

## SECTION 1.2

### HOSPITAL LEVEL IMPLEMENTATION

#### Breastfeeding rates

The Baby-friendly Hospital Initiative (BFHI) seeks to provide mothers and babies with a good start for breastfeeding, increasing the likelihood that babies will be breastfed exclusively for the first six months and then given appropriate complementary foods while breastfeeding continues for two years or beyond.

For purposes of assessing a maternity facility, the number of women breastfeeding exclusively from birth to discharge may serve as an approximate indicator of whether protection, promotion, and support for breastfeeding are adequate in that facility. The maternity facility's annual statistics should indicate that at least 75% of the mothers who delivered in the past year are either exclusively breastfeeding or exclusively feeding their babies human milk from birth to discharge or, if not, this is because of acceptable medical reasons. (in settings where HIV status is known, if mothers have made fully informed decisions to replacement feed, these can be considered "acceptable medical reasons", and thus counted towards the 75% exclusive breastfeeding goal). If fewer than 75% of women who deliver in a facility are breastfeeding exclusively from birth to discharge, the managers and staff may wish to study the results from the *Self Appraisal*, consider the *Global Criteria* carefully, and work, through the Triple A process of assessment, analysis, and action, to increase their exclusive breastfeeding rates. Once the 75% exclusive breastfeeding goal has been achieved, an external assessment visit should be arranged.

The BFHI cannot guarantee that women who start out breastfeeding exclusively will continue to do so for the recommended 6 months. However, research studies have shown that delay in initiation of breastfeeding and early supplemental feeding in hospital are associated with less exclusive breastfeeding thereafter. By establishing a pattern of exclusive breastfeeding during the maternity stay, hospitals are taking an essential step towards longer durations of exclusive breastfeeding after discharge.

If hospital staff believes that antenatal care provided elsewhere contributes to rates of less than 75% breastfeeding after the birth, or that community practices need to be more supportive of breastfeeding, they may consider how to work with the antenatal caregivers to improve antenatal education on breastfeeding and with breastfeeding advocates to improve community practices (see Section 1.5 for a discussion of strategies for fostering Baby-friendly Communities).

#### Supplies of breast-milk substitutes

Research has provided evidence that clearly shows that breast-milk substitute marketing practices influence health workers' and mothers' behaviours related to infant feeding. Marketing practices prohibited by *The International Code of Marketing of Breast-milk Substitutes* (the *Code*) have been shown to be harmful to infants, increasing the likelihood that they will be given formula and other items under the scope of *The Code* and decreasing optimal feeding practices. The 1991 UNICEF Executive Board called for the ending of free and low-cost supplies of formula to all hospitals and maternity wards by the end of 1992. Compliance with *The Code* is required for health facilities to achieve Baby-friendly status.