Letter to WHO, in response to the call for comments to the “Revised BFHI 2017” draft document. Sent in Dec-2017 through the available link

Introduction

Representing BFHI spain as national coordinator of IHAN-Spain (Baby Friendly Spain) and as representative of the European BFHI network it is an honor to have been invited to evaluate and comment on the revised BFHI implementation guide put out by WHO for public comments.

It is welcomed the opportunity of an extended period of time for revision of such an important document even though in our opinion complete access to the sources specially ref #34 would have been needed as they constitute the basis for the numerous and important changes included in this document.

The first three paragraphs are most welcome as they acknowledge the importance of BF and of the BFHI, and summarize the evidence on the effectiveness of the Baby Friendly Initiative published in these 25 years, and how the Initiative is now well known for its efficacy and its capacity for improving and maternity care and for its positive effects on breastfeeding.

While we agree with many of the challenges described in 1.4, I find it very important to notice that these have been used afterwards to nearly completely dismantle the Initiative. As an example, in the last paragraph in page 9, while describing the extension of the initiative outside the maternities: even though the successes of these are acknowledged, the lack of uniformity around the world is named as a source of unwanted diversity. It would be desirable, however that WHO published and called for different forms of uniformity, as these extensions have proved to be worthy and needed.

We agree that there is need for continued improvement in maternity and newborn care. Furthermore, for the implications of first paragraph in page 10: in Spain, there are no selected facilities to implement BFHI, but, on the contrary it is facilities that decide to start advancing towards BFHI accreditation, thus improving standards of care. Yes that would make for some inequities in the quality of health care but, those would arise as a result of improvements in these facilities. And most probably they will spark interest and lead to changes in others.

We strongly disagree with the rewording of the Ten Steps, which are well known standards right now. In 2009 a revision of the initial documents was launched, which contained, based on the accumulated experience, additions which resulted in important advances regarding mother-infant and breastfeeding support. As such, the extension of the initiative outside of the maternity ward to the community or neonatal areas, the attention to non breastfeeding mothers and some very important mother-friendly aspects, were included. However, not the same can be said in this 2017 version. This new revision, restructures, reorders and rewords the Ten Steps, which are now well known everywhere in text books, national initiatives, journals…It also calls for national advisory boards to set national standards. An advise that will eliminate the important call effect that the advance of the initiative in some countries could have on others. It could also annihilate the useful exchange of information, ideas and resources among countries which has been taking place these past years.

It is with preoccupation that I envision that the new document speaks about the "benefits of breastfeeding": if breastfeeding is the norm, risks or harms of formula feeding should be the ones to be addressed.

We cannot agree with the very little credit that the new document gives to the Award. In Spain, and in most countries in Europe, the prestige of the accreditation is very important and has been a main driver for the program. As the implication of national and local authorities is near to null, a worldwide recognized award is what can make institutions become interested. We, and many other countries, have overcome many challenges by introducing a staged approach to accreditation. This was discussed in the BFHI Congress and it is a surprise not to see even a small mention to this approach.

By attacking to its very core: The Ten Steps and the Global standards, WHO may be discouraging important actors of the present Initiative and doing a disservice to breastfeeding promotion and protection worldwide.

<u>The role of facilities providing maternity and neonatal services</u>

Firstly we would like to note that by rewording the Steps as Recommendations, and by explaining them unordered in the document, makes for not needed confusion. There are no heavy reasons to dismantle the Steps as it has been done. And it should be clearer to go over each step in order.

We agree that neonatal friendly care should be implemented, however we see that the challenge is very different to being baby friendly with term and healthy newborns. Even though the neonatal team may be the same in many facilities, that is true for physicians, however it is not usually true for nurses, and type of care is very different from one area to the other. Besides care for sick and preterm neonates pose quite different challenges on the health care team and the mothers. Kangaroo mother care, neonatal individually development centered care, special feeding challenges and other have had to be taken into account in the document. Thus leading probably to the elimination of the step dealing with teats and pacifiers. In page 19, we strongly disagree with 2.1.5, paragraph 4. There is ample evidence on the importance of open door policies, kangaroo mother care and on the involvement of mothers and fathers on the care of their sick of preterm babies, in neonatal wards. It is unacceptable that this guide states that rooming in may not be possible when infants need to be moved for specialized medical care. On the contrary, WHO should stress the need for neonatal wards to include space for the mother in those wards, to be able to stay near from her baby (as much as possible in KMC) all the time she is able to. Mothers cannot be seen as “visitors”. Parents in a NICU cannot be envisioned as VISITORS. Family centered care should be a must along the document.

We are sure that WHO officials are well aware of the neo.BFHI which has been published and is already being implemented. As this has been designed and developed, discussed and tried by very knowledgeable experts in different parts of the world, it is our suggestion that WHO listens to it and gives it a try, instead of completely ignoring it.

2.1.6. It is very discouraging to see how little emphasis is given to the very important support that primary health care may provide to breastfeeding mothers and the very important role that these resources have on the protection of breastfeeding. Again, the information for neonates discharged without full oral feeding has been achieved is completely insufficient. This only reinforces the need for separate recommendations for these neonates with very different and special needs.

