



Implementing the Baby Friendly Hospital Initiative in a Tertiary Health Facility: Lessons from the University of Port Harcourt Teaching Hospital, Nigeria

A. R. Nte^{1*} and G. K. Eke¹

¹University of Port Harcourt Teaching Hospital, Nigeria.

Authors' contributions

This work was carried out in collaboration between both authors. Author ARN designed the study. Both authors acquired the data and wrote the manuscript. Both authors read and approved the final manuscript.

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ABSTRACT

Background: As part of Nigeria's effort to attain the targets of the 1990 Innocenti Declaration, the Baby-Friendly Hospital Initiative (BFHI) was launched in 1991. The 2005 Innocenti Declaration reiterated the need for the Initiative by asking governments to "revitalize" it and maintain "the Global Criteria as the minimum requirement for all facilities". The Nigerian government adopted the Initiative and in response to the national directive for tertiary health facilities to become Baby Friendly, the University of Port Harcourt Teaching Hospital (UPTH) established its BFHI Committee in 1992, with a multi-departmental and multi-disciplinary membership. Although the Baby Friendly Hospitals designated following this directive have largely not been reassessed, the BFHI Committee of the UPTH has remained active, implementing relevant activities at the facility and within and outside Rivers State.

Aims: To share experiences with sustaining BFHI activities without adequate support in a tertiary health facility with a goal of stimulating commitment to the establishment and sustenance of similar committees in similar health facilities.

*Corresponding author: E-mail: alice.nte@uniport.edu.ng;

Place and Duration of Study: University of Port Harcourt Teaching Hospital, Nigeria; 27 years.

Methodology: From the inception of the Committee, an administrative structure comprising of the Steering Committee and its Chairman, the Coordinator and Secretary was set up. Information on the activities of the Committee was extracted from the reports of activities, Minutes of Meetings and other publications of the Committee. These were analysed for presentation.

Results: Established in 1992 to drive the hospital's mandate to become Baby Friendly, the Committee has sustained the efforts to promote, protect and support breastfeeding through capacity development, provision of technical support to Departments and facilities, promotion of research and support of the implementation of the Ten Steps to Successful Breastfeeding, the International Code of Marketing of Breast milk Substitutes, HIV and Infant Feeding Counselling, Facility Based Management of Severe Acute Malnutrition and others.

Some of the achievements of the Committee during the period 1992-2019 are:

- Sustained implementation of activities in support of the Ten Steps to Successful Breastfeeding (operating the Crèche, Mother's Room, Nutrition Clinic and Breastfeeding Room in the Special Care Baby Unit, Nutrition education and the distribution of Information, Education and Communication materials on breastfeeding and the Code).
- Celebration of the World Breastfeeding Week and mobilization of stakeholders to celebrate the Week since 1997.
- Awareness creation on the Code for improved compliance within and outside Rivers State
- Integration of breastfeeding education into the curricula of health workers
- The Conduct of the 2015 World Breastfeeding Trends Initiative Assessment in Nigeria

Challenges: include changes in leadership with some leaders not showing commitment to the mandate of the Committee; Lack of funds, lack of dedicated staff for breastfeeding promotion in the hospital and pressure from infant food industries.

Conclusion: Successful and continued implementation of the Baby Friendly Hospital Initiative with its expansion to the BFH Community Initiative will contribute to improved breastfeeding practices and therefore the attainment of the global nutrition targets. While mitigating the challenges to effective implementation of the Committee's activities, tertiary health facilities should reposition themselves to promote, protect and support the initiative for the realization of relevant global nutrition targets.

Keywords: Baby friendly hospital initiative; innocenti declaration; breastfeeding promotion; University of Port Harcourt Teaching Hospital.

1. INTRODUCTION

The Baby Friendly Hospital Initiative (BFHI) was adopted following of the World Health Organization(WHO)/United Nations Children's Fund(UNICEF) Policymakers' Meeting on "Breastfeeding in the 1990s: A Global Initiative". The meeting was co-sponsored by the United States Agency for International Development (USAID) and the Swedish International Development Authority (SIDA), and held at the Spedale degli Innocenti, Florence, Italy, on 30th July to 1st August 1990. The meeting delegates produced and adopted the 1990 Innocenti Declaration which led to the launching of the BFHI [1].

