

Implementation of Baby Friendly Hospital Initiative in various private and public hospitals of Lahore

FATIMA SHAKEEL¹, FAREEHA SEHAR², GHULAM DASTGIR³, FAIZA AKHTAR⁵, YUSRA JAMIL⁶, BADAR AHMAD JAMAL⁷

^{1,3,4,6}HO, Dept. of Surgery, Shalamar Hospital Lahore.

²House officer, Dept. of Gynecology and Obstetrics, Services institute of Medical Sciences Lahore.

⁵House officer, Dept. of Radiology, Shalamar Hospital Lahore.

Correspondence: Dr. Badar Ahmad Jamal, Email: badarjamal.bs478@gmail.com, Contact no. +92307 4949014

ABSTRACT

Aim: To determine the implementation of ten steps of BFHI in the randomly selected private and public hospitals/clinics of Lahore.

Methods: It is a cross sectional study. Data was collected from multiple health setups from April to July 2017, by the researchers themselves. The prevalence of first two steps were filled by the researchers according to their personal analysis of staff's preparedness toward the concerned matter while the remaining 8 points were asked from the mothers and filled by researchers. Sample size was calculated by open epi and it was 225 with 95% of confidence level, 5% of margin of error and 80% power. Analysis of data was done by using statistical program SPSS.

Results: It was observed that 60.8% of BFHI guidelines are being observed and implemented in various hospitals/clinics of Lahore.

Conclusions: The maternity care practices in hospitals/clinics of Lahore are not completely being carried out according to the 10 steps for successful breastfeeding for maternal and child well-being. Lack of resources, inadequate training of health staff and high patient load are key hurdles in implementation of these steps.

Keywords: 10 steps, Baby friendly hospital initiative, breast feeding, mother, childbirth

INTRODUCTION

About 830 women die every year because of pregnancy and childbirth complications. 99% of these deaths occur in developing countries¹. 75% of under five deaths occur during the first year of child's life which estimated to cause 4.5 million mortalities in the year 2015². The infant mortality rate in Pakistan has been reduced to 66 per thousand live births in 2015 from 192 every thousand live births in 1960 due to improved healthcare system³.

Breastfeeding has proved to be a great factor in improving the survival rate for the mother and the child alike. The latest estimate put forward by World Healthcare Organization (WHO), claims that more than eight hundreds thousands of lives (majority of infants aged under 6 months) can be saved by encouraging breastfeeding to near global level. Breastfeeding has a major role in preventing diarrheal diseases by half and respiratory diseases by one third in children of developing countries. Breastfeed children are less likely to become overweight and obese. The chances of developing diabetes are also reduced drastically. Breastfeeding is proved to be protective in mothers for ovarian and breast carcinomas⁴

WHO and UNICEF have initiated a program in 1991 for encouraging breastfeeding. It ensures that birth centers are conducting an optimal care for better mother/infant bonding and breastfeeding. 10 steps for implementation of breastfeeding has been set in this program⁵. BFHI (baby friendly hospital initiative) encourages and assists appropriate setups to provide the accurate knowledge, skill and confidence needed for a mother to start and continue breastfeeding her child.

To become a Baby friendly setup, it's a journey leading you to excellence and providing the mother and baby with care based on evidence. It challenges the birth-facilities in their old methods and policies. BFHI has been implemented in more than 152 countries of the world⁶. It should be promoted at multi-sector levels along with legislature regarding proper maternity leave issued with a healthy workplace environment enabling mothers to breastfeed and keeping check and balance in marketing of the feeding formula and substitutes⁷. The awareness of importance of breastfeeding could be made possible by making it a part of curricula of the health workers⁸.

Although multiple attempts are being made to implement BFHI at global level yet breastfeeding still lags far behind in some areas of the world. The awareness of importance of breastfeeding could be made possible by making it a part of curricula of the health workers. The implementation of BFHI has improved the initiation and duration of breastfeeding along with improved maternity care experience and decreased rates of child abandonments⁹. BFHI along with Global Strategy for Infant and Young Child Feeding are playing a crucial role in providing good health care worldwide.

This study evaluates the implementation of a United Nations Children's Fund (UNICEF)/WHO Baby-Friendly Hospital Initiative (BFHI) in a private and public hospitals of Lahore which serves mothers from different financial backgrounds.

METHODOLOGY

It is a cross sectional study conducted in various private and public-sector hospitals. Study was completed in duration of 3 months. Sample size was calculated using Open-EPI at 95% confidence level with 5% margin of error

Received on 24-08-2019

Accepted on 14-01-2020

and 80% power. The proportion of anticipated factor (i.e. breastfeeding) was taken as 80% and the sample size was calculated to be as 203.

RESULT

The data was collected from women of different ages with minimum age of 17 to maximum age of 42. About 208 out of 225 were falling in age group of 21-40. Out of 225 mothers, 38.2% of them had normal vaginal delivery while

61.8% had the C-section. 105 questionnaires were filled from public sector making 46.6% of the whole sample while 120 questionnaires were filled from private sector making 53.3% of the total. All the steps of the BFHI had varying prevalence ranging from minimum of 0% to maximum of 90.2%. On average 60.8% of guidelines set by WHO regarding breastfeeding are currently being followed in different hospitals/clinics of Lahore, Pakistan. (Table 1).

