BABY FRIENDLY HOSPITAL INITIATIVE EXPERIENCES FROM A SERVICE HOSPITAL

Gp Capt TS RAGHU RAMAN^{*}, Dr (Ms) V PARIMALA⁺,
Dr (Ms) ARPANA IYENGAR[#]

ABSTRACT

All pregnant mothers attending antenatal clinic, mothers delivering at Command Hospital (Air Force) and parents of infants attending immunization clinic at Command Hospital (Air Force) from the period June 1998 to July 1999 are included in this retrospective and prospective cross sectional study. A preformatted questionnaire was designed to assess the practices related to breast feeding during antenatal, in labour room and postnatal ward both for the period pre BFHI and post BFHI Programme initiated at Command Hospital (Air Force). 225 mothers were included in the study with 90 belonging to pre BFHI group (A) and 135 to post BFHI group (B). Significant changes in the breast feeding practices including antenatal advice on breast feeding and breast examination in group A & B were observed (22.3% vs 82.9% and 13.3% vs 74.8%), rooming in with mother and first feed within 1/2 hr (64.4% vs 92.5% and 35.5% vs 96.5%), teaching skill of breast feeding and manual expression (55.5% vs 91.8% vs 24.4% vs 74.0%). Other important changes included total discontinuation of formula feeds, exclusive breast milk in all preterm infants and avoiding all forms of prelacteal feeds. This study strengthens the fact that appropriate education and training of health care givers can result in reversing practices which are 'inappropriately baby friendly' to become 'appropriately baby and mother friendly'. Command Hospital (Air Force) happens to be first service hospital to be recognized as baby friendly. The experience could be applied to achieve the target of all service hospitals becoming baby friendly.

MJAFI 2001; 57 : 22-25

KEY WORDS: Baby Friendly Hospital Initiative Program (BFHI)

Introduction

Are we baby friendly? This question needs to be answered by all health care personnel involved in the management of infants. The social change brought about by the nuclear type of family has forced many to ask whether our practices, prejudices and recommendations commensurate with the scientific reality. With this background, world alliance for breast feeding promotion started the programme named appropriately as 'Baby Friendly Hospital Initiative' to promote, protect and encourage exclusive breast feeding in all hospitals. This programme has been implemented in many countries. Breast Feeding Promotion Network of India (BPNI) is the agency responsible for implementation of the programme in our country. The results achieved have been quite significant. Kerala has been the first state to be declared baby friendly state. However in the service hospitals, this programme is still to be implemented.

As part of service requirement, Command Hospital (Air Force) initiated the programme in November 1998. The hospital has been certified as baby friendly. This study highlights the experiences gained and the impact on the overall health care of infants. The experience gained could be translated into recognition of all service hospitals as 'Baby friendly'.

Objectives

1. Assess the status of baby friendliness at Command Hospital (Air Force)
2. Assess the impact of the programme.

Material & Methods

Type of Study : Both retrospective and prospective, cross sectional

Population : All pregnant mothers attending antenatal clinic, mothers delivering at CHAF and parents of infants attending immunization clinic at CHAF from the period June 1998.

Period of Study : June 1998 to July 1999

Defining Parameters :

- a. To assess the status of care prior to initiation of programme, the following parameters were assessed.
 - i. Antenatal Period: Breast feeding advice
Breast examination at least once.
 - ii. Labour Room : Type of delivery
Time of first feed
Use of prelacteal feed
 - iii. Postnatal Room : Skill of breast feeding advice
Expression of Breast Milk
 - iv. Rooming in of newborns :
 - v. NICU feeding practices.

^{*}Senior Adviser (Paediatrics) Command Hospital (Air Force), Bangalore -560 007, ⁺Assistant Professor (Paediatrics), Kolar Medical College, Bangalore 560 002. [#]Assistant Professor (Paediatrics), St John Medical College, Bangalore -560 007

b. Implementation of Baby friendly hospital initiative programme by way of :

- i. Orientation workshop for Pediatricians, Obstetricians and nursing officers
- ii. Identification of core group
- iii. Intensive training
- iv. Monitoring

c. Assessment of impact of the programme. The parameters assessed were the same as for pre BFHI programme.

