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Letter to the Editor

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Baby-friendly initiative: a blueprint to enable breastfeeding in hospital settings

Sir,

Worldwide, breastfeeding has been regarded as one of the most effective ways to ensure adequate health and survival of the child. In fact, World Health Organization (WHO) has proposed the practice of exclusive breastfeeding till the child attains age of six months as more than a million infant deaths have been reported globally in its absence. 1,2 Multiple studies have revealed confirmatory evidences that breastfeeding advantageous for both the mother and the child.^{3,4} Further, it has been estimated that an additional 1.5 million lives of under five children would be saved every year if all newborns are exclusively breastfed for first six months of their life.4

A range of parameters have been attributed that eventually affect the practice/duration of exclusive breastfeeding, namely socio-demographic factors (education level, occupation of mother, family income, type of residence, and parity); familial support; and cultural factors (beliefs, norms and attitudes towards breastfeeding). In order to enable right beginning for every child, the WHO and United Nations Children's Fund (UNICEF) implemented the Baby-Friendly Hospital Initiative (BFHI). BFHI is a global strategy that necessitates reforms in the routine practices of health care workers based on the execution of the "Ten Steps to Successful Breastfeeding". 2

By the end of the year 2011, globally, almost 21000 health care establishments have been designated as 'Baby-Friendly'. However, the rate of certification to the facilities has been not uniform geographically. Health care establishments advocating implementation of all ten steps, have shown a remarkable improvement in breastfeeding related practices (viz. initiation, duration and exclusivity). 8,9

As a part of monitoring and evaluation strategy, the international agencies have developed a recommendation to perform re-appraisal of the baby-friendly facilities every three years to ensure that they continue to remain compliant to the "Ten Steps". This has come into picture owing to the observed resistance from the health care professionals; opposition from the administrators of health care establishments; absence of sustained support from policy makers; and poor awareness among the government departments, the health care system, and parents about the need of exclusive breastfeeding. ^{2,10}

However, the results of such evaluation have been disappointing as none of the facilities have adhered completely to the ten steps subsequent to their initial approval. ^{10,11}

Going a step further, additional interventions are needed after discharge from the hospital to meet the recommended target for exclusive breastfeeding for six months. Thus, the need is to initiate a multifaceted program for promoting community-based breastfeeding to sustain and extend the benefits of initial BFHI. In addition, it is also essential to extend these "ten steps" in neonatal intensive care units by ensuring the unrestricted presence of mother with their children at the earliest. ¹³

Different measures have been proposed to enable successful implementation of BFHI such as involvement of both local administrators and governmental policy makers; forbid companies from promoting breast-milk substitutes; ensuring training sessions for the health care professionals; and integrating hospital and public health sectors to support optimal child feeding. ^{13,14} In addition, the hospital administrators should implement the comprehensive evidence-based model in their hospitals to improve child health and survival, and thus help program managers in improving the health indicators. ^{2,13}

To conclude, despite the proven advantages of BFHI, only implementation of a holistic and multi-sectoral approach can enable every mother to give every child the best start in their life.

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