

Health Care Accreditation Council
THE GLOBAL CRITERIA FOR THE BFHI
& Supplementary steps amidst COVID-19 pandemic and emerging crisis

The Global Criteria for the Baby-friendly Hospital Initiative serve as the standard for measuring adherence to each of the Ten Steps for Successful Breastfeeding and the National Code of Marketing of Breast-milk Substitutes.

In response to COVID-19 pandemic HCAC in collaboration with UNICEF amended the BFHI global criteria with supplementary steps for the COVID-19 pandemic and emergency situations to be implemented at the national level. These supplementary steps will enhance safe and successful breastfeeding practice.

| Baby Friendly Hospital initiative | |
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| <i>Critical management procedures</i> | |
| 1a | Comply fully with the National Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions |
| 1b | Have a written infant feeding policy that is routinely communicated to staff and parents. |
| 1c | Establish ongoing monitoring and data-management systems |
| 2 | Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding. |
| <i>Key clinical practices</i> | |
| 3 | Discuss the importance and management of breastfeeding with pregnant women and their families. |
| 4 | Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth |
| 5 | Support mothers to initiate and maintain breastfeeding and manage common difficulties. |
| 6 | Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated. |
| 7 | Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day. |
| 8 | Support mothers to recognize and respond to their infants' cues for feeding. |
| 9 | Counsel mothers on the use and risks of feeding bottles, teats and pacifiers |
| 10 | Coordinate discharge so that parents and their infants have timely access to ongoing support and care. |
| Supplementary steps Amidst COVID-19 pandemic and Emergency situation | |
| S.1 | Have a written policies/protocols related to breast feeding during Covid19 and emerging crisis |
| S.2 | Healthcare staff have knowledge, competence and skills to manage women and infant with confirmed or suspected COVID-19 |
| S.3 | Strengthen the breastfeeding practices while applying appropriate ICP measures. |
| S.4 | Breastfeeding counselling provided to all pregnant women and mothers if they or their infants have suspected or confirmed COVID-19 infection. |

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| BFHI Steps | Global standards: | Additional Recommendations during COVID-19 pandemic |
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| <i>Critical management procedures</i> | | |
| <p>Step 1a: Comply fully with the national Code of Marketing of Breast-milk Substitutes</p> | <p>1a.1 All infant formula, feeding bottles, and teats used in the facility have been purchased through normal procurement channels and not received through free or subsidized supplies.</p> <p>1a.2 The facility has no display of products covered under the Code or items with logos of companies that produce breast-milk substitutes or names of products covered under the Code.</p> <p>1a.3 The facility has a policy that describes how it abides by the Code, including procurement of breast-milk substitutes, not accepting support or gifts from producers or distributors of products covered by the Code, and not giving samples of Breast-milk substitutes to mothers.</p> <p>1a.4 At least 80% of health professionals who provide antenatal, delivery, and/or newborn care can explain at least two elements of the Code.</p> | <p>Health facilities have to strengthen legislation on the Code during the COVID-19 pandemic. And not seek or accept donations of breast-milk substitutes in emergencies.</p> <p>Health Facility should be alert to any local problems with food security (need to be specified) for the supply of infant formula, bottles and teats, and sterilizing equipment.</p> |
| <p>Step 1b: Have a written infant feeding policy that is routinely communicated to staff and parents.</p> | <p>1b.1. The health facility has a written infant feeding policy that addresses the implementation of all eight key clinical practices of the Ten Steps, Code implementation, and regular competency assessment.</p> <p>1b.2. Observations in the facility confirm that a summary of the policy is visible to pregnant women, mothers, and their families.</p> <p>1b.3. A review of all clinical protocols or standards related to breastfeeding and infant feeding used by the</p> | <p>The Health Facility has to amend/ adopt policy addressing the management of mothers if they or their infants have suspected or confirmed COVID-19 infection. (see S.2)</p> |

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| | maternity services indicates that they are in line with BFHI standards and current evidence-based guidelines. 1b.4. At least 80% of clinical staff who provide antenatal, delivery, and/or newborn care can explain at least two elements of the infant feeding policy that influence their role in the facility. | |
| Step 1c: Establish ongoing monitoring and data-management systems. | 1c.1. The facility has a protocol for an ongoing monitoring and data-management system to comply with the eight key clinical practices. 1c.2. Clinical staff at the facility meet at least every 6 months to review the implementation of the system. | Health Facility advised to monitor the effect of Covid19 and emerging crisis on hospital breastfeeding indicators, the hospital can breakdown the BFHI related indicators as the following:- - Percent of confirmed/suspected hospitalized COVID-19 cases initiated breastfeeding - Percent of confirmed/suspected hospitalized COVID 19 cases maintained exclusive breastfeeding. |
| Step 2: Ensure that staff has sufficient knowledge, competence, and skills to support breastfeeding. | 2.1 At least 80% of health professionals who provide antenatal, delivery and/or newborn care report they have received pre-service or in-service training on breastfeeding during the previous 2 years. 2.2 At least 80% of health professionals who provide antenatal, delivery and/or newborn care report receiving competency assessments in breastfeeding in the previous 2 years. 2.3 At least 80% of health professionals who provide antenatal, delivery and/or newborn care are able to correctly answer three out of four questions on breastfeeding | As part of general practices competencies more emphasis on the standard precaution, hand washing, isolation precaution and exposure management. Ensure monitoring of related knowledge, competence and skills for mothers, care providers and healthcare workers for infection control measures |

