

Breastfeeding Symposium 2024

BFHI Implementation in Hong Kong The accreditor's perspective

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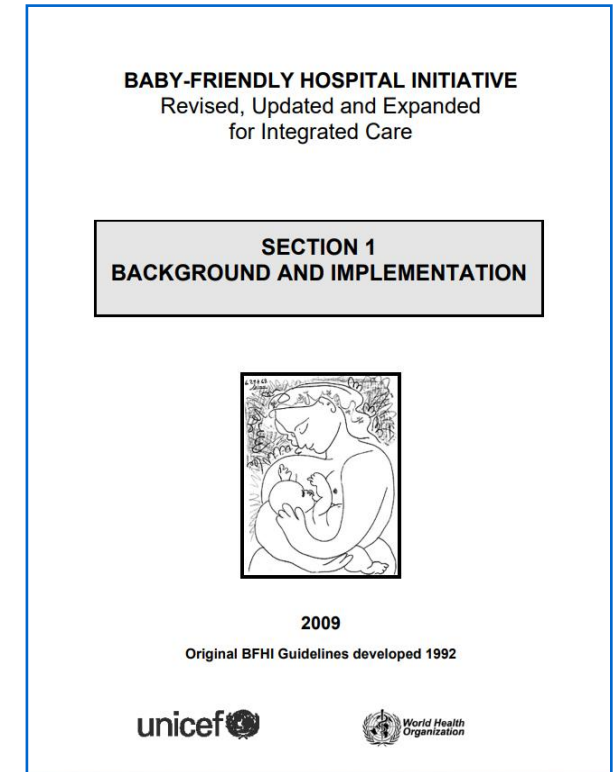
Committee on Baby-Friendly Health Facilities Designation

BFHIHKA

Baby-friendly Hospital Initiative

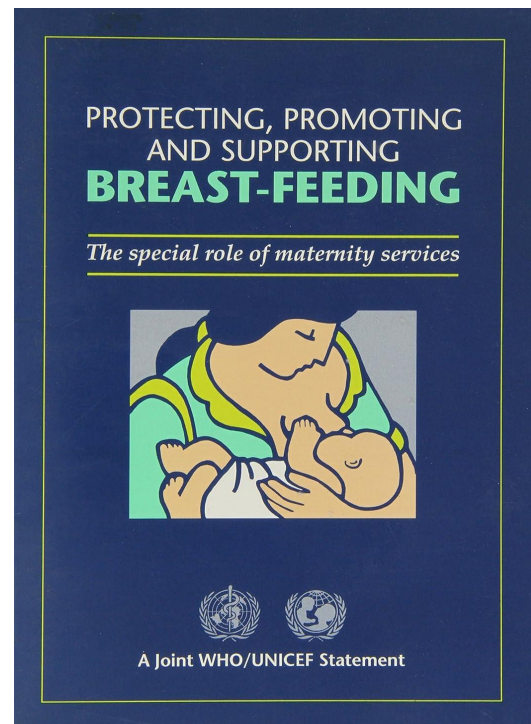
Baby-friendly Hospital Initiative

- Since 1991 launched by WHO/UNICEF
- Encourage health facilities and especially maternity hospitals to implement the 'Ten Steps to Successful Breastfeeding'.
- Ensure a high standard of care for pregnant women and breastfeeding mothers and their babies.
- Continue quality improvement program
 - review of key documents such as the infant feeding policy, patient & staff education materials;
 - interviews with administration, physicians, midwives, nurses and mothers; and
 - direct observation of mother-infant care
 - Internal audit and external assessment
- Continuous monitoring and reassessments ensure sustainability and continuity of the strategy



