

# TAKE 10 STEPS UP FOR BREASTFEEDING

Wednesday, August 3rd 2022

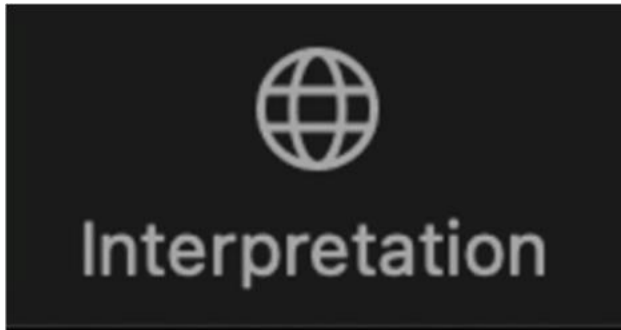
#TenStepsToSuccessfulBreastfeeding

#WBW2022

GLOBAL BREASTFEEDING  
**COLLECTIVE**



# Click here to join the interpretation channel



# Agenda

Welcome & Opening Remarks

Why Investing in Ten Steps is Important

Voices of Mothers

Making the Ten Steps a Reality for Every Newborn

Regional Examples

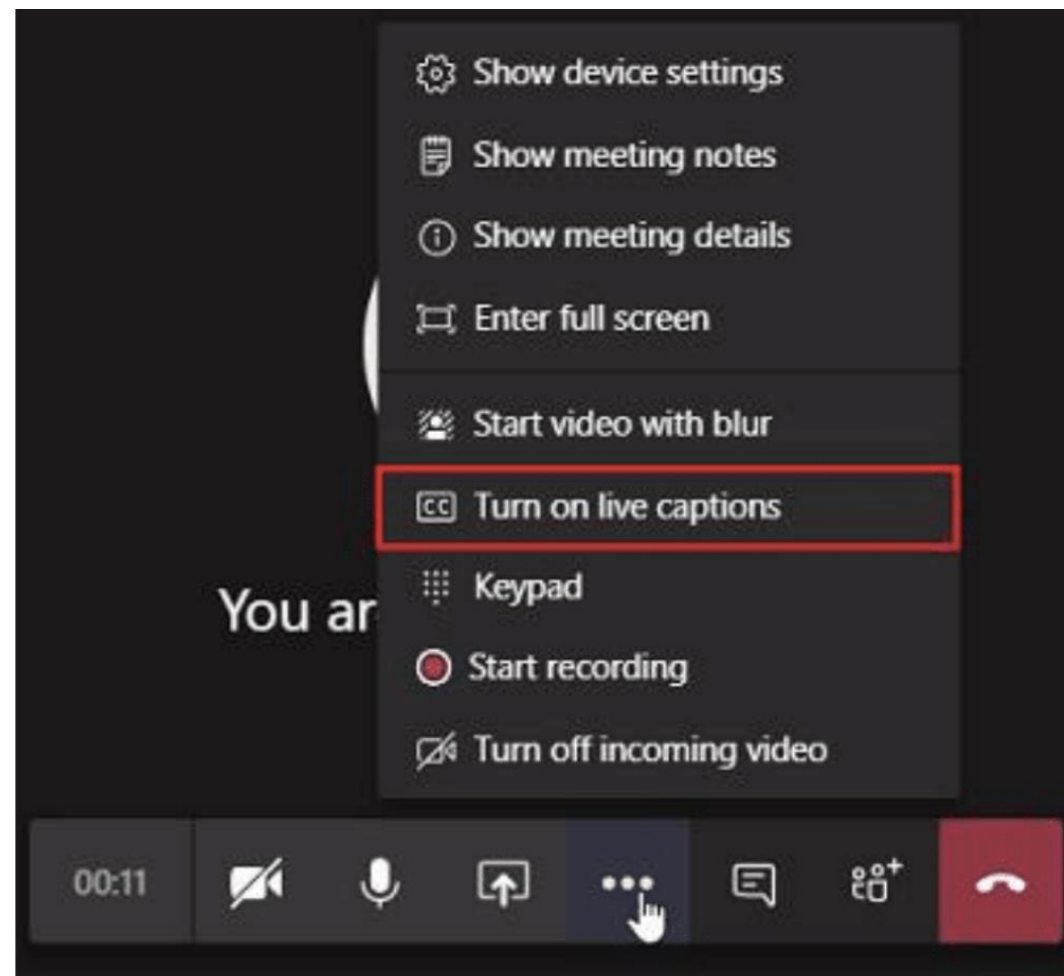
Panel Discussion

Q&A

Conclusion



# Use the computer app for closed captioning



# Click here to ask questions



# Click here to join the chat



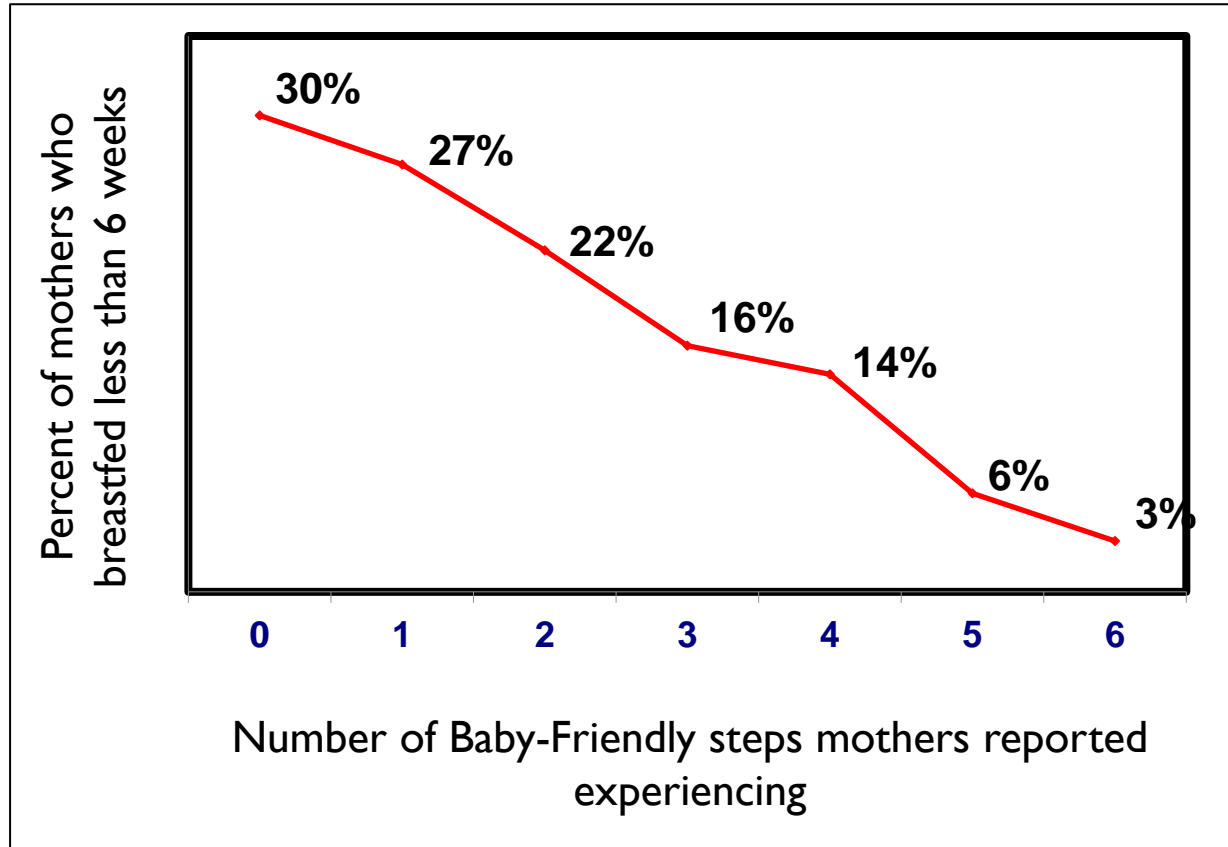
# Making the Ten Steps to Successful Breastfeeding a reality for every newborn