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| | knowledge and skills to support breastfeeding. | |
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| Key clinical practices | | |
| Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families | <p>3.1 A protocol for antenatal discussion of breastfeeding includes at a minimum:</p> <ul style="list-style-type: none"> – the importance of breastfeeding; – global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and the fact that breastfeeding continues to be important after 6 months when other foods are given; – the importance of immediate and sustained skin-to-skin contact; – the importance of early initiation of breastfeeding; – the importance of rooming-in; – the basics of good positioning and attachment; – recognition of feeding cues. <p>3.2 At least 80% of mothers who received prenatal care at the facility report having received prenatal counselling on breastfeeding.</p> <p>3.3 At least 80% of mothers who received prenatal care at the facility are able to adequately describe what was discussed about two of the topics mentioned above.</p> | <p>When access of care for pregnant women are not available and if in person counselling is not feasible Discuss the use of alternative support methods Examples: telehealth; use of media as TV and radio program, trustable social media groups and mobile applications</p> |
| Step 4: Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as | <p>4.1 At least 80% of mothers of term infants report that their babies were placed in skin-to-skin contact with them immediately or within 5 minutes after birth and that this contact lasted 1 hour or more, unless there were</p> | <p>Ensure mothers/ caregivers, healthcare workers and housekeepers have knowledge, competence and skills to implement infection control measures.</p> |

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| possible after birth. | documented medically justifiable reasons for delayed contact. 4.2 At least 80% of mothers of term infants report that their babies were put to the breast within 1 hour after birth, unless there were documented medically justifiable reasons. | |
| Step 5: Support mothers to initiate and maintain breastfeeding and manage common difficulties. | <p>5.1. At least 80% of breastfeeding mothers of term infants report that someone on the staff offered assistance with breastfeeding within 6 hours after birth.</p> <p>5.2. At least 80% of mothers of preterm or sick infants report having been helped to express milk within 1–2 hours after birth.</p> <p>5.3. At least 80% of breastfeeding mothers of term infants are able to demonstrate how to position their baby for breastfeeding and that the baby can suckle and transfer milk.</p> <p>5.4. At least 80% of breastfeeding mothers of term infants can describe at least two ways to facilitate milk production for their infants.</p> <p>5.6. At least 80% of breastfeeding mothers of term infants can describe at least two indicators of whether a breastfed baby consumes adequate milk.</p> <p>5.7. At least 80% of mothers of breastfed preterm and term infants can correctly demonstrate or describe how to express breast milk.</p> | Ensure Mothers have adequate support for milk expression including availability- cleaning and sterilization of equipment, milk transfer and storage |
| Step 6: Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated. | <p>6.1. At least 80% of infants (preterm and term) received only breast milk (either from their own mother or from a human milk bank) throughout their stay at the facility.</p> <p>6.2. At least 80% of mothers who have decided not to breastfeed report that the staff discussed with them the</p> | In case maternal – infant separation due to of sever maternal COVID 19 disease or other complications, Mother should encourage and supported to express milk, safely provide breast milk to the infant, while applying |

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| | <p>various feeding options and helped them to decide what was suitable in their situations.</p> <p>6.3. At least 80% of mothers who have decided not to breastfeed report that the staff discussed with them the safe preparation, feeding and storage of breast-milk substitutes.</p> <p>6.4. At least 80% of term breastfed babies who received supplemental feeds have a documented medical indication for supplementation in their medical record.</p> <p>6.5. At least 80% of preterm babies and other vulnerable newborns that cannot be fed their mother's own milk are fed with donor human milk.</p> <p>6.6. At least 80% of mothers with babies in special care report that they have been offered help to start lactogenesis II (beginning plentiful milk secretion) and to keep up the supply, within 1–2 hours after their babies' births.</p> | <p>appropriate IPC measures</p> |
| <p>Step 7: Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.</p> | <p>7.1. At least 80% of mothers of term infants report that their babies stayed with them since birth, without separation lasting for more than 1 hour.</p> <p>7.2. Observations in the postpartum wards and well-baby observation areas confirm that at least 80% of mothers and babies are together or, if not, have medically justifiable reasons for being separated.</p> <p>7.3. At least 80% of mothers of preterm infants confirm that they were encouraged to stay close to their infants, day and night.</p> | <p>Enable mothers and infants to remain together and practice skin-to-skin contact, and rooming-in throughout the day and night, especially straight after birth during establishment of breastfeeding, whether or not the mother or child has suspected, probable, or confirmed COVID-19</p> <p>Arrangement should be made to allow mother to visit the NICU once she met the none infectious COVID-19 visiting hospital criteria.</p> |
| <p>Step 8: Support mothers to recognize and respond</p> | <p>8.1. At least 80% of breastfeeding mothers of term infants can describe</p> | <p>Ensure mothers to implement respiratory hygiene and IPC</p> |