To us there is not enough evidence on the “no harm” of pacifiers, bottles and hand expression, to eliminate the step. We feel that even if the evidence is not grade A, there is ample evidence (with good cohort and observational studies) which show that widespread use of teats undermine breastfeeding on the long run and favour latching difficulties and mothers’ pain. While the power of the Formula Industry is so enormous, the position of Governments is so weak on breastfeeding protection and Code abidance and there are so many professionals with conflicts of interest, it is worrisome for us that it may be understood that the use of bottles in BFHI hospitals is not any more an issue. Moreover when afterwards in page 17, the use of other devices instead of bottles and teats is encouraged. Thus contradicting what was said in the introduction and weakening the encouragement in this page. We feel there is not enough evidence to make this change, (even if there is not grade A evidence that the use of bottles is harmful, the evidence comparing bottles vs non bottle supplementation is very weak indeed and based on preterm population), there is evidence coming from other type of studies, and experts worldwide that do not support this new recommendation. We consider that there is no evidence that bottles are not harmful, and as they may lead to confusion, and may be a good instrument of publicity for formula, we ask that this decision is reconsidered.

Even though there are not enough studies comparing hand expression to mechanical expression, it is a reality that because teaching hand expression was a requirement, many more professionals teach hand expression to new mothers. This technique is helpful and does not make the mother dependent on a machine which is expensive and may not be available to every mother, Specially in the non industrialized countries and among those less affluent mothers every where else. We feel that if it is not asked for it will not be taught any more, and it will result in a disservice to breastfeeding mothers.

We cannot agree with the wording of recommendation 7. Even though it is important that mothers know that a breastfed baby does not need additional fluids, we believe that it should say that in maternities, the supplements should not be given unless medically indicated. The responsibility should not be on the mother`s shoulders, the staff should be trained to be able to help and not offer supplements whenever a difficulty arises.

Policy. By not stressing the need for facilities to have a separate policy on breastfeeding, and making it possible to be part of other policy documents, the need for a strong policy is weakened and assessment of the policy will become more difficult

Staff training. The new document states that an specific curriculum is not needed for staff training. Even though this might be true in an ideal world, having a curriculum and materials available makes staff training much easier, and tends to unify breastfeeding training worldwide. It may be true that demanding for 20 hours duration courses may be demoralizing, however a minimum content curriculum is a way of achieving common goals. Perhaps this could be included in the documentation.

We do not agree with the targets being set so high. If the Initiative is now not spreading rapidly enough it may be so because it is difficult enough to achieve 75 to 80%. It is not understandable why WHO is raising the standards. More so when the evidence behind most of the affirmations of the document is not yet available. It seems unrealistic to ask facilities to assess indicators every month, even if only during a quality improvement process. This might require specific staff and it doesn't seem feasible in many facilities. Afterwards, however the possibility of reviewing indicators every 6 months is contemplated. This paragraph is quite confusing in its indications we suggest it to be revised, or to separate indicators for monitoring of already achieved goals.

We also disagree on the explicit elimination of the "breastfeeding committee". By specifically stating that coordination should be incorporated into the responsibilities of an existing committee, the importance of breastfeeding as an issue to which the efforts of a breastfeeding committee should be devoted, is clearly undermined. We urge to rethink this whole paragraph (2.3). A breastfeeding committee should exist and in it, maternal and newborn staff, quality assurance and management structures and decision makers should be included. Representatives of mothers and primary care should of course be included. The reasons for the elimination of the BF committee are not evidence based and It is not understandable why this whole paragraph has been redacted as it is.

The quality improvement.. information is always welcome, however we wonder how or who is going to lead the whole process..It is said: leaders need to be

convinced…Who is expected to convince them? An active voice and identified subjects of the leading actions, are needed here.

Mother friendly care was included in the 2009 guidelines, and there is good evidence of the negative impact of non respectful maternity practices, too many C-sections and anesthesia on breastfeeding and on the health of mothers. It is not understandable that it is not included in this guidelines.

Country level implementation and sustainability

We completely agree on the need of national breastfeeding coordination bodies that are multisectorial and include representation from all sectors. We would suggest that in countries where the health system is managed in a decentralized manner, the option of members of decentralized levels being incorporated in one national body to be favored, instead of suggesting as the first option to have subnational coordination bodies.

And while in the set of recommendations included in 3.1, it is clearly stated that the coordination body could be added to the functions of an NGO, the wording in the introduction leads to non-thorough readers to understand that from now on it is only governmental bodies that can lead the Initiative.

We completely agree on the need for achieving pre-service education on breastfeeding, a very good ideal but an unrealistic goal that will take several decades in Spain before it is met. Mean while, it seems more realistic to continue with in-service training.

External Assessments. We agree on the importance and need for external assessments. And on many of the proposals being done in 3.4. And we are glad to see that at the end there is an exit for transition. Getting the government involved in the whole assessment process may be difficult and lengthy and meanwhile ongoing processes will be needed.

