Successes and Challenges of MBFI implementation

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SUCCESES AND CHALLENGES OF THE BABY FRIENDLY HOSPITAL INITIATIVE IN ACCREDITED FACILITIES IN THE CAPE TOWN METRO HEALTH DISTRICT

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Outline

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RESTORING BREASTFEEDING AS OPTIMAL FEEDING CHOICE FOR INFANTS
Background
Background

• Research notes that:
  – Breastfeeding has been shown to impact positively on the health outcomes of both the mother and infant. (Bartick, Steube, Shealy, Walker and Grummer-Strawn, 2009; Graffy and Taylor, 2005).
  – Further highlighted is the aspect of breastfeeding support, which if provided adequately to the mother has the potential to contribute to saving the lives.
  – Despite the acknowledgment of breastfeeding as the optimal feeding method for infants, it is noted worldwide that less than 40% of infants younger than six months of age are being exclusively breastfed. (WHO, 2011)
Background

• 1991 - Baby Friendly Hospital Initiative (BFHI) was adopted as a global strategy.
• WHA members undertook
  – to implement the targets of the Innocenti Declaration,
  – implementing the Code of marketing of Breast milk Substitutes, implementing the “Ten Steps to successful breastfeeding”
  – enact legislation to protect the breastfeeding rights of working women. (Greiner, 2000)
BFHI implementation in South Africa

- Officially launched in 1994
- Government participation 1995
- 1st public health facility in South Africa St Monica’s – accredited 1994 (IBFAN & UNICEF)
- Vergelegen Mediclinic – accredited 1996
Study design
Problem statement

• Formal (internal) assessments in the Province by trained BFHI assessors are routinely completed in the year preceding national reassessment.

• The results of the internal reassessments done in the past indicate that erosion of steps four to nine occurred; also referred to as the implementation steps which ensure that practices are adopted to promote and support breastfeeding.
The aim of this study was to describe the experiences, success and challenges associated with the implementation of BFHI in accredited facilities in the Cape Town Metropole Health District.
Objectives

• The objectives are threefold, namely
  – to describe the experiences of health care staff working in the maternity units of Baby Friendly accredited health care facilities in the Cape Town Metropole Health District,
  – to describe the participants perception of the successes achieved with implementation of the quality of care practices associated with BFH accreditation in facilities within the Cape Town Metropole Health District and
  – to describe the challenges experienced by health care staff working in the maternity units in maintaining the quality of care practices implemented for the accreditation of BFH status within BFHI accredited facilities of the Cape Town Metropole Health District.
Methodology

- Explorative qualitative study
- Purposeful sampling
- Maximum variation
- Interviews:
  - One key informant interview,
  - ten in-depth interviews with champions for BFHI in the maternity facilities and
  - two focus group discussions with coal face staff working at these facilities.
- Analyses: Thematic content analyses
Findings
Findings: Themes

Experiences and successes

Positive attitude of staff to breastfeeding

Promotion of Breastfeeding

Supporting breastfeeding

Protecting breastfeeding

Fewer post delivery complications

Fewer common childhood illnesses

Improvements in health outcomes

RESTORING BREASTFEEDING AS OPTIMAL FEEDING CHOICE FOR INFANTS
Findings: Themes

Challenges to maintaining BFHI implementation

Staff related issues
- Inconsistent implementation
- Workload
- In-service training

Lack of support
- Lack of management support
- Competency of counsellor's to support BFHI

Internal assessments
- Demotivating process
- Use of Dietitians to assess nursing practices

Implementation at clinic level
Objective 1 & 3: Experiences and successes:
Theme 1: Positive attitudes of staff to breastfeeding

• Promotion of Breastfeeding
  – that BFHI has created an awareness of the benefits of breastfeeding
  – Staff are optimistic and equipping mothers with knowledge and skills on breastfeeding.
  – acquisition of greater knowledge and skill about breastfeeding, mothers experienced less breastfeeding problems.
Objective 1 & 3: Experiences and successes:
Theme 1: Positive attitudes of staff to breastfeeding

