How to use the Neo-BFHI package

Tools for self-appraisal, monitoring, the external assessment process, and education material.

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For the Nordic and Quebec Working Group

2nd Neo-BFHI Conference
May 19, 2015

BFHI Package (2009)

BABY-FRIENDLY HOSPITAL INITIATIVE
Revised, Updated and Expanded
for Integrated Care

SECTION 1
BACKGROUND AND IMPLEMENTA

2009

Original BFHI Guidelines developed 1992

unicef World Health Organization

BABY-FRIENDLY HOSPITAL INITIATIVE
Revised, Updated and Expanded for
Integrated Care

SECTION 2
STRENGTHENING AND SUSTAINING
THE BABY-FRIENDLY HOSPITAL INITIATIV
A COURSE FOR DECISION-MAKERS

2009

Revision of BFHI course for hospital administrators
prepared by WHO and Wellstart International, 1996

unicef World Health Organization

BABY-FRIENDLY HOSPITAL INITIATIVE
Revised Updated and Expanded
for Integrated Care

SECTION 3
BREASTFEEDING
PROMOTION AND SUPPORT
IN A BABY-FRIENDLY HOSPITAL
A 20-HOUR COURSE FOR MATERNITY STAFF

2009
Original BFHI Course developed 1993

unicef World Health Organization

BABY-FRIENDLY HOSPITAL INITIATIVE
Revised Updated and Expanded
for Integrated Care

SECTION 4
HOSPITAL SELF-APPRAISAL
AND MONITORING

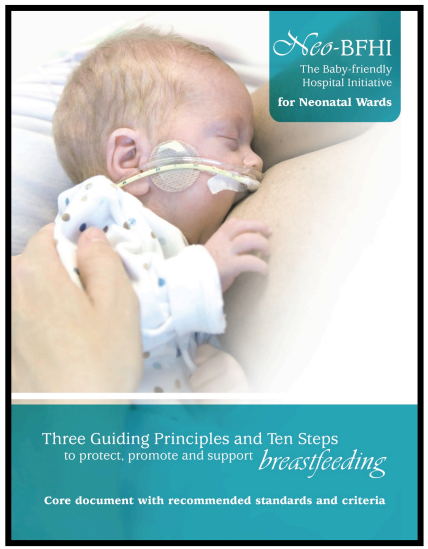
2009
Original BFHI Course developed 1992

unicef World Health Organization

Neo-BFHI Package

Edition 2015

Neo-BFHI Core document with recommended standards and criteria - Example



Original Step 4

Expansion: Encourage early, continuous and prolonged mother-infant skin-to-skin contact/KMC

Rationale, 4 Standards, 9 Criteria (measurable)

Standards

4 a	The neonatal ward has a written KMC protocol.
4 b	Parents of preterm or sick infants are informed about and encouraged to initiate skin-to-skin contact as early as possible, ideally from birth, unless there are medically justifiable reasons.
4 c	Parents of preterm or sick infants are encouraged to provide skin-to-skin contact/KMC in the neonatal ward continuously or for as long and as many periods per day as they are able and willing to, without unjustified restrictions.
4 d	Parents of preterm or sick infants are encouraged to continue providing skin-to-skin contact/KMC for the remainder of the hospital stay and also after early discharge.

Criteria step 4 a (review)

4.1	The breastfeeding policy states that the neonatal ward has a protocol guiding the practice of skin-to-skin/KMC.

Criteria step 4 b (mothers)

4.4	At least 80% of randomly selected mothers of stable preterm and sick infants with vaginal delivery or cesarean section without general anesthesia confirm that their babies were placed in skin-to-skin contact/kangaroo position on them as early as possible, ideally from birth, unless there were medically justifiable reasons not to do so, according to the following levels: ☐ Skin-to-skin contact/KMC initiated immediately or within 5 minutes after birth (level ***) ☐ Skin-to-skin contact/KMC initiated during the first hour after birth (after the first 5 minutes but during the first hour) (level **) ☐ Skin-to-skin contact/KMC initiated during the 2nd to 24th hour of life (later than 1 hour after the birth, but during the first day of life) (level *).