Table 1: Percentage prevalence of each step of BFHI in Public and Private Health care setups of Lahore

| Steps of BFHI | Yes | | No | |
|--|-----------|------|-----------|------|
| | Frequency | % | Frequency | % |
| The health staff have enough knowledge regarding breast feeding | 184 | 81.8 | 41 | 18.2 |
| Train all health care staff in skills necessary to implement this policy. | 186 | 82.7 | 39 | 17.3 |
| Inform all pregnant women about the benefits and management of breastfeeding. | 158 | 70.2 | 67 | 29.8 |
| Help mothers initiate breastfeeding within a half-hour of birth | 76 | 33.8 | 149 | 66.2 |
| Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants. | 89 | 39.6 | 136 | 60.4 |
| Practice rooming-in - allow mothers and infants to remain together - 24 hours a day. | 185 | 82.2 | 40 | 17.8 |
| Give newborn infants no food or drink other than breast milk unless medically indicated. | 155 | 68.9 | 70 | 31.1 |
| Encourage breastfeeding on demand. | 203 | 90.2 | 22 | 9.8 |
| Give no artificial teats or pacifiers to breastfeeding infants. | 131 | 58.2 | 94 | 41.8 |
| Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic. | 0 | 00 | 225 | 100 |

DISCUSSION

The study was conducted from April to July 2017 on implementation of BFHI in different public and private sector hospitals of Lahore. The 10 steps of BFHI has been set by the WHO for promoting the breastfeeding at every level. In our research, we have inquired, about the implementation of first two step set by BFHI, from the health staff based on the provision of their facilities and knowledge. The implementation of remaining 8 steps were inquired from the mother of the new-born.

The prevalence of first two steps regarding sufficient knowledge and training of health staff for providing the appropriate environment and facilitating the mothers to breastfeed was 81.8% and 82.7% respectively. Majority of the health staff had the detailed and descriptive knowledge and awareness regarding importance of breastfeeding and its benefits to the mother's health and the baby as well.

70.2% of mothers were told about the benefits and essentials of breastfeeding for them and their baby's good health. High patient load in the hospitals and lack of time to convey the minor details are the reasons for not being able to reach up to 80% of prevalence. One of the other reasons is the paternalistic approach of the doctor and health staff toward illiterate patients.

Only 33.8% of mothers started breastfeeding within 1st hour of birth in Lahore. The prevalence rate of this step is 58% in a study conducted in Brazil [10] and as high as 93% in Switzerland [11].The leading cause for this low prevalence rate in our study is the drastic increase in caesarean sections which doesn't enable mothers to start breastfeeding in first hour due to postoperative condition. 39.6% of mothers were told and taught the proper way and different postures of breastfeeding, in contrast to 77% in Brazil¹⁰. The negligence in this regards in hospitals of Lahore is due to high work load with lack of training and

resources. Special staff should be trained for demonstrating the mothers to breastfeed.

About 68.9% of mothers were told to not to give their newborns anything but the breast milk, unless medically indicated. The mothers were told to restrict the baby's diet to breast milk only and the culture of 'gutki' is discouraged (giving the new-born, something sweet i.e. honey), as it might contain infectious agents injurious to baby's health. 90.2% of mother breastfeed their babies on demand as baby starts crying, in contrast to prevalence rate of 77% in Brazil¹⁰ and 93% in Switzerland [11] according to a study.

58.2% of mothers were told, not to give their babies any kind of artificial teats and pacifiers and none was given to their babies in the hospital. Mothers use it as an alternative when they fail to breastfeed at short intervals, counselling and proper encouragement for breastfeeding must be carried out in such cases. Few mothers also complains of low milk production, which explains the low rate of implementation of this step in hospitals of Lahore. 82.2% of mothers were allowed to roam in and stay with their baby, compared to the prevalence of 91% in Brazil¹⁰. 0% of prevalence is seen in fostering of breastfeeding support groups and referring it to mothers on discharge. This negligible percentage in Lahore could be explained by lack of awareness among people along with social hurdles and insufficient recourses available for such activities.

CONCLUSION

Maternity care practices in the health care setups of Lahore, at present, are not being carried out fully in accordance with the 10 steps for successful breastfeeding for maternal and child well-being secondary to lack of resources, inadequate training of health staff and high patient load are key hurdles in implementation of these

steps. Yet, efforts are being made for improvement in the provision of concerned healthcare services.

REFERENCES

1. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A, et al. *Lancet*. 2016; 387 (10017): 462-74
2. Global Health Observatory (GHO) data ,Child mortality and causes of death
3. UN Inter-Agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at childmortality.org
4. WHO. Maternal, newborn, child and adolescent health program available from URL http://www.who.int/maternal_child_adolescent/news_events/news/2016/exclusive-breastfeeding/en/
5. The Ten Steps to Successful Breastfeeding, Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services. Geneva: WHO, 1989
6. WHO. Baby friendly hospital initiative <http://www.who.int/nutrition/topics/bfhi/en/> [Accessed April 2013]
7. WHO, UNICEF. Baby-Friendly Hospital Initiative. Revised, updated and expanded for integrated care. Geneva: World Health Organization, 2009
8. Saadeh R. The Baby-friendly Hospital Initiative 20 years on: facts, progress and the way forward. *Journal of Human Lactation*, 2012,28:272-5.
9. Philip B, Radford A. Baby-friendly: snappy slogan or standard of care? *Archives of Diseases in Childhood*, 2006, 91:F145-9
10. Souza, Freire M, Ortiz, Nunes P, Soares, Louzada P, et al. Evaluation of breastfeeding promotion in Baby-Friendly Hospitals [Internet]. *Revista Paulista de Pediatria. Associação Paulista de Pediatria*. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-05822011000400006&lng=pt&nrm=iso&tlng=en
11. Kenneth D. Rosenberg, John D. Stull, Michelle R. Adler, Laurin J. Kasehagen, and Andrea Crivelli-Kovach. *Breastfeeding Medicine*. Jun 2008.110-116. <http://doi.org/10.1089/bfm.2007.0039>