

## BACKGROUND

- Breastfeeding is one of the most effective ways to prevent infant mortality, through protection from infection and reducing the risk of sudden infant death syndrome and necrotizing enterocolitis.<sup>1</sup>
- In 2017 and 2018, WHO and UNICEF published updated guidance on the Baby-friendly Hospital Initiative (BFHI), to protect, promote and support breastfeeding in facilities providing maternity and newborn care (Figure 1).<sup>2,3</sup>
- Currently both BFHI and Kangaroo Mother Care (KMC) have low coverage globally and despite complementarity between the two initiatives, there are important gaps that need action.
- Greater emphasis on small and vulnerable infants is required in the BFHI, particularly in its implementation, and KMC programs need to do more to protect, promote and support breastfeeding.

FIGURE 1: Recently updated Baby-friendly Hospital Initiative guidance documents



## OBJECTIVE

To review synergies between BFHI and KMC and provide guidance on how each of the BFHI Ten Steps to Successful Breastfeeding could be implemented for stronger alignment and integration with KMC programs, in order to help address existing gaps at the national and health facility levels.

## METHODS

- We reviewed the updated BFHI guidance for synergies with KMC, including those not specified in the guidance documents.
- Based on this review, we developed guidance on how each step could be implemented for stronger alignment and integration with KMC programs, based on KMC program clinical guidelines protocols and implementation experience.

### REFERENCES

- Victora et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016;387(10017):475-90.
- WHO. Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Geneva: World Health Organization; 2017.
- WHO. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organization; 2018.

## RESULTS

We found synergy with KMC and opportunity for alignment and joint action in each of the BFHI Ten Steps (Table 1).

TABLE 1: Synergies and opportunities for alignment and joint action between the Baby-Friendly Hospital Initiative (BFHI) and KMC