Criteria step 4 c (clinical staff)

4.8	At least 80% of randomly selected clinical staff report that they encourage skin-to-skin/KMC continuously, or for as long and as often every day as the parents are able and willing, without unjustified restrictions.

Criterion step 4 d (mothers)

4.9	At least 80% of randomly selected mothers confirm that they were informed and encouraged to continue providing skin-to-skin contact/KMC for the remainder of the hospital stay and also after early discharge.

Accreditation process

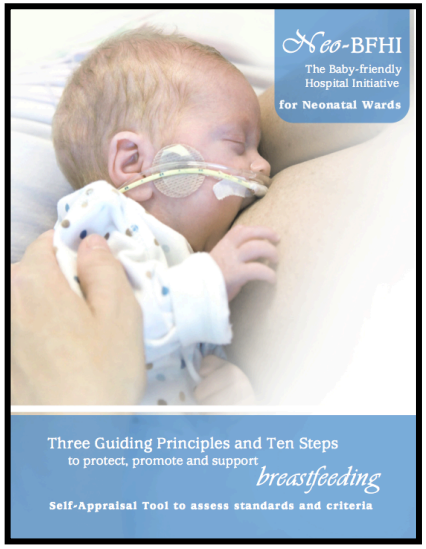
Published criteria
Evidence-based
Achievable
Measurable

External evaluation
On-site visit 2-3 days
Team of assessors
Every 3-5 years.

BFHI Designation
Nat. Authority

Continuous improvement
Training
Self-assessment
Monitoring

Neo-BFHI Self-Appraisal Tool to assess recommended standards and criteria - Example



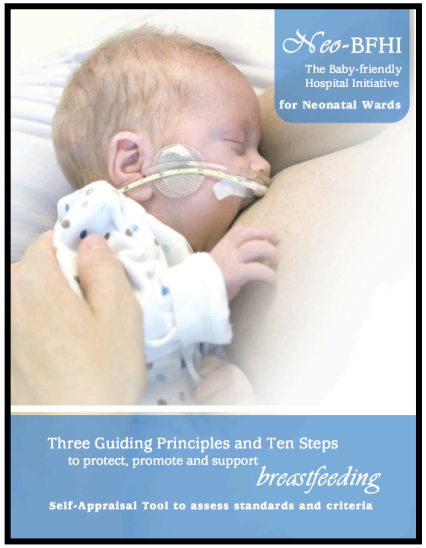
Step 6

Original and Expansion : Give newborn infants no food or drink other than breast milk, unless medically indicated.

3 Self-Appraisal Questions

	YES	NO
Are infants in the neonatal ward fed only breast milk (at breast or expressed) or banked human milk, unless there are acceptable medical reasons?	☒	☐
Does the neonatal ward breastfeeding protocol states that - when feasible and considering infants' feeding tolerances - appropriate feeding strategies for increasing infants' milk intake are applied before the introduction of fortifiers?	☒	☐
Does the clinical staff discuss with mothers who have decided not to breastfeed or whose infants are given formula the various feeding options available and their risks and benefits, and helped them to decide what was suitable in their situations?	☐	☒

