

Letters to the Editor

BFHI: A Step Towards Protecting Fundamental Rights of Newborns

The recent Editorial(1) on Baby Friendly Hospital Initiative (BFHI) in Kerala was timely. Undoubtedly, BFHI is an important step towards protecting the fundamental right of newborns. It would be pertinent to provide an update on this initiative in the global and Indian context.

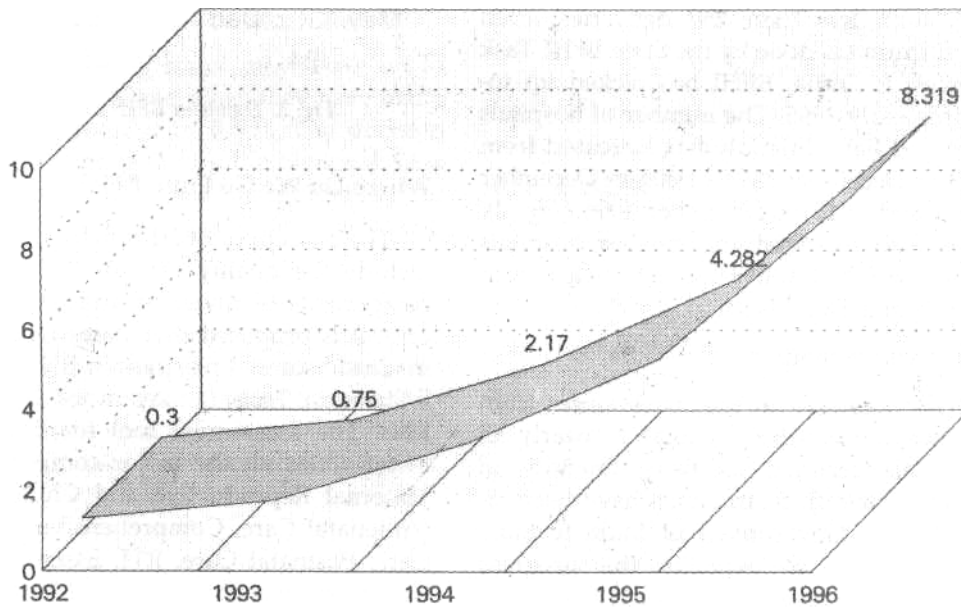
Global Perspective

The BFHI was started in 12 lead countries in 1992. These countries were Bolivia, Brazil, Cote d' Ivoire, Egypt, Gabon,

Kenya, Mexico, Nigeria, Pakistan, Philippines, Thailand and Turkey. According to the figures available from UNICEF(2) by end of 1994 there were 300 hospitals certified as baby friendly in these countries. The initiative spread to other countries from 1993 onwards, and now it has spread to 171 countries in the world. It has been picking up momentum and during the last five years, each year has been better than the previous one. From January to December 1996, the number of Baby Friendly Hospitals has doubled from December 1995 (Fig-1). *Progress of BFHI in India*

The BFHI was initiated in India with

Thousands



Source: UNICEF

Fig. 1. Global trends in BFHI.

focus on the Metropolitan cities initially and then spread to the whole country. The National Task Force comprising of representatives from Government of India, UNICEF, WHO and professional bodies (Indian Medical Association (IMA), Indian Academy of Pediatrics (IAP), Trained Nurses Association of India (TNAI), Federation of Obstetric and Gynecologic Society of India (FOGSI), *etc.*) with a Secretariat located in IMA Headquarters in Delhi provides the policy guidelines and technical support. Each state has a State Task Force on BFHI with representatives of all the agencies constituting the National Task Force. The National Task Force is gradually providing more and more autonomy to the State BFHI Task Forces. Since July 1995, the process of certification has been decentralized to State Task Forces to a very large extent. The State Task Forces conduct the whole process and forward the completed assessment forms to National Task Force for final certification. For hospitals with less than 250 deliveries, even certification is done by the State BFHI Task Forces. In India, BFHI has picked up towards early 1995. The number of hospitals certified Baby Friendly has increased from 103 in December 1994 to 604 in December 1995 and 1040 in December 1996 (*Fig. 2*). This also included the smaller hospitals (less than 250 deliveries in a year) from Kerala and Tamil Nadu.

