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# MIDWIVES' KNOWLEDGE OF BABY FRIENDLY HOSPITAL INITIATIVE IN UGANDA

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## MIDWIVES' KNOWLEDGE OF BABY FRIENDLY HOSPITAL INITIATIVE IN UGANDA

The Baby Friendly Hospital Initiative (BFHI) is a worldwide programme well known to midwives globally for supporting the initiation of successful breastfeeding. In low resource countries, initiation of breastfeeding immediately after birth would help to reduce neonatal complications such as infection. Knowledge of the 10 steps is critical for midwives in developing countries, yet our research in Uganda suggested that midwives' knowledge is poor, despite a commitment at government level. There is a disconnect between policy and practice which must be addressed to ensure that midwives give standardised advice to new mothers to ensure successful and exclusive breastfeeding. This is especially important in Uganda, as there is no postnatal community care, so women receive no support once they leave hospital.

### INTRODUCTION

The Baby Friendly Hospital Initiative (BFHI) is a worldwide programme, known to many midwives around the world. It lays out 10 steps that all maternity units should implement to enable mothers to breastfeed babies for the best start in life (World Health Organization [WHO] and Unicef 1999).

“ A global effort for improving the role of maternity services in breastfeeding, especially exclusive breastfeeding in the first months of life ”

## BFHI IN UGANDA KEY POINTS:

THIS WAS A QUANTITATIVE STUDY, CONDUCTED IN UGANDA WITH 45 MIDWIVES WORKING IN THE POSTNATAL AREA

THE STUDY EXPLORED MIDWIVES' KNOWLEDGE OF THE 10 STEPS OF BFHI

NONE OF THE MIDWIVES COULD CORRECTLY RECALL THREE STEPS OF BFHI

80 PER CENT OF THE RESPONDENTS (N = 36) COULD NOT RECALL ANY OF THE STEPS

18 PER CENT (N = 8) COULD RECALL TWO STEPS CORRECTLY

ONE MIDWIFE COULD RECALL ONLY ONE STEP CORRECTLY

THE KNOWLEDGE OF UGANDAN MIDWIVES AROUND BFHI IS POOR

Following the adaptation of the Innocenti declaration on breastfeeding promotion in 1990 (WHO 1990), WHO and Unicef launched the initiative in 1991. The initiative is a global effort for improving the role of maternity services in breastfeeding, especially exclusive breastfeeding in the first months of life, and provides the foundation for good infant nutrition, health and survival.

Throughout the world, rates of exclusive breastfeeding are poor, even in low-resource countries.

Only 43 per cent of the world's infants under six months of age are exclusively breastfed, and research has indicated that suboptimal breastfeeding practices, including mixed feeding, may contribute to 11.6 per cent of mortality in children under five years of age (Unicef 2017).

Even in countries where BFHI is well known, gaps in the knowledge of nurses and midwives have been documented. Research in America with degree nurses showed that 85 per cent were not aware of the recommended time for exclusive breastfeeding (Spear 2006). In other African countries, similar gaps have been identified. Research in Nigeria found that only 20.8 per cent of midwife respondents were aware of the need for initiating breastfeeding within 30 minutes of birth (Okolo and Ogbonna 2002).

In Uganda, a great deal of work at national level has produced comprehensive documents around infant feeding and optimal nutrition for infants and children, which reflect WHO guidance. These include *The national integrated early childhood development policy action plan Uganda (2016-2021)*, which has as a core objective the

improvement of breastfeeding rates (Ministry of Gender, Labour and Social Development [MGLSD] 2016). The World breastfeeding trends initiative (WBTi) documents Uganda achievements and challenges in improving breastfeeding rates, and makes recommendations for improvement (International Baby Food Action Network [IBFAN] 2015).

However, the problem seems to be the ability to put policy into practice. The WBTi report states that BFHI standards are recommended for every maternity unit, but there is no national team in place and no funding to implement the standards. The report notes that only 11 facilities – both public and private – out of almost 2,000 maternity units, have been assessed for BFHI (IBFAN 2015). Consistent and accurate information is important to a new mother who is breastfeeding, especially immediately after birth, to help ensure that exclusive breastfeeding is effective. This research was undertaken to explore the knowledge of midwives around – and suggests ways in which – this knowledge may be improved.

**Consistent and accurate information is important to a new mother who is breastfeeding, especially immediately after birth**

## METHODOLOGY

This was a quantitative study using a semi-structured questionnaire based on the 10 standards outlined by BFHI. The setting was a large public maternity hospital in Uganda and ethical approval was obtained from the hospital ethics

committee prior to commencement of the study. All midwives working in the postnatal wards were asked to participate (n = 60). Forty-five midwives completed the questionnaire, giving a response rate of 75 per cent.

## RESULTS

The first question asked the respondents if they had ever had training around breastfeeding.

Forty-two per cent (n = 19) of the participants reported that they had received training on breastfeeding policies; however more than half (58 per cent, n = 26) had never received training. Of the participants who had never received training, 54 per cent (n = 14) had worked on the unit for one-five years, while 23 per cent (n = 6) had worked for more than 10 years.