Neo-BFHI Self-Appraisal Tool



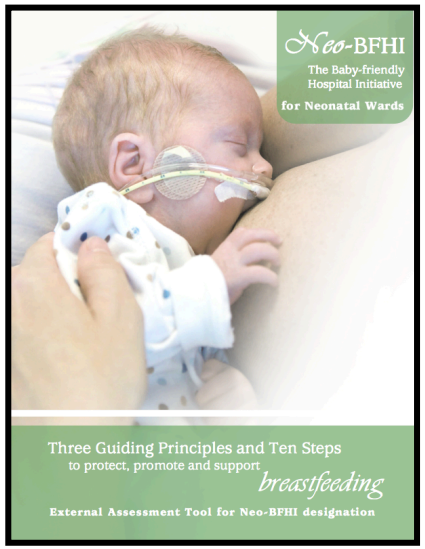
Neonatal ward data sheet

General information on senior staff, services and staff

Identification of the facility
Name of the facility: _____ Person to contact: _____ Address: _____ Telephone: _____ E-mail: _____
Director general of the facility: Nom: _____ Telephone: _____ E-mail: _____
Head/Director of nursing services: Nom: _____ Telephone: _____ E-mail: _____

Services available	Yes	No	#	Comments
Prenatal services for pregnant women at risk of delivering a preterm or sick infants				
Outpatient services for pregnant women at risk	☐	☐		
Hospitalizations for pregnant women at risk	☐	☐		
Other services for pregnant women at risk	☐	☐		
Neonatal services				
Intensive neonatal care unit/ward (levels III-IV)	☐	☐		Head of the unit: _____
• Maximal capacity	☐	☐		
• Mean occupancy	☐	☐		
Intermediate neonatal care unit/ward (levels I-II)	☐	☐		Head of the unit: _____
• Maximal capacity	☐	☐		
• Mean occupancy	☐	☐		
Ward/unit for late preterm/low birthweight infants	☐	☐		
Wards with infants requiring monitoring/interventions	☐	☐		
Other services: _____	☐	☐		

Assessment Tool for Neo-BFHI designation

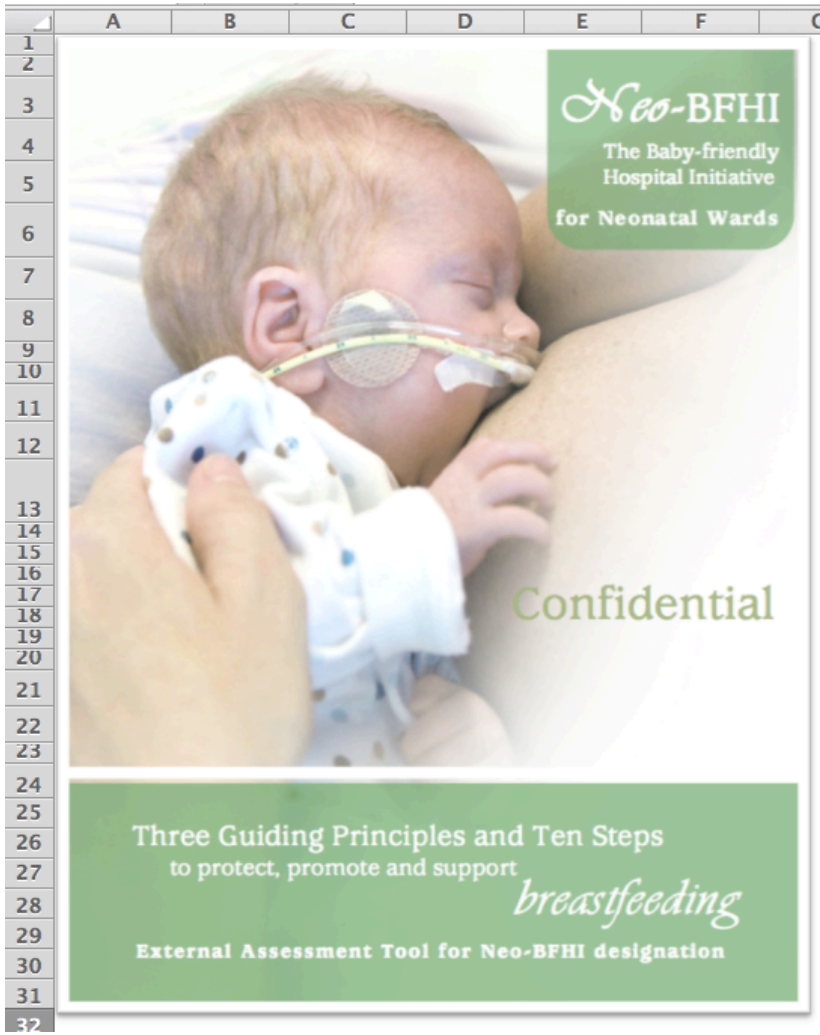


Five questionnaires: Head nurse, Review, Observation, Staff (clinical and non-clinical) & Mothers

