

Baby Friendly Health Initiative Information for Community Health Facilities



Congratulations on taking the first step in helping your community facility achieve Baby Friendly accreditation! You will find all the information you will need to prepare for accreditation, in the BFHI Information Pack, including:

- Standards for Implementation of the Seven Point Plan
- BFHI Self Appraisal
- Request for BFHI Assessment Form
- Financial Agreement Form
- Innocenti Declaration 2005
- Sample breastfeeding policy
- Sample baby feeding cues leaflet

Why 'Baby Friendly'?

The role of the Baby Friendly Hospital Initiative (BFHI) is to protect, promote and support breastfeeding. It does this by providing a framework for *Baby Friendly* hospitals to operate within called the *Ten Steps to Successful Breastfeeding* and in Community Facilities this is called the *Seven Point Plan*. These standards ensure all mothers and babies receive appropriate support and contemporary information in both the antenatal and postnatal period, regarding infant feeding.

In Australia in 2006, the Baby Friendly Hospital Initiative became the Baby Friendly Health Initiative in order to more accurately reflect the expansion of the initiative into community health settings. In 2008 the Seven Point Plan for Community facilities, based heavily on the plan from Canada and the UK was endorsed by the ACM, with the first community health service accreditation awarded in 2013.

In a *Baby Friendly* accredited facility, breastfeeding is encouraged, supported and promoted. Breastfed babies are not given breastmilk substitutes (infant formula), dummies or teats unless medically indicated or it is the parents informed choice. Regardless of feeding choices and circumstances, every woman is supported to care for her baby in the best and safest way possible.

BFHI is a joint World Health Organization (WHO) and UNICEF project that aims to create a healthcare environment where breastfeeding is the norm, and practices known to promote the

wellbeing of all mothers and infants are promoted. The *Seven Point Plan* are the global criteria against which community facilities are assessed and accredited.

Baby Friendly accreditation is a quality assurance measure that demonstrates a facility's commitment to offer the highest standard of maternity care to mothers and babies. Attaining accreditation signifies that the facility is committed to evidence-based, best-practice maternity care and ensuring that every mother is supported with her informed choice of infant feeding during her transition to motherhood.

In a *Baby Friendly* facility, a mother's informed choice of infant feeding is encouraged, respected and supported. At no time are mothers 'forced' to breastfeed. The *Seven Point Plan* criteria are beneficial for all mothers and babies, promoting bonding, parental responsiveness, empowerment and informed choice - regardless of feeding method.

In a *Baby Friendly* facility, breastfeeding mothers are given consistent, accurate information and support. In many cases the duration of breastfeeding is extended.

Mothers who choose to artificially feed their babies, or who are required to supplement with or switch to infant formula, are given individual support and information to help them correctly prepare feeds and to ensure that they know how to feed their babies safely.

The *Seven Point Plan* works synergistically and so therefore is implemented in unison to ensure benefits for mothers and babies.

BFHI accreditation, which occurs every 3 years, ensures regular independent assessment, and provides facilities with the framework and support to continuously improve. It ensures that mothers themselves are heard when it comes to their experience of their care. It draws attention to areas of excellence and can improve staff morale.

BFHI accreditation, with its focus on education and training, also aids recruitment and retention of staff through increased professional development opportunities and increased job satisfaction. BFHI accreditation ensures that the facility protects breastfeeding by adhering to the relevant provisions of the WHO International Code of Marketing of Breast-milk Substitutes. A summary of the WHO International Code of Marketing of Breast Milk Substitutes follows:

Summary of Main Points:

- No advertising of breast milk substitutes, teats and bottles
- No donations of breast milk substitutes, teats and bottles
- No free samples of breastmilk substitutes, teats and bottles to mothers
- No promotion of breastmilk substitutes, teats and bottles in the health services
- No infant formula company personnel to advise mothers
- No gifts or personal samples from infant formula companies to health workers
- No use of space, equipment or educational materials sponsored or produced by infant formula companies when teaching mothers about infant feeding
- No pictures of infants or other pictures idealising artificial feeding
- Information to health workers about artificial feeding should be scientific and factual
- Information on artificial feeding, including labels, should explain the benefits of exclusive breastfeeding and the costs and risks associated with artificial feeding
- No promotion of products unsuitable for infant feeding, such as condensed milk or evaporated milk

The role of administrators and staff in upholding The Code:

- Free or low-cost supplies of breast milk substitutes must not be accepted in health care facilities.
- Feeding with breast milk substitutes should be demonstrated away from breastfeeding mothers and on an individual basis by health workers only, and only to the mothers or family members who need to use them.
- Breast milk substitutes in the health facility should be kept out of sight.

