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### ORIGINAL RESEARCH – QUALITATIVE

# An historical document analysis of the introduction of the Baby Friendly Hospital Initiative into the Australian setting

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#### ABSTRACT

**Background:** Breastfeeding has many known benefits yet its support across Australian health systems was suboptimal throughout the 20th Century. The World Health Organization launched a global health promotion strategy to help create a 'breastfeeding culture'. Research on the programme has revealed multiple barriers since implementation.

**Aim:** To analyse the sociopolitical challenges associated with implementing a global programme into a national setting via an examination of the influences on the early period of implementation of the Baby Friendly Hospital Initiative in Australia.

**Methods:** A focused historical document analysis was attended as part of an instrumental case study. A purposeful sampling strategy obtained a comprehensive sample of public and private documents related to the introduction of the BFHI in Australia. Analysis was informed by a 'documents as commentary' approach to gain insight into individual and collective social practices not otherwise observable.

**Findings:** Four major themes were identified: "a breastfeeding culture"; "resource implications"; "ambivalent support for breastfeeding and the BFHI" and "business versus advocacy". "A breastfeeding culture" included several subthemes. No tangible support for breastfeeding generally, or the Baby Friendly Hospital Initiative specifically, was identified. Australian policy did not follow international recommendations. There were no financial or policy incentives for BFHI implementation.

**Conclusions:** Key stakeholders' decisions negatively impacted on the Baby Friendly Hospital Initiative at a crucial time in its implementation in Australia. The potential impact of the programme was not realised, representing a missed opportunity to establish and provide sustainable standardised breastfeeding support to Australian women and their families.

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#### Summary of Relevance:

##### Issue

Sociopolitical challenges exist with regards implementing a global programme in a national setting to support breastfeeding.

##### What is already known

Systems-level and attitudinal barriers have been identified affecting the uptake and development of the Baby Friendly

Health Initiative in Australia. Research is lacking to shed light on observable challenges to implementation.

##### What this paper adds

A clear mapping of the early implementation period and influencing factors. The Commonwealth government's decision not to enact international Declarations despite being a signatory had a negative effect on breastfeeding support. Local advocacy efforts were hampered by availability of resources and governance issues at national and international levels.

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## 1. Introduction

The events leading to the development and release in 1991 and official launch and implementation in 1992, of the Baby Friendly Hospital Initiative (BFHI) by the World Health Organization (WHO) and the United Nations Emergency Children's Fund (UNICEF) represented landmark policy decisions by international agencies in advocating for women's and children's rights. The BFHI is a global, evidence-based, public health initiative and advocacy activity that supports practices promoting the initiation and maintenance of breastfeeding and encourages women's informed infant feeding decisions.<sup>1</sup>

A positive association between the BFHI and breastfeeding prevalence has been demonstrated.<sup>2</sup> Nevertheless, the variance of 'baby friendly' accredited hospitals across Australian States and Territories reveals only nominal uptake of BFHI accreditation nationally.<sup>3</sup> Research is lacking on the early BFHI implementation period in Australia. The aim of this paper is to examine the introduction of the BFHI into the Australian setting through a focused historical document analysis of the factors that influenced the BFHI's early implementation period in Australia, from 1992 to 1995. An understanding of the contextual factors surrounding this period will increase stakeholders', researchers', midwives' and policy makers' appreciation of issues identified in recent literature such as the significant variation in women's experience of breastfeeding support from health professionals, including midwives.<sup>4</sup>

This paper may also be relevant to researchers in other national settings who are examining the history of the BFHI in their own country. Comprehension of how global initiatives translate into a national setting and are impacted by local context will be enhanced. Understanding the application of knowledge translation from evidence to practice has relevance beyond breastfeeding and the BFHI. Challenges with translating evidence into national policy and maximising funding opportunities have also been observed in the prevention of non-communicable chronic health conditions such as diabetes<sup>5</sup> and obesity.<sup>6</sup>

Implementation of the BFHI globally and in Australia was complex. Reviewing relevant international and national events will contextualise and increase the understanding of subsequent influences on the uptake and development of the BFHI in Australia.