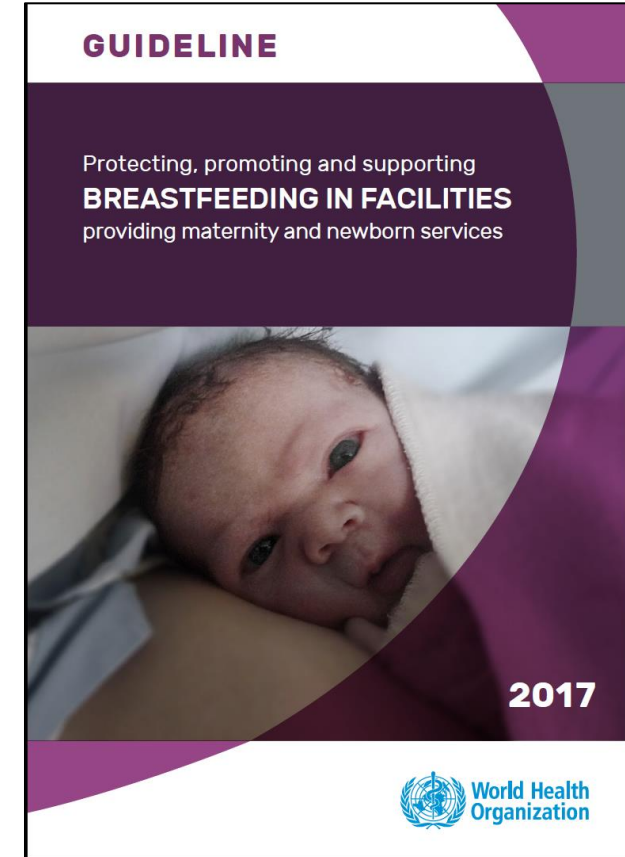
Laurence M. Grummer-Strawn, PhD  
Department of Nutrition and Food Safety

