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Original Research - Qualitative

# An instrumental case study examining the introduction and dissemination of the Baby Friendly Health Initiative in Australia: Participants' perspectives

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### ABSTRACT

**Background:** Australia experiences high breastfeeding initiation but low duration rates. UNICEF introduced the global breastfeeding strategy, the Baby-Friendly Hospital Initiative, to Australia in 1992, transferring governance to the Australian College of Midwives (ACM) in 1995. In 2017 23% of facilities were registered as 'baby-friendly' accredited.

**Aim:** To examine the introduction and dissemination of the Baby-friendly Hospital Initiative into the Australian national setting.

**Methods:** An instrumental case study was conducted containing two components: analysis of historical documents pertaining to the Initiative and participant's interviews, reported here. A purposive sampling strategy identified 14 participants from UNICEF, ACM, maternity and community health services, the Australian government and volunteer organisations who took part in in-depth interviews. Thematic analysis explored participants' perceptions of factors influencing the uptake and future of the since renamed Baby Friendly Health Initiative (BFHI) and accreditation programme, *BFHI Australia*. Two broad categories, enablers and barriers, guided the interviews and analysis.

**Findings:** Participants revealed a positive perception of the BFHI whilst identifying that its interpretation and expansion in Australia had been negatively influenced by intangible government support and suboptimal capacity building. BFHI's advocacy agenda competed with *BFHI Australia's* need for financial viability. Widespread stakeholder collaboration and tangible political endorsement was seen as a way to move the strategy forward.

**Conclusion:** Dissemination of *BFHI Australia* is hampered by multi-level systems issues. Prioritisation, stakeholder collaboration and adequate resourcing of the BFHI is required to create a supportive and enabling environment for Australian women to determine and practice their preferred infant feeding method.

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### Statement of significance

#### Problem or issue

Neither international nor national breastfeeding practice recommendations are being met in Australia. A 90.4% initiation rate has been reported together with a rapid early decline, only 61.4% of babies are being exclusively breastfed for their first month of life.

In 2017 23% (69/296) of Australian maternity units were registered as 'baby-friendly'. There is a need to understand factors influencing the introduction and dissemination of the Baby Friendly Health Initiative (BFHI) in Australia. Determining historical and current enablers and barriers will reveal if a sense of 'fatigue' exists and if indeed the BFHI has a future in Australia.

#### What is already known

The BFHI has a positive association with breastfeeding prevalence. A recent meta-analysis demonstrated that BFHI interventions increased exclusive breastfeeding by 49%. Women's early feeding practices are known to be influenced by the policies and practices of maternity facilities.

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## What this paper adds

*BFHI Australia's* dissemination has encountered a number of barriers both historically and to the present. It is hampered by multi-level systems issues such as prioritisation, stakeholder collaboration and adequate resourcing. Despite the acknowledged barriers there is a willingness to progress the BFHI in Australia and strategies to increase its dissemination are identified.

## 1. Introduction

Breastmilk is the optimal food for human babies and young children. The importance of breastmilk for long-term health benefits and adverse risks of not breastfeeding and premature weaning in low and high income nations has recently been reaffirmed.<sup>1</sup> However in many nations breastfeeding initiation rates are static and the duration of exclusive breastfeeding declines steadily.<sup>2</sup> Breastfeeding and breastmilk is not widely valued despite attempts to implement measures to protect the entitlements of women and babies<sup>3</sup> such as the global Baby-friendly Hospital Initiative.<sup>4</sup> The Baby Friendly Health Initiative (BFHI) in Australia has had a limited uptake if measured by the rate of accredited facilities. How widely BFHI practices have been disseminated in Australian maternity facilities is unknown as there is no formal measurement process by any health governing body.

This study aims to explore the introduction and dissemination of a globally designed and initiated breastfeeding programme, the Baby-friendly Hospital Initiative, into the Australian national setting using an instrumental case study approach. There are two components to this case study. This paper presents one component, namely an exploration of 14 participants' recollections of the initiative's introduction into Australia, their experiences with the current BFHI and *BFHI Australia* and projections about its future. A previous publication reported on findings from the analysis of key documents published prior to and around early implementation.<sup>5</sup> The document analysis found that limited human and fiscal resource allocation at all levels of the healthcare system and government negatively impacted on the initiative's capacity to gain early traction.

### 1.1. Background to the BFHI

The Baby-friendly Hospital Initiative is a global public health programme developed by the United Nations International

Children's Emergency Fund (UNICEF). Its philosophy and principles support women's rights to practice informed infant feeding in a supportive environment.<sup>6</sup> The initiative is embedded within the *Innocenti Declaration on the protection, promotion and support of breastfeeding*.<sup>7</sup> Australia was an early signatory to this landmark document, reflecting support at national government level. UNICEF introduced the programme to Australia in 1992.

The underpinning framework, the *Ten Steps to Successful Breastfeeding*<sup>6</sup> presents a set of recommended minimum quality assurance standards for the support of breastfeeding in all maternity facilities. Fig. 1 sets out the "*Ten Steps to Successful Breastfeeding in Australia*"<sup>8</sup> with Step 4 amended as per World Health Organization (WHO) recommendations made in the 2009 global revision of the standards<sup>9</sup> (p. 34). Compliance with the 'ten steps' usually requires some degree of clinical service redesign at a local maternity facility level. Redesign involves the development and implementation of new policies and practices aiming to improve service delivery and facilitate the emergence of a 'breastfeeding culture'.

The initiative as a whole is a complex innovation with multiple interventions. While the 'ten steps' are interrelated they may be implemented individually to facilitate the pace of change management in individual facilities. An accreditation process was embedded into the initiative. It was envisaged that a public acknowledgment of a hospital's successful designation as 'baby-friendly' would become a source of pride and a marketing strategy to incentivise prospective participating hospitals/health services to implement the full package of interventions.<sup>10</sup> Nationally an accreditation body is responsible for disseminating the programme and undertaking assessments. In Australia a volunteer National Steering Group (NSG) adapted the global documents to suit the local context while trying to keep as close to the original as possible.<sup>11</sup> To create a national identity the accreditation programme is known as *BFHI Australia*. Assessment fees for accreditation are determined by each facility's annual number of births.<sup>8</sup> If successful, a certificate designates the hospital as 'baby-friendly' and part of a global network that provides a standardised high level of care in the support of infant feeding choices.

The BFHI accreditation programme has been administered by the Australian College of Midwives (ACM) since 1995 following a competitive tender process to transfer governance from UNICEF. In 2006 ACM changed 'Hospital' to 'Health' to more accurately reflect the expansion of the initiative into community health settings, followed by the release of the Seven Point Plan for Community Services<sup>12</sup> in 2008.

### "The Ten Steps to Successful Breastfeeding in Australia"

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in the skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. "Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed."
5. Show mothers how to breastfeed and how to initiate lactation if they are separated from their infants
6. Give newborn infants no food or drink unless medically indicated
7. Practice rooming-in and allow mothers and infants to stay together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers on to them on discharge from the hospital or clinic

Fig. 1. The ten steps to successful breastfeeding in Australia.<sup>8</sup>

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