- The health facility should not allow sample gift packs with breast milk substitutes or related supplies that interfere with breastfeeding to be distributed to mothers.
- Financial or material inducements to promote products within the scope of the Code should not be accepted by health workers or their families.
- Manufacturers and distributors of products within the scope of the Code should disclose to the institution any contributions made to health workers such as fellowships, study tours, research grants, conferences, or the like. Similar disclosures should be made by the recipient.

What BFHI Assessors will look for when assessing compliance with the WHO Code

Interview with the Head of Service

In general, assessors expect to confirm:

- that the relevant provisions of the WHO Code implementation are contained in the CHS breastfeeding policy
- that the CHS does not provide to mothers free or low cost infant formula including special formula or other supplies
- the CHS restricts access to the to the CHS and staff by representatives of companies in relation to marketing or distributing of infant formula products or equipment used for artificial feeding

Interview with Dietetic/Nutrition Education Staff

In general, assessors expect to confirm that:

- formula company reps who call on dieticians and other senior personnel e.g. paediatricians do so only by appointment.
- educational literature about breastfeeding does not make it seem difficult or dependent on a good diet, rest, and other 'healthy habits'.
- educational literature about artificial feeding meets the Code requirements regarding the superiority of breastfeeding.

Observations in all areas of the community facility.

In general, assessors expect to confirm that:

- where applicable, parents are given individual instruction regarding artificial feeding, and are supervised for at least some preparation and giving of feeds.
- a separate area is designated for preparing artificial feeds.
- staff do not feed babies I.
- packages of infant formula, bottles, teats and dummies are stored discretely.
- infant formula company literature are not distributed or publicly displayed within the facility;
- safe arrangements exist for necessary artificial feeding;
- Bounty Bags, if used, are free of promotion of infant formula, bottles, teats and dummies or gift vouchers or discounts for same.

Desirable practices

The following desirable practices are not assessed as part of the *Seven Point Plan*, though facilities are encouraged to implement these practices where possible.

- regular audits of infant feeding practice;
- insistence that all staff in the facility demonstrate competency in the area of infant feeding.
- women are encouraged to hold their babies skin to skin as a strategy to help manage any breastfeeding issues.
- inclusion of infant feeding history questions on patient file;
- positive public images of breastfeeding in all areas of the facility;
- literature about breastfeeding and its benefits in all areas;
- signs informing mothers that they are welcome to breastfeed anywhere in the facility;
- dummies not readily available

- nutritional literature that does not over-emphasise intake of particular foods or drinks; or give the impression that only women on the healthiest diets should breastfeed.
- Staff parental leave policies that facilitate breastfeeding are also highly commendable, and facilities are encouraged to let assessors know of these and other policies which they believe are helping families, such as implementation of the ABA Breastfeeding Friendly Workplace.

Further information about the World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes is available in the useful booklets ***Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breastmilk Substitutes*** (IBFAN/ICDC, 2010), and ***The International Code of Marketing of Breastmilk Substitutes: a Common Review and Evaluation Framework*** (WHO, 1996) which can be found at: www.who.int/nutrition/

Achieving BFHI Accreditation

Seven Point Plan for Community Health Services

Review the Standards for Implementation of the Seven Point Plan.

Coordination

Many facilities find that it is easiest to appoint a BFHI Coordinator who can manage the accreditation process and ensure the facility continues to implement *Baby Friendly* standards following accreditation. It is also beneficial to establish a BFHI Committee comprising midwives, lactations consultants, obstetricians, pediatricians, consumers and other key individuals as appropriate.