3 August 2022  
Global Breastfeeding Collective  
World Breastfeeding Week Webinar

# Implementation of the Ten Steps is critical for breastfeeding to succeed



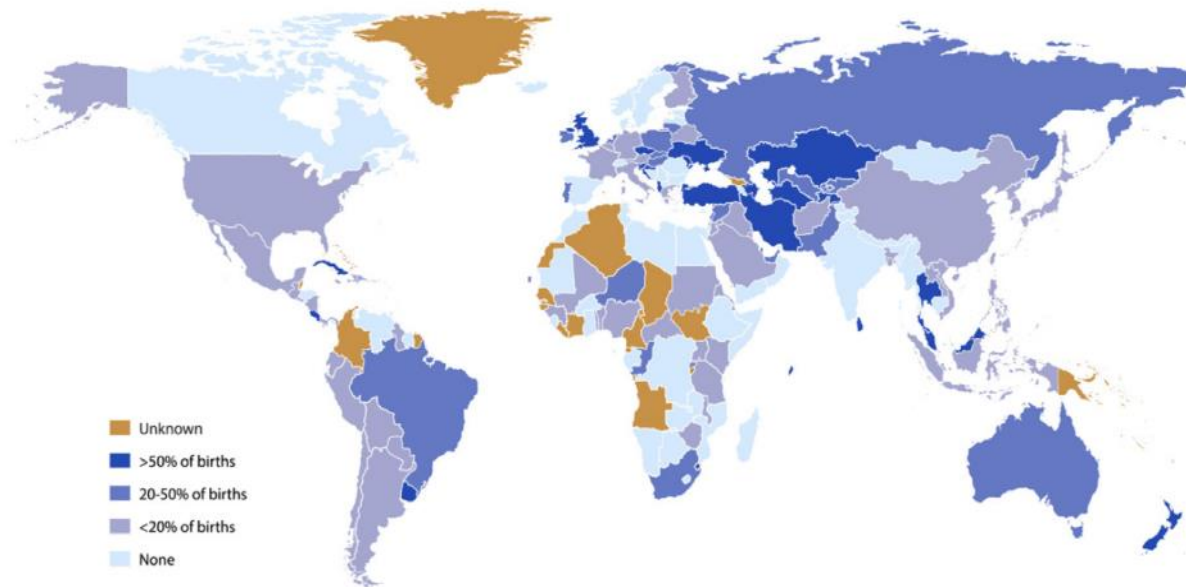
DiGirolamo et al. 2008



# While Baby-friendly designated facilities improve breastfeeding practices, most facilities are not designated

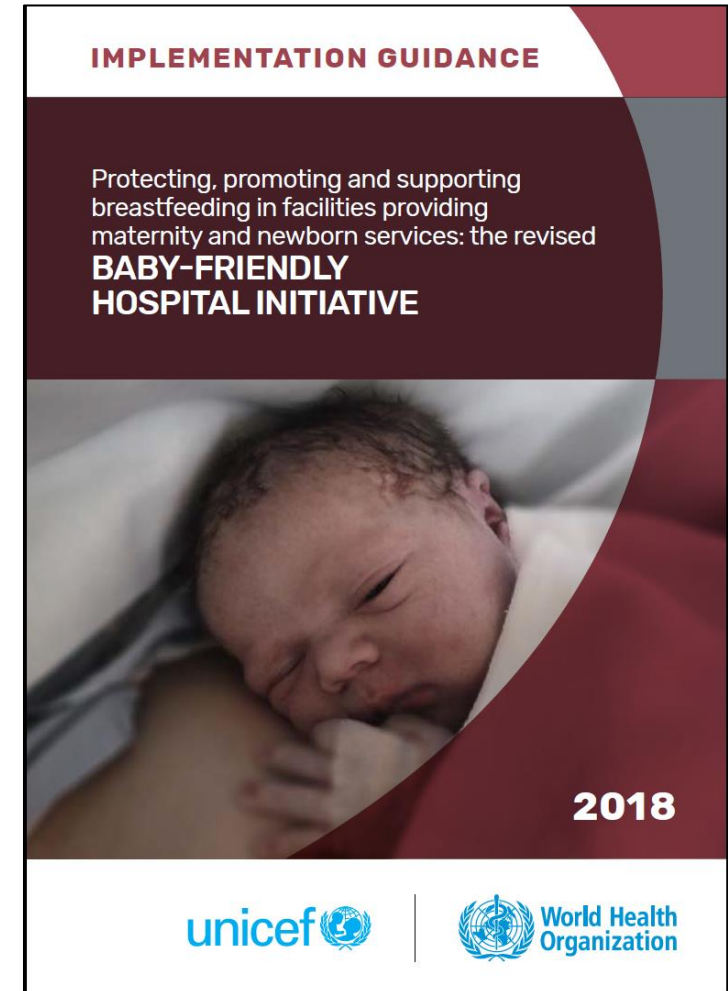
**Overall, 10% of births occur in Baby-friendly facilities (168 countries)**

Percentage of births in Baby-friendly designated facilities (2017)



# BFHI Guidance updated in 2018

- External review group
- Case-studies
- Key informant interviews
- Global Nutrition Policy Review
- BFHI Congress
- Public comment
- Dialogues with coalition of civil society organizations

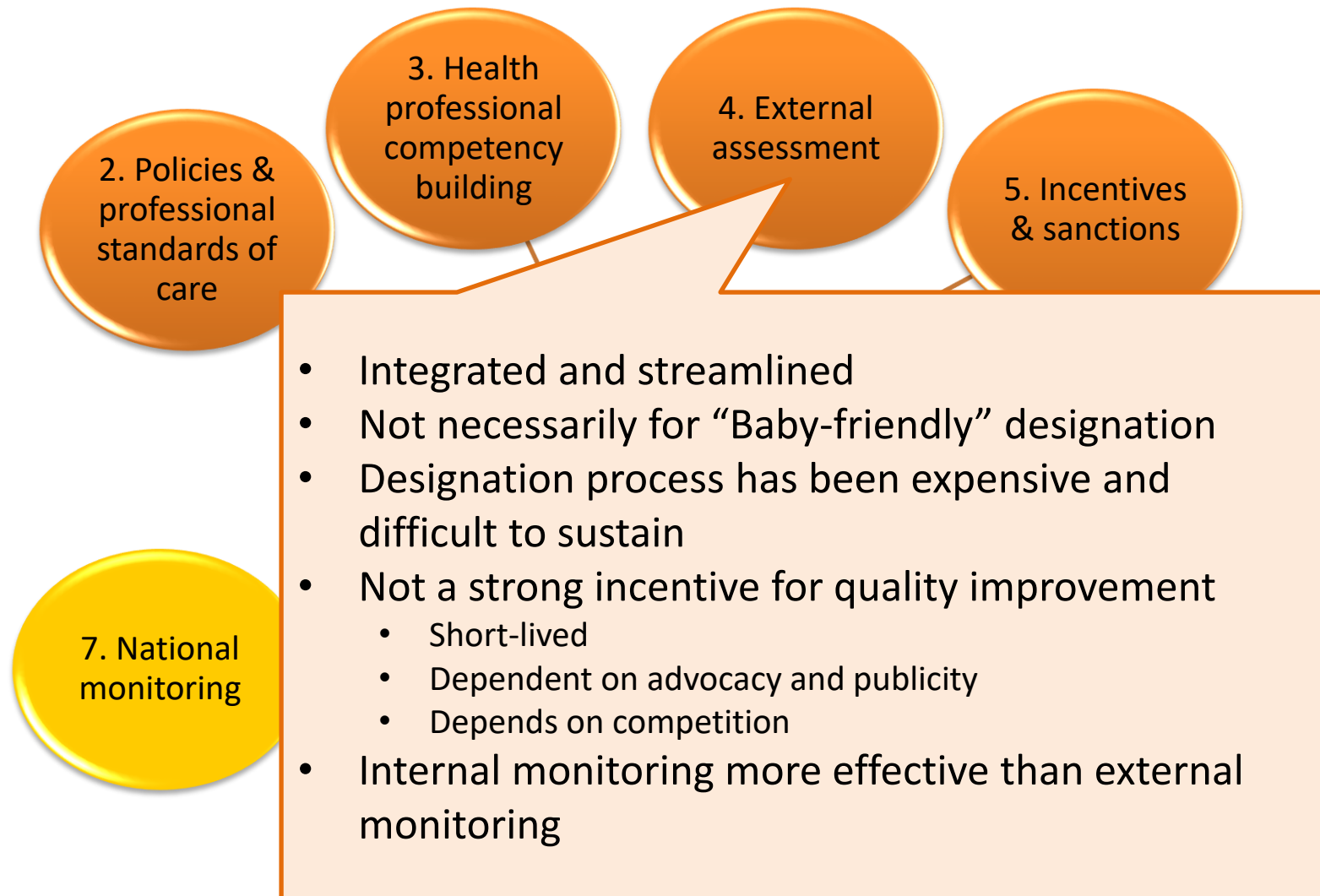


## Two main objectives of the new BFHI guidance



1. Universal coverage
  - Appropriate care is the responsibility of every facility
2. Sustainability
  - Must be fully integrated into health system

# Nine responsibilities of a national BFHI programme



# Nine responsibilities of a national BFHI programme



## Key points in the updated implementation guidance

- National **standards of care** must be based on the Ten Steps
- Adoption of Ten Steps requires a continuous **quality improvement** approach, with internal monitoring
- Shift from project implementation to a **systems approach** for quality assurance
- Health care providers should have the **competencies** to implement the Ten Steps
- **Preterm and LBW** newborns must be included