Statewise Situation

The situation in the states varies from no hospital certified in some to nearly all hospitals certified as Baby Friendly in others (*Table I*). Instructions have been issued from Government of India to State Governments to expedite the progress based on the review at National Task Force level. The member professional bodies are following up with their respective state chapters.

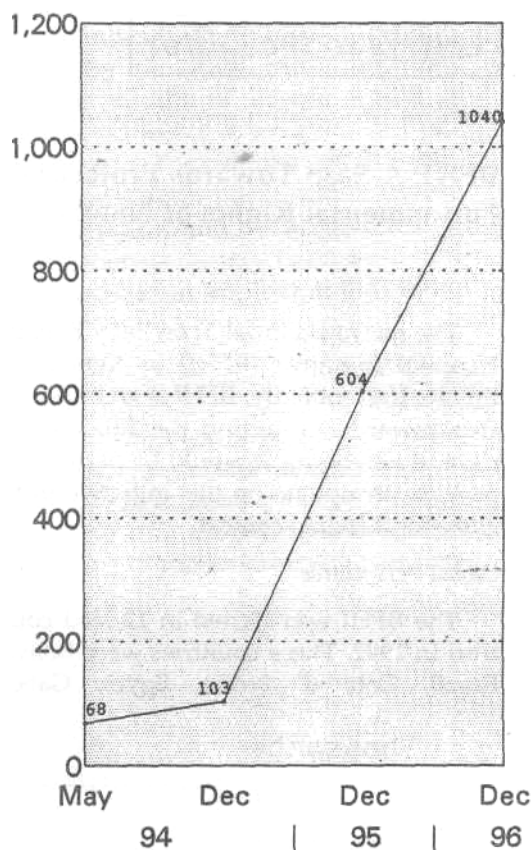


Fig. 1. Trends in BFHI in India.

Where Do We Go From BFHI?

The concept of BFHI is to be widened to include the quality care in all the major components of maternal and child health care. It is proposed that states which have made substantial progress in BFHI (Group I States in *Table I*) may move into BFHI Plus. The assessment tool for BFHI Plus incorporates all the major components of Maternal Reproductive and Child Health (Antenatal Care, Comprehensive Obstetric Care, Postnatal Care, RTI, Essential Newborn Care, and Rational Case Management for ARI and Diarrhoea). The assessment tool for this is being finalized. Hospitals which have already been certified as "Baby

TABLE I-Categorization of States by Progress of BFHI in Major States

Category	State	Suggested action
I. <i>Doing very well</i>	Tamil Nadu Kerala Maharashtra	Progress to BFHI Plus
II. <i>Catching up</i>	Gujarat Madhya Pradesh Karnataka	Closer monitoring to expedite progress of identified hospitals
III. <i>Slow progress</i>	Assam West Bengal Rajasthan Andhra Pradesh	State level review with participation from national level to identify bottlenecks and incorporate changes
IV. <i>Yet to take off</i>	Orissa Uttar Pradesh Bihar	<ul style="list-style-type: none"> • Modify existing System • Possibly appoint a consultant

Friendly" will be assessed again for BFHI Plus. On qualification, they will be certified Baby Friendly Plus (name not yet finalized). Those which still follow Baby Friendly practices but not the additional components will be recertified "Baby Friendly" and those which have not maintained Baby Friendly practices may be decertified.

The remaining states may move on to the BFHI Plus as and when they have made sufficient progress in BFHI. The decision on this will be taken by the National Task Force. The criteria and the guidelines for the above have been drafted at a workshop in Cochin and are being field tested.

BFHI has made rapid progress in India. However, a large number of states need to accelerate the progress. In many hospitals where BFHI activities have been implemented have seen a decline in morbidity and mortality of newborns and the load in

the nurseries has come down. There is need to give a further push to this activity by all professional bodies (IMA, IAP, FOGSI, TNAI, *etc.*) and the Health Departments in the states to benefit the newborns delivered in institutions.

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REFERENCES

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2. United Nations Childrens Fund. Breastfeeding/Baby Friendly Hospital Initiative. Update on Progress, New York, United Nations Childrens Fund Headquarters, 1996.