Methodology

1. A preformatted questionnaire was designed.
2. This questionnaire was given to mothers during the contact and information was collected by interview technique.
3. Health care personnel not directly involved with the day to day care either antenatal or postnatal period did collection of data.
4. The data was analysed for the parameter chosen.

Results

There were total 225 mothers included in this study. Of these 90 belonged to pre BFHI group (A) and 135 in post BFHI group(B). There were 86 primiparous mothers and 139 multiparous. 56 mothers delivered by LSCS and the rest (169) by normal or assisted deliveries. 95% of the mothers were interviewed during the first immunisation visit (4 to 6 weeks) and the rest over the next 4 weeks. Antenatal parameters studied were breast feeding advice and examination of breast at least once during the antenatal clinic. Table 1 highlights the observations during pre & post BFHI period. Fig-1 reflects the change in antenatal period. Labour room practices during the period of pre BFHI and post BFHI period is shown in Fig 2. The observations related to postnatal ward practices are shown in Fig 3. Preterm infants and other neonates requiring special care were managed in the neonatal intensive care unit. In the pre BFHI period; feeding practices included use of reconstituted milk and bottle-feeding. Majority of preterm neonates were on reconstituted milk. Neonates of mothers undergoing tubectomy or during immediate post LSCS period also received top feeds. During the post BFHI period the practice was reversed and exclusive breast feeding of all neonates including expressed breast milk was practised. Mothers undergoing tubectomy were counselled to express breast milk into a sterile container and the health care giver would feed the neonate with spoon. Apart from achieving the stated objectives of the programme, certain other experiences were also observed. During the post BFHI

Fig. 1 : Antenatal advice (n=225)

TABLE 1

Change in baby friendly status

Parameter	Pre BFHI period	Post BFHI period
Advice on breast feeding	22.3%	82.9%
Breast examination	13.3%	74.8%
Rooming in with mother	64.4%	92.5%
Time of 1st feed < 1/2 hr.	35.5%	96.5%
Skill of breast feeding	55.5%	91.8%
Manual expression	24.4%	74.0%
Prelacteal feeds	22.2%	3.7%

period and till date no case of neonatal hypoglycaemia was recorded. The practice of using formula feeds in neonatal intensive care unit has been completely stopped. All preterm neonates born during the post BFHI period have been on exclusive breast milk feeds with no appreciable difference in growth in them. For the mother other perceptible changes observed were reduction in number of retracted, inverted, sore nipples. During post BFHI period the management of such nipple problems also underwent scientific changes. These included continuing breast feeding, using breast milk itself for sore nipples and correcting the skill of breast-feeding.

Discussion

"The right to search for truth implies also a duty. One must not conceal any part of what one has recog-

Fig. 2 : Labour room practices

Fig. 3 : Postnatal ward practices

nized to be true"- Albert Einstein

Breast-feeding is unparalleled in providing an infant with ideal nourishment, protection from infections, and much more [1]. Clinical lactation management is the science and art of assisting women and infants with breast feeding. Until recently, lactation and breast feeding rarely were addressed in medical colleges or residency training. If breast feeding was taught, it was by lecture, not by clinical example, because the mother-infant pair is dynamically interrelated for breast feeding, it is imperative to consider both individuals when attempting to assess and 'manage' breast feeding. Over the years, rapid changes in life style, media propaganda and lack of proper education led to decline in exclusive breast feeding practices. With the mother very vulnerable in the immediate postnatal period and variations in advice given by health care givers, choosing alternative milk feed for the newborn was an easy option. Lack of support or wrong inputs from immediate elders of the family promotes the 'new' mother to veer away from the 'effort making' breast feeding to 'easy' way of commercial formulas. The surprising fact is that medical institutions are equally responsible for allowing the decline of exclusive breast feeding and actively promoting commercial feeds for non professional motives.