# Guidance updated the Ten Steps to Successful Breastfeeding

## Critical management procedures

1. Facility policies:
  - a) Code of marketing
  - b) Breastfeeding policy
  - c) Internal monitoring
2. Staff competency

## Key clinical practices

3. Antenatal information
4. Immediate postnatal care
5. Support with breastfeeding
6. Supplementation
7. Rooming-in
8. Responsive feeding
9. Feeding bottles, teats and pacifiers
10. Care at discharge



# Key revisions to the Ten Steps



## Step 1

- Code compliance added
- Internal monitoring for continuous quality improvement added



## Step 2

- Focus on assessment of competencies



## Step 4

- Includes both immediate skin-to-skin care and initiation in first hour

# Key revisions to the Ten Steps



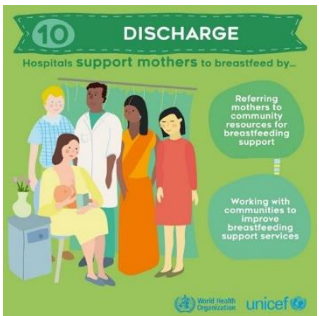
## Step 5

- More practical support and management of breastfeeding difficulties



## Step 9

- Pacifiers not prohibited but emphasizes counselling on their use



## Step 10

- Focus on facility responsibilities for referral
- Allows multiple options for follow-up care

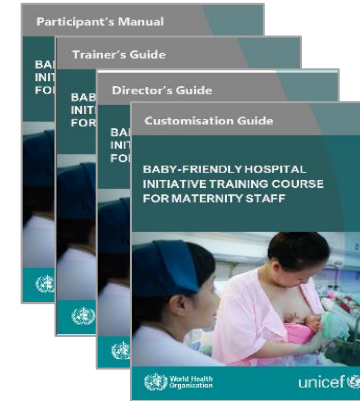
# WHO/UNICEF tools for implementation



BFHI competency verification toolkit



BFHI for small, sick and preterm newborns



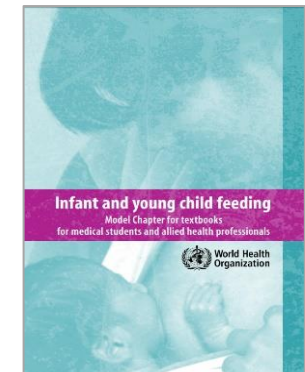
BFHI maternity staff training curriculum



IYCF counselling course



FAQs on the Code for Health Workers



Model chapter on IYCF

# Take 10 Steps up for all babies



# Panelists



**Dr. Kiran Pandey**

former Head of Department  
Gynaecology &  
Obstetrics, Ganesh Shankar  
Vidyarthi Medical College,  
Kanpur  
(Uttar Pradesh, India)



**Dr. Y.K. Rao**

Head of  
Department, Pediatrics,  
Ganesh Shankar  
Vidyarthi Medical College ,  
Kanpur  
(Uttar Pradesh, India)



**Elieth D Rumanyika**

Nutrition Officer  
(Tanzania)



**Anne Woods**

Deputy Programme  
Director, Baby  
Friendly Initiative  
(UK)

# Implementation of the new direction of BFHI in Tanzania

**Elieth Deograthias,**  
**Ministry of Health Nutrition Section,**  
**Nutrition Officer**  
**August 3, 2022**

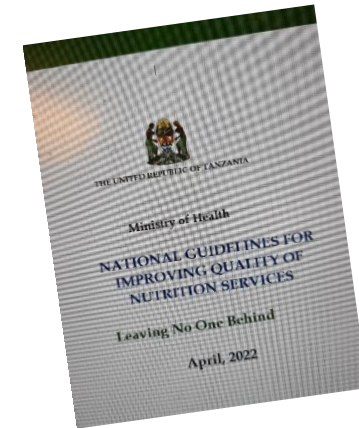


# Overview of BFHI in Tanzania

- Tanzania is among the countries committed to protect, promote and support breastfeeding by implementing the global BFHI since early 1990's.
- In 2018, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) released the implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services that includes the new changes in the Ten Steps to successful breastfeeding and support its implementation
- In May 2019, Tanzania attended Regional workshop for anglophone countries, on the New Baby Friendly Hospital Initiative (BFHI) Implementation Guidance in Kigali, Rwanda organized by WHO, to enable countries, understand the new changes in the Ten Steps to successful breastfeeding and support its implementation
- In 2019 , Tanzania adopted the new changes in the Ten steps to successful breastfeeding and support its implementation

# Implementation of the new direction of BFHI in Tanzania

- Revise and translate the ten steps to support successful breastfeeding
- develop the implementation guide to support successful breastfeeding in Tanzania
- Print and distribute ten steps posters to the health facilities to support successful breastfeeding that routinely communicated to staff and parents
- establishing national standards for the protection, promotion and support for breastfeeding in health facilities, based on the updated Ten Steps to support Successful Breastfeeding
- Integrate updated Ten steps to successful breastfeeding in Star rating tool
- Participate in the development of other guidelines and related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence based guidelines e.g PNC guideline (Maternal Health book)



# Implementation of the new direction of BFHI in Tanzania

- Develop National guidelines for improving quality of Nutrition services
- Ensure that staffs have sufficient knowledge, competence and skills to support breastfeeding
- Conduct regular internal monitoring through existing quality improvement assessments to establish quality benchmarks and develop Quality improvement Plan
- Conduct MIYCAN quarterly supportive supervision and mentorships to facilitate and encourage immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth
- EBF and skin to skin indicators are routinely tracked in the health system
- strengthening of linkages to the community i.e. The Government of Tanzania is championing community care groups across the country, even though there are some districts with little to no coverage. This made a success to link mothers with breastfeeding support in the community.



