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Improving Breastfeeding Support to Mothers of Ill and Vulnerable Babies through Baby-Friendly Platforms

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Improving Nutrition Services in the Care of the Ill and Vulnerable
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BREASTFEEDING
IS EVERYONE'S
RESPONSIBILITY



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What can you do to help mothers?

Revised Baby-Friendly Hospital Initiative (BFHI) Implementation Guidance

- Revised guidance released in 2018
- Proposes key actions for countries to improve coverage and sustainability
- Ten Steps—retained in subject matter and order; key changes in wording



Comparison—Revised BFHI vs Original BFHI

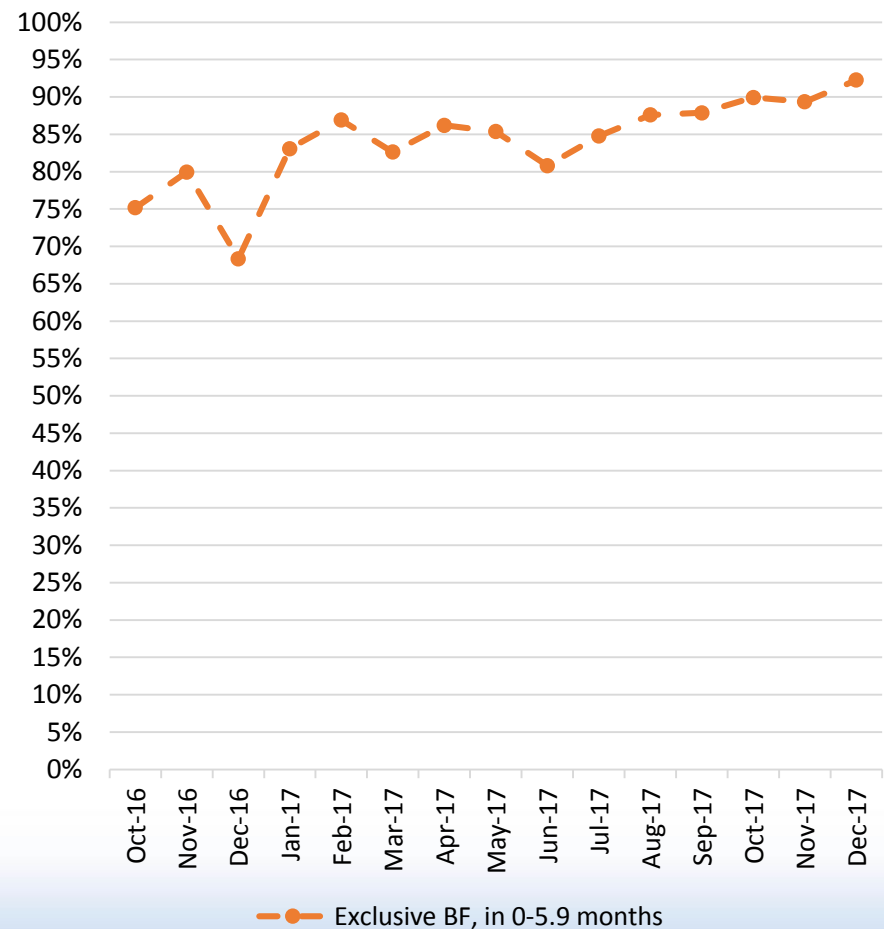
Topic	Revised BFHI	Original BFHI
International Code of Marketing of Breast-milk Substitutes	Explicitly incorporated into Step 1	Included in the hospital self-appraisal and external assessment tools
Preterm and LBW infants	Included as a target population; Neo-BFHI referenced	Not included as a target population
Monitoring and data management systems	Explicitly incorporated into Step 1	N/A
Quality improvement	Expanded/strengthened guidance	Guidance provided
Sustainability	Guidance on key actions provided	N/A
Nationwide scale-up	Guidance on key actions provided	N/A

What does this mean for already existing BFHI programs?

Strengthening Community-Based Breastfeeding Support through the Baby-Friendly Community Initiative (BFCl)

- Links to the tenth step of BFHI
- Provides community-based maternal and IYCF support through mother-to-mother and community support groups
- Opportunity for integration
- MCHIP/MCSP supported the Kenya MOH in rolling out BFCl in Migori and Kisumu counties
- National implementation guidance developed

Exclusive breastfeeding 0-5 months, Migori County



Strengthening Care for Small & Sick Newborns through the BFHI platform in Malawi

- MCSP with MOH scaled up BFHI and integrated care for small and sick newborns (SSNBs)
- Trained 8 BFHI-trained hospitals on *Essential Care for Small Babies*
- Bottleneck analysis conducted at these 8 hospitals



Photo credit: Guido Dingemans/Jhpiego

Bottleneck Analysis—Key Findings

- Lack of prioritization of BFHI in the National Multi-Sector Nutrition Policy
- Lack of guidance and tools for supportive supervision, mentoring, and core competency reviews
- Overburdened and understaffed health facilities
- Lack of knowledge and skills in feeding of SSNBs, including around counseling of mothers
- Inadequate number of health facilities that provide skilled care to SSNBs
- EBF and skin-to-skin <1 hour of birth not tracked in HMIS
- Inadequate facility to community linkages
- Lack of job aids to support feeding of SSNBs

Proposed Solutions to Identified Bottlenecks

- Prioritizing BFHI in national nutrition policies
- Mechanisms and tools for routine supportive supervision, mentoring, and core competency reviews
- Task shifting
- Integrating skills-building around feeding of SSNBs and counseling into pre- and in-service training curricula
- Capacity-building of select rural health facilities
- Integration of EBF and skin-to-skin <1 hour in HMIS
- Increasing the coverage of community care groups
- Development and distribution of job aids

Conclusions

- Baby-Friendly interventions provide a platform for countries to improve feeding support for all mothers and babies, but should be integrated into the health system
- Addressing bottlenecks at the health system, facility, and community levels is essential for improving newborn health
- Improvement of care and feeding of small and sick newborns will require advocacy and commitments from governments, policy makers, and partners

For more information, please visit
www.mcspprogram.org

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