Participants were asked if they had ever heard of BFHI. Only 40 per cent (n = 18)

**Only 40 per cent of the participants had heard about BFHI**

## PRACTICE POINTS

- How many steps of BFHI can you recall?
- Does your area of work have an evidence-based breastfeeding policy? Have you read it?
- Is your unit BFHI accredited?
- Is there a breastfeeding support group you can refer your clients to?

of the participants had heard about BFHI (58 per cent [n = 26] had never heard about BFHI, while 2 per cent [n = 1] did not know whether they had heard about BFHI).

For the next question, participants were asked if they could recall any three steps of the BFHI. None of the midwives could correctly recall three steps of BFHI. Eighty per cent of the respondents (n = 36) could not recall any of the steps, 18 per cent (n = 8) could recall two steps correctly, while one midwife could recall only one step correctly.

When asked if the unit had a written breastfeeding policy, 35.6 per cent (n = 16) of the participants responded that there was a written policy, 46.7 per cent (n = 21) that there was no written policy, and 17.8 per cent (n = 8) did not know. On investigation by the researchers, no written policy was located.

According to WHO (2017), complementary/other feeds should be introduced at six months of age. Eighty per cent (n = 36) of the participants answered this question correctly. However 16 per cent (n = 7) thought that complementary feeds should be introduced at three months of age and one midwife stated that complementary feeds could be introduced at birth.

One of the steps of BFHI states that mothers should be assisted by a trained health worker to breastfeed within half an hour after birth. From the analysis, 55.6 per cent (n = 25) of the participants said breastfeeding should be initiated immediately after birth, 33.3 per cent (n = 15) said breastfeeding should be initiated within one hour after birth (of these, 34.6 per cent [n = 9] had documented that they had heard about





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Only 22.2 per cent of all the participants correctly responded that babies should be breastfed eight-12 times a day

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BFHI); 8.9 per cent (n = 4) felt that breastfeeding should be initiated after 24 hours, yet three of these respondents had previously stated that they had heard about BFHI.

When asked whether the unit had a breastfeeding support group, 53 per cent (n = 24) of the participants said their unit had no breastfeeding support group, whilst 47 per cent (n = 21) felt that there was a support group, which suggested some confusion around the availability of support for women once they leave hospital.

The final question focused on the frequency that babies should be breastfed. Only 22.2 per cent (n = 10) of all the participants correctly responded that babies should be breastfed eight-12 times a day, which is the recommendation of BFHI. Almost two thirds of the midwives (64.4 per cent, n = 29) stated that babies should be fed on demand.

### DISCUSSION

This research suggests that there are major gaps in the knowledge of this

sample of midwives around BFHI and the ten steps for successful breastfeeding. None of the midwives could recall three steps of BFHI, nearly half of the respondents incorrectly stated there was a breastfeeding support group and over one third thought there was a written policy in place. It is important that health workers give the same standardised advice to new mothers to ensure successful and exclusive breastfeeding. This is especially important in Uganda, as there is no postnatal community care, so women will receive no support once they leave hospital.

In 2003, WHO recommended that all governments should develop national breastfeeding policies and set appropriate national targets. They also recommended the establishment of a national system for monitoring the attainment of their targets. Heymann et al (2013) undertook a global study comparing the breastfeeding policies of member states of the United Nations, and found that 45 countries (25 per cent) still had no policy in place. Uganda does have a national breastfeeding policy; unfortunately this study suggests that

this policy has not reached clinical midwives.

There are also discrepancies in the national reporting of breastfeeding rates that may foster a false sense of security around the success rates of breastfeeding. According to the Uganda demographic health survey (Uganda Bureau of Statistics [UBS] 2017), 98 per cent of babies breastfed within the first hour of life. However, only 66 per cent of babies are exclusively breastfed for the first six months, 32 per cent receive complementary feeds and 2 per cent are not breastfed at all (UBS 2017). However, the WBTi report on breastfeeding in Uganda suggests that only 52.5 per cent of women initiate breastfeeding with 15.3 per cent of women artificially feeding their infants and mixed feeding is given to 68 per cent of babies in the first six months of life (IBFAN 2015).

### FACING THE CHALLENGES AHEAD

It is commendable that Uganda has a policy action plan in place to co-ordinate child health and nutrition (including initiation of breastfeeding), but there are challenges around the implementation (Ministry of Health Uganda [MHU] 2009). However, there is no designated co-ordinator at national level and this research identified no local

policy to guide staff. Despite a written commitment to BFHI, only 0.1 per cent of maternity units (both public and private) have undertaken assessment for BFHI (MGLSD 2016; IBFAN 2015).

Work is now progressing in all countries to achieve the standards laid down in the Sustainable Development Goals, but crucial to this progress is a country commitment to strengthening and following up health information and review processes. With so many competing health challenges in Uganda, it is difficult to maintain the focus on the importance of breastfeeding; but it must remain a high priority if a reduction in the neonatal mortality rate is to be achieved (WHO 2016).

According to Unicef (2017) breastfeeding should be considered a miracle investment. It is a universally available, low-tech, high-impact, cost-effective solution for saving babies' lives – but globally, it hasn't received the attention it should (Unicef 2017).

### LIMITATIONS

This study was limited to one maternity hospital, so the results may not be generalisable. Further work is needed to explore the knowledge of midwives on a larger scale. **TPM**

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The focus on the importance of breastfeeding must remain a high priority if a reduction in the neonatal mortality rate is to be achieved

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