Debunking the Misunderstandings of the Baby-Friendly Hospital Initiative and Designation Requirements

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Sensational headlines and messages surrounding breastfeeding in the media are leaving the public confused. There are also myths being circulated about the Baby-Friendly Hospital Initiative (BFHI) that are causing some to question the value and safety of its practices. The most effective means for clarifying the confusion is to dispel the myths and explore the facts. An accurate understanding of the importance of breastfeeding, the BFHI requirements, the impact and inter-relationship of each of the Ten Steps to Successful Breastfeeding, as well as good breastfeeding management practices, ensures that every infant is provided the highest level of care and given the best start to life. Breastfeeding confers significant health benefits to both mothers and babies, and the BFHI is associated with an increase in breastfeeding initiation and duration.

Keywords: Baby-Friendly Hospital Initiative; exclusive breastfeeding; social media; myths; Ten Steps

Sensational headlines and scary messages surrounding breastfeeding in the media are leaving the public confused. Is exclusive breastfeeding as good as the experts say? Is it best to combine breastfeeding and formula-feeding? Are Baby-Friendly practices safe? Mothers and practitioners want to know the truth. The most effective way to achieve that is to dispel the myths and explore the facts. A popular myth is that the Baby-Friendly Hospital Initiative (BFHI) is all about “forcing” mothers to breastfeed. In fact, the opposite is true. The overarching philosophy of the BFHI is that:

Breastfeeding is a vital component of realizing every child's right to the highest attainable standard of health, while respecting every mother's right to make an informed decision about how to feed her baby, based on complete, evidence-based information, free from commercial interests, and the necessary support to enable her to carry out her decision. (World Health Organization, 2018a)

Because of the importance of breastfeeding to the health of both the mother and baby, the BFHI strives to assist mothers with overcoming breastfeeding challenges. In the end, a mother's informed decision is respected.

Another popular myth advanced by the foes of the BFHI is that mothers are forced to care for their babies throughout the hospital stay. This refers to the practice of rooming-in. The truth is that the BFHI expects mothers to be supported by hospital staff while they are rooming-in with their infants. There is much to learn

about infant care during the short time they are in the hospital. Ideally, staying together allows the mother to learn about her baby's feeding cues and needs under the expert guidance of trained staff. Staff are expected to educate mothers about safety matters and how to request support and help when necessary. It is also important to note that there are circumstances that do necessitate mother/baby separation.

Related to the issue of rooming-in is the practice of skin-to-skin care throughout the hospital stay. Some have expressed concern that this may lead to unsafe sleep practices. On the contrary, a component of excellent breastfeeding care is to educate the mother that sleepiness is a normal, hormonally driven, physiological response to breastfeeding for both the mother and infant. She should be encouraged to ask for help from hospital staff and, when at home, from her support person, to place the baby on his/her back in the bassinet/crib in their room at the end of a breastfeed. It also creates the perfect opportunity to teach the mother how to prepare a safe environment for all breastfeeding.

It is important to remember that for decades, maternity-care practices were built around a culture of formula-feeding as the norm, and breastfeeding was rarely encouraged. The BFHI, which is based on the Ten Steps to Successful Breastfeeding (Ten Steps) and the International Code of Marketing of Breast-milk Substitutes (the International Code), has worked to empower families with informed decision making through the provision of objective, evidence-based information and care practices that support breastfeeding. It is

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Figure 1. Breastfeeding rates as a function of baby-friendly implementation, U.S. 2007–2014. BFHI, Baby-Friendly Hospital Initiative.

intricately designed so that the practices interplay with one another which strengthen their impact. Eroding away one practice can have a rippling effect on the others.

Over 20,000 hospitals around the world and more than 500 hospitals in the United States have earned the BFHI designation. More than 1 million American babies are born each year in BFHI-designated facilities (Baby-Friendly USA, 2018). The increasing percent of births in BFHI-designated hospitals correlates with the increasing U.S. rates of exclusive breastfeeding (see Figure 1; Centers for Disease Control and Prevention, 2014, Centers for Disease Control and Prevention, 2018). According to the American Academy of Pediatrics (AAP), adherence to the Ten Steps to Successful Breastfeeding ultimately benefits our society with reduced infant mortality and improved health outcomes (Section on Breastfeeding, 2012).

Changing the Formula-Feeding Culture

Changing the formula-feeding culture has not been easy at any level. Barriers exist at every turn. Naysayers have raised objections to each of the Ten Steps. Furthermore, the success of the BFHI is a threat to the powerful \$70 billion infant-formula industry. The more mothers helped to successfully breastfeed, the less formula is consumed.

It is well-known that the BFHI is associated with increased rates of breastfeeding initiation and duration. This was again affirmed by a 2018 systematic review by the Agency for Healthcare Research and

Quality (Feltner et al., 2018). It is the primary global and national program that supports families with the necessary start to meet the health recommendations of exclusive breastfeeding for the first 6 months of life and continued breastfeeding after the introduction of complementary foods as set by the World Health Organization (WHO), AAP, and American College of Obstetricians and Gynecologists (American College of Obstetricians and Gynecologists, 2016; Section on Breastfeeding, 2012; World Health Organization, 2018a).

Are Exclusive Breastfeeding and BFHI Hospitals Safe?

Since the evidence supports the importance of BFHI practices and exclusive breastfeeding and that both have positive impacts on the health of mothers and infants (Feltner et al., 2018; Victora et al., 2016), why have a couple of outspoken organizations made it their mission to educate mothers about their “risks”? Their fear-based campaign has led some mothers to believe their infants will be harmed if they exclusively breastfeed or deliver in a BFHI-designated hospital. Their messages incorrectly portray the mission of the BFHI, designation requirements, and recent research. They draw incorrect conclusions about the root causes of breastfeeding difficulties.

