

Every facility providing maternity services and care for newborn infants should:

1. Train all health care staff in skills necessary to implement this policy.
2. Inform all pregnant women about the benefits and management of breastfeeding.
3. Help mothers initiate breastfeeding within a half-hour of birth.
4. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
5. Give newborn infants no food or drink other than breast milk unless medically indicated.
6. Practice rooming-in, that is, to allow mothers and infants to remain together – 24 hours a day.
7. Encourage breastfeeding on demand.
8. Have a written breastfeeding policy that is routinely communicated to all health care staff.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

*“Following the launch of the Baby-Friendly Hospital Initiative in 1991, Wellstart, headed by Dr Audrey Naylor, had arranged courses and trained assessors for the task. The WABA global network was prepared to accept invitations from countries under the auspices of UNICEF and WHO to evaluate a hospital’s Baby Friendliness. One of the first countries to be assessed was Turkey. I had the privilege to be part of the team carrying out BFHI assessment in Turkey. Much had been done in Turkey to improve the maternity care standards to meet the BFHI criteria, and much needed to be improved. Healthcare staff have a major task to improve the quality of maternity care, and the staffs need possibilities for continued education both theoretically and practically. The assessment team in Turkey suggested that refresher courses for staff should be held. Through the WABA network, courses were organised in Ankara with support by UNICEF. Similar activities were organised in St Petersburg, Russia and endorsed by the Russian Ministry of Health authorities.*

*Being part of WABA also taught me how important a global network can be to mobilise those responsible for health care practices, and early mother infant contact and breastfeeding. Based on a similar concept to the WABA alliance, the African Midwifery Research Network (AMRN) was formed in 1992 in Dar es Salaam, Tanzania. It aimed to mobilise midwives in the African region to learn from each other about both networking and research, and to improve the obstetric and paediatric care in Africa. At that time, UNICEF Zambia supported WABA and a team of healthcare staff at the University Teaching Hospital in Lusaka to evaluate ongoing maternity practices. All the maternity clinics in the Lusaka catchment area were included. After presentation to a group representing different*