

3. for strengthening the vital tenth step in ensuring best practices and support for every mother.

Suggestions for development and content of national criteria that could be applied in these three situations are presented below:

Suggested National Baby-friendly Community components: provided for community discussion, reflecting on all applicable Global Criteria for the BFHI (the Ten Steps)

The development of the criteria should include the participation and commitment of:

1. Community political and social leadership, both male and female, who are committed to making a change in support of optimal infant and young child feeding.
2. All health facilities that include maternity services, or local health care provision, especially those that are already designated “baby-friendly” and actively support both early and exclusive breastfeeding (0-6 months).
3. If home deliveries are the norm, all who assist in these deliveries.

Locally developed criteria should specify that :

1. All who assist in facility-based or home deliveries are informed concerning mother-friendly labour and birthing practices such as encouraging mothers to have companions to provide support, minimizing invasive procedures unless medically necessary, encouraging women to move about and assume positions of their choice during labour, etc. (see “mother-friendly” section) and are informed concerning the importance of delayed cord cutting, immediate skin-to-skin continued for at least 60 minutes, and no prelacteal feeds.
2. Community access to referral site(s) with skilled support for early, exclusive and continued breastfeeding is available.
3. Support is available in the community for age-appropriate, frequent, and responsive complementary feeding with continued breastfeeding. This will generally mean that there is availability of micronutrients or animal-based foods and adequate counselling to assist mothers in making appropriate choices.
4. Mother-to-mother support system, or similar, is in place.
5. No practices, distributors, shops or services violate the International Code (as applicable) in the community.
6. Local government or civil society has convened, created and supports implementation of at least one political or social normative change and/or additional activity that actively supports mothers and families to succeed with immediate and exclusive breastfeeding practices (e.g. time-sharing of tasks, granting authority to transport breastfeeding mothers for referral if needed, identification of “breastfeeding advocates/protectors” among community leaders, breastfeeding supportive workplaces, etc.).

In addition, simplified job-aids for assisting and for assessing home deliveries (including those performed by skilled midwives and, if possible, traditional birth attendants), should be developed, are available and are in use.