The 1990 Innocenti Declaration not only reiterated the benefits of breastfeeding but recommended that as "a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive

breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6(now 6) months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner". Furthermore, the Declaration requested that "obstacles to breastfeeding within the health system, the workplace and the community must be eliminated" and that "all governments should develop national breastfeeding policies and set appropriate national targets for the 1990s" [1]. Some of the Declaration's five Operational Targets for attainment by governments by 1995 are:

- The appointment of a national breastfeeding coordinator of appropriate authority, and establishment of a

- multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
- Ensuring that every facility providing maternity services fully practices all ten of the *Ten Steps to Successful Breastfeeding* set out in the Joint WHO/UNICEF Statement "Protecting, promoting and supporting breast-feeding: the special role of maternity services" [2,3];
 - Taking action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly(WHA) resolutions in their entirety [4]; and
 - Enacting "imaginative legislation for protecting the breastfeeding rights of working women and establishing the means for its enforcement".

At the 15th Anniversary celebration of the 1990 Innocenti Declaration in November 2005 at Florence, Italy, not only were these targets and those of the 2002 Global Strategy for Infant and Young Child Feeding upheld, additional targets were set through the adoption of the 2005 Innocenti Declaration in recognition of the need for urgent and necessary actions "to ensure the best start in life for children, for the achievement of the Millennium Development Goals by 2015, and for the realization of the human rights of present and future generations" [1,5,6]. The participants identified some challenges with their attainment which included "health systems investing primarily in curative rather than preventive services, gender inequities and women's increasing rates of employment outside the home, including in the non-formal sector." Consequently, the 2005 Declaration called on all governments to [5]:

- Establish or strengthen national infant and young child feeding and breastfeeding authorities, coordinating committees and oversight groups that are free from commercial influence and other conflicts of interest.
- Revitalise the BFHI, maintaining the Global Criteria as the minimum requirement for all facilities, and expand the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children.

- Implement all provisions of the International Code of Marketing of Breastmilk Substitutes (the Code) and subsequent relevant World Health Assembly (WHA) resolutions in their entirety as a minimum requirement and establish sustainable enforcement mechanisms to prevent and/or address non-compliance.
- Adopt maternity protection legislation and other measures that facilitate six months of exclusive breastfeeding for women employed in all sectors, with urgent attention to the non-formal sector.
- Ensure that appropriate guidelines and skill acquisition regarding infant and young child feeding are included in both pre-service and in-service training of all health care staff, to enable them to implement infant and young child feeding policies and to provide a high standard of breastfeeding management and counseling to support mothers to practice optimal breastfeeding and complementary feeding.
- Ensure that all mothers are aware of their rights and have access to support, information and counselling in breastfeeding and complementary feeding from health workers and peer groups.
- Establish sustainable systems for monitoring infant and young child feeding patterns and trends and use this information for advocacy and programming.
- Encourage the media to provide positive images of optimal infant and young child feeding, to support breastfeeding as the norm, and to participate in social mobilization activities such as World Breastfeeding Week celebration.

The Declaration also required all manufacturers and distributors of products within the scope of the International Code to "ensure full compliance with all provisions of the International Code and subsequent relevant WHA resolutions in all countries, independently of any other measures taken to implement the Code".

The Nigerian government had two participants at the 1990 Innocenti Declaration meeting and therefore promptly implemented the Declaration with the launching of the Baby Friendly Hospital Initiative (BFHI) in 1991 and the National Breastfeeding Policy in 1992 [7]. The country adopted and has continued to reinforce actions that will protect, promote and support

breastfeeding within complementary programmes such as prenatal and perinatal care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases [8-10]. Consequently, breastfeeding information was integrated into health talks, Information, Education and Communication (IEC) materials and other services targeted at mothers, newborns and under-fives. Health workers are trained on strategies for the promotion, protection and support of optimal infant and young child feeding practices [11,12].

In response to the requirement from the Federal Ministry of Health and to attain the targets of the 1990 Declaration, the University of Port Harcourt Teaching Hospital's (UPTH) Baby Friendly Hospital Initiative Committee was established in 1992 and in 1993, the UPTH was designated Baby Friendly. The Committee was established to implement activities that will promote, protect and support the BFHI. Similar Committees were established in other teaching hospitals, some of which have become non-existent, moribund or non-functional due to reasons such as poor funding, support and pressure from infant food manufacturers and distributors.

This paper presents the experiences of the UPTH's BFHI Committee from its establishment in 1992 to 2019, with a view to stimulating the revitalization and sustenance of the activities of similar committees in other teaching and similar health care institutions. The overall aim is to contribute to improved Infant and Young Child Feeding practices to reduce the current burden of under-five malnutrition in Nigeria.

2. MATERIALS AND METHODS

The data for presentation were retrieved from the documents of the Committee. These include the Minutes of Meetings, publications including printed and non-printed documents and conference papers, reports of activities such as workshops, World Breastfeeding Week celebrations and other activities, including those of the Crèche and Mother's Room. Additional information was obtained from the authors' personal experiences since they have been coordinating the activities of the Committee for over ten years and other documents. Information from these sources were extracted and analyzed for presentation in tables and charts.