# Key Challenges in the Implementation

- Inadequate **pre-service training** curricula on BF
- **Understaffed and** overburdened of health facilities
- Data quality **management still a challenge**

# Lessons learnt

- Integration of ten steps into Quality improvement process is a vital to support implementation of new guidance on BFHI
- Engagement of other department such as Quality improving and MNCH was also key towards success in Tanzania
- On job/site training to increase effectiveness and efficiency of implementing the ten steps
- Task shifting i.e. Establishing nutrition centers within the HFs that are leaded by nutrition focal person also supported the process



**THANK YOU**



# **BFHI and the Ten Steps, Achieving Sustainability- the UK experience**

- Population 67 million
- 700,000 births
- Devolved government



- NICE
- Healthy Child programme
- NHS Long Term Plan
- Neonatal Critical Care review



Accredited as  
Baby Friendly by  
**unicef**  
UNITED KINGDOM



# Unicef UK Baby Friendly Initiative

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**1994**  
UK Baby  
Friendly  
Initiative

**1998**  
Community  
standards  
**2005**  
University standards

**2012**  
New, evidence  
based  
standards

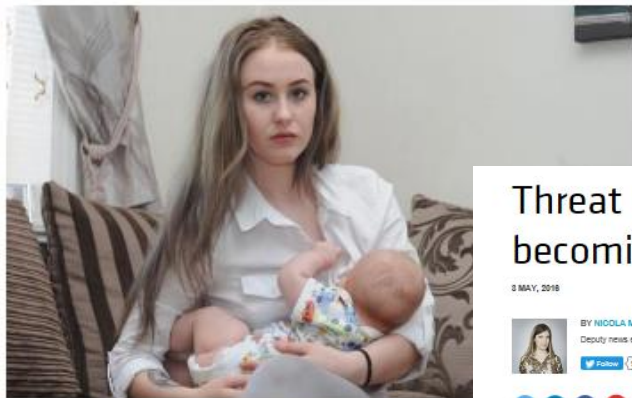
**2015** Neonatal  
standards

**2017**  
Achieving  
Sustainability

# Why?

News

## Mother ordered to stop 'sexual' breastfeeding in hospital



Darcie Pennington and baby Vincent CREDIT: CASCADE

## Threat of public health nurse cuts now becoming a reality

3 MAY, 2018



BY NICOLA MERRIFIELD  
Deputy news editor



2 COMMENTS

MOST POPULAR



Council cuts to budgets for health visiting and school nursing services that are

- Breastfeeding culture vulnerable in UK
- Rapidly changing NHS
- Ongoing reassessments challenging

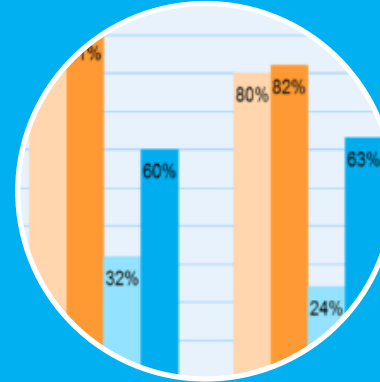
# Achieving Sustainability



Develop a  
**leadership**  
team



Foster a  
positive  
**culture**



Construct  
**monitoring**  
processes



Develop &  
**progress**  
the service

To Protect, Promote, Support & Sustain the Baby Friendly Standards

# Achieving Sustainability - Leadership

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Develop a  
**leadership**  
team

- Named Baby Friendly lead with sufficient hours/ability
- Baby Friendly Guardian
- Leadership structures robust
- Managers educated

# Achieving Sustainability

## Culture

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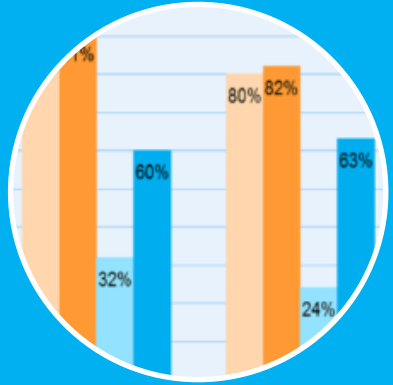
Foster a  
positive  
**culture**

- Ongoing staff learning
- Mechanisms support a positive culture
- Positive feedback from staff, managers and mothers

# Achieving Sustainability

## Monitoring

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Construct  
**monitoring**  
processes

- Robust monitoring and data collection
- Evidence of analysis and action planning
- Effective internal and external reporting

# Achieving Sustainability Progression

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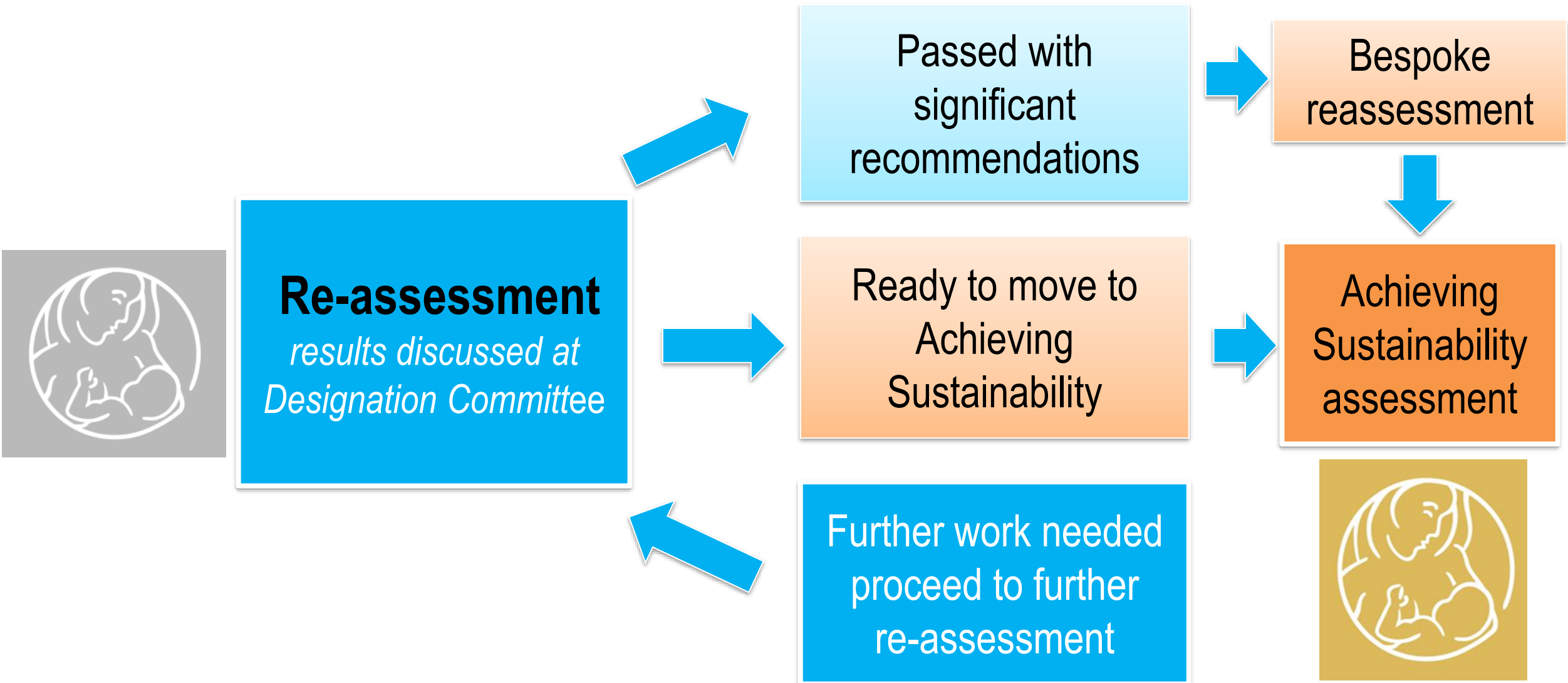
Develop &  
**progress**  
the service

