

# WHO Updates to the Ten Steps to Successful Breastfeeding: What That Means for US Hospitals

*January 14, 2019*



# Speaker Disclosures

- The speaker discloses employment with Baby-Friendly USA, Inc.
- There are no other conflicts of interest
- This presentation is not supported by any funds from companies that violate the International Code of Marketing of Breastmilk Substitutes

# Objectives

- Discuss the WHO/UNICEF Protecting Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services Guideline and Implementation Guidance
- Review the revised Ten Steps to Successful Breastfeeding
- Discuss the US Implementation Plans and Timelines

**Protecting, Promoting and Supporting  
Breastfeeding in Facilities Providing  
Maternity and Newborn Services -  
The Difference between the Guideline  
and Implementation Guidance**



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# Overview of WHO Guidance

- 2 related documents



# 2017 Guideline



# WHO Guideline

“Guideline” is a document that contains a WHO health recommendation about a health intervention

- WHO issues both clinical and public health /public policy guidelines
- This guideline examines each of the practices in the Ten Steps to Successful Breastfeeding, in order to bring together evidence and considerations to inform practice.
- Guidelines do not provide implementation guidance



# Recommendations

## Immediate support to initiate and establish breastfeeding

1. Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and encouraged as soon as possible after birth (*recommended, moderate-quality evidence*).
2. All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery (*recommended, high-quality evidence*).
3. Mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties (*recommended, moderate-quality evidence*).



# Recommendations

4. Mothers should be coached on how to express breast milk as a means of maintaining lactation in the event of their being separated temporarily from their infants (*recommended, very low-quality evidence*).
5. Facilities providing maternity and newborn services should enable mothers and their infants to remain together and to practice rooming-in throughout the day and night. This may not apply in circumstances when infants need to be moved for specialized medical care (*recommended, moderate-quality evidence*).
6. Mothers should be supported to practice responsive feeding as part of nurturing care (*recommended, very low-quality evidence*).

# Recommendations

## Feeding practices and additional needs of infants

7. Mothers should be discouraged from giving any food or fluids other than breast milk, unless medically indicated (*recommended, moderate-quality evidence*).
8. Mothers should be supported to recognize their infants' cues for feeding, closeness and comfort, and enabled to respond accordingly to these cues with a variety of options, during their stay at the facility providing maternity and newborn services (*recommended, high-quality evidence*).
9. For preterm infants who are unable to breastfeed directly, non-nutritive sucking and oral stimulation may be beneficial until breastfeeding is established (*recommended, low-quality evidence*).

# Recommendations

10. If expressed breast milk or other feeds are medically indicated for term infants, feeding methods such as cups, spoons or feeding bottles and teats may be used during their stay at the facility (*recommended, moderate-quality evidence*).

11. If expressed breast milk or other feeds are medically indicated for preterm infants, feeding methods such as cups or spoons are preferable to feeding bottles and teats (*recommended, moderate-quality evidence*).

# Recommendations

## Creating an enabling environment

12. Facilities providing maternity and newborn services should have a clearly written breastfeeding policy that is routinely communicated to staff and parents (*recommended, very low-quality evidence*).
13. Health-facility staff who provide infant feeding services, including breastfeeding support, should have sufficient knowledge, competence and skills to support women to breastfeed (*recommended, very low-quality evidence*).
14. Where facilities provide antenatal care, pregnant women and their families should be counselled about the benefits and management of breastfeeding (*recommended, moderate-quality evidence*).
15. As part of protecting, promoting and supporting breastfeeding, discharge from facilities providing maternity and newborn services should be planned for and coordinated, so that parents and their infants have access to ongoing support and receive appropriate care (*recommended, low-quality evidence*).

# 2018 BFHI Implementation Guidance



# 2018 BFHI Implementation Guidance

- WHO considers “implementation guidance” to be a strategy and/or series of strategies that may be utilized to implement a **recommendation** about a health intervention
- Baby-friendly Hospital Initiative provides guidance on the implementation, training, monitoring, assessment and re-assessment of the Ten Steps to Successful Breastfeeding and the *International Code of Marketing of Breastmilk Substitutes*

# GOAL of Updated BFHI Implementation Guidance

- Reinvigorate the BFHI to ensure that all facilities adhere to the evidence, increasing breastfeeding rates and improving health of mothers and children.
- Encourage wider spread adoption of practices to support breastfeeding
- Calls for a scaling up of the BFHI to 100% coverage and sustain recommended practices over time.

# Revised 10 Steps

## Box 1. Ten Steps to Successful Breastfeeding (revised 2018)

### Critical management procedures

1.
  - a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.
  - b. Have a written infant feeding policy that is routinely communicated to staff and parents.
  - c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

### Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.



# Revised 10 Steps

Annex 1 incorporates the relevant recommendations from the Guideline with the specific revised Ten Steps

**5. Support with breastfeeding:**  
Support mothers to initiate and maintain breastfeeding and manage common difficulties.

**Recommendation 3:** Mothers should receive practical support to enable them to initiate and maintain breastfeeding and manage common breastfeeding difficulties.

**Recommendation 4:** Mothers should be coached on how to express breast milk as a means of maintaining lactation in the event of their being separated temporarily from their infants.