3. RESULTS AND DISCUSSION

3.1 Establishment of the BFHI Committee

In 1992, after the launching of the BFHI in Nigeria, the Federal Ministry of Health (FMoH) directed twelve teaching Hospitals, including the UPTH to work towards becoming Baby Friendly. In response, the Hospital produced its Policy on Breastfeeding which prescribed three Committees- the Steering Committee, Implementation Committee and Support Groups [13]. However, the Steering Committee with the Chief Medical Director (CMD) as the Chairman has been functioning in dual capacity as the Steering and Implementation Committees. Currently efforts to establish Departmental Implementation Committees are ongoing. The membership of the Steering Committee is drawn from all stakeholder departments, management and trade unions to ensure effective representation. The Hospital, through its Committee, produced the "Information to Parents about Breastfeeding" and printed many posters for the promotion, protection and support of breastfeeding. Workshops were held to train health workers on Breastfeeding and by 1993, the Hospital was assessed and designated as Baby Friendly [14].

3.2 Sustenance of the Activities of the Committee

The Committee was mandated to contribute to improved breastfeeding practices not only in the Teaching Hospital, but also in Rivers State. However, after becoming designated as Baby Friendly, fund for the Committee's capacity building and other relevant activities was not provided. This resulted in a lull in its activities till 1996 when the Honourable Minister of Health directed the then Chief Medical Director (CMD) to revitalize the Hospital's BFHI Committee thereby promoting, protecting and supporting breastfeeding activities in the State. Consequently, a meeting was held with the Head of Department (HOD) of Paediatrics who was then tasked to address the lull in breastfeeding activities in the hospital and Rivers State. The Committee was not only successfully revitalized but was positioned to revive the commitment to breastfeeding within the hospital and in the State. The Committee consequently expanded its membership and scope of activities.

Table 1. Membership of the UPTH's BFHI Committee as at December 2019

S/ No	Departments	No of Persons
A	Clinical Departments	
1	Paediatrics (HOD* and Nurse in charge)	2
	SCBU* (1 Consultant and Matron in Charge)	2
2	Obstetrics and Gynaecology (HOD, Nurse in Charge of ANC*)	3
3	Community Medicine (HOD and Nurse in Charge)	3
	Nurse in Charge of Primary Health Care Centre, Aluu	
4	Paediatric Dentistry	1
5	Surgery Department: Paediatric Surgery, Burns and Plastic, Orthopaedic, Urology, Neurosurgery, Ophthalmology, ENT* (One representative for all the Unit Heads and One Nurse to represent Nurses)	2
B	Non-clinical Departments	
6	Post Basic Nursing (Paediatrics) - (Coordinator)	1
7	Institute of Maternal and Child Health (Director)	1
8	Dietetics (Head of Unit and 1 dietician)	2
C	Administration	
9	Chief Medical Director (Chairman Steering Committee)	1
10	Head, Nursing Services	1
11	Assistant Director of Finance (Represented by an accountant)	1
12	Assistant Director of Pharmaceutical Services	1
13	Chairman, Medical Advisory Committee	1
14	Coordinator and Assistant Coordinator	2
15	Secretary from Administration	1
D	University of Port Harcourt	
16	Head, Lulu Briggs Hospital and Director, Youth Friendly Centre	2
E	Trainers of various programmes: BFHI/ IYCF*/ SAM*/ Code*	
17	All active trainers in these programmes will serve in the Committee until a critical mass of trainers is built for the hospital	4
	Total	31

*: HOD: Head of Department; SCBU: Special Care Baby Unit; ANC: Antenatal Care; ENT: Ear, Nose and Throat; IYCF: Infant and Young Child Feeding; SAM: Severe Acute Malnutrition; Code: International Code of marketing of breastmilk substitutes and subsequent relevant WHA resolutions

Furthermore, between 1996 and 2009, successive Heads of the Department of Paediatrics were appointed Coordinators of the Hospital's multi-departmental/multidisciplinary BFHI Committee while the CMD remained the Steering Committee Chairman. However, with some of the Heads not being trained on breastfeeding and therefore lacking in the skills to operationalize the Committee's mandates, the activities of the Committee waxed and waned with little or no impact. Additionally, the two-year tenured appointment of the HODs resulted in frequent changes of the leadership of the Committee from 2001-2009 when the policy became operational. Consequently, to sustain the activities of the Committee, the CMD in 2009 reversed the policy of making the HOD of Paediatrics to coordinate the Committee and appointed the authors as the Coordinator and Assistant Coordinator, the positions they have occupied till date. To strengthen and update the Committee's membership, members who had

served their terms or left the services of the hospital were appropriately replaced. The membership of the Committee is formed as shown in Table 1. The Committee thereafter started holding its monthly meetings regularly and in 2015 as part of the requirements for the award of a grant, advertised by the International Baby Food Action Network (IBFAN) African Region, the Committee articulated its Standard Operating Procedure (SOP) which describes its operations/activities [15].

