

# Baby Friendly Hospital Initiative

## “Protecting the rights of new little humans by giving moms the space to birth their motherhood”

(A Verster; 2020)

Do you ever feel - in the business of your daily work routine, and the complexity of each mother-baby-dyad - that you have lost sight of the bigger picture? Maybe you feel like you cannot see a clear portrait and the fog of private or public sector service is dimming your ability to visualize the breastfeeding moms and babies in front of you? Perhaps you dropped the flag that you were carrying because your arms became so full of other responsibilities and other people's agendas? Perhaps you no longer feel anything for the babies around you who get formula when they never needed it or the moms that struggle with disappointment and feelings of failure because their journey direction changed?

Join with me and let us re-inject ourselves with fresh resolve by being reminded of the “10 steps in conversation” (I will include the exact steps in subscript). From each of our corners in South Africa, lets help the World Health Assembly over-step the 50% exclusive breastfeeding target by 2025!

[Subscript: WHO: 2020: TEN STEPS]

### 1. “The Heart, The Chatter and The Billboard”: STEP 1

‘The Heart’ is the absolute core of what we believe as ‘health people’ and a ‘health place’. What we believe [1a) Comply fully with the “International Code of Marketing of Breast-milk Substitutes and relevant world health assembly resolutions 2a) Have a written infant feeding policy] will infuse what we share when we talk to colleagues and parents - ‘The Chatter’. Understand “the Code” and if you find parts of it “annoying”, dialogue with colleagues from different clinical backgrounds to grow your perspective. Both ‘the Heart’ of the people and place (staff and hospital) and ‘The Chatter’ [1b) Have a written infant feeding policy that is communicated routinely to staff and parents] will build your virtual “Billboard”.

This is the message that is perpetuated by each experience and story a family shares about us as hospitals or us as health care providers. A billboard with a false message or message not based on evidence will be difficult to tear down and rebuild, but when this virtual community message perpetuates truth and evidence and resonates with moms instinct, the size of the billboard in the community grows. Practically - if your hospital frequently gives formula top-ups for low blood sugar instead of first encouraging hand expression and colostrum top-ups this practice will begin to be known by the community as common practice for your institution. If your institution encourages immediate skin-to-skin and breastfeeding within the first hour of birth, mothers will share your good practice and your virtual billboard will grow - both for the cause of breastfeeding and for your institution. [1a) Comply fully with the “International Code of Marketing of Breast-milk Substitutes and relevant world health assembly resolutions.] Testing your “virtual” billboard message can be done by regularly monitoring outcomes of your in-hospital practices [1c) Establish ongoing monitoring and data management systems.]

## 2. “Magnesium to The Heart Muscle”: STEP 2

2) [Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.](#)

Our hearts - the internal beating of who we are as carers - need to be re-infused by frequent evidence-based juicy lactation updates that excite and make the beating force out new and fresh enthusiasm for giving moms and babies the best start. We should be burning with discomfort when we are the reason for missing opportunities for better breastfeeding and skin-to-skin. The more knowledge and skills we have the more our practice will promote and protect each family's lactation journey. Allow others to do “manual resus” on our hearts - be open to constructive criticism when we need to update and improve our skills.

## 3. “No Silent Messages Before Birth”: STEP 3

3) [Discuss the importance and management of breastfeeding with pregnant women and their families.](#)

Use every opportunity to infuse the message. Here it would be super helpful to provide individual lactation sessions with each expectant family, but at least a group lactation session should be available.

## 4. “Keep Baby and Mom as One at Birth”: STEP 4

4) [Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.](#)

Imagine you have spent 9 months in a warm safe place where you make no effort to obtain your nutrients. Your world then changes completely - bright lights, noise, work for food and strange smells. Grow your desire (with knowledge) and minimize this stark contrast for babies by bringing them back to mom's chest as soon after birth as possible and so making it possible for them to focus the energy they have on feeding without wasting it on calibration and “stress management”. Be the bridge that brings baby back to mom.

## 5. “Mechanic, Chef, Psychologist, Masseur; Be the Tool to Make It Work”: STEP 5

5. [Support mothers to initiate and maintain breastfeeding and manage common difficulties](#)

Be the fixer, the combiner of necessary ingredients, the relationship facilitator and the one who removes the obstacles to healthy hormone flow: the lactation magician. Grow your repertoire of tools to be able to remove almost all obstacles between mom and baby breastfeeding.

## 6. “Breastmilk Only Unless Not Possible”: STEP 6

6. [“Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated.](#)

- Mothers milk at breast,
- If not possible - mothers expressed milk (colostrum),
- If not possible - donor milk
- Only if the above not possible then formula milk.

Keep this progression in your mind and it will begin to infuse your practice.

## 7. “Mom & Baby Are One”: STEP 7

7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

See them as one and then you will treat them as one. Part of rooming-in is preparing mothers for what to expect during their hospital stay. Explain the benefit of moms and babies staying together and most mothers will begin to seek this as their goal too during the hospital stay.

## 8. “Baby Language Lessons”: STEP 8

8. Support mothers to recognize and respond to their infant’s cues for feeding.

Time together will grow understanding of each other. Encourage mothers to stay close to their baby and start learning their baby’s cues. Congratulate moms when you see them responding to the cues and grow their confidence by pointing out how well they are doing.

## 9. “Boob Is Best for Food and The Rest”: STEP 9

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

This remains difficult to do during in-hospital stay (private practice) but a good starting point is to discourage pacifiers. Encourage cup, spoon or finger feeding for expressed colostrum top-ups and teach mothers how to safely practice this. Help others understand that breastfeeding is relational as well as nutritional, so it is normal for babies to want to find comfort and closeness at the breast.

## 10. “Safe Home: Home Safe”: STEP 10

10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Parents should feel safe and ready to go home, but if not, they should be able to make an appointment for follow-up prior to leaving the hospital. Even knowing that someone will check in with them the next day will make them feel safer. Create a discharge plan for parents so that they know what to expect in terms of feeding frequency, output, latch comfort and infant temperament.

Allow these 10 steps to re-invigorate your lactation support and then watch how doing it changes outcomes and bask in the sunshine of being a “change-mover”!

## References:

WHO (n.d.). About WHO. Accessed online May 2020 from: <https://www.who.int/about>

WHO (2020). Ten steps to successful breastfeeding. Accessed online May 2020 from: <https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding>

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