BFHI Designation Requirements

However, it is important to point out that to ensure safety, exclusive breastfeeding must be properly managed, and the

BFHI-designation requirements correctly implemented. An accurate understanding of the BFHI requirements, the impact and interrelationship of each of the Ten Steps, as well as good breastfeeding management practices, ensures that every infant is provided the highest level of care and given the best start to life. The remainder of this article discusses breastfeeding management, provides additional clarification regarding some specific BFHI practices and Baby-Friendly USA (BFUSA) hospital-designation requirements. It also discusses how the BFHI- and BFUSA-designation requirements support safe infant feeding and maternity-care practices.

The BFHI Supports Individualized Care

Baby-Friendly Guidelines and Evaluation Criteria (GEC), which describe the designation standards, support individualized care and appropriate clinical decision making, not inflexibility or rigid adherence at all cost. Guideline 5.2 of the 2016 GEC specifically states, “Additional individualized assistance should be provided to high-risk and special-needs mothers and infants and to mothers who have breastfeeding problems or must be separated from their infants” (Baby-Friendly USA, 2016). Healthcare professionals are responsible for making clinical judgments on a case-by-case basis about when a variation from the Baby-Friendly protocol is appropriate.

Breastfeeding Management

Comprehensive, safe breastfeeding management consists of many components. It includes prenatal evaluation and education, safe implementation of maternity-care practices that support breastfeeding, physical assessment of the mother and infant dyad, assessment of latch, positioning, milk transfer, and identification of breastfeeding issues requiring additional care interventions. It also entails working closely with the mother to implement the appropriate care intervention to help her meet her own infant-feeding goals. Some care options include more frequent lactation assessment, support, and monitoring in the early postpartum period, supplementation with mother’s own milk, donor milk, or infant formula, excellent postpartum breastfeeding education, and ongoing monitoring and support of the breastfeeding couplet after hospital discharge. Overlooking one piece may have negative impacts.

Listening and communicating skills are also essential components of breastfeeding management. If a mother indicates she believes breastfeeding is not going well, it is vital to explore her reasons. She may provide critical information indicating further assessment is necessary. Minimally, an important opportunity is created to provide

education on indications that breastfeeding is going well and when and how to seek additional help. A key function of the BFHI is to build a mother’s knowledge, skill, and confidence in her ability to successfully breastfeed her infant.

Comprehensive Infant Feeding Policy

A fundamental tenant of the BFHI is that policy drives practice, and that a comprehensive, well-referenced, evidence-based infant feeding policy effectively guides staff to consistently deliver appropriate care. The 4-D Pathway to Baby-Friendly Designation, used in the United States, provides a detailed check-off tool to assist facilities in developing policies that effectively address all Ten Steps. A component of Step 6 (give no food or drink other than breastmilk, unless medically indicated) requires facilities to identify medical indications to supplement.

Furthermore, the U.S. GEC instruct facilities to “develop a protocol/procedure that describes the current, evidence-based medical indications for supplementation. Staff and care providers should be trained to utilize the protocol/procedure as guidance in the case of supplementation. A facility may utilize the recommendations of national and international authorities (e.g., Centers for Disease Control and Prevention, WHO, and Academy of Breastfeeding Medicine) in developing this protocol/procedure; however, the facility is responsible for ensuring that its medical indications for supplementation are supported by current evidence” (Baby-Friendly USA, 2016).

Breastfeeding Training and Competency Verification for Healthcare Professionals

While the specific training required by the BFHI has often been cited as costly for facilities, requiring that healthcare professionals who work with mothers and infants be knowledgeable about breastfeeding, and maternity practices is an essential step to ensuring that newborns are safely cared for and nourished. This goes beyond just acknowledging that breastfeeding is the optimal infant feeding method. Healthcare professionals providing care for mothers and infants must understand the physiology of breastfeeding and breast milk production. They must be knowledgeable of what conditions and care impact breastfeeding and milk production.

Before widespread adoption of the BFHI and the Ten Steps, most healthcare professionals would have agreed that breastfeeding is the optimal feeding method for infants, but few would have completed the needed training to enable them to support successful breastfeeding. The BFHI designation has been instrumental in advancing breastfeeding education for maternity healthcare professions

and has greatly increased their breastfeeding knowledge and skills.

Medically Indicated Supplementation and a Mother's Informed Decision to Use Formula

While the BFHI envisions exclusive breastfeeding as the norm, it is a misunderstanding to say that it does not allow formula supplementation or discourages it when medical indications are present. Safe breastfeeding management includes knowing and understanding conditions that require supplementation. As described previously, a component of the BFUSA Step 1 infant feeding policy requirement is for the hospital to have a policy or protocol that includes a list of medically indicated reasons to supplement and contraindications to breastfeeding. Also, the BFHI designation respects and honors a mother's informed decision to feed formula. Its goal is not to make a woman feel guilty for her decision but to prevent her regret for making a decision that has potential health consequences for which she is unaware.

Conclusion

"The core purpose of the BFHI is to ensure that all mothers and newborns receive timely and appropriate care before and during their stay in a facility providing maternity and newborn services, to enable the optimal feeding of newborns, which promotes their health and development" (World Health Organization, 2018b). As healthcare professionals work with mothers to help them achieve their infant feeding goals, it is important to do so in a manner that is culturally appropriate and specific to their individual needs.

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