3.3 Other Activities of the Committee

Other activities implemented by the Committee from inception include:

1. **Streamlining of the Committee's Meetings and Communications:** Each year, the Committee produces its annual programme which guides its activities. Its monthly meeting holds at the Committee's

- Office on the First Tuesday of each Month. The Secretary created a communication platform with the members and shares the Minutes and other relevant information through this WhatsApp platform.
2. **The Operation of the Crèche:** In 1996, as contained in the Hospital's Policy and concerned by the need to promote optimal breastfeeding practices among health workers, the hospital established its Crèche using three rooms with nurses and attendants on duty from Monday to Friday, 8 am to 2pm. Breastfeeding babies were brought as soon as their mothers resumed from maternity leaves. The mothers come to the Crèche 3 hourly to feed their babies. However, some leave expressed breastmilk for feeding of the babies by the attendants or their assistants if they are brought. When the Hospital moved to its permanent site, a Crèche was opened using some rooms at the House Officers' Quarters. The three rooms were used for different ages of babies. The practice has been sustained although with dwindling resources the maintenance of the facilities at the Crèche have become a problem since the services were provided for free. Some philanthropists including the stakeholder mothers whose babies were being cared for at the Crèche donated some of the items required for the Crèche such as toys, beddings, cleaning agents, repainting, etc. In 2016, the Association of Resident Doctors renovated the Crèche and more members of staff were deployed to the unit. This resulted in the extension of the service period from 8am-2pm to 8am to 6pm [16]. This change has improved the uptake of the services as staff who work late are able to come with their children. Consequently, the attendance at the Crèche has continued to increase (Fig. 1).
 3. **The Mother's Room:** Similarly, in line with the Hospital's Breastfeeding Policy and concerned by the need for mothers whose babies were admitted into the Special Care Baby Unit to continue to have contact with their babies for breastfeeding, The Mother's Room was established in 1997. The Hospital dedicated one of the wards for use as the Mother's Room at the temporary site. This Room remained active until when the Hospital relocated to its permanent site in 2006. At the permanent site, a dedicated Room for Mothers located near the SCBU was built by Mobil Oil Company. The Mother's Room is an open room with 20 beds and toilet facilities and is utilised by Mothers of babies admitted into the SCBU who were not on admission themselves. The mothers rest in the Room and go from time to time to breastfeed and meet other needs of their babies. The services were initially free of charge but with increasing demand on the utilities and the inability of the hospital to maintain the facility, the Mother's Room was given out on contract to ensure services are provided for a minimal fee. The introduction of fees improved the maintenance of the facility but reduced its patronage temporarily before its sustained increase.
 4. **Breastfeeding Rooms in the Special Care Baby Unit:** To further support breastfeeding, two rooms in the SCBU were designated for breastfeeding/milk expression. Breastfeeding Rooms were designated for the In-born and Out-born Babies. The mothers are taught the skills to express and breastfeed directly or with expressed breastmilk while at these Rooms by the staff. Mothers who fail to come for breastfeeding are called for. Thus, the operation of the Breastfeeding Rooms has helped in ensuring mothers of ill babies sustain breastfeeding.
 5. **The "Nutrition Clinic":** To address the concerns of mothers about how to feed their babies after the 6 months of exclusive breastfeeding and minimize the use of artificial milk and industry made complementary foods, a "Nutrition Clinic" was opened in 2006 by the Committee. The Clinic is run in the Infant Welfare Clinic where immunization services are provided. It provides an avenue for mothers to get support for breastfeeding, for growth monitoring and nutrition counselling and education, and capacity building for feeding babies after the 6 months of exclusive breastfeeding. The Clinic holds twice weekly on Tuesdays and Thursdays. Food demonstrations are carried out and mothers are taught how to use locally available foods to make complementary foods for their children. Vitamin A supplementation is given to children twice yearly from the age of 6 months. Anthropometric measurements such as weight, mid arm circumference, occipito-frontal circumference (OFC) are measured for each child and children found to have