# Revised 10 Steps



# Revised 10 Steps

- In the past, when updates were made to the BFHI, WHO rolled out an entire package, including updated self-appraisal, data collection, audit and assessment tools.
- They also simultaneously rolled out updated training materials and guidance.

# Updates from WHO

2018 Materials are coming out incrementally

- Revised training course – under development anticipated rollout summer 2019
- Additional technical guidance documents may be released

# Global INSTRUCTIONS

- Each country will be making their own determination as to when and how they will rollout the new Ten Steps and BFHI Implementation Guidance.

# BFUSA Updates

- BFUSA has created an expert panel to guide the change process for the US.
  - [Expert Meeting – August 6-7, 2018 Atlanta](#)
- BFUSA Clinical Committee – October 18-19, 2018
- Strong alignment between the Experts and Clinical Committee

# Next Steps

## Revise Guidelines and Evaluation Criteria

- First draft

- December 2018

- Review draft

- Clinical Committee/ Expert Panel

- February 2019

- Make revisions

- BFUSA Clinical Team

- April 2019

# Next Steps

## Revise Guidelines and Evaluation Criteria

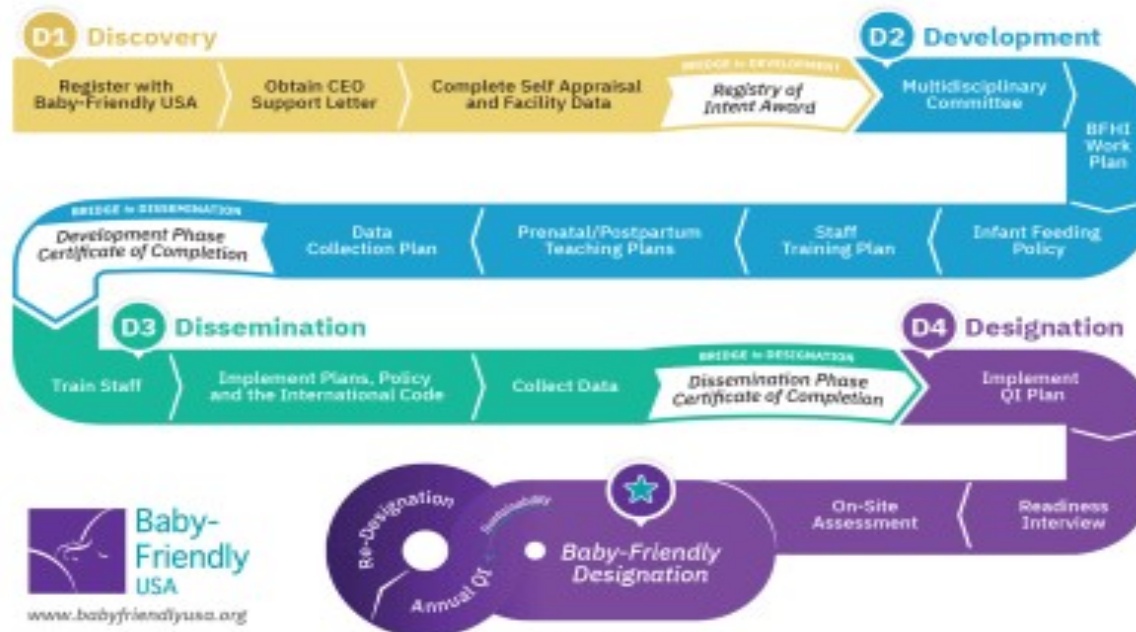
- Second Expert Meeting
  - Clinical Committee/ Expert Panel
  - May/June 2019
  
- Final Document (Pending WHO Training Info)
  - BFUSA Clinical Team
  - July 2019



# Next Steps

Update all 4-D Pathway materials – August - October

The **4-D Pathway** to Baby-Friendly Designation



# Next Steps

Update all 4-D Pathway materials – Continued

- Discovery Phase
  - Facility data sheet
  - Facility self-appraisal
- Development Phase
  - 22 Information, instruction and planning documents
  - 11 Review and feedback documents
- Dissemination Phase
  - 7 Audit Tools
  - 2 Instruction documents

# Next Steps

Update all 4-D Pathway materials – Continued

- Designation Phase
  - 5 Instruction documents
  - Readiness Assessment template
  - 7 Assessment Tools
  - Report template
- Annual Quality Improvement
- Re-Designation

# Next Steps

- Finalize
  - Guidelines and Evaluation Criteria rollout date
  - Date for facilities to comply
  - How to manage new standards with currently designated facilities
- Notify training companies and patient education materials companies
- Update portal in the website

# US INSTRUCTIONS

- **Continue to follow the 2016 Guidelines and Evaluation Criteria**
- Notifications of changes to the US program will be made in the following manner:
  - Announcement on the public portion of the BFUSA website
  - Announcement in the secure portion of the BFUSA website
  - Announcement to all BFUSA contacts via electronic newsletter (likely Constant Contact)
  - Request key organizations to forward announcement to their memberships

# Commonly Asked Question



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# Commonly Asked Question

Is Baby-Friendly USA updating any of the Ten Steps based on the WHO changes, if so, when, any updates for the NICU?

# BFUSA Response

- The expert panel did recommend that the NICU be kept as a separate initiative.
- A NICU program is under development – no specific release date planned.



A million thanks...from the more than a million mothers and babies you care for