Support

Consider contacting other BFHI Coordinators in *Baby Friendly* accredited facilities, particularly ones that are a similar size. The BFHI Manager is also available to provide support at any time.

Self-Appraisal

Complete the BFHI self-appraisal tool.

Policies for BFHI

Thoroughly review your facility's breastfeeding policy against requirements listed for point 1. Review any clinical pathways/ guidelines that support the breastfeeding policy to ensure they also meet BFHI requirements and reflect contemporary lactation management practices. Review the facility's breastfeeding and supplementation statistics over the previous 12 months.

Observations

Walk through the facility, looking at it from a BFHI perspective.

Self-audit

Conduct an audit of common problem areas. The results of these internal audits are not required as part of the accreditation process, however it is a useful tool for the facility to gauge how it measures against *Baby Friendly* standards.

Action Plan

With the help of your facility's BFHI Committee, develop an action plan to remedy any areas identified as not yet meeting *Baby Friendly* standards.

Staff Education

Allocate all relevant staff to a Staff Group (see *Point 2* for definitions). Establish a database of relevant BFHI education for each staff member (an electronic database is best, using a spreadsheet or similar). Determine whether any further staff education is needed and if so ensure that it is completed.

Further Self-Appraisal

Complete the *BFHI Self-Appraisal tool* a second time. If your facility appears to meet the *Seven Points*, do a further check by interviewing a small sample of mothers, pregnant women and staff to see if their responses confirm this.

Applying for Assessment

Once the facility is ready for assessment, the facility must submit to the BFHI Manager 4-6 months prior to the proposed assessment dates, the following documents:

- Request for assessment form,
- Financial agreement form,
- BFHI self-appraisal,
- Infant feeding data for the previous 12 months
- Copy of the facility's breastfeeding policy

Human Subject Research Clearance

If human subject research clearance is required through the facility's ethics review committee, the process must be completed prior to commencement of the assessment.

Police Checks/Working with Children Checks

Some facilities/states require Assessors to produce a current clearance certificate or letter. If Assessors are required to have this documentation, the facility is required to advise the BFHI Manager at the time of application. The necessary procedure will then be followed according to the requirements applied in each state of Assessor residence and/or state of where the assessment is being carried out. Costs associated with these checks may be invoiced to the facility.

Confirming the Assessment

The BFHI Manager will provide a letter of confirmation along with an invoice for payment, to the BFHI Coordinator at the facility to confirm the dates of the assessment, the assessment team as well as other useful information about the assessment. The Lead Assessor will contact the BFHI Coordinator at the facility leading up to the assessment to discuss the practicalities of the assessment.

Conflict of Interest

The facility will be informed of the proposed Assessors prior to the assessment, and may appeal in writing the proposed selection, if they believe there may be a conflict of interest from their perspective.

The Assessment Team

A Lead Assessor and one or two Co-Assessors will spend three-four days at your facility depending on the size of the facility. On some occasions there may also be a trainee Assessor or an observer present at the assessment.

All Assessors are trained by the Australian College of Midwives and have comprehensive knowledge of BFHI and WHO requirements, and experience in contemporary lactation management. Assessors must maintain their skills by completing a required amount of education and experience every 3 years, and by regularly conducting assessments. Assessors are bound by the BFHI Assessor Agreement and are expected to act in a professional manner and dress appropriately.

Assessors must respect the facility's customs and organisational procedures. They are required to undertake the assessment according to the philosophy and policies of BFHI and assess the facility using the BFHI materials provided.

The assessment is confidential and will only be discussed with the assessment team and persons nominated by the BFHI Manager. Privacy for the staff, women and families involved in the assessment will be maintained. Confidentiality of materials will be maintained.

During Assessment

The assessment team will attend the facility to conduct interviews, review policies, staff education records and clinical pathways, and make observations in the areas being assessed.

On the day the assessment commences, the Assessors should be provided with a suitable workplace, appropriate identification, access to relevant areas, and be introduced to relevant staff. Facilities are encouraged to provide meals for the assessment team such as lunch, morning and afternoon tea, though this is not a requirement. If there are satellite sites, the facility is responsible for the assessors' travel to and from the primary site.