Confidential

Assessment Tool for Neo-BFHI designation

Computarised tool with 5 questionnaires and summary tables



Neo-BFHI

External Assessment Tool for Neo-BFHI designation

Computarized Tool

Version May 10, 2015

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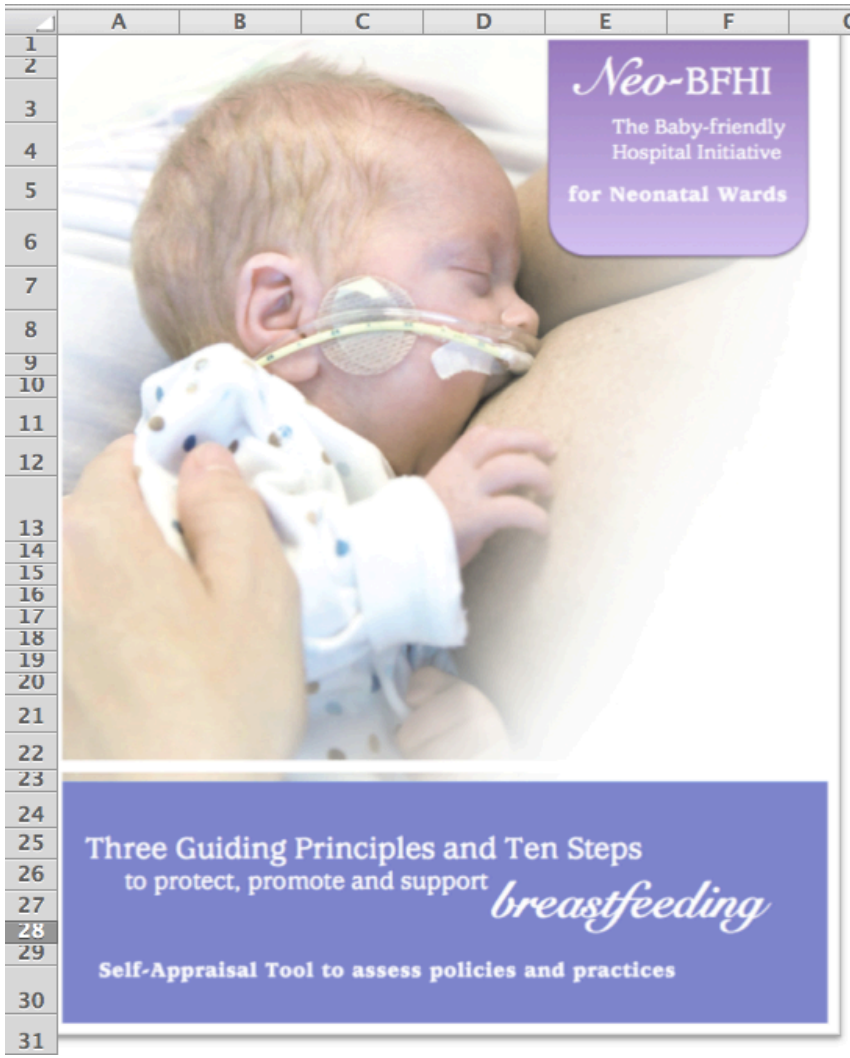
Hospital: (write name of hospital in green cell)
Date: (write the date in green cell)

Adapted by the Nordic and Quebec Working Group (see sheet 2) based on the Baby-Friendly Hospital Initiative, Revised, Updated and Expanded for Integrated Care, 2009