While we acknowledge that the standards should be adopted as required for all facilities, the recognition award is a powerful tool that motivated and could be used to ignite the spark. This is the experience in our country, but it has it has proved to be effective in other places too (Spaeth, 2017). We completely disagree on the elimination of the Internationally recognized award for Facilities. This was an issue that was strongly recommended by the majority of the working groups at the congress and we ask for reconsideration.

In our opinion, the impact of the Baby Friendly Initiative has been huge: nearly 25000 Maternities in the world have changed their routines of care, skin to skin care is now widely spread, most mothers know that breastfeeding should be on demand, and thousands of professionals have been trained on how to support and protect breastfeeding from its very beginning. And all these have happened in spite of the lack of interest of most governments in the world. Because the Baby Friendly Initiative has been up until now, dependent on the support of UNICEF and other NGO´s and volunteers.

While we acknowledge that there is need for a revision that achieves greater success, we cannot agree on a vision that might despise the efforts of so many volunteer people who have been pushing for the advance of the Initiative in most countries without the support of many governments. It is difficult to expect from governments around the world to take the lead of the BFHI, when it has not been the case in 25 years. It is very important to be aware of the difficulties that the Initiative faces in front of the resistance of many professionals and the pressure of the Industry (and its disrespect to the Code) while world authorities have mostly looked other way. Yes, we agree there is much to be done. There is the need for governments around the world to get involved but if left in the hands of governments alone, the Initiative will continue fading and finally will die. Yes the implementation of the BFHI faces many barriers and resistances and continuity is complicated, thus new and creative ways to make it advance faster must are needed. However slowing down will most probably result from a complete turn-around as the measures contained in the document imply.

On the look for sustainability, the authors seem to confide more on governments than on NGOs. We acknowledge, that in an ideal world governments should be interested in naming a breastfeeding national committee and overseeing the initiative. However up to now, in most countries, only UNICEF and NGOs have really supported and disseminated the program. In Spain, and in many other European countries, it has only been with great effort that NGO’s have managed to get governments involved, resulting in small gestures, but no National Breastfeeding Authority and no Breastfeeding National Policy have resulted from WHO´s mandate. The support of governments, depend on the political way of the politician of the moment and in

industrialized countries, this support fades very easily. In Spain, breastfeeding is note well received by left wing parties (it seems not to be feminist enough) and it may be embarrassing for right wing parties. A supporting situation depends in too many occasions on the political will of the moment which may very well fade if a different political situation.

We sincerely doubt that withdrawing from many of the requisites that were before essential criteria, and leaving the load of implementation on governmental hands will result in a more effective implementation or in better results. You can always take a look at the reports of the BFHI Industrialized Network, you will see that in developed countries there are very few governments who have named a breastfeeding national authority or have Breastfeeding policies in place. Having those has been a WHO`s mandate for many years. Why should governments change their policies with this implementation guide, when there is not even an award to show?

Leaving governments at liberty to implement steps at their will, will weaken the Initiative and make international comparisons impossible. Besides as it was said in the 2009 version, The Steps should be implemented all together and not separately as this could lead to tragedies (such as incrementing neonatal dehydrations if pushing facilities not to give supplements while having staff not being prepared to give adequate support to breastfeeding mothers).

While we would like to see government involvement, appropriate funding and accountability of government in the implementation, coordination and monitoring of the initiative, we wonder, how all this will be achieved (if not been done along all these years). We can assure that in most countries in Europe, if the IHAN leaves the initiative, all activities will cease. Besides, many countries, such as Spain has different territorial governments which have autonomy in health issues, thus leading to possibly 13 or more different situations in the country. We propose to rephrase these type of strategy, urging governments to implement needed measures that may ensure that implementation of the Initiative is facilitated and promoted. And we propose that the document recognizes the effort that has been and is being done by NGO`s and some governments

Coordination with other breastfeeding initiatives outside maternity facilities

This is an interesting suggestion. In several European countries the Initiative is being implemented in Primary Health Care and in the community. This is starting to work nicely, and it is coordinated with Maternities so that there is a continuum of care. We strongly feel that not addressing this is a weakness of this document.

If there are not enough resources to devote to health institutions, it is very difficult to envision a situation where multi-sector approach takes place, It is unrealistic, does not meet actual necessities and will not increase breastfeeding support. While this is a very important point (breastfeeding support in the community and work place) we feel this is not a task for BFI except for primary health care. We do feel that directives and encouragement for community health resources should be included in this document, as the continuity of breastfeeding is very much now on their hands. In most countries around the world, mothers are now discharged from maternities in 24-48 hours. This short time does not allow for much support. This is the main reason why in Spain and in many other european countries, BFI has extended to Primary Health Care, following the mandate of BFHI 2009 Guidelines.

Missing Issues

Standards for Primary Health Care should have been addressed.

BABy Friendly Neonatal care should be addressed separately as it has very important and specific requirements

Mother Friendly care should have also been addressed and reinforced.

We suggest that a compromise for guides on the application of these issues is made (for a near future)

Transition We feel this is going to be a very difficult issue. While there is no sound evidence that it is going to function, it is could do great harm. Accredited Institutions might feel their efforts have been useless, detractors will feel happy, and lots of voluntary efforts will have been wasted, while government decide whether they want to put the effort on this or whether they have other priorities.

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