Solve Breastfeeding Problems among Nurses

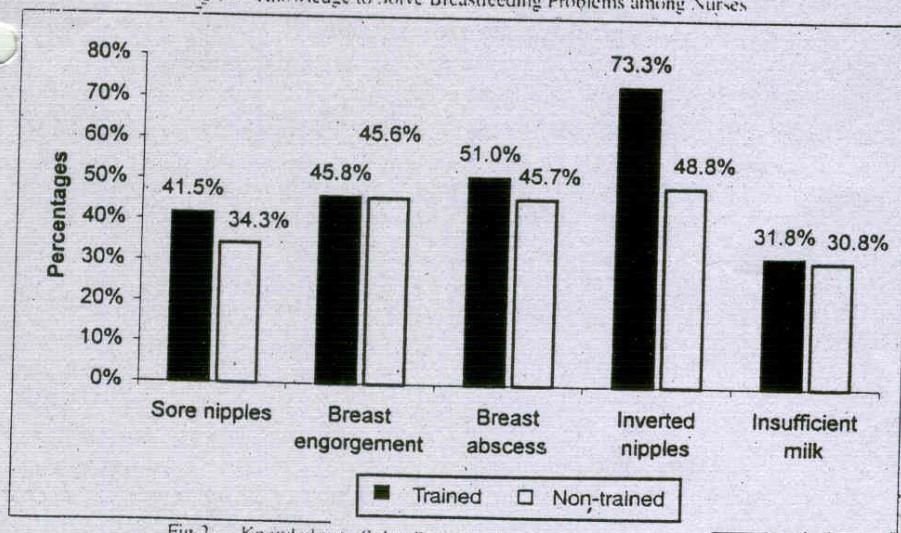


Fig 2 — Knowledge to Solve Breastfeeding Problems among Doctors

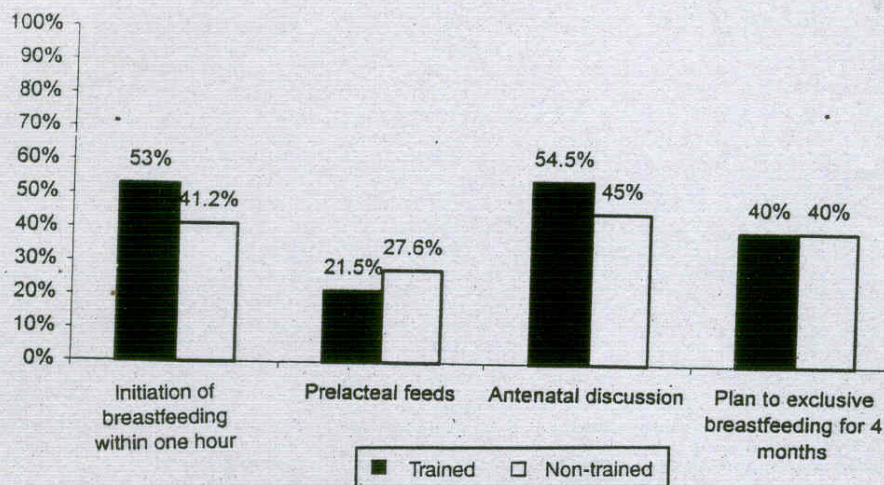


Fig. 3 — Effect of Training on Breastfeeding Practices

Kenya which included training of 800 health workers from all over the country, cessation of free supplies of infant formula to hospitals, and directives recommending early contact, rooming-in and no supplemental feeds. KAP studies of health workers in 1982, before the programme, and in 1989, 6 years after it started, showed substantial improvements. Health workers who have not been trained in breastfeeding management cannot be expected to give mothers effective guidance and provide skilled counselling⁷⁻⁹.

Length of Training Courses :

BFHI recommends that the duration of training should be at least of 18 hours, including at least 3 hours of clinical practice³. Armstrong⁸ described the stages of change in training, like resistance in the adoption of adequate routines due to natural opposition to change and to personal breastfeeding experiences, and change often developed on the second or third day of training⁶. Absorption of new ideas and active planning for changes occurs more readily after that stage is passed. WHO/UNICEF also supports a minimum of 18 hours (3 days), while longer courses of 5 days or 40 hours (33 sessions and 4 practical sessions of about 2 hours each) are desirable⁷.

Conclusions :

BFHI programme has generated considerable interest and demand. It is clear from the studies conducted in both industrialised and developing countries that health professionals' KAP are often not supportive of breastfeeding. Therefore, there is a need for improved training. A strong practical component can have more beneficial effect on both attitudes and skills, than training, which consists primarily of theoretical information. As regards the length of training of hospital staff is concerned, WHO/UNICEF supports a minimum of 18 hours (3 days), while longer courses are desirable⁷. It is, therefore, recommended that the programme managers and policy makers should take step 2 regarding training of health care staff rather seriously for achieving the real success in implementing the BFHI policies laid down in steps 3 to 10.

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