Observation during the accreditation

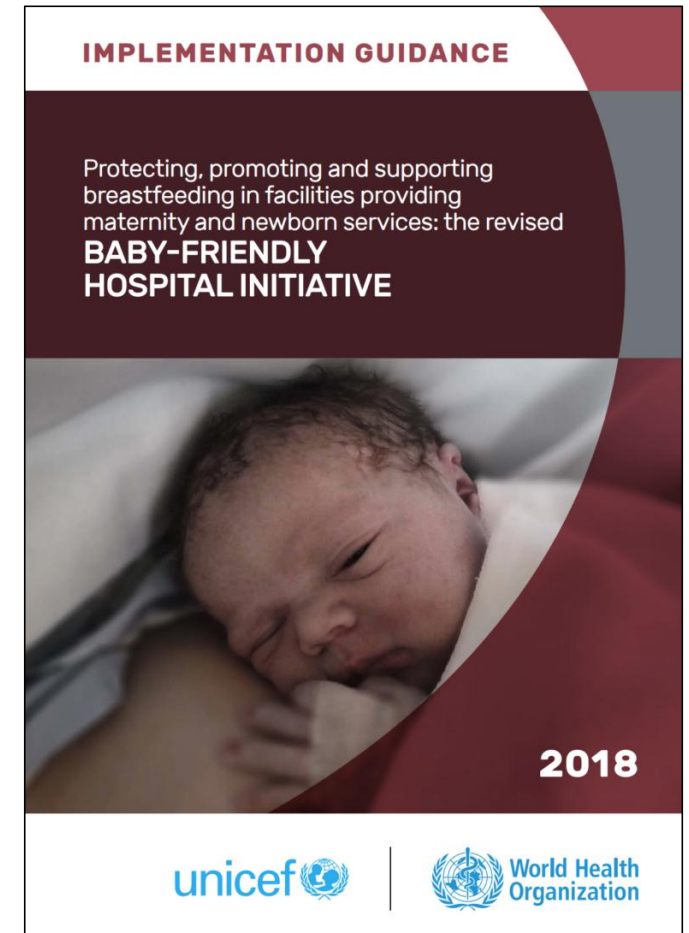
- Organization needs to understand why and how BFH gives the best start to babies in life.
- Protecting, Promoting and Support Breastfeeding
- Follow the blue print (2018 Revised BFHI Implementation Guidance)



Baby-friendly Hospital Initiative Hong Kong

Background

- Encourage and facilitate (through operating the Baby-Friendly Health Facilities Designation Programme) all hospitals with maternity units and community child health clinics to attain the relevant WHO/UNICEF standards of a baby-friendly health facility.
- Started the designation programme in 2013 based on the WHO 2009 BFHI implementation requirements.
- **2018** WHO/UNICEF introduced the Revised BFHI Implementation Guidance
- Updated the process at a pace that caters for the local situation.



Steps for BFH Designation

Five stages to achieve Full accreditation:

1. Registration of Intent (to achieve the designation within 5 years)
2. Certificate of Commitment (discuss documents and process)
3. Award of Level 1 Participation (mechanisms of implementation of standards in place)
4. Award of Level 2 Participation (staff trained)
5. Award of Baby-Friendly Hospital (BFH) / Maternal and Child Health Centre (MCHC)(care meets standards required)

BFHs/ MCHCs need to apply for revalidation every 3 years.

Local situation

Health Facilities		Year of BFH Designation
Public Hospitals (8) from 2016 - 2023	8	Award BFH designation
Private (11)	1	Award BFH designation 2024
	1	Register of Intent 2023
Maternal & Child Care Center (28)	8	Award BF MCHC designation
	7	Level 2 Participation
	13	Certificate of Commitment

Commitment & Policy setting

Orientate and explain to staff on the Policy

- Can you tell me something about the Policy?
 - most answered: promote breastfeeding.
 - not much on establishment of nurturing relationship
 - care and support to non-BF mothers

Action Plan

- Internal examination & analysis
- Detail plan with clear objectives/ target and review
- Involvement & team work of admin & departments
- Medical, nursing & allied health

Policy, Education, Implementation and Monitoring

Knowledge, skill & competency

- Basic education: according to their roles and practice
 - School
 - Institution
 - Standard program:
 - WHO program
 - HA IANS, Dept of Health
 - Commercial structured program
- Counselling skills
- Skill teaching



Policy, Education, **Implementation** and Monitoring

Ten Steps:

Step 2: Staff education: Content needs to keep updated

Step 3: Antenatal discussion

Structured program, need to review content

✓ Good skill teaching

– **Discuss** with pregnant women, mothers & staff

- Need to strengthen: importance of breastfeeding & risks of formula feeding/ supplementation (both to women & staff); skin-to-skin contact
- Address to mothers' concerns / what they know and how they think
- Listening & Counselling skill

– **Too much information** at each encounter

Policy, Education, Implementation and Monitoring

Step 4: Facilitate immediate and uninterrupted SSC, initiate breastfeeding after birth

