



CODEN [USA]: IAJPBB

ISSN : 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

<http://doi.org/10.5281/zenodo.4395413>Available online at: <http://www.iajps.com>

Research Article

**IMPLEMENTATION OF BABY FRIENDLY HOSPITAL
INITIATIVE IN VARIOUS PRIVATE AND PUBLIC HOSPITALS
OF LAHORE****Dr Muhammad Umer Bajwah¹, Dr Ayesha Younus², Dr Waqar Ahmad³**¹Shalamar Medical and Dental College, Lahore²Fatima Jinnah Medical University, Lahore³Rawalpindi Medical College, Rawalpindi**Article Received:** October 2020**Accepted:** November 2020**Published:** December 2020**Abstract:**

Objectives: 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 2019, 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 concern 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 guideline is being carried out in various hospitals of Lahore.

Conclusions: The maternity care practices in hospitals/clinics of Lahore have yet not started following the '10 steps to successful breastfeeding' fully. Lack of resources, accountability on behalf of health staff and high patient load are key hurdles in implementation of these steps.

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Please cite this article in press Muhammad Umer Bajwah et al, **Implementation Of Baby Friendly Hospital Initiative In Various Private And Public Hospitals Of Lahore.**, Indo Am. J. P. Sci, 2020; 07(12).

INTRODUCTION:

Every day, approximately 830 women die from pregnancy and childbirth related complications. 99% of deaths occur in developing countries and one third of them occur in South Asia¹. In 2015, 4.5 million (75% of all under-five deaths) occurred within the first year of life². Among all, the Pakistan's infant mortality rate has come down from 192 per 1000 live births in 1960 to 66 per 1000 live birth in 2015³ which is still very high comparing with rest of the world.

Breastfeeding has substantial benefits for women and children in rich and poor countries alike. New WHO estimates published in "The Lancet" reveal that increasing breastfeeding to near-universal levels could save more than 800,000 lives every year, the majority being children under 6 months. In addition, nearly half of all diarrheal diseases and one-third of all respiratory infections in children in low- and middle-income countries could be prevented with increased rates of breastfeeding.

Children who are breastfed perform better in intelligence tests, are less likely to be overweight or obese, and less prone to diabetes later in life. Mothers who breastfeed also reduce their risk of developing breast and ovarian cancers. At current breastfeeding rates, an estimated 20,000 deaths from breast cancer are prevented and an additional 20,000 could be saved if rates improved⁴.

The Baby-Friendly Hospital Initiative (BFHI) is a global program that was launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centres that offer an optimal level of care for infant feeding and mother/baby bonding. It recognizes and awards birthing facilities who successfully implement the Ten Steps to Successful Breastfeeding.⁵ The BFHI assists hospitals in giving all mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so.

Becoming a Baby-Friendly facility is a comprehensive, detailed and thorough journey toward excellence in providing evidence-based, maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding. It compels facilities to examine, challenge and modify longstanding policies and procedures. It requires training and skill building among all levels of staff. It entails implementing audit processes to assure quality in all aspects of maternity care operations. The journey

is exciting, challenging, and worth it! It creates opportunities to develop high performance work teams and build leadership skills among staff, promotes employee pride, enhances patient satisfaction and improves health outcomes.

Since BFHI began, more than 152 countries around the world have implemented the initiative.⁶ BFHI promotes a multi-level, multi-sector approach which, together with legislation regarding statutory maternity leave and protection of the breastfeeding rights of women in the workplace and enforcement of the Code of marketing of breast milk substitutes, is essential to effectively promote, protect and support breastfeeding.⁷ Monitoring and re-assessment of BFHI facilities are important as the initiative expands.

Although great progress has been made and BFHI has led to increased rates of exclusive breastfeeding reflected in improved health and survival⁸, there remain countries where BFHI efforts lag behind. The sustainability and scaling up of BFHI requires the integration of breastfeeding-related subjects into the curricula of health workers at all levels.⁹ Expanding BFHI beyond maternity services into neonatal, paediatric, and the community health services will help contribute to an improved continuity of care and breastfeeding outcomes.

BFHI has been shown to be very effective in increasing breastfeeding initiation, exclusive breastfeeding and breastfeeding duration in many countries, as well as improving mother's health care experiences and reducing rates of infant abandonment.¹⁰ Given the short and long-term benefits of breastfeeding to the infant, mother and society, implementing BFHI – alongside with the other objectives stated in the Global Strategy for Infant and Young Child Feeding - continues to have an important role to play in health services worldwide.

The 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 that serves women of all classes.

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 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.