BFHI Ten Steps to Successful Breastfeeding	Relevance of the Step for LBW/preterm infants and KMC programs	Examples of country implementation opportunities for alignment and joint action between BFHI and KMC
<b>CRITICAL MANAGEMENT PROCEDURES</b>		
<b>Step 1a. The International Code of Marketing of Breast-milk Substitutes:</b> Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions	<ul style="list-style-type: none"> <li>Nothing on LBW/preterm/KMC specified in BFHI guidance</li> <li>However, health care providers and families of LBW/preterm infants may be especially vulnerable to marketing of breast milk substitutes given the additional feeding challenges faced</li> </ul>	<ul style="list-style-type: none"> <li>Ensure compliance in neonatal units (e.g. no staff incentives or promotional items)</li> <li>Implement updated WHO/UNICEF guideline on acceptable medical reasons for use of breast-milk substitutes (revision underway), including integration into infant feeding policy</li> </ul>
<b>Step 1b. Infant feeding policy:</b> Have a written infant feeding policy that is routinely communicated to staff and parents	<ul style="list-style-type: none"> <li>Nothing on LBW/preterm/KMC specified in BFHI guidance</li> <li>However, given the extra support required for feeding LBW/preterm infants, policy should have information on this, including all of the KMC components required to achieve optimal nutrition in this population</li> </ul>	<ul style="list-style-type: none"> <li>Develop/update comprehensive and integrated infant feeding policy that covers BFHI Ten Steps and the infant feeding components of KMC</li> <li>Ensure routine communication of policy to staff and parents includes neonatal units</li> </ul>
<b>Step 1c. Monitoring and data management systems:</b> Establish ongoing monitoring and data management systems	<ul style="list-style-type: none"> <li>Some of the BFHI-recommended clinical practice monitoring indicators include both term and preterm infants</li> <li>In addition, LBW/preterm infants could be integrated further as there are many other indicators relevant to these populations</li> </ul>	<ul style="list-style-type: none"> <li>Develop joint indicators that include LBW/preterm infants (including those not included in BFHI, e.g. rooming in)</li> <li>Integrate indicators into existing data collection and reporting systems, in addition to interpretation and utilization of data</li> </ul>
<b>Step 2. Staff competency:</b> Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding	<ul style="list-style-type: none"> <li>BFHI guidance specifies staff should be assessed on helping a mother to breastfeed a LBW or sick baby</li> <li>In addition, capacity-building and assessment should also include other components of feeding LBW/preterm infants, e.g. expressing and feeding expressed breastmilk</li> </ul>	<ul style="list-style-type: none"> <li>Capacity-building (including planning, financing, development of materials, assessment, follow-up) for facility staff on breastfeeding LBW and preterm infants</li> </ul>
<b>KEY CLINICAL PRACTICES</b>		
<b>Step 3. Antenatal information:</b> Discuss the importance and management of breastfeeding with pregnant women and their families	<ul style="list-style-type: none"> <li>BFHI guidance notes premature birth may limit opportunities for this, and women at increased risk should have discussions on special feeding circumstances for preterm, LBW or sick baby with knowledgeable providers as soon as feasible</li> <li>In addition, in settings with high prevalence of LBW/preterm, this information could be provided to all pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>Planning antenatal information materials and messages for women and their families on breastfeeding LBW/preterm infants</li> <li>Capacity-building for relevant facility staff on antenatal counselling on breastfeeding LBW/preterm infants</li> </ul>
<b>Step 4. Immediate postnatal care:</b> Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth	<ul style="list-style-type: none"> <li>BFHI guidance mentions the importance of skin-to-skin contact for LBW/preterm infants, and describes this component of KMC as well as certain aspects of feeding preterm infants</li> </ul>	<ul style="list-style-type: none"> <li>Capacity-building for facility staff and supporting mothers/families to strengthen practice of immediate skin-to-skin and breastfeeding initiation for all infants including LBW/preterm</li> <li>Learning from established KMC programs, including how to address misconceptions about skin-to-skin contact being only needed for LBW/preterm</li> </ul>
<b>Step 5. Support with breastfeeding:</b> Support mothers to initiate and maintain breastfeeding and manage common difficulties	<ul style="list-style-type: none"> <li>BFHI guidance notes that practical support for preterm infants is especially critical</li> <li>In addition, mothers and families of LBW/preterm infants require more intense support, with a more specialised skill set</li> </ul>	<ul style="list-style-type: none"> <li>Capacity-building for facility staff</li> <li>Beyond knowledge and skills, advocacy/other actions to ensure adequate time and resources are available in order for staff to provide effective support</li> </ul>
<b>Step 6. Supplementation:</b> Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated	<ul style="list-style-type: none"> <li>BFHI guidance specifies that infants, especially LBW/other vulnerable infants, who require substitutes or supplementation should be fed donor human milk over breast-milk substitutes</li> <li>In addition, as LBW/preterm infants may be more likely to be given supplementation, special attention is needed to determine whether this is medically appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Capacity-building for facility staff</li> <li>Implement updated WHO/UNICEF guideline on acceptable medical reasons for use of breast-milk substitutes (revision underway)</li> <li>Develop and implement tools to guide decision-making and appropriate use of donor human milk</li> </ul>
<b>Step 7. Rooming-in:</b> Enable mothers and their infants to remain together and to practise rooming-in throughout the day and night	<ul style="list-style-type: none"> <li>BFHI guidance indicates this may not be feasible for preterm or sick infants though efforts should be made to allow mothers to recuperate postpartum with, or have no restrictions visiting their infants, and have adequate space next to their infants to express milk</li> <li>In addition, these infants should be transferred to KMC ward or equivalent for rooming-in as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy and planning to ensure there is policy, infrastructure and resources for postnatal wards with adequate space for rooming-in, as well as open neonatal units and dedicated space for mothers to stay when infants are admitted</li> <li>Hospitals with established KMC programs will help to achieve this step more generally</li> </ul>
<b>Step 8. Responsive feeding:</b> Support mothers to recognize and respond to their infants' cues for feeding	<ul style="list-style-type: none"> <li>BFHI guidance indicates that when mother and infant are not in the same room for medical reasons (e.g. preterm), staff must support mother to visit as often as possible and bring mother and infant together when they notice feeding cues</li> </ul>	<ul style="list-style-type: none"> <li>Staff capacity-building as well as advocacy/planning to ensure there is policy and adequate time and resources for staff to counsel and support mothers and families (in addition to actions required for Step 7 as rooming-in facilitates responsive feeding)</li> </ul>
<b>Step 9. Feeding bottles, teats and pacifiers:</b> Counsel mothers on the use and risks of feeding bottles, teats and pacifiers	<ul style="list-style-type: none"> <li>BFHI guidance notes if supplemental feeds for preterm infants are medically indicated, cups or spoons should be used over bottles and teats, and non-nutritive sucking/oral stimulation may be beneficial until breastfeeding is established</li> <li>In addition, given likelihood of supplemental feeding is higher for LBW/preterm infants and risks of bottle use are greater, special attention on this is required</li> </ul>	<ul style="list-style-type: none"> <li>Staff capacity-building as well as advocacy and planning to ensure there is policy and adequate time and resources for staff to counsel and support mothers and families (similar to Step 8 and links to 1a)</li> <li>Implement updated WHO/UNICEF guideline on acceptable medical reasons for use of breast-milk substitutes (revision underway)</li> </ul>
<b>Step 10. Care at discharge:</b> Coordinate discharge so that parents and their infants have timely access to ongoing support and care	<ul style="list-style-type: none"> <li>BFHI guidance indicates follow-up care is particularly critical for LBW/preterm infants, and the need for a clear follow-up plan and ongoing support from skilled professionals</li> <li>In addition, KMC programs create an enabling environment for this as the outpatient care component of KMC helps ensure ongoing support and care</li> </ul>	<ul style="list-style-type: none"> <li>Staff capacity-building for those providing care at and after discharge, including in the community where feasible</li> <li>Linkage between facility and community, communication and coordination with those providing post-discharge care</li> <li>Strengthen breastfeeding support in KMC outpatient care</li> </ul>

## CONCLUSIONS

- The updated BFHI guidance presents an excellent opportunity to leverage expertise and resources from BFHI and KMC efforts, in order to strengthen both and ensure optimal nutrition for LBW/preterm infants.
- At the facility, country and global levels, the guidance we have provided on aligning and integrating BFHI and KMC implementation (i) should inform efforts to introduce and scale up BFHI and KMC and (ii) can help ensure quality KMC, which includes exclusive breastfeeding wherever possible.
- This collaboration may help facilitate efforts to align and integrate other nutrition and newborn initiatives moving forward, including policies, guidelines and teaching resources, as there are gaps beyond just BFHI and KMC.