- poor growth patterns are referred for further assessment in the Paediatric Clinic. The Dietetic and Community Medicine Departments operate the Clinic while the BFHI Committee supervises the activities. Maternal nutrition and other health topics are discussed during the health talks and concerns of mothers addressed. Folic acid, iron supplements, deworming tablets and vitamin A are given to the mothers as appropriate.
6. **The conduct of Nutrition education and the distribution of Information, Education and Communication (IEC) materials on breastfeeding and the Code at Antenatal, Postnatal, Nutrition and Paediatric Clinics and Wards:** In all areas of the hospital where mothers and children under-five years are attended to, Nurses, Dieticians or Doctors conduct health talks during which breastfeeding and optimal infant and young child feeding practices are discussed. The IEC materials including brochures, wall charts, flex banners on breastfeeding and Infant and Young Child feeding practices are displayed in these areas and used for health education. The booklet on Information to Parents about Breastfeeding was reproduced and sold to the mothers at such a minimal rate that with the increase in the cost of printing and lack of funding support, its production ceased.
 7. **Celebration of the World Breastfeeding Week and mobilizing other stakeholders to celebrate the Week:** The hospital has participated in the celebration of the World Breastfeeding Week since 1997. The week-long programme involves an opening ceremony during which a lecture is presented on the theme of the celebration to the hospital community including mothers and women from the antenatal clinic, immunization and Nutrition Clinic as well as Paediatric Clinic. Other activities include presentations of the reports on the Crèche and Mothers' Room, questions and answers on various issues related to breastfeeding. The activities are covered by the mass media, aired by television stations and discussed on the radio. On the second and subsequent days of the celebration, activities carried out include talks on the celebration theme at the Immunization Clinic, the Antenatal/ Postnatal Clinic and the Paediatric Clinic in the Teaching Hospital and the Primary Health Centre Aluu, an outreach facility of the hospital. Baby shows are held at the Immunization Clinic and the Primary Health Centre to recognize babies who have been optimally breastfed and met other criteria including completing stipulated immunization schedule for the age of the child. A rally using medical and nursing students is held in the hospital and University communities and the environs including the markets and motor parks. Radio and television discussions, including phone-in sessions are also held. Lastly members of the Committee present talks on breastfeeding in their respective churches during the Week. In addition to the hospital-based celebrations, the Committee shares the theme lecture with other materials with other stakeholders and advocates to their heads to celebrate the Week. These efforts have resulted in a gradual increase in the number of facilities and groups celebrating the Week within and outside Rivers State. Some Committee members have been invited to serve as resource persons during these Celebrations.
 8. **Activities related to the International Code of Marketing of Breastmilk Substitutes:** As part of its efforts to improve compliance with the Code, the Committee organizes internal meetings to sensitize the hospital community on the Code and monitors and enforces its implementation in the hospital. In 2017, with support from United Nations Children's Fund (UNICEF) Rivers Field Office, the Committee facilitated the conduct of sensitization meetings in Rivers, Bayelsa, Akwa Ibom and Delta States, all in Southern Nigeria. Table 2 shows the details of the meeting in each State. The Committee executed this activity in collaboration with each State's Nutrition Office. Materials on the Code distributed to the participants included (a) International Code of Marketing and Subsequent WHA Resolutions 2016 [17], (b) Frequently Asked Questions on the Code 2017 Edition [18], and (c) Control of Marketing of Breast Milk Substitutes and related products and Practices Regulations 2005 [5]. The successful completion of the meeting increased the knowledge of the stakeholders on the Code and improved their support For its implementation [19].