UNICEF and the world health organization in 1991 launched the global baby friendly hospital initiative jointly. The objective was to reverse the negative impact that many maternity hospital practices have on establishing breast-feeding. This is a universal programme and expected to cover all medical institutions. As a result of this initiative nurses have been trained to be lactation consultants. They may be working in hospitals, physician offices, or private practice. These individuals have in depth knowledge of breast feeding and by facilitating immediate breast feeding, proper positioning and latch on of the newborn at breast, prevent post partum breast feeding problems. In India, 1040 hospitals were recognised as baby friendly by 1996. States like Tamil Nadu, Kerala and Maharashtra are doing very well [2].

Administrator of an institution will ask the inevitable i.e. what are the benefits of the baby friendly hospital initiative programme for the institution? The benefit to the mother-infant pair, to the society and to the nation has been proved well beyond doubt. However to be visible, one has to go through the process of identifying oneself as baby friendly. This study was directed as part of this process of getting recognised as baby friendly. Were we not baby friendly? Some of the practices would suggest that we were either 'too

friendly' or 'not friendly'. In the pre BFHI group of 90 mothers, only 22.2% received any advice on breast-feeding and 13.3% were examined for their breast during the antenatal visits. Similarly during the labour room stay, 64.4% were roomed in with their newborns. The rest of mother-infant pairs were separated for varied reasons including LSCS delivery, high-risk pregnancy, and IUGR neonates. The recommended practice of first feed for newborns delivered by a normal delivery is within 1/2 hr. In the preBFHI group, 35.5% of mothers offered breast-feeding within 1/2 hr. The delay could be anything between 1hr to 3hrs, the decision being made according to the comfort of mother. For a mother delivering by LSCS, the waiting period for mother-infant contact was still longer. No mother was allowed to practise the recommended practice of initiating breast-feeding within 60-90 mts. Most of these newborns were initiated on commercial milk. Most health care givers assume that every mother has the required knowledge and skill of breast-feeding. Hence during the immediate postnatal period, mother-infant pair are left to themselves or in the care of relatives. In the pre BFHI group of 90 mothers, health care givers to only 55.5% taught the art of breast-feeding. Similarly only 24.4% of mothers knew how to manually express breast milk during their stay in the postnatal ward. 22.2% of mothers offered prelacteal feeds to their newborns in the form of sugar water, honey water.

Command Hospital (Air Force) initiated the programme of getting recognized as baby friendly as part of service requirement. Intensive training, constant motivation and monitoring of health care personnel was part of the process towards achieving the status of being 'baby friendly'. The results of adopting the various strategies have been an eye opener. Table 1 shows the change from being 'too friendly/not friendly' to appropriately friendly'. There have been few studies in India highlighting the impact of baby friendly hospital initiative [3,4]. Experience from Kerala indicated that with proper training and organised effort, it is possible to change most of the 'bottle friendly hospitals to breast friendly hospital'. It was observed that the greatest resistance to promoting breast-feeding was from health professionals because they lack the knowledge and necessary skills for promoting and popularizing exclusive breast-feeding. Apart from the proven benefits of exclusive breast-feeding, few indirect effects on the newborn have been well documented. These include lower incidence of neonatal hyperbilirubinemia, hypoglycaemia and septicemia. The reasons attributed for the first include promotion

of early maturation of liver enzymes, increased passage of conjugated bilirubin in stools and alteration of intestinal bacterial flora. The most important step in preventing hypoglycaemia is early and frequent breast-feeding. This is particularly true in IUGR neonates.

This study strengthens the fact that appropriate education and training of health care givers can result in reversing practices which are inappropriately baby friendly to become appropriately baby and mother friendly. And to be in line with the future programme of UNICEF i.e. baby friendly hospital initiative PLUS, additional benefits to neonates have been initiated including neonatal immunization i.e. BCG, zero dose of OPV and first dose of hepatitis B Vaccine prior to discharge and advice on infant feeding. Command Hospital (Air Force) happens to be first service hospital to be recognised as baby friendly. The experience could be applied to achieve the target of all service

hospitals becoming baby friendly.

The authors gratefully acknowledge AVM KP Hegde AVSM, VSM, Commandant CHAF for his constant guidance, Gp Capt JK De Senior Adviser (Obstetrics and Gynecology) and staff for support and all the nursing officers involved in the training, implementation and sustaining the initiative.

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