• Supporting breastfeeding
  – environment conducive to breastfeeding is created in the maternity units with the implementation of BFHI
  – encourages mothers to approach counselors and seek support for issues outside of breastfeeding
  – environment in which the mother felt more comfortable and in control, due to changes in maternity care practices.
Objective 1 & 3: Experiences and successes:
Theme 1: Positive attitudes of staff to breastfeeding

• Protecting breastfeeding
  – “And another thing of BFHI is also there’s another three steps that came in like the Code that tells us that there’s no formulas need to be advertised. No formula feeding is being given to them. We also tell the mothers, HIV mothers to exclusively breastfeed or exclusively formula feed for six months and no advertising of any milk products like Nestlé and all the other firms that is making milk. So there is no advertisement about them. Even no pens, and nothing is allowed, no free milk, no advertising of milk products or anything like pamphlets or anything. We don’t want any advertisement of that. No pens, no free substitutes must be given to staff or even no free milk products like many times we get people advertising a certain thing from Nestlé and they like to give to the staff so that is not allowed in a baby friendly hospital.” (Champion G).
Objective 1 & 3: Experiences and successes:
Theme 2: Improvements in health

– Fewer mothers are observed with post delivery complications, e.g. postpartum bleeding and infections, including breast problems, e.g. engorgement, sore nipples, since the implementation of BFHI.

– Fewer children admitted with common childhood illnesses since the implementation of BFHI to promote breastfeeding.
Objective 2: Challenges to Maintain Implementation of BFHI

The challenges to maintaining the practices required for BFHI accreditation related to:

• staff- issues,

• lack of organisational support and the

• Internal assessments
Objective 2: Challenges:

Theme 1: Staff-related Issues

• **Inconsistent Implementation of Practices Post Accreditation**

  – revert back to their old routine practices, such as latching the baby instead of teaching the mother to latch the baby

  – Nurses identify the mother in need of additional support but do not return to support her.

  – nursing staff allow personal opinions and previous practices to influence the information
Objective 2: Challenges: Theme 1: Staff-related Issues

• **Workload**
  – some of the steps were in place prior to the decision to implement BFHI, BFHI was seen as extra work.

• **In-service training**
  – Adequate training opportunities however:
    “Staffing ... to get staff to replace people who go for training, very very difficult.” (Champion J)
Objective 2: Challenges:
Theme 2: Lack of support

• **Lack of management support**
  – Endorsement of infant feeding policy but lack of support with implementation.

• **Lack of competency of counselors to support BFHI**
  – not adequately skilled or knowledgeable enough to ensure mothers are adequately educated and supported to breastfeed.
Objective 2: Challenges:
Theme 2: Lack of support

- **Lack of BFHI Implementation at Clinic Level**
  - Resistance to implement antenatal education, attend training or participate in meeting to discuss BFHI
  - Lack of communication between the clinics and the maternity units (the higher the level of care the less communication)
Objective 2: Challenges:
Theme 3: Internal Assessments

- **Demotivating process**
  - not seen as supportive processes as assessors are taking authoritative stances during assessments.
  - assessors are perceived as focusing on the negative
  - process of the re-assessments impact negatively on staff morale as opposed to the supportive environment it is meant to foster.
Objective 2: Challenges:
Theme 3: Internal Assessments

- **Use of dietitians to assess nursing practices**
  - Dietitians could not assess nursing care practice as they have limited insight into nursing practice and assume that responses from nurses are being misinterpreted.
  
  - Nurses see maternity care practices as being nursing “territory” that cannot be assessed by any other category of staff.
Recommendations
Recommendations

• Province:
  – Provincial strategy to enhance and support implementation.
  – Collaboration with local authority to plan for roll out into the primary health care facilities.

• Facilities:
  – Integrating monitoring into existing structures.
  – Inclusion of BFHI as a topic on management agenda’s to create a platform for feedback and support to the champion.
Recommendations

• Champion:
  – Advocate for BFHI implementation/ maintenance.
  – Mentoring knowledge and skills of the clinical staff members
  – Network with PHC clinics
  – Feedback to staff

• Maternity Staff:
  – Actively participate in implementation
  – Voice concerns and contribute positively
  – Maintain working knowledge and used researched based information
Further recommendations

• Limitation – focused on urban setting

• Advocate for operational research in this area in different setting.
Breastfeeding must be acknowledged as a natural act as well as learned behaviour which requires ongoing support.