9. **Establishment of Management Centre for Acute Severe Malnutrition:** The involvement of the Assistant Coordinator of the Committee as a Trainer in the Facility and Community Management of Acute Severe Malnutrition led to the completion of the plan to open a management Centre for Acute Severe Malnutrition in the Department of Paediatrics in the Hospital. Funds for the operationalization of this project are being awaited
10. **Establishment of partnerships:** The Committee has worked in partnership with others on Breastfeeding and Infant and Young Child Feeding. It has continued to expand the scope of its activities to the media, the Primary Health Care Management Board, the Rivers State Ministry of Health, United Nations Children’s Fund, International Baby Food Action Network (IBFAN), various Local Government Council Areas(LGAs), among others. The Committee also brought some representatives of the IBFAN to participate in an Advocacy Meeting on Breastfeeding to various partners in Rivers State. The partnerships have resulted in the invitation of the Committee to attend different meetings on breastfeeding and Infant and Young Child Feeding. The Committee also had the opportunity to submit proposals for activities which included national level training of Masters Trainers on Breastfeeding and Lactation Management held in Port Harcourt with sponsorship from UNICEF and the Hospital in 2000; Advocacy/Sensitization meeting on the Code in 2017 by UNICEF and the Conduct of the World Breastfeeding Trends Initiative Assessment for Nigeria in 2015 with sponsorship from the IBFAN (Africa) [20].
11. **Capacity Development:** With funding from the hospital, the Committee held annual training for the staff on Breastfeeding Counselling, 18 Hours Breastfeeding Course for Maternity Staff, Human Immunodeficiency Virus (HIV) and Infant Feeding Counselling Course and Sensitization on the Code. These activities held until 2009 when funding was no longer made available and the Committee resorted to support from external partners.
12. **Other activities:** In recognition of the contributions of the Committee to the promotion, protection and support of breastfeeding and optimal Infant and Young Child Feeding, the Committee has been invited to many meetings related to Infant and Young Child Feeding at different levels. In 2015, through the leadership of the Committee, the proposal submitted to the International Baby Food Action Network, African Region resulted in the conduct of the 1st World Breastfeeding Trends Initiative (WBTi) Assessment for Nigeria [19]. The Committee conducts research and provides reference materials for researchers on breastfeeding and Infant and Young Child Nutrition. It also participates in local and international conferences with sponsorships from partners. At the 2016 and 2019 World Breastfeeding Conferences, the Committee presented papers about its activities, some of which have been published [16,19]. The Committee conducts the Hospital Self-Appraisal using the Self-Appraisal Tool and uses the results to improve service delivery. Efforts are being made to establish Department BFHI Implementation Committees using the representatives of the different Departments in the Committee as the leaders. In 2015, the Committee which had operated through the Paediatrics Departmental Office secured an Office space in the Department of Paediatrics with office supplies. This has facilitated the activities of the Committee as its properties are now safely kept.

Table 2. Details of participation in the sensitization meetings in 4 States

States	Dates of workshop	No of participants
Akwalbom	30 th – 31 st Oct 2017	90
Bayelsa	27 th – 28 th Sept 2017	59
Delta	16 th – 17 th Oct 2017	54
Rivers	4 th – 5 th Sept 2017	93
Total	-	296

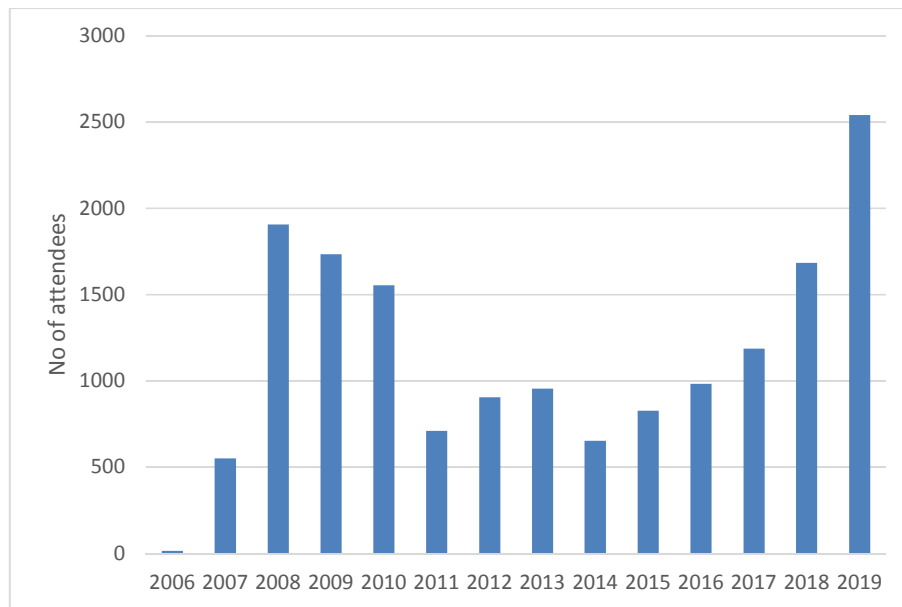


Fig. 1. Yearly attendance at the Crèche at the UPTH's permanent site from November 2006 To December 2019

Challenges:

Although the Committee has continued to work to sustain breastfeeding activities in the Hospital, it has experienced many challenges, which include:

