SECTION 1.5
BABY-FRIENDLY EXPANSION AND INTEGRATION POSSIBILITIES

Over the last 15 years of work on BFHI, many lessons have been learned. Perhaps the clearest lesson is the need for more attention to Step 10 and the community. A second pressing issue has been the need to rectify the misunderstandings concerning the appropriateness of BFHI in the context of the HIV pandemic. Other issues that have arisen and have been addressed in some countries include:

- the need to ensure mother-friendly care;
- breastfeeding supportive paediatric care;
- mother and baby-friendly NICUs;
- mother and baby-friendly physician's offices;
- and last, but by no means least, the need for the mother of the exclusively breastfed child to be supported to understand the need for the age-appropriate addition of complementary foods after 6 months.

Current trends in health system and related planning indicate the need for increased flexibility, integration, and complementarity among interventions. For this reason, and to aid countries in creating synergy in their programmes and in actively addressing identified issues, a variety of alternative approaches are now included in the BFHI materials. These expansion and integration options are intended to create the possibility for more creative and supportive mother and baby-friendly care.

Presented below are a few of the many variations that have been tried around the world in order to bring truly baby-friendly care to all.

Baby-friendly communities: Creating Step Ten

Step 10, of all of the Ten Steps, has not achieved full implementation in a wide variety of settings, although many options are suggested, including mother-to-mother or peer groups, organised support by certified lactation consultants, regular outreach by the maternity staff especially in the first days postpartum, referral to community-based primary health care centres with specialized training, hotlines, etc. Efforts to date have not been optimal due to a variety of factors, not the least of which is that facility-based personnel may simply not have the skills to create community mobilization. In addition, often there is reliance on volunteers to carry out ongoing activities, so it is necessary to have regular refreshers and support activities for ongoing motivation and communication.

Perhaps of most relevance to reaching the most vulnerable populations is the reality that most deliveries in developing countries occur in the communities and even the initial baby-friendly care may not be in place.

A new initiative – Baby-friendly Communities – has been developed in some countries, and can serve as a model

1. for expanding BFHI practices and criteria into community health services,
2. for expanding BFHI practices into delivery settings where there are no community health services, and