



**IMPLEMENTATION OF BABY FRIENDLY PRACTICES IN
HEALTH CARE SYSTEM IN ARMENIA**

Poghosyan K.P.¹, Harutyunyan S.A.¹, Vardazaryan H.Zh.²

1 Chair of Pediatrics and Pediatric Surgery # 2, Yerevan State Medical University after M. Heratsi,
Yerevan, Armenia

“Muratsan” University Hospital, Yerevan, Armenia

2 National Institute of Health after Acad. S.Kh. Avdalbekyan, Ministry of Health of the Republic of
Armenia, Yerevan, Armenia

Abstract

Optimal infant and young child feeding practices rank among the most effective interventions to improve child health. Increase of breastfeeding rates and appropriate complementary feeding practices can significantly reduce infant and young child morbidity and mortality.

Health care practices in maternity facilities have a major effect on infant feeding. The Baby Friendly Hospital Initiative (BFHI) was launched in 1992 by World Health Organization (WHO) and UNICEF with the aim of transforming maternity facilities to provide standard of care that promote breastfeeding. Hospitals become baby-friendly by implementing the Ten Steps to Successful Breastfeeding.

The implementation of BFHI in Armenia started in 1999. Currently 19 hospitals countrywide are certified as baby-friendly.

To insure continuous support of breastfeeding after discharge from the maternity hospital, in 2003 a new initiative was launched in Armenia, named Baby Friendly Polyclinic Initiative (BFPI). BFPI is the adaptation of 10 steps of WHO/ UNICEF BFHI and includes steps related to timely introduction of adequate complementary feeding and safe and adequate replacement feeding when needed. One of the steps is related to complying with all provisions of the International Code of Marketing of Breastmilk Substitutes.

Implementation of BFPI in Armenia started in 2003 and currently 9 polyclinics are certified as baby friendly. The analysis of altering statistic data on breastfeeding rates confirms the effectiveness of implementing baby friendly initiatives simultaneously in maternity hospitals and polyclinics.

Keywords: breastfeeding, infant nutrition, early skin-to-skin contact, complementary feeding, maternal health services standards, Baby Friendly Hospital Initiative, Baby Friendly Polyclinic Initiative.

INTRODUCTION

Optimal infant and young child feeding practices rank among the most effective interventions to improve child health. Under-nutrition is associated with at least 35% of child deaths [Edmond K. et al., 2006]; it is also a major “disabler” preventing children who survive from reaching their full developmental potential.

Based on evidence of the effectiveness of interventions, achievement of universal coverage of

optimal breastfeeding (BF) could prevent 13% of deaths occurring in children below 5 years of age globally, while appropriate complementary feeding practices would result in an additional 6% reduction in under five mortality. Low rates and early cessation of BF have important adverse health, social and economic implications for women, children, the community and the environment, result in greater expenditure on national health care provision [León-Cava N. et al., 2002].

Health care practices in maternity facilities have a major effect on infant feeding. To encourage BF from the time of childbirth, to prevent arising difficulties and to overcome difficul-

Address for Correspondence:

Chair of Pediatrics and Pediatric Surgery # 2,
Yerevan State Medical University after M. Heratsi
2 Koryun Street, 0025, Yerevan, Armenia
Tel.: (374 93) 9399631, E-mail: keshar@mail.ru

ties should they occur, mothers need appropriate management and skilled help [WHO, 1989; 2002; 2007; 2009; WHO/UNICEF, 2007]. Support and counseling should be available routinely during antenatal care to prepare mothers; at the time of birth to help them initiate BF; and in the postnatal period to ensure that BF is fully established.

The Baby Friendly Hospital Initiative (BFHI) was launched in 1992 by WHO and UNICEF with the aim of transforming maternity facilities to provide this standard of care [UNICEF/WHO, 2009]. Hospitals become baby-friendly by implementing the Ten Steps to Successful BF, summarized in Box 1, and complying with relevant sections of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions (collectively referred to as the Code).

In 2007 more than 20 000 health facilities globally were certified as Baby Friendly. The Ministry of Health of the Republic of Armenia (MOH) adopted BFHI in 1999. Currently 19 hospitals countrywide are certified as BF: 7 BFHs in Yerevan and 12 in regions of Armenia. Four maternities in regions will be assessed in 2011.

In 2003 a team of experts in child nutrition, including authors of this article, developed a new local initiative called Baby Friendly Polyclinic Initiative (BFPI), which was adopted by the MOH.

BFPI is the adopted version of WHO/UNICEF BFHI for implementing in pediatric polyclinics.

