

Editorial

Baby Friendly Hospital Initiative : The Kerala Experience

A baby should be exclusively breastfed for the first four to six months with gradual introduction of additional semisolids and soft solids thereafter: Breastfeeding should be continued for eighteen to twenty four months. Bottle feeding should be totally avoided. This is ideal infant feeding and if popularized, will significantly reduce morbidity and mortality amongst infants and children.

Although breastfeeding is still prevalent in our rural population, there is an alarming increase in bottle feeding in the urban segment, particularly amongst the upper and middle classes. Attempts to arrest and reverse this declining trend of breastfeeding have not met with the desired success.

In India, breastfeeding promotional activities have been sporadic, organized for brief periods of time and covered only small populations. Any program to effectively promote breastfeeding should be covering large populations, carried out round the year and be more sustained.

The first organized effort for reviving breastfeeding in our country was the United Nations Childrens Fund (UNICEF) supported Baby Friendly Hospital Initiative (BFHI) program which is being implemented with varying success in different states under the guidance of the National Task Force.

BFHI Program in Kerala

In Kerala, BFHI program was launched

in April 1993. A state level BFHI Task Force (STF) was given the overall responsibility of implementing the program. The program was implemented in selected hospitals after hospital administrators' orientation, trainers' (pediatrician, obstetrician and senior nurse) training workshops and orientation and training of the entire staff of these hospitals. The hospitals were assessed by trained assessors under the guidance of the National Task Force (NTF). In the first year (1993), 38 hospitals were certified as Baby Friendly Hospitals.

Under the supervision and guidance of 15 of these hospitals (resource hospitals), 157 hospitals were converted as Baby Friendly in 1994. Cochin city (one of three cities in Kerala) was declared as the first Baby Friendly city.

In 1995 the STF appointed BFHI coordinators for all the 14 districts in the state. With their leadership and guidance the program is in different stages of implementation in about 200 hospitals.

Early in 1996, the STF realized that a change in strategy was necessary. BFHI and other Child Survival and Safe Motherhood (CSSM) components were incorporated into a single program. In each town/IMA branch areas, one day CSSM workshops are being organized. All the hospitals (big and small) in the area including certified Baby Friendly Hospitals are persuaded to participate. Each hospital is requested to depute their pediatrician, obstetrician and a senior nurse. The following topics are discussed: (i) Safe motherhood-antenatal care; (ii) Essential newborn care-resuscitation of the newborn; (iii) BFHI; (iv) Immunization—maintenance of cold chain;

and (v) oral rehydration therapy. The response is very encouraging.

Kerala Experience

The BFHI program in Kerala was an eye opener for several reasons, enumerated below.

Is Change Possible?

The Kerala experience indicates that with proper planning and organized effort, it is possible to change most of the 'bottle friendly hospitals' to 'breast friendly hospitals'. Those hospitals which were routinely advocating bottle feeding could be 'converted' by motivating one or two health personnel in those hospitals.

Hospital Based Program

BFHI is a hospital based program. In Kerala as more than 90% deliveries take place in hospitals, this program has helped in promoting breastfeeding in a big way. Even in those states where domiciliary deliveries are common, a very good beginning can be made in hospitals.

Orientation of Health Professionals

The greatest resistance to promoting breastfeeding is from health professionals because they lack the knowledge and necessary skills for promoting and popularizing exclusive breastfeeding. Hence orientation workshops to educate them on the various aspects of lactation management are absolutely essential. Perhaps this should take precedence over public awareness programmes. In those areas where health professionals have been oriented well, dissemination of information to the public was easier.

Public Awareness Programs

Health professionals are slow or difficult to change. If the public are educated on the importance and necessity of exclusive

breastfeeding, a very slow demand will come from them. This will gradually change the attitude of the doctors and nurses. It follows that a public awareness program launched simultaneously is very important to achieve good results.

Large Hospitals

Initially the program should be introduced in all large maternity hospitals. These hospitals cater to upper and middle classes. They are the trendsetters. Once these hospitals start promoting exclusive breastfeeding, smaller hospitals will automatically follow.

Upper and Middle Classes

Upper and middle class mothers are to a certain extent responsible for the bottle feeding trend amongst lower class mothers. So to reverse this trend, we must concentrate our efforts on the upper and middle classes.

BFHI Implementation-Suggestions

Based on the Kerala experience, the following few suggestions emerge for promoting exclusive breastfeeding in different states: (i) A state committee should be coordinating and supervising the programme, (ii) One or two state co-ordinators should be in charge; (iii) The state committee should identify motivated and committed persons as district or town co-ordinators; (iv) District immunization officers play a very crucial role in the actual implementation. Without their active involvement the programme is unlikely to succeed; and (v) Introduction of other CSSM components in Baby Friendly hospitals at a later stage is relatively easy. The hospital administration and health personnel are more receptive and willing to make changes.

BFHI Program-Modifications

For better results certain modifications

are suggested: (i) Community education should be an integral part of the program; (ii) In BFHI program, the emphasis is on the first four months. Around 6 months of age, a significant percentage of breastfed babies are given additional bottle feeds. This should be curtailed. The campaign should cover the entire period of lactation and should emphasize on weaning with home made semisolids and soft solids; and (iii) After certification, Baby Friendly Hospitals are not monitored. Provision for monitoring these hospitals should be incorporated.

Strategies for the Future

For long term successful promotion of exclusive breastfeeding, two important changes in our usual strategies are suggested.

Supplementary Milk

Although most of the babies are breastfed during the first three to four months, a very significant number amongst them are given supplementary animal milk/powdered milk around six months. Many mothers equate this with weaning. This supplementation is unnecessary and has a negative effect on lactation, especially if the milk is given using a feeding bottle.

Supplementation should be always with solids—home made solids are preferred. For nutritional reasons also this is better. This will ensure continuation of lactation for as long as the mother desires. In Kerala we are trying to popularize the concept that animal milk or powdered milk is unnecessary during the period of lactation and weaning should always be with home made solids. The campaign 'No additional milk feeds during the period of lactation' will be one of the most effective strategies to promote breastfeeding. The Indian

Academy of Pediatrics should popularize this concept.

Baby Food Industry

An important reason for the present increasing trend of bottle feeding is attributed to the marketing strategies of baby food industry. Today we have laws—the Infant Milk Substitutes (IMS) Feeding Bottles (FB) and Infant Foods (IF) (regulation of production supply, and distribution) Act 1992—to control and curtail the promotional methods of baby food industry. We should be on the look out for violations of the Act.

But the most effective strategy to counter the promotional methods of the industry will be organized large scale sustained promotion of breastfeeding by educating and motivating the health personnel and through them the public. In Kerala there are indications that in towns where BFHI program has been successfully implemented, the sale of baby food has gone down. Thus by effectively promoting breastfeeding we can certainly bring down the bottle feeding rate without getting into any conflict with the industry. The Indian Academy of Pediatrics should adopt this strategy.

Challenge for the Pediatricians

In our country there is a very urgent need to promote breastfeeding and reduce bottle feeding. This is the responsibility of the pediatricians. With a more active role of the Indian Academy of Pediatrics and the collective efforts of the pediatricians it is possible to achieve this goal.

Kurian Thomas,

*Formerly Director and Professor of Pediatrics,
K.M. Varughesa Road, Kottayam 686 001.
(Author is one of the BFHI State co-ordinators)*