BABY FRIENDLY HEALTH INITIATIVE SINGAPORE

BFHI SINGAPORE

MATERNITY FACILITY HANDBOOK

abas
Association for Breastfeeding Advocacy (Singapore)

Baby Friendly Health Initiative, Singapore.

Updated 2025 incorporating the revised 2018 World Health Organisation (WHO) & UNICEF Global Standards for BFHI and adapted from BFHI Australia, Maternity Facility Handbook

Contents

Introduction

The initial BFHI Singapore documents are based on the UNICEF/WHO Baby-Friendly Hospital Initiative: Revised, Updated, and Expanded for Integrated Care (2009) guidelines.

BFHI was introduced in Singapore in 2010 by the Health Promotion Board (HPB) through the Association for Breastfeeding Advocacy (Singapore) (ABAS). The documents have been accepted as the BFHI Singapore accreditation criteria, adapted following extensive consultation, to meet our maternity system. In 2013, the first hospital in Singapore was assessed and accredited.

The role of the Baby Friendly Hospital Initiative (BFHI) is to protect, promote, and support breastfeeding. It does this by providing a framework for *Baby Friendly* hospitals to operate within the *Ten Steps to Successful Breastfeeding*. These standards ensure that all mothers and babies receive appropriate support and up-to-date information on infant feeding during both the antenatal and postnatal periods.

In a *Baby-Friendly-accredited* facility, breastfeeding is encouraged, supported, and promoted. Breastfed babies are not given breastmilk substitutes (infant formula) unless medically indicated, or if it is the parents' informed choice. Regardless of feeding choices and circumstances, every woman is supported to care for her baby in the best and safest way possible.

BFHI is a joint World Health Organisation (WHO) and UNICEF project that aims to create a healthcare environment where breastfeeding is the norm and practices that optimise the well-being of all mothers and their babies are promoted. The standards embedded in the Ten Steps to Successful Breastfeeding are the global criteria against which maternity hospitals are assessed and accredited.

Baby Friendly accreditation is a quality assurance measure that demonstrates a facility's commitment to offer the highest standard of maternity care to mothers and babies. Attaining accreditation signifies that the facility is committed to evidence-based, best-practice maternity care and ensuring that every mother is supported with her informed choice of infant feeding during her transition to motherhood.

In a *Baby Friendly* facility, a mother's informed choice of infant feeding is respected and supported. At no time are mothers forced to breastfeed. The *Ten Steps to Successful Breastfeeding* are beneficial for all mothers and babies, promoting bonding, parental responsiveness, empowerment and informed choice - regardless of feeding method.

In a *Baby Friendly facility, breastfeeding mothers receive* consistent, accurate information and support. In many cases, this results in an extended duration of breastfeeding.
Mothers who choose to feed their babies artificially, or who are required to supplement or switch to infant formula, receive individual support and information to help them prepare feeds correctly and ensure they know how to feed their babies safely.

The *Ten Steps to Successful Breastfeeding* work synergistically and are therefore implemented in unison to ensure benefits for mothers and babies.
Maintaining BFHI accreditation, with re-assessment every 3 to 5 years, ensures regular independent review and provides facilities with a framework to improve continuously. It ensures that mothers themselves are heard about their care experience. It highlights areas of excellence and can improve staff morale.

Strengths and Impact of the BFHI

Substantial evidence has accumulated proving that the BFHI has the potential to influence the success of breastfeeding significantly. A systematic review of 58 studies on maternity and newborn care published in 2016 demonstrated that adherence to the Ten Steps clearly affects breastfeeding rates (early initiation immediately after birth, exclusive breastfeeding, and total duration of any breastfeeding) [1]. This review found a close-response relationship between the number of BFHI Steps women are exposed to and the likelihood of improved breastfeeding outcomes. Avoiding supplementation of newborn infants with products other than breast milk (Step 6) was shown to be a crucial factor in determining breastfeeding outcomes, possibly because implementing this Step requires that other Steps be in place as well. Community support (Step 10) proved essential in maintaining the improved breastfeeding rates achieved in facilities providing maternity and newborn services [1].

National or facility-level engagement, ongoing facility-level monitoring, and integrating the BFHI into the continuum of care were also found to be important for BFHI implementation[2].

For facilities designated as Baby-friendly, the process of becoming Baby-friendly was often transformative, changing the entire environment around infant feeding. In many countries, becoming designated has been a key motivating factor for facilities to transform their practices. As a result, care in these facilities became more mother-centred; attitudes toward infant feeding improved; and skill levels increased dramatically. Use of infant formula typically dropped markedly, and the use of nurseries for newborn infants was significantly reduced. The quality of care for breastfeeding clearly improved in facilities that were designated as "Baby-friendly".

[1] Pérez-Escamilla R, Martinez JL, Segura-Pérez S. Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Matern Child Nutr. 2016;12(3):402–17. doi:10.1111/mcn. 12294.

[2] Saadeh RJ. The Baby-Friendly Hospital Initiative (BFHI) 20 years on: facts, progress and the way forward. J Hum Lact. 2012. doi:10.1177/0890334412446690.

Revisions (2018) to the Global Ten Steps to Successful Breastfeeding[1]

The 2018 revised version of the Ten Steps is implemented in this Handbook. The Ten Steps to Successful Breastfeeding are now separated into **Critical Management Procedures**, which provide an enabling environment for sustainable implementation within the facility, and **Key Clinical Practices**, which delineate the care that each mother and baby should receive. The Key Clinical Practices are evidence-based interventions to help mothers successfully establish breastfeeding. The Ten Steps are outlined and described in detail in the following pages.

Step 1 of the facility's breastfeeding policy has been modified to include three components: 1a, 1b, and 1c. Application of the *WHO International Code* has always been a significant component of the BFHI, but was not included in the original Ten Steps. This revision incorporates full compliance with the *Code* as a Step. In addition, the need for ongoing internal monitoring of adherence to the clinical practices has been incorporated into Step 1. Internal tracking should help to ensure that adoption of the Ten Steps is sustained over time.

Some of the Steps have been modified in their application to ensure they are feasible and applicable across all facilities, without compromising evidence-based optimal practices. For example, **Step 2** of the training focuses on competency assessment to ensure that all personnel have the knowledge, competence, and skills to support breastfeeding.

Step 5 now focuses more on providing mothers with practical support on how to breastfeed, including positioning, suckling, and ensuring the mother is prepared for potential breastfeeding difficulties. There is less emphasis on milk expression, with greater flexibility in the method used.

Step 9 on the use of feeding bottles, teats, and pacifiers/dummies now focuses on counselling mothers on their appropriate use, rather than completely prohibiting their use. Personnel must have the skills to advise a breastfeeding mother on the best method for feeding her individual baby when expressed breastmilk (EBM) or a supplement is required.

Step 10 of post-discharge care focuses more on the responsibilities of the facility providing maternity and newborn services, including planning for discharge, making referrals, and coordinating with and enhancing community support for breastfeeding.

[1] Extracted from: Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organisation; 2018. https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf License: CC BY-NC-SA 3.0 IGO.

Implementation of the Revised (2018) Baby Friendly Initiative and the Ten Steps to Successful Breastfeeding[1]