Interviews

Pregnant women, mothers and hospital personnel will be interviewed during the assessment process. The interviews will be conducted in a friendly manner and where possible should be conducted in private, so a suitable interview space is required. Some interviews may be conducted via phone where women are not available to attend the facility. It is important to remember that it is the facility that is being assessed, not the women or personnel personally. Apart from senior staff interviews, the results of all interviews are anonymous with identification by number rather than name. Most people being interviewed will be nervous and may often not be able to come up with an answer, even when they know the content well. It is the role of the Assessor to put them at ease and to try to prompt them to answer, without actually giving the answer. The Assessor may word the question a slightly different way or use other prompts to gain the required answer.

Interpreters

If interpreters are needed for the assessment, the facility's interpreter service may be used. Staff members with a vested interest in the outcome should not be used as interpreters.

Conclusion of the assessment

On completion of the assessment a suitable time will be arranged with the BFHI Coordinator so the Assessors can formally conclude the assessment. This informal session will allow the BFHI Coordinator and any other relevant key staff to ask questions and/or add any further information. The assessment team will provide general results including achievements and steps still needing further work; however, it is important to note that the assessment team cannot provide the outcome of the assessment.

The Assessment Report

The assessment team will submit a detailed assessment report, scoring booklet and supporting documentation to the BFHI Manager with a recommendation regarding the facility's overall achievements. The assessment documents will undergo an independent review before the final decision is made.

Assessment Outcomes

Seven Point Plan Met

If the assessment indicates your facility has met all of the *Seven Point Plan*; the BFHI Manager will email the BFHI Coordinator at your facility. A copy of the assessment report and scoring booklet will be provided with a letter of outcome as well as an electronic copy of the accreditation certificate.

Seven Point Plan Not Met

If the assessment indicates your facility has not yet met all of the *Seven Point Plan*; the BFHI Manager will email the BFHI Coordinator at your facility. A copy of the assessment report and scoring booklet will be provided with a letter detailing the recommendations and the expected

time frame for implementation. Once the due date for the recommendations is reached, a partial re-assessment will occur, either by document review and/or by return visit to the facility. Only the criteria not achieved previously will be assessed during the partial re-assessment. A partial re-assessment will incur an additional cost of 40% of the original assessment cost.

Final Decision

Accreditation is awarded by the Chief Executive Officer, Australian College of Midwives. The facility will be advised of the decision by email, and this is followed by an A3 accreditation certificate for display. Once accredited, the facility will be included on a list of Baby Friendly facilities in Australia on the ACM website. News of the accreditation will also be published in the Australian Midwifery News magazine, on the ACM's Facebook page and other social media. Photographs and stories of *Baby Friendly* celebrations or achievements help to further promote the facility, and can be submitted to the BFHI Manager.

Facility Feedback

After the assessment, the facility BFHI Coordinator is asked to complete an online survey to give feedback to the BFHI Manager on their experience of the assessment, the assessment team and the process, before, during and after the assessment. The aim of the survey is to gather information in order to help improve and refine the assessment process. Feedback may be communicated to the assessment team.

Appeals Process

If the facility wishes to appeal the outcome of the assessment, the appeal should be made in writing to the BFHI Manager within 14 days of receipt of the outcome.

Accreditation period

Accreditation is awarded for three years at which time the facility will need to undergo another full assessment to remain accredited.

Maintaining Accreditation

Once accredited, it is the facility's responsibility to ensure BFHI standards are maintained for the three-year period of accreditation. The facility will be required to submit BFHI infant feeding data on an annual basis to the BFHI Manager. Facilities will also be encouraged to complete an annual BFHI self-appraisal to track standards and should also conduct regular internal audits, although these documents will not be required to be submitted annually.

Re-Accreditation

Assessment for re-accreditation is the same process as for initial accreditation. Ensuring that a three-year action plan for BFHI requirements is developed and implemented on a rolling schedule will mean less stress and work in the lead up to re-accreditation.

For Further information on BFHI please visit www.midwives.org.au or contact

Nicole Perriman
BFHI Manager
Australian College of Midwives
E: bfhi@midwives.org.au
M: 0417 544 824