- a. **Lack of an effective National Coordination of Breastfeeding:** The Global Strategy for Infant and Young Child Feeding and the 1990 and 2005 Innocenti Declarations all recognize that for effective promotion of optimal Infant and Young Child Feeding, breastfeeding promotion must be prioritized. This involves the establishment of a budget line for the promotion of breastfeeding activities, establishment of a national coordinating unit, enforcement of the International Code of Marketing of Breastmilk Substitutes, among others. Although there are the Nutrition Division in the Federal Ministry of Health and Nutrition Offices in the State Ministries of Health and State Primary Health Care Management Board, there is an obvious lag in the execution of activities which will promote, protect and support breastfeeding. The specific roles and responsibilities of the national authority as suggested by the Joint UNICEF, WHO and Partners' Review of BFHI include (a) "coordinating and fostering collaboration

across Ministries, stipulating a process for sustainable reassessment, e.g., via insurance, taxes. (b) incorporating support for breastfeeding and complementary feeding into ongoing mechanisms. (c) achieving stated IYCF goals. Therefore, a regular budget and budget line must be identified by the government from governmental sources to support these functions. (d) setting Goals based on international standards. "It is therefore important to assess and analyze the breastfeeding-specific functions of the Nutrition Units at various levels and restructure to make them impact on breastfeeding. This is critical to improving breastfeeding indicators as serial Demographic and Health Surveys, National Nutrition and Health Surveys, Multiple Indicator Cluster Surveys and the only World Breastfeeding Trends Initiative Assessment show failure to attain national and global breastfeeding targets [20-22]. This will align and stimulate the efforts at revitalizing BFHI whose pace has been very slow.

- b. **Funding:** The Innocenti Declarations recognized the need to fund activities for the promotion of optimal breastfeeding and Infant and Young Child Feeding practices which include capacity building, production and distribution of information materials,

- monitoring and supervision and research. At the Federal, State and Local Government levels, there is no dedicated budget line for the support of these activities. This lack of funds has prevented the training of health workers including newly employed ones in line with the requirements of the Ten Steps to Successful Breastfeeding. It has also resulted in the non-production of IEC materials which hitherto had been used for the promotion of BFHI activities. Similarly, at the Hospital level, the lack of funds has resulted in the poor implementation of scheduled activities including the non-training of staff on the skills to implement the Policy on Breastfeeding, research on different issues related to breastfeeding, development and printing of IEC materials, among other things.
- c. Delayed release of the Revised “The Marketing of Infant and Young Children Food and other Designated Products (Registration, Sales, etc.), Regulations 2019”. Although the work to revise the 2005 document had been completed, the revised document which was expected to capture all subsequent relevant WHA Resolutions is yet to be released. This has resulted in the continued use of the 2005 Regulations which, not capturing the subsequent WHA Resolutions up to 2016, has been adjudged deficient and has allowed room for violations [9,23,24].
 - d. **Lack of Support staff for the promotion of Breastfeeding:** Contrary to the commitment by the Hospital Management in the Hospital’s Policy on Breastfeeding to provide adequate support staff for the promotion of breastfeeding activities in the hospital, none has been employed. There are no dedicated LACTAIDS (lactation support staff) and breastfeeding Counsellors. Consequently, the support of newly delivered mothers to establish breastfeeding at the Labour and Post Natal Wards has been the responsibility of the nurses on duty and without adequate the training, they may not possess sufficient skills for the task. Additionally, data on breastfeeding indicators such as the timing of initiation, frequency of breastfeeding, use of prelacteal feeds, etc. are not routinely collected as part of the data for reports about the patients cared for during each shift. Thus, with very few nurses caring for many patients, breastfeeding data are easy to forget in favour of other statutory data.
 - e. **Non-integration of BFHI into routine service documentation:** Despite the efforts of the Committee to have proper documentation of information that will assist in monitoring the attainment of the national breastfeeding targets, poor documentation has remained a challenge. Thus, the proportion of babies breastfed within 30 to 60 minutes of life is not known as the timing of initiation of breastfeeding is not documented in the folder of mothers and the Nurses’ Report Books. The list of antenatal talks discussed with each mother is also not available. We do not have data on how many discharged babies were being exclusively breastfed. It is expected that with the deployment of some staff to provide support services for breastfeeding, this challenge will be addressed.
 - f. **Poor administrative back up:** The BFHI Committee only got an office space in 2015 with an ad hoc secretarial staff who was redeployed after two years. Consequently, some of the Committee’s documents were misplaced/ damaged due to poor storage, frequent change of the Committee’s membership and exit of staff from the services of the hospital some of whom left with the Committee’s documents. Thus, data on services provided at the old site up to November 2006 could not be retrieved. It is only from 2015 when the office space became available that the Committee’s materials became safer.
- Despite evidences of the roles of the BFHI in promoting, protecting and supporting optimal breastfeeding and Infant and Young Child Feeding Practices, the Initiative’s existence in about 152 countries but becoming quiescent in some of them, the sustenance of the Initiative has been challenging hence the call by UNICEF/WHO and partners for a revitalization of the Initiative and the development of revised documents to aid that process. Thus, the lull in the activities of the Committee in some of the years and its continued existence are in line with global trends. However, the continued impact of the Committee on breastfeeding beyond the University of Port Harcourt Teaching Hospital demonstrate the positive impact of the Initiative on breastfeeding despite the documentation from other centres that it is not the Initiative but related practices in the health facilities that account for