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| to their infants' cues for feeding. | at least two feeding cues. 8.2. At least 80% of breastfeeding mothers of term infants report that they have been advised to feed their babies as often and for as long as the infant wants. | measures before and during breastfeeding. |
| Step 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers. | 9.1. At least 80% of breastfeeding mothers of preterm and term infants report that they have been taught about the risks of using feeding bottles, teats and pacifiers. | When access of care for mothers are not always available and if in person counselling is not feasible, discuss the use of alternative support methods Examples: telehealth and phone calls. |
| Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care. | 10.1. At least 80% of mothers of preterm and term infants report that a staff member has informed them where they can access breastfeeding support in their community. 10.2 The facility can demonstrate that it coordinates with community services that provide breastfeeding/infant feeding support, including clinical management and mother-to-mother support. | Ensure mothers/ caregivers, have knowledge, competence and skills to implement respiratory hygiene before and during breastfeeding Ensure psychosocial support for covid19/ emerging crisis to breast feeding mothers |

| Supplementary steps amidst COVID-19 pandemic and emerging crisis | | |
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| S.1. Have a written policies/protocols related to breast feeding during Covid19 and emerging crisis | S.1.1. The health facility has a written breastfeeding or infant feeding policy / protocols addresses the breast feeding Practices during Covid19 and emerging crisis and the IPC measures required before and during breastfeeding. S.1.2. At least 80% of clinical staff who provide antenatal, delivery and/or newborn care can explain at least two elements of the infant feeding policy/ protocol during Covid19 and emerging crisis and list IPC measures required | The amended polices/protocols have to address the following topics <ul style="list-style-type: none"> • Screening pregnant women for covid19 and emerging crisis • management of women in labor suspected or infected with covid19 and emerging crisis • management of women in postnatal ward suspected or infected with covid19 and emerging crisis • Management of newborn |

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| | before and during breastfeeding. | babies born for positive covid19 and emerging crisis mothers. <ul style="list-style-type: none"> • Feed babies with expressed breastmilk when the mother too sick to breastfeed • Handling, storage and use of EBM of COVID-19 suspected or positive mothers |
| S.2. Healthcare staff have knowledge, competence and skills to manage women and infant with confirmed or suspected COVID-19 | <p>S.2.1. At least 80% of clinical staff who provide antenatal, delivery and/or newborn care received training on managing women and/or infant suspected or infected with covid19</p> <p>S.2.2. Observations in the labor, postpartum wards and newborn care areas confirm that All staff who provide direct care have applied appropriate IPC measures.</p> | Update the training on new and current evidences and guideline on covid19 and emerging crisis with emphasis on the IPC measures |
| S.3. Strengthen the breastfeeding practices while applying appropriate ICP measures. | <p>S.3.1 At least 80% of confirmed or suspected COVID-19 mothers have evidence (through mother interview or medical record review) that their babies were placed in skin-to-skin contact with them immediately while applying appropriate ICP measures, unless there were documented medically justifiable reasons for delayed contact.</p> <p>S.3.2 At least 80% of confirmed or suspected COVID-19 mothers have evidence (through mother interview or medical record review) that they put their babies to the breast within 1 hour after birth, while applying appropriate ICP measures.</p> | <p>Mother with confirmed or suspected COVID-19 can therefore breastfeed if they wish to do so. They should:</p> <ul style="list-style-type: none"> • Wash hands frequently with soap and water or use alcohol-based hand rub and especially before touching the baby; • Wear a medical mask during any contact with the baby, including while feeding; • Sneeze or cough into a tissue. Then dispose of it immediately and wash hands again; • Routinely clean and disinfect surfaces after touching them. |

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| | <p>S.3.3. At least 80% of confirmed or suspected COVID-19 mothers have evidence (through mother interview or medical record review or observation) that they were encouraged to stay close to their infants, day and night, keeping safe physical distance of >6 feet(2m)</p> <p>S.3.4. Out of the severely ill mother with COVID-19 or suffer from complications have evidence (through mother interview or medical record review) have been helped to express milk while applying appropriate ICP measures.</p> | <p>Reduce the infection risk both for the infant and for the caregivers by maintaining a physical distance of >6 feet (2 m) between the mother and neonate or placing the neonate in an incubator, If the infant is kept in an incubator, it is important to educate the mother and other caregivers, including hospital personnel, on proper use (i.e., latching doors) in order to prevent newborn falls.</p> |
| <p>S.4. Breastfeeding counselling provided to all pregnant women and mothers if they or their infants have suspected or confirmed COVID-19 infection.</p> | <p>S.4.1. At least 80% of mothers who received prenatal care at the facility report that they received prenatal counselling on applying appropriate IPC measures before and during breastfeeding.</p> <p>S.4.2. At least 80% of mothers have evidence (through mother interview or medical record review) that they received postnatal counselling on maintaining breastfeeding while applying appropriate IPC measures before and during breastfeeding.</p> | <p>information needs to include the myths of breastfeeding during COVID-19 and discuss the importance of the continue breastfeeding during pandemic</p> |