Frequency tables:

Table # 1: Age of the mother

Age	Frequency	Percent
16-20	16	7.1
21-25	74	32.9
26-30	98	43.6
31-35	29	12.9
36-40	7	3.1
41-45	1	0.4
Total	225	100

Table # 2: Frequency of C-Section and Normal Vaginal Delivery

Types	Frequency	Percent
NVD	86	38.2
C-Section	139	61.8
Total	225	100

Table # 3: Hospital of respondents

Hospitals	Frequency	Percent
Public (NSH, B.H.U, D.H.Q, GRH, JH, LWH, MH, SZH, R.H.C, SIMS, T.H.Q) *	105	46.6
Private (CMH, FMH, I.R.H.C, P.A.E.C, P.A.F, PC, SIHS) **	120	53.3

* (Nawaz Shareef hospital; Basic health unit; District head quarter; Gangaraam hospital; Jinnah hospital; Lady Wallington hospital; Mayo hospital; Sheik Zaid hospital; Rural health center; Services institute of medical sciences; Tahsil head quarter)

** (Combined military hospital; Fatima memorial hospital; I.R.H.C; P.A.E.C; P.A.F; Private clinic; Shalimar institute of health sciences)

Table # 4: Percentage prevalence of each step of BFHI in Public and Private sector

Points	Yes		No	
	Frequency	Percent	Frequency	Percent
1.The health staff have enough knowledge regarding breast feeding	184	81.8	41	18.2
2.Train all health care staff in skills necessary to implement this policy.	186	82.7	39	17.3
3.Inform all pregnant women about the benefits and management of breastfeeding.	158	70.2	67	29.8
4.Help mothers initiate breastfeeding within a half-hour of birth	76	33.8	149	66.2
5.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
6.Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.	185	82.2	40	17.8
7.Give newborn infants no food or drink other than breast milk unless medically indicated.	155	68.9	70	31.1
8.Encourage breastfeeding on demand.	203	90.2	22	9.8
9.Give no artificial teats or pacifiers to breastfeeding infants.	131	58.2	94	41.8
10.Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.	0	00	225	100

RESULT:

The data was collected from women of different ages with minimum age of 17 to maximum age of 42. About 171 out of 225 were falling in age group of 21-30. (Table 1)

Out of 225 mothers, 38.2% of them had normal vaginal delivery while 61.8% had the C-section. (Table 2)

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. (Table 3)

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 4)

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 and we have filled it of our own based on the provision of their facilities and knowledge. The implementation of remaining 8 steps were inquired from the mother of the new-born.

1.The prevalence regarding sufficient knowledge of health staff about breast feeding was 81.8%. 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. In Sindh, the prevalence of this step is 94.4%, which is higher than the hospitals of Lahore. This study was held in BFH as well as NBFH, which explains the difference in the prevalence.

2. The training of the health staff to provide the appropriate environment and support to the mother so she can breastfeed her baby was 82.7%. Most of the staff members were well trained and had attended workshops related to benefits of breastfeeding and ways to make it implement among the mothers of newborn through proper counselling and support. In contrast to this, prevalence is of 84.79% of well trained staff in Sindh.

3. 70.2% of mothers were told about the benefits and essentials of breastfeeding for their and their baby's good health compared to 91.9% of prevalence of mentioned step in the hospitals of Maine. Although, the step forms the basis of counselling, the reason for its low prevalence in the Lahore is attributed to high patient load in the hospitals and lack of time to convey the minor details. Other reason could be the paternalistic approach of the doctor and health staff toward illiterate patients.

4. Only 33.8% of mothers started breastfeeding within 1st hour of birth in Lahore compared to 56.8% of prevalence in Maine and 59.6% in Georgia. The leading cause for this low rate is drastic increase in caesarean sections which doesn't able mother to start breastfeeding in first hour due to postoperative condition.

5. 39.6% of mothers were told and taught the proper way and different postures of breastfeeding, in contrast to 64% in Maine. In the US, special staff is trained for showing the mother, methods of breastfeeding their babies properly. The negligence on the hospitals of Lahore is due to high work load and limited time along with limited resources.

6. About 68.9% of mothers were told to not to give their new-borns anything but the breast milk, unless medically indicated. The prevalence in Maine and Georgia is 51.8% and 51.5% respectively. The mothers were told to restrict the baby's diet to breast milk only as in the tradition of 'gutki' (giving the newborn, something sweet i.e. honey), it might contain infectious agents injurious to baby's health.

7. 82.2% of mothers were allowed to roam in and stay with their baby, compared to the prevalence of 40.5% and 56.8% in Maine and Georgia respectively. The low prevalence in US is explained by the fact of keeping the baby for thorough check up and screening.

8. 90.2% of mother breastfeed their babies on demand as baby starts crying, with contrast to prevalence of 72.8% and 66.3% in Maine and Georgia respectively.

9. 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. The digits go as 61% in Maine and 44.2% in Georgia. Mothers use it when baby cries too much or when they have hard time feeding their babies at short interval. Some mothers

have complained of low milk production, which explains the low rate of this step implementation in Lahore and US as well.

10. Only 0% of prevalence is seen in fostering of breastfeeding support groups and referring it to mothers on discharge. There is 72% of high prevalence in Georgia. This negligible percentage in Lahore could be explained by lack of awareness among people along with social hurdles and insufficient recourses provided for such activities.

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