Monitoring Tool to assess standards and criteria

Tailored to needs…



Neo-BFHI

Monitoring Tool to assess standards and criteria

Computarized Tool

Version May 10, 2015

Draft

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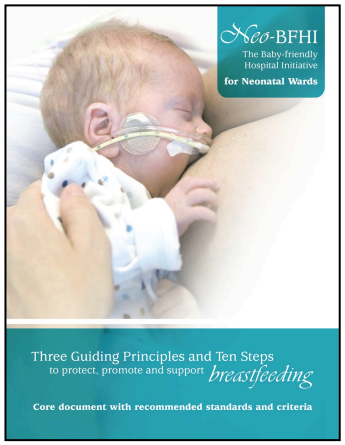
Integrating the Neo-BFHI to the BFHI…

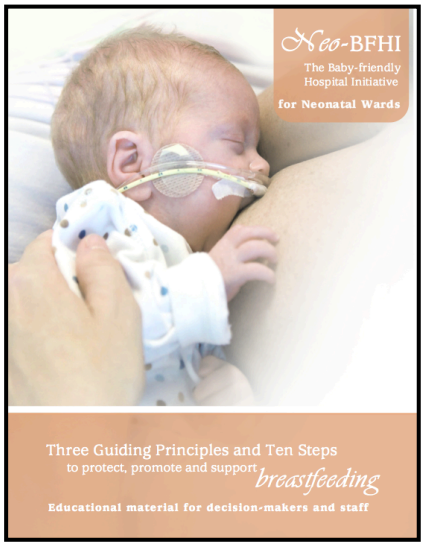
ORIGINAL BFHI

NEO-BFHI



- Neo-BFHI follows closely the original BFHI and therefore...
  - It is more likely to be supported by the WHO/UNICEF
  - Is or can be included in global strategies and national plans
  - Can use the same accreditation process (infrastructure and authority, assessors, etc.)
- But...designation process will likely vary between countries

Neo-BFHI Educational materials for decision-makers and staff



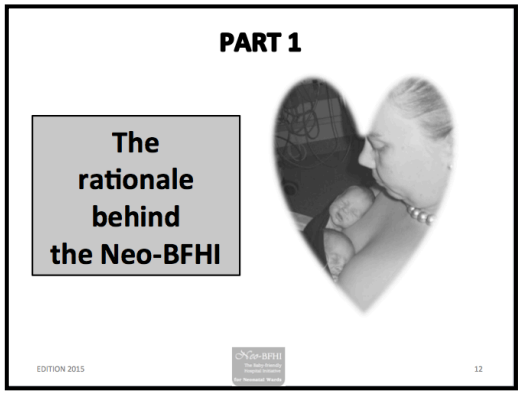
Consists of 3 hours of educational materials

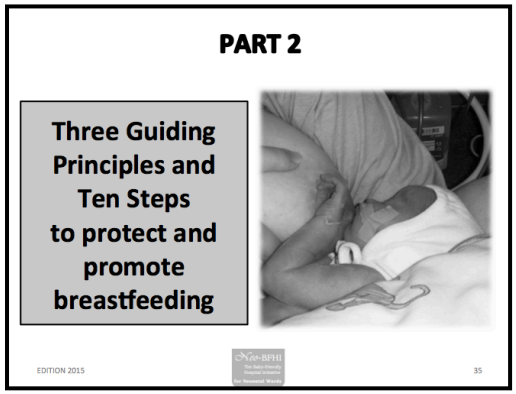
1) Background and history of Neo-BFHI

- The rationale for expanding the BFHI

2) The three Guiding principals and the ten Neo-BFHI Steps

- The research evidence behind the steps
- The practice guidelines in brief for each step

