

Questions have been added to the *Self-Appraisal Tool* that will help the national BFHI coordination groups and maternity facilities determine how well their maternity services are complying with *The Code* and subsequent WHA resolutions and what actions are needed to achieve full compliance.

### **Support for non-breastfeeding mothers**

This revised version of the assessment includes specific questions related to the training staff has received on providing support for “non-breastfeeding mothers” and what actual support these mothers have received. The inclusion of these questions does NOT mean that the BFHI is promoting formula feeding but, rather, that the Initiative wants to help insure that ALL mothers, regardless of feeding method, get the feeding support they need.

### **Mother-friendly care**

New *Global Criteria* and questions have been added to insure that practices are in place for mother-friendly labour and delivery. These practices are important, in their own right, for the physical and psychological health of the mothers themselves, and also have been shown to enhance infants’ start in life, including breastfeeding. Many countries have explored options for including mother-friendly criteria within the Initiative, in some cases re-terming their national initiatives as “mother and baby friendly”. Other countries have adopted full “mother-friendly” initiatives. New self-appraisal and assessment questions on this topic offer a way for countries that have not done so already to add a component focused on the key “mother-friendly” criteria needed for an optimal “continuum of care” for both mother and child from the antenatal to postpartum period.<sup>12</sup> These criteria should be required only after health facilities have had time to train their staff on policies and practices related to mother-friendly care.

### **HIV and infant feeding**

The increasing prevalence of HIV among women of childbearing age in many countries has made it important to give guidance on how to offer appropriate information and support for women related to HIV within the BFHI. Thus, as mentioned earlier, components on HIV and infant feeding have been added to the *20-hour course* and to the *Global Criteria* and assessment tools.

The course material aims to raise the awareness of participants as to why BFHI continues to be important in areas of high HIV prevalence and ways to assist mothers who are HIV-positive as part of regular care in the health facility. This 20-hour course does not train participants to counsel women who are HIV-positive on infant feeding decisions. Another course and counselling aids are available from WHO for that specialized training and counselling.

It is recommended that the BFHI national authorities and coordination groups in each country work with other relevant national decision-makers to determine whether the HIV components of the assessment will be required and whether this requirement will be for all facilities or only those meeting specified criteria. The decision should be based on the prevalence of HIV among pregnant women and mothers and, therefore, the need for information and support on this issue. If this information is not available, surveys

<sup>12</sup> See the website for the Coalition for Improving Maternity Services (CIMS) <http://www.motherfriendly.org/MFCI/> for a description of *The Mother-Friendly Childbirth Initiative*.