## 2. Contextualising the BFHI in Australia

Throughout most of the twentieth century support for breastfeeding was eroded at all levels of the health care system and women did not receive consistent, timely or accurate advice and assistance.<sup>7</sup> Mothers and babies were routinely separated; babies were fed according to a predetermined schedule with liberal artificial supplementation. The presence of free and/or highly subsidised formula milks in the hospital environment was seen as a major barrier to exclusive breastfeeding<sup>8</sup> and the situation required high level action.

Table 1 maps the Declarations and actions that informed and represented international aid agencies' pro-breastfeeding policy statements from 1981 to 1992. The policy statements acknowledged breastfeeding as the most appropriate nutrition for babies and introduced the health promotion concept of breastfeeding as a human right. The creation of a global breastfeeding culture was a clearly desired outcome. International Declarations clarified the key concepts, actions and resources required to reorient health care delivery into a social model of health framework to support culture change.

The *Innocenti Declaration on the protection promotion and support of breastfeeding* (the *Innocenti Declaration*) set the goal of increased support for breastfeeding. The culmination of many

years planning the *Innocenti Declaration* described four operational targets to achieve its goal. World Health Assembly (WHA) member states, including Australia, were expected to implement any international conventions they ratified by strengthening local standards through the development of national policy.<sup>9</sup> The BFHI was the *Innocenti Declaration's* second target.

The BFHI accreditation programme was conceptualised as a global recognition of excellence and designed to act as an incentive for maternity facilities that implemented and practised all of the *Ten Steps to Successful Breastfeeding*. Between June 1991 and March 1992 the BFHI was announced, developed, field tested and launched.<sup>10</sup> Phase 1 field-testing (June 1991 to February 1992) focused on creating capability in twelve specifically chosen 'early starter' low-income nations, with a significant number of pilot hospitals designated as 'baby friendly.' Whilst field testing was underway, all UNICEF offices were contacted via an Executive Directive that outlined the Initiative and presented a 'suggested' implementation schedule.<sup>8</sup>

Table 2 reveals the actions recommended to occur in 1992.<sup>8</sup> The anticipated result was a rapid embedding of the BFHI programme. Table 2 also presents a timeline of the significant events that occurred in Australia in comparison with the UNICEF targets. Over a three-year period, a number, but not all of the recommended actions were implemented. A national authority (National Steering Group [NSG])<sup>11</sup> assumed responsibility for a number of achievements as described in Table 2. Targets identified in the projected timeline<sup>8</sup> that were not realised during the initial implementation period included a national survey of maternity facilities to inform a baseline assessment of the country's situation and the establishment of a 'lead training facility' to act as a 'train the trainer' for breastfeeding.

UNICEF Australia Executive made internal decisions about its relationship with the BFHI, commissioning an options paper and making the ultimate decision to cease governance. UNICEF Australia received expressions of interest from a consortium of breastfeeding advocacy groups: the Nursing Mother's Association of Australia, Australian Lactation Consultants Association, Lactation and Infant Feeding Association, Aboriginal Birth and Breastfeeding Association plus a separate bid by the Australian College of Midwives (ACM).<sup>12</sup> The ACM bid was submitted without the knowledge of the other NSG members<sup>13</sup> who had assumed that the ACM was part of the consortium. The ACM was announced as the successor body of BFHI in Australia<sup>14</sup> with the transfer of responsibility occurring in November 1995. A critical component of the BFHI's transfer to a new successor body was a financial agreement that was part of the tender process.<sup>14</sup> UNICEF's provision of \$25,000 in total over two years to support the ACM take over did not eventuate,<sup>15</sup> leaving the College in an unforeseen financial deficit situation.

How international and national events ultimately impacted on the implementation and uptake of BFHI across Australia is arguably a crucial element of what has emerged as the breastfeeding culture in Australia. Better understanding of the influences on the current translation of evidence-based breastfeeding knowledge into practice in Australia is required. An exploration of factors that influenced the BFHI during its early implementation phase and later development and uptake appears justified. An instrumental case study<sup>16</sup> was undertaken, which was informed by a Knowledge Translation theoretical framework.<sup>2</sup>

## 3. Methods and analysis

'The case' in this study is the quality assurance programme known as *BFHI Australia*. The case explores the introduction and implementation of this global programme into the Australian setting. In instrumental case study research investigating 'the case'

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