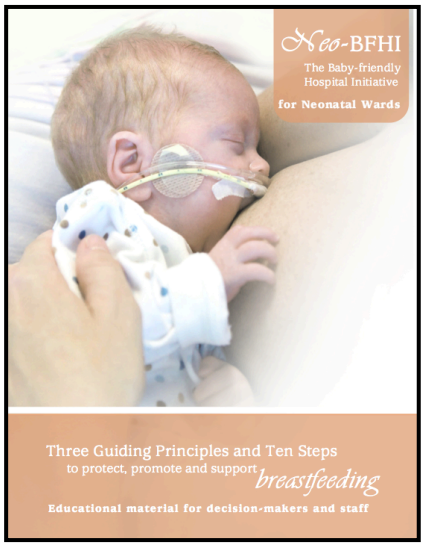


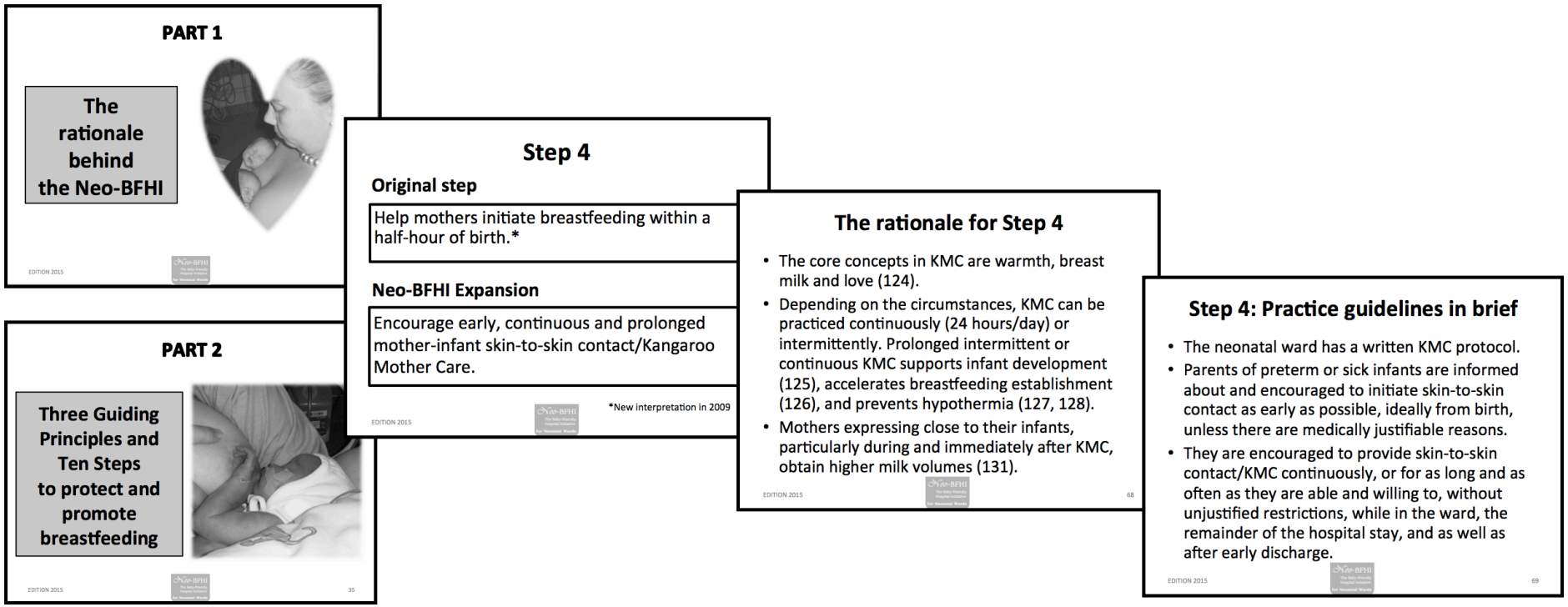


Neo-BFHI Educational materials for decision-makers and staff - Example

Step 4

Expansion: Encourage early, continuous and prolonged mother-infant skin-to-skin contact/KMC





Questions or comments?

Working group, Uppsala, Septembre 2011