- Duration of SSC
- Interruption:
 - not immediately done
 - weighing, examination, drying of baby...
 - observation of babies by neonatologist e.g. maternal GBS, prolonged leaking...
 - C/S cases, needs much longer time to initiate the SSC, such as baby breaths well...
- Need staff training to initiate SSC, such as staff in operation theatre
- Sustain SSC till first feed finished, suggest extend to postnatal ward



Policy, Education, **Implementation** and Monitoring

Step 4:

SSC in neonatal unit

- A few hospitals really initiate early and sustain SSC for babies, not only just for feeding.
- Staff initiation is important, as mothers did not know the SSC arrangement or policy
- Visiting hour? Welcome mother to participate the baby care.
- SSC preparation: chair, clothing and gown of mother
- Praise the parents

Why SSC is important?

- some wonderful answer from neonatal staff: it reduces stress hormone
- that hospital implemented SSC well in the unit
- the understanding of the answer guide the implementation of practice

Policy, Education, **Implementation** and Monitoring

Step 4: Initiation of breastfeeding (observation)

- Initiation and help ≠ bring baby to the nipple or breast
- Baby's self crawling, let mother observe the process is important
- Position of baby should facilitate baby's crawling and searching
- Let baby can his head lifted and guided to the breast



Step 5: Support breastfeeding

Teaching of breastfeeding:

- Staff got confused on the describing the signs of attachment, suckling, some staff described these all in a bundle... , *so as the mothers*.
- Flexibility in teaching: staff should understand the principles well
- Support mother to breastfeed in different positions: in bed, lying, resting...
 - e.g. baby in a straight line ≠ transverse over mother's chest.

Policy, Education, **Implementation** and Monitoring

Step 5: Management of common breastfeeding problems:

- Not thorough understand the causes, sequence of event and outcomes, may due to the insufficient understanding of the physiology of lactation.
- Both staff and mothers' perception and advice are similar perspective:
 - Importance of avoid supplement: less on how it risks babies health
 - Staff answered that it may lead to blocked duct if supplement is given

Step 7: Rooming-in

- Why it is important?
- Most staff stopped at the points of bonding and easy to observe & respond to baby....

Step 6: Support exclusive breastfeeding

- Assess breastfeeding, counsel mother, listen and help before supplement is given
- Thorough explanation
- Documentation

MCHC interview:

- Antenatal preparation : build in the value and importance of exclusive breastfeeding
- Encourage mother to achieve the goal
 - “If I have enough milk,...” → how to assure adequate milk supply
 - “I gave formula milk so that my baby could sleep longer...” (Actually this mother pumped and stored the breastmilk after giving supplement before baby slept)

Step 8: Recognize and respond to baby's cues

- Concept of nurturing and feeding, disregard the feeding mode
- Building relationship
- Explain to mothers the way that feeding is a time of expressing her love, place no limitation on it.
- Applies both to **bottle feeding (breastmilk bottle feeding)** and breastfeeding.

Policy, Education, **Implementation** and Monitoring

Step 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers

- Both in hospital and MCHCs
- Need to be strengthened, even though in few weeks old baby, in the visit to MCHCs.

Step 10: Timely support to families

- Resources available locally
- More open to give support the parents, grannies and Pui-yue

Listen to them why formula is the choice?

- Antenatal discussion
- Feeding after birth: planning
- Change afterward: difficult encountered

Preparation of formula milk

- Mothers do not need to prepare feeds for their babies in hospital, so they should learn it properly before discharge home.
- Individual return demonstration is essential to ensure they can prepare the feed correctly and ensure high standard of hygiene.
- Staff need to know the rationale of procedures, need to **explain** to mothers:
 - correct proportion, why add water first, water temperature...

Policy, Education, **Implementation** and Monitoring

- The “Ten Steps” summarize standards of care, that based on scientific evidence ensure adequate and effective support to breastfeeding in healthcare facilities.
- 2018 the revised BFHI Implementation Guidance: global standards, sentinel and key indicators for monitoring, rate of early initiation and exclusive breastfeeding.
- The Baby-Friendly Hospital Initiative (BFHI) is a structured, comprehensive, quality improvement strategy to ensure implementation of these standards maintain this quality of care.
- The whole BFH process needs initial evaluation, planning for change, implementing changes, self monitoring, external assessments and reassessments.