Baby-friendly hospital initiative in Lautoka, Fiji

MOON SHRESTHA, DCH, FRCP*
TAUTA MCCAIG, DSM*

Introduction

Breastfeeding is nature's gift to ensure that the baby is on a firm healthy foundation during the vital, formative period of human life. However, a decrease of breastfeeding practice has been observed worldwide. The South Pacific countries have not escaped this trend. Health care professionals have been a major source of conflicting and misleading information about breastfeeding. There are several hospital practices that represent barriers to successful lactation.

In 1989, the World Health Organisation (WHO) and United Nations Children's Fund (Unicef) outlined 10 steps[1], that should be in corporated into maternity care, in order to help breastfeeding mothers. Subsequently, in 1992, Unicef/ WHO launched the "Baby Friendly Hospital Initiative" as part of global effort to give babies the best possible start in life. The campaign aimed to foster national action for breastfeeding of infants and to end the supply of free and low-cost infant formula to maternity institutions in all countries.

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The World Breastfeeding Week in August 1992 was celebrated with theme of "Baby Friendly Hospital Initiative". The Lautoka Hospital staff took active part in celebrating this week with many breastfeeding promotional activities. This paper describes the problems encountered in attempting to become the first "Baby Friendly Hospital" in the Pacific.

*Physicians, Lautoka Hospital, P.O. Box 65, Lautoka, Fiji

Hospital Background

Lautoka Hospital is a 348 bed general hospital, located in the Western side of Fiji. Approximately 3100 women give birth annually. Before 1992, the neonatal routines in the hospital were complementary glucose water/infant formula feeding; delayed first breastfeeding; scheduled limited time for babies at the breast. Most of the babies, after breastfeeding, were kept, in normal nursery, away from mothers.

Problems encountered and intervention programme

Following the hospital's active participation in the World Breastfeeding Week in 1992, we studied the reasons for low incidence of breastfeeding in this hospital. There were 4 major institutional factors detrimental to the breastfeeding;

- lack of knowledge of the importance of breastfeeding amongst the medical professionals working in the maternity area;
- poor antenatal preparation for breastfeeding;
- lack of "Rooming-In" facilities; and
- free access to bottle, teat and infant formula.

After carefully assessing these factors, a multi-faceted programme was implemented at the hospital maternity unit. The intention was first to heighten the staff awareness of the benefit of breastfeeding and the potential of hospital policies to facilitate and promote breastfeeding. In April 1993, a Hospital Breastfeeding Committee was established to implement and monitor the WHO/ Unicef 10 steps to successful breastfeeding (see Sidebar).

Committee members included paediatric unit doctors, the sister-in-charge of the maternity unit, the dietitian and matron of in-service training. The Nursing Mother's Association group, formed earlier in 1992 was integrated with the Hospital Breastfeeding Committee. There was full support from the Medical Superintendent, obstetricians and other administrative staff for this committee.

Breastfeeding policy for the hospital was devised to cover all the 10 steps of successful breastfeeding. One paediatric unit doctor became the sole supplier of formula milk to babies when absolutely necessary. The paediatricians and matron of in-service training, took part in teaching clinical management of lactation and bedside demonstrations of handling lactation problems. The following teaching materials were used:

1. UNICEF/WHO, 1993; Eighteen hours course for maternity staff on breastfeeding management and promotion in a Baby Friendly Hospital.
2. Ministry of Health, Fiji, 1993; Provisional guideline on breastfeeding for health workers.
3. Videotapes on breastfeeding from Unicef and hospital library.

The fundamental change that occurred during the intervention period was an increased opportunity for antenatal mothers to learn about breastfeeding during the prenatal care. Initial skin-to-skin contact in the labour ward and rooming-in facilities in the postnatal area enhanced demand feeding, as mothers had easy access to their babies. The mothers, who had caesarean sections, were encouraged and assisted in early initiation of breastfeeding. Mothers of premature babies were allowed to stay longer in the postnatal ward and encouraged to take part in baby care and breastfeeding.

In order to bring about these results, some of the changes necessary in the maternity unit were drastic enough to cause resentment and unhappiness among medical, nursing and other hospital staff. However, the initial resentment was soon followed by tremendous support from all, as the result of wide spread breastfeeding became apparent. Mothers were happier. At the same time, the workload for the maternity staff was significantly reduced as there was no need for preparing milk, washing bottles and cleaning teats. The Hospital Breastfeeding Committee is at present working to encourage other family members to support breastfeeding.

Evaluation

After the active intervention period of about 3 months, breastfeeding became routine in the maternity area. The perinatal staff were successful in creating an atmosphere that was conducive to breastfeeding. Analysis of data, during the 4 months, July to October 1993 showed exclusive breastfeeding (from birth to discharge from hospital) increased to 96% from 43% during the same period in 1992. At the same time, initial breastfeeding (within half hour from birth) increased to 74% in 1993 from 39% in 1992. The indigenous Fijian mothers' culturally negative perception about colostrum was reduced by early initiation of breastfeeding under supervision. Gradually, other problems, like sore nipples, engorgement of breasts and breast abscess due to poor and improper attachment, became rare events during the postnatal period.

In conclusion, the process to overcome institutional constraints to breastfeeding is difficult but feasible. Ongoing professional training on lactation management is a must. When the WHO/Unicef 10 steps to successful breastfeeding are routine in the maternity unit and health professionals abide by International Code of Marketing Breast Milk Substitutes[2], promoting breastfeeding becomes easy. Encouragement and support given by the maternity staff to mothers will result in, something they will love, successful breastfeeding for as long as they wish.

Ten steps to successful breastfeeding
A joint WHO/Unicef statement (1989)

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk unless medically indicated.
7. Practise rooming in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or so others) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

References

1. WHO and Unicef. *Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services.* Geneva, WHO/Unicef; 1989.
2. WHO. *International Code of Marketing of Breast Milk Substitutes.* Geneva: WHO; 1981. □

Editor's Note

The Maternity Ward described by Drs Shrestha and McCaig became the first certified "Baby Friendly Hospital" in the Pacific on August 1994.

For more information on how to establish this initiative in your institution, please contact: WHO Regional Office for the Western Pacific or Unicef and WHO, Suva, Fiji.