the impact. We however believe that the Initiative through the Committee creates a platform for coordinated activities that promote, protect and support breastfeeding. The revitalization of the Initiative calls for improved funding for its breastfeeding promoting activities and therefore will strengthen the functioning of the Committee. In Nigeria, the National Strategic Plan of Action on Nutrition and the Abuja Declaration all call for improved funding for breastfeeding activities in the context of the Baby Friendly Hospital Initiative [10,25]. The persistence of poor breastfeeding and under-five nutritional indices in Nigeria present an urgent need to refocus on breastfeeding promotion, protection and support as critical to child survival [21]. The Report on "The Nutrition and Health Situation of Nigeria June 2018" which showed that the nutritional indicators for under-fives in Rivers State were among the best in the country supports the feeling that breastfeeding promotion in the State has positively impacted on the practices [26]. However, although the indices in Rivers State and indeed in most of the States in the South South where this Committee's work covered are better than the national indices, the failure to attain global and national targets highlight the need for more efforts. The quiescent BFHI Committees in other tertiary health institutions in the country and those that do not have are hereby called upon to reactivate or establish such Committees.

One of the major obstacles that bedeviled the implementation of the Ten Steps to Successful Breastfeeding is the lack of community support for breastfeeding. Different strategies were adopted to address this challenge in our setting. They included the use of the Community Infant and Young Child Feeding Counsellors and HIV Support Group but they did not serve our purpose. Consequently, the expansion of the Initiative through the implementation of the Expanded BFHI package, developed by WHO/UNICEF and partners and released in 2009, which aimed at supporting "mothers everywhere to get the best start for themselves and their babies" may be a viable alternative [27].

At the Facility level, we have attempted to expand the activities of the Committee to reach mothers wherever they work or receive care in the Hospital through the expansion of the membership of the Committee and the planned establishment of different Implementation Committees.

Although the Hospital has not been re-designated as Baby Friendly, the continued sustenance of BFHI activities without a re-designation supports the finding in the USA that designation as Baby Friendly did not positively impact on the attainment of breastfeeding targets but the sustenance of breastfeeding promoting activities in the facility [28]. However, in Nigeria where tertiary facilities are dependent on the government for funding, lack of designation and support for breastfeeding at the national level may negatively impact on access to funds and updated policies for effective programme implementation. Thus, to ensure that the Management of health facilities support breastfeeding activities the national and state leadership in the nutrition units should institutionalize the reassessment/ assessment of facilities for designation as Baby Friendly. Where funding remains a challenge, this assignment can be implemented by different zones while the national level does the final certification. This, like the accreditation and reaccreditation of training institutions, will enable facilities to keep breastfeeding in focus and thus contribute to the attainment of the Sustainable and other relevant national and international nutrition goals.

Furthermore, to sustain optimal breastfeeding practices, capacity development for the staff at various levels is required. Although many training packages are available, funds for local training of staff has been an important obstacle to the attainment of the Ten Steps since the staff are not skilled enough to support the implementation of the Ten Steps. The integration of training on breastfeeding into the training curricula of health workers has been limited by the non-availability of time for the programme because of crowded training curricula. The Authors therefore suggest that while as much as possible the curricula should be expanded to include breastfeeding, staff in areas dedicated to providing care for mothers and their children should receive additional training, such as the 20 hours course on breastfeeding. Additionally, decision makers in health facilities should be trained to ensure they understand the roles expected of them in respect of breastfeeding. An additional effort to improve breastfeeding will require the revision and updating of the Hospital's Breastfeeding Policy and the implementation of the commitments such as the deployment of dedicated staff for the support of breastfeeding. The Committee will work with the Management to achieve these.

4. CONCLUSION

Successful operation of the BFHI is expected to contribute to the attainment global nutrition targets and improve child survival. The BFHI Committee at the University of Port Harcourt Teaching Hospital has continued to deliver on its mandates despite many obstacles. The strengthening of all health facilities to implement the Initiative and its expansion to deliver as the Expanded BFHI are expected to impact positively on maternal and child health and therefore contribute to the attainment of the Sustainable and other nutrition related targets. We therefore recommend that all health facilities should implement the Expanded BFHI while decision makers at all levels provide the funding and required support for them to succeed.

ETHICAL APPROVAL

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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