Service demonstrates:

- Innovation and change
- Improvement in outcomes
- Integrated working

# The assessment process

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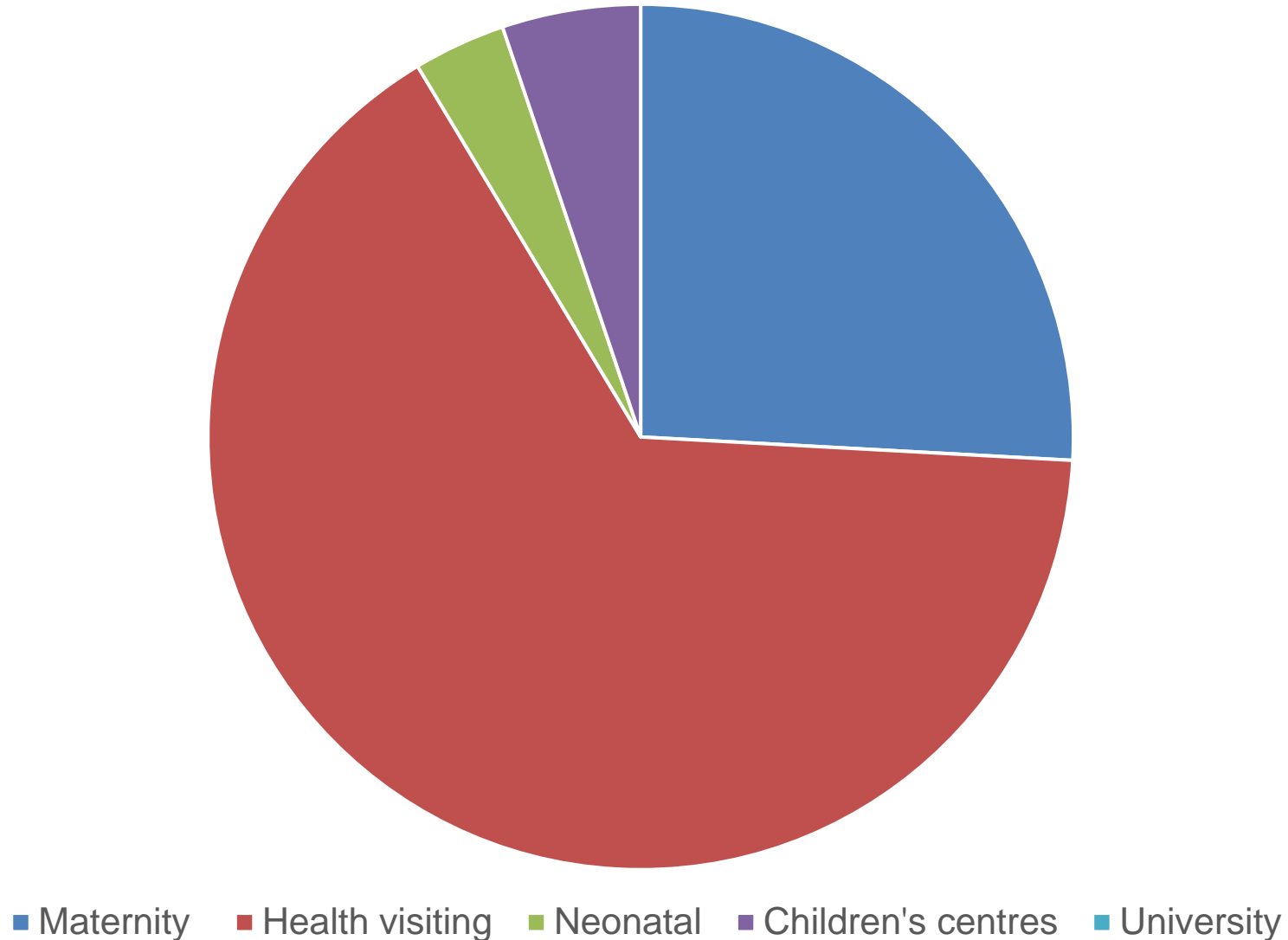
# What happens after Gold?

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- Re-validation after 1 year and then 3 yearly
- Annual portfolio
- Spot Checks
- Annual licence fee