BFPI aims to improve infant feeding practices in the community through promotion of:

- Exclusive BF for the first 6 months;
- Continued BF up to the age of 2 years or more;
- Timely, adequate and appropriate complementary feeding starting from 6 months of age;
- Compliance with the International Code and relevant World Health Assembly (WHA) resolutions.

By analogy with the 10 steps of BFHI the team of experts developed 10 steps of BFPI summarized in Box 2, which are the main criteria for

Box 1. The ten steps of BFHI

Every facility providing maternity services and care for newborn infants should:

1. Have a written BF policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of BF.
4. Help mothers initiate BF within a half-hour of birth [Moore E. et al., 2007].
5. Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage BF on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to BF infants.
10. Foster the establishment of BF support groups and refer mothers to them on discharge from the hospital or clinic

Box 2. The ten steps of BFPI

Pediatric polyclinics intending to become baby-friendly should:

1. Have a written policy on infant and young child feeding that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of BF.
4. Regularly perform BF screening at estimated dates and support mothers in initiation and maintenance of BF.
5. Promote exclusive BF for 6 months and continued BF for 2 years or more.
6. Encourage BF on demand.
7. Provide mothers with necessary information on timely, adequate and appropriate complementary feeding.
8. Inform mothers of infants who are not breastfed about safe and appropriate alternative feeding options.
9. Comply with all provisions of the Code.
10. Encourage and support mothers to breastfeed by fostering the establishment of BF support groups and by spreading information about new approaches in infant and young child nutrition among the population.

Table.

Breastfeeding rates according to the governmental statistics

	2001	2003	2004	2005	2006	2007	2008	2009
Exclusive BF at 6 months	-	69.3%	34.5%	48%	51%	52.2%	57%	57.8%
Predominant BF at 4 months	69%	74.5%	76.2%	72%	79.1%	75%	79.3%	80.65
Any BF at 3 months	86.8%	84.6%	88.5%	-	80.8%	88.5%	83%	80.8%
Continued BF at 1 year	29.3%	35.7%	36.2%	38%	39.5%	39.1%	43%	44%

awarding BFPI status in parallel with breastfeeding rates of the polyclinic being not lower than the national rates.

Since 2003, 9 polyclinics in Armenia are certified as Baby Friendly (2 BFPs in Yerevan and 7 in regions).

The ten steps of BFHI provide continuous support to breastfeeding mothers. BFPI aims to provide continuous support to breastfeeding mothers and goes even beyond, providing information and support to mothers on optimal complementary feeding and replacement (arti-

ficial) feeding when necessary.

As a result of those new policies towards promotion and protection of breastfeeding, positive changes have been registered in breastfeeding trends. The official governmental statistics on breastfeeding rates in Armenia is presented as the Table.

Thus, the analysis of official statistical data suggests that implementation of BFHI in parallel with BFPI is one of the most effective ways of improving infant and young child nutrition practices in Armenia.

REFERENCES

1. Edmond K.M., Zandoh C., Quigley M.A. et al. Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics*. 2006; 117(3): e380-386 (doi:10.1542/peds.2005-1496).
2. León-Cava N., Lutter C., Ross J. et al. Quantifying the benefits of breastfeeding: a summary of the evidence. Washington, DC. Pan American Health Organization. 2002 (<http://www.paho.org/English/AD/FCH/BOBMain.htm>) (accessed 26 June 2008).
3. Moore E.R., Anderson G.C., Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*. 2007; Issue 2.
4. UNICEF/WHO. Baby-friendly Hospital Initiative, revised, updated and expanded for integrated care. Section 2. Strengthening and sustaining the baby-friendly hospital initiative: a course for decision-makers; Section 3. Breastfeeding promotion and support in a baby-friendly hospital: a 20-hour course for maternity staff. Geneva, World Health Organization. 2009.
5. WHO. Evidence for the Ten Steps to successful breastfeeding. Geneva, World Health Organization, 1998 (WHO/CHD/98.9).
6. WHO. Evidence on the long-term effects of breastfeeding: systematic reviews and meta-analyses. Geneva, World Health Organization. 2007.
7. WHO. Infant and young child feeding: Model chapter for textbooks for medical students and allied health professionals. World Health Organization. 2009.
8. WHO. Protecting, promoting and supporting breastfeeding: the special role of maternity services. A joint WHO/UNICEF statement. Geneva, World Health Organization. 1989.
9. WHO. The Global strategy for infant and young child feeding. Geneva, World Health Organization. 2002.
10. WHO/UNICEF. Infant and young child feeding counseling: an integrated course. Geneva, World Health Organization. 2007.