

## KEY CHANGES

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WHO and UNICEF updated the Ten Steps to Successful Breastfeeding in 2018. Some of the key changes include:

- Regrouping the 10 Steps into two sections
  - Critical Management Procedures (Steps 1 & 2) - facility breastfeeding policies and staff competency.
  - Key Clinical Practices (Steps 3 to 10) - highlights clinical practices that protect, promote and support breastfeeding in maternity and newborn service facilities.
- Incorporating the International Code of Marketing of Breast-milk Substitutes and ongoing internal monitoring procedures into Step 1.
- The focus of Step 2 has shifted from an emphasis on a specific number of training hours to staff competency assessment (knowledge, skills and attitudes).
- Step 5 no longer emphasizes one type of milk expression, and now focuses more on issues of positioning, and ensuring the mother/lactating parent is prepared for potential breastfeeding difficulties.
- Step 9 now focuses on counselling mothers/parents on the use and risks of feeding bottles, teats and pacifiers should they be used.
- Step 10 focuses on discharge care planning and the facility's responsibility related to needed referrals and coordinating with and working to enhance community breastfeeding support rather than creating support groups.
- The scope of BFHI now includes all infants (healthy, term, small, sick and preterm infants).

## REFERENCE DOCUMENTS

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2 documents that give a good explanation of the changes can be found below.

1. [Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative.](#)
2. [Baby-Friendly Implementation Guideline, Breastfeeding Committee for Canada, 2021](#)



## UPDATED IMPLEMENTATION DIRECTIONS

Below is a summary of updated directions for implementation of the Baby-friendly Hospital Initiative<sup>1</sup>:

1. Appropriate care to protect, promote, and support breastfeeding is the responsibility of every facility providing maternity and newborn services. This includes private facilities, as well as public ones, and large as well as small facilities.
2. Countries need to establish national standards for the protection, promotion and support for breastfeeding in all facilities providing maternity and newborn services, based on the updated Ten Steps to Successful Breastfeeding and global criteria.
3. The Baby-friendly Hospital Initiative must be integrated with other initiatives for maternal and newborn health, health-care improvement, health-systems strengthening and quality assurance.
4. To ensure that health-care providers have the competencies to implement the BFHI, this topic needs to be integrated into pre-service training curricula. In addition, in-service training needs to be provided when competencies are not yet met.
5. Public recognition of facilities that implement the Ten Steps and comply with the global criteria is one way to incentivize quality improvement. Several other incentives exist, ranging from compliance with national facility standards to performance-based financing.
6. Regular internal monitoring is a crucial element of both quality improvement and ongoing quality assurance.
7. External assessment is a valuable tool for validating the quality of maternity and newborn services. External assessments should be sufficiently streamlined into existing mechanisms that can be implemented sustainably.

<sup>1</sup> Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organization; 2018. Page 16 Licence: CC BY-NC-SA 3.0 IGO.



## CHANGES TO THE "TEN STEPS"

Step	ES01		ES02
1	Infant Feeding Policy.		Step 1 has 3 components: 1.a. The International Code 1.b. Written infant feeding policy 1.c. Ongoing internal monitoring of clinical practices
2	Staff Training.		Staff competency assessment rather than a specific curriculum.
3	Prenatal Education.		Discuss the importance and process of breastfeeding with pregnant women/people and their families.
4	Breastfeeding within one hour of birth.		Facilitate immediate and uninterrupted skin-to-skin contact and support mothers/birthing parents to respond to infant cues and initiate breastfeeding as soon as possible after birth.
5	Show how to breastfeed and to maintain lactation.		Support mothers/parents to initiate and maintain breastfeeding and manage common difficulties.
6	No supplements unless Medically indicated.		Do not provide breastfed newborns any food or fluids other than human milk (support mothers/parents to exclusively breastfeed for the first six months), unless supplements are medically indicated.
7	Practice rooming-in.		Enable mothers/parents and their infants to remain together and to practice rooming-in 24 hours a day.
8	Breastfeeding on demand.		Support mothers/parents to recognize and respond to their infants' cues for feeding. Encourage responsive, cue-based feeding for infants. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.
9	No pacifiers or artificial nipples.		Counsel mothers/parents on the use and risks of feeding bottles, artificial nipples (teats) and pacifiers.
10	Breastfeeding support groups.		Coordinate discharge so that parents and their infants have timely access to ongoing support and care. Provide a seamless transition between the services provided by the hospital, community health services and peer-support programs.



## SUMMARY OF CHANGES

Course	ES01	ES02
Course Length	~20 Hours	~22 Hours
Access Length	12 Months	12 Months
Course Cost	100 Points (\$65-100, depending on your bulk discount rate)	100 Points (\$65-100, depending on your bulk discount rate)
# Modules	10	10
Study Topics	<ol style="list-style-type: none"> <li>1. Why breastfeeding is important</li> <li>2. Communication skills</li> <li>3. Pregnancy care</li> <li>4. Birthing and physiology</li> <li>5. Breastfeeding the baby</li> <li>6. A time to learn</li> <li>7. Infant challenges</li> <li>8. Maternal challenges</li> <li>9. Promotion, protection and support</li> <li>10. Closing session</li> </ol>	<ol style="list-style-type: none"> <li>1. Why breastfeed?</li> <li>2. Protection of breastfeeding [domain 1]</li> <li>3. Communications [domain 2]</li> <li>4. Prenatal education [domain 3]</li> <li>5. Birth [domain 4]</li> <li>6. Breastfeeding the infant [domain 5]</li> <li>7. Special needs and infant challenges [domain 6]</li> <li>8. Maternal challenges</li> <li>9. Transition to community [domain 7]</li> <li>10. Wrap up</li> </ol>
Term Vs Neonatal Content	Addressing term infants only.	Special needs and preterm infants are included and referenced throughout the course.
Competencies	<p>Module 3: Communicating with Pregnant Women about Infant Feeding.</p> <p>Module 5: Observing, assessing and assisting breastfeeding.</p> <p>Module 6: Hand expressing and safe milk storage.</p> <p>Module 7: Teaching formula preparation and feeding.</p>	<p>Module 4: Communicating with pregnant people about Infant feeding.</p> <p>Module 5: Skin-to-skin care for all infants and parents.</p> <p>Module 6: Observing, assessing and assisting breastfeeding.</p> <p>Module 6: Hand expressing and safe milk storage.</p> <p>Module 7: Teaching formula preparation, supplementation and feeding.</p>
Assessments	<ul style="list-style-type: none"> <li>• Negative stem questions.</li> <li>• Modules 6, 7 and 8 with 10 questions, other modules .assessments have 5 questions.</li> </ul>	<ul style="list-style-type: none"> <li>• Negative stem questions removed.</li> <li>• Questions related to competencies included.</li> <li>• Modules 6 and 7 have 10 questions, other module assessments have 5 questions.</li> </ul>
Accreditation	19 L & 1 E CERPs	14 L, 3 E, 5 R CERPs (R - Communication hours for IBLCE)
Workbook	Workbook.	Workbook removed based on feedback.
Blog	Blog in ES01 course only.	Blog available on website for all users.