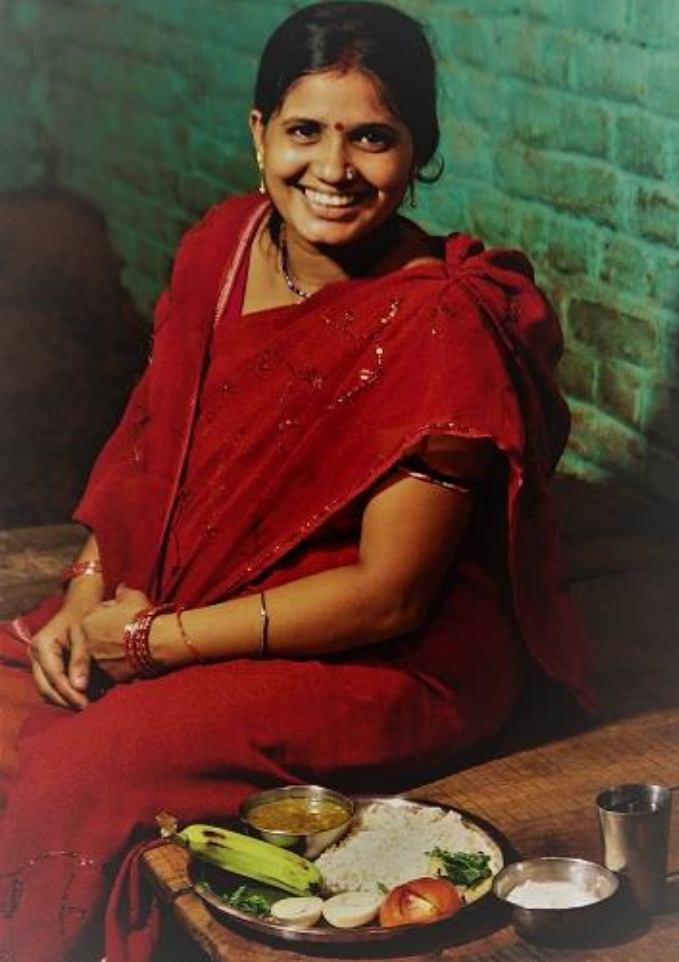
# Progress to date

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**Thank you**



Dr Y.K. Rao, HOD, Department of Paediatrics, GSVM Medical College, Kanpur

## MOTHER & BABY FRIENDLY HEALTH SYSTEM IN GSVM MEDICAL COLLEGE, KANPUR, UTTAR Pradesh

in partnership with



# CRITICAL MANAGEMENT PROCEDURES for MBFHS IN GSVM MEDICAL COLLEGE, KANPUR

## HOSPITAL POLICIES

Have Hospital policies help make sure that all mothers and babies receive the best care

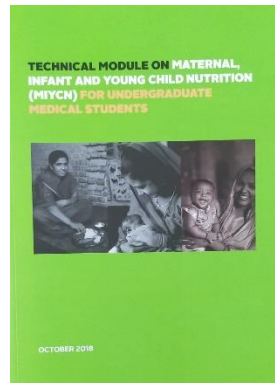
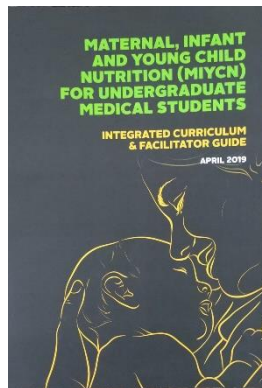
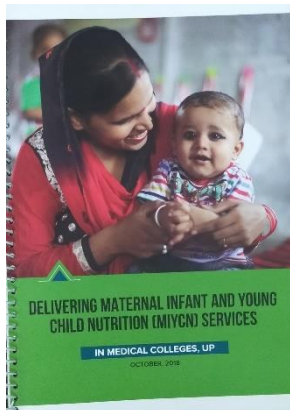
### PROMOTING AND PROTECTING BREASTFEEDING IN INDIA

The Role of Health Providers and Policymakers  
in Supporting the IMS Act

1a. Strict adherence to **The infant Milk Substitutes (IMS), Feeding Bottles and infant foods (Regulation of production, supply and distribution) Act 1992, amended in 2003**

1b. **Have Written Maternal, Infant and Young Child Nutrition (MIYCN) Policy**

InterDepartmental Committee from Paediatrics, Gynaecology & Obstetrics and Community Medicine to ensure MIYCN interventions as per policy provided at appropriate service delivery points as standard practice



# CRITICAL MANAGEMENT PROCEDURES for MBFHS IN GSVM MEDICAL COLLEGE, KANPUR

## STAFF COMPETENCY



## Well trained health workers provide the best support to Mother & Baby on MIYCN

- Training of team of doctors & nurses using a Point of Care Quality Improvement(POCQI) approaches on supporting and counselling mothers & families on maternal nutrition & breastfeeding during antenatal visit, skin to skin contact and early initiation of breastfeeding in both normal & post caesarean delivery, establishing exclusive breastfeeding in immediate postpartum period and counselling & support for maintaining exclusive breastfeeding, age appropriate complementary feeding & continued breastfeeding through paediatric /immunization visits
- Assessing provider's knowledge and skills routinely and provide support to improve their performance

# KEY MIYCN PRACTICES

## ANTENATAL CARE

**With the right support and counselling, most women adhering to maternal nutrition and breastfeeding practices**



- Provide and counsel on maternal diet, IFA and calcium supplements,
- Haemoglobin testing & treatment anaemia
- Track & counsel on gestational weight gain
- Counsel & help prepare a mother for & exclusive breastfeeding

*With application of POCQI approach, counselling on maternal nutrition practices including antenatal breastfeeding counselling improved from zero levels to 75%*

Open access Quality improvement report

BMJ Open Quality Improving quality of antenatal care services in a high case load tertiary care teaching hospital (Ganesh Shankar Vidyarthi Memorial (GSVM) Medical College) in Kanpur, Uttar Pradesh, India

Praveen Kumar Sharma<sup>1</sup>,<sup>\*</sup> Sebaniti Ghosh,<sup>1</sup> Vikrant Prabhakar,<sup>2</sup> Mahtab Singh,<sup>1</sup> Thomas Forissier,<sup>1</sup> Rajendra Prasad,<sup>1</sup> Anjali Datta,<sup>1</sup> Benazir Patil,<sup>1</sup> Kiran Pandey,<sup>3</sup> Neena Gupta,<sup>3</sup> Seema Nigam<sup>4</sup>

To cite: Sharma PK, Ghosh S, Prabhakar V, et al. Improving quality of antenatal care services in a high case load tertiary care teaching hospital (Ganesh Shankar Vidyarthi Memorial (GSVM) Medical College) in Kanpur, Uttar Pradesh, India. *BMJ Open Quality* 2022;11:e001446. doi:10.1136/bmjopen-2021-001446

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**ABSTRACT**  
In India, half of all pregnant women between the ages of 15 and 49 years are anaemic. In Uttar Pradesh (UP), this figure is slightly higher at 51%. Unfortunately, only 5.4% pregnant women received full antenatal care (ANC) (National Family Health Survey 4, 2015–2016). A formative research conducted in UP in 2016 found that only 9% of pregnant women in UP consume the five recommended food groups, as per global recommendations. Ganesh Shankar Vidyarthi Memorial Medical College Hospital is one of the four high case load tertiary care facilities in Kanpur, UP, with an obstetrics and gynaecology (OBG) outpatient department (OPD) of 2500–3000 consultations with delivery load of 250–300 deliveries per month and paediatric OPD of approximately 5400–6000 consultations per month. It was identified that pregnant women visiting the OPD for ANC were not receiving maternal nutrition-related services, and anthropometric measurements to assess nutritional status and gestational weight gain were also not done.  
The department of OBG decided to apply the four-step Point of Care Quality Improvement (POCQI) approach using Plan-Do-Study-Act cycle for implementation of the maternal nutrition protocol during ANC.  
In April 2019, with the support of A&T, the hospital team applied the POCQI methodology to improve ANC service provision. By the end of 2019, the measurement and recording of anthropometric parameters increased to 84% and 74% for height and weight, respectively, from the baseline of zero. Hb testing increased from 58% to 84% and blood pressure (BP) monitoring from zero to 84%. Maternal nutrition counselling was delivered to 78% of the pregnant women visiting the OPD, which was a significant achievement for a new practice introduced into the system.  
The improved practices identified and implemented by the department are being sustained through active engagement of the staff and supportive leadership of the department of OBG.

**PROBLEM**  
As per National Family Health Survey 4 (2015–2016), 50% of pregnant women between the age of 15 and 49 years are anaemic in the country, and Uttar Pradesh (UP) stands close at 51%. Nationally, only 30% of pregnant women consume 100 or more iron folic acid (IFA) tablets during pregnancy, and UP has a dismal IFA consumption rate of 13% as per the NFHS 4 data. A formative research conducted in 2016 in UP showed that only 9% of pregnant women consume foods from at least five recommended food groups, as per global recommendation pertaining to maternal diet diversity.<sup>1</sup>  
Ganesh Shankar Vidyarthi Memorial (GSVM) Medical College Kanpur is a state-run medical college in the city of Kanpur, UP, affiliated to Chhatrapati Shahu ji Maharaj University, Kanpur. It is a 1055-bed hospital with 120 beds dedicated to the department of paediatric and 255 beds in the obstetrics and gynaecology (OBG) department. It has a team of 18 faculty and senior doctors, 48 residents and 34 staff nurses in OBG department and 54 faculty and senior doctors, 37 residents and 31 staff nurses in paediatric department. Being a tertiary care facility, it caters to patients from Kanpur and adjoining districts of Kanpur Dehat, Unnao, Hamirpur and Fatehpur. In any given month, an average of 2700 women attend the OBG outpatient department (OPD) out of which 325 undergo antenatal care (ANC) check-ups and 270 deliveries take place per month. Antenatal maternal nutrition (MN) services were missing from the current package of ANC services provided in the hospital. As per available records, approximately 40% of pregnant women missed out on haemoglobin (Hb) testing for assessing anaemia status. Gaps identified in nutrition assessment (height, weight measurement, and calculation of body

BMJ

Sharma PK, et al. *BMJ Open Quality* 2022;11:e001446. doi:10.1136/bmjopen-2021-001446

# KEY MIYCN PRACTICES

## CARE RIGHT AFTER BIRTH

**Facilitating Skin to skin contact immediately after birth and helping early initiation of breastfeeding in both normal and C-section deliveries**





- Helping mothers to put their baby to the breast right away
- Facilitate immediate and uninterrupted skin to skin contact and support mothers to initiate breastfeeding within 1 hr after birth
- Support mothers having C-Section to do skin to skin contact and initiate breastfeeding in operation room or in recovery room With POCQI approach this has improved from zero to 90% during January to May 22




**Click Video:**  
Practice in  
Labor room in  
C-section for  
EIBF

# KEY MIYCN PRACTICES

<b>SUPPORT WITH BREASTFEEDING</b>	<b>Breastfeeding is natural, but most mothers need help at first</b>
	<ul style="list-style-type: none"> <li>• Staff nurses support mothers with correct positioning &amp; attachment to establish exclusive breastfeeding</li> <li>• Support to manage common difficulties</li> <li>• Support to mothers to recognize and respond to their infant's cues for on demand feeding (PNC Ward, NICU, Paediatric IPD)</li> </ul>
<b>Rooming-In</b>	<ul style="list-style-type: none"> <li>• Mothers need to be near their babies to notice and respond to feeding cues</li> <li>• Ensuring mothers of sick babies can stay near their baby</li> </ul>
<b>No Supplementation</b> 	<ul style="list-style-type: none"> <li>• Do not provide breastfed new-borns any food or fluids other than breast milk, unless medically indicated</li> <li>• Prioritizing expressed breast milk for sick neonate especially when mother's milk is not available/when a supplement is needed</li> </ul>

# KEY MIYCN PRACTICES

<b>FEEDING BOTTLES, TEATS AND PACIFIERS</b>	<b>Everything that goes in the baby's mouth needs to be clean</b>
	<ul style="list-style-type: none"> <li>• Counsel mothers on the use and risks of feeding bottles, teats and pacifiers</li> </ul>
<b>CARE AT DISCHARGE</b> 	<ul style="list-style-type: none"> <li>• Coordinate &amp; counsel to parent during discharge so that parents and their infants have timely access to ongoing support and care.</li> <li>• Advise lactating mothers to continue iron and calcium supplements for 180 days postpartum and on consumption of adequate &amp; diverse diet</li> </ul>
<b>PAEDIATRIC/ IMMUNIZATION OPD</b> <b>continued support from exclusive &amp; continued breastfeeding</b>	<ul style="list-style-type: none"> <li>• Counsel /Support on exclusive breastfeeding for 6 months and ensure breastfeeding during illness</li> <li>• Counselling on age-appropriate frequency and diet diversity for complementary feeding with continued breastfeeding</li> </ul>



महिला को रु० 1000/- की प्र  
है ।

THANK YOU

# Call to Action

## How Can You Step Up?

Individuals: Add your name to #EndExploitativeMarketing



NGOs, Civil society, trade unions, academia, professional bodies, communications, technology, early childhood development, health or nutrition-related sector:

Are you a part of an organization that advocates for breastfeeding in your country or region? Consider becoming an associate.

Learn more: <https://www.globalbreastfeedingcollective.org/step-up>

# Thank you

## Members of the World Breastfeeding Week Task Force

Elien Rouw - Academy of Breastfeeding Medicine  
Carol Pape - Academy of Breastfeeding Medicine  
Karen Kathan - Academy of Breastfeeding Medicine  
Manisha Tharaney - Alive & Thrive, FHI 360  
Kristen Kappos - Alive & Thrive, FHI 360  
Mona Alsumaie - BFHI Network  
Kathy Parry - Carolina Global Breastfeeding Institute  
Carol MacGowan - CDC  
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Elizabeth Zehner HKI - Helen Keller International  
Annabelle Mackenzie - IBLCE  
Saray Hill - IBLCE  
Arnisa Xharra-Jensen - ILCA  
Judy Canahuati - La Leche League International  
Jeanette McCulloch - **UNICEF**  
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Theresa Shaver - **USAID**  
Jeniece Alvey - **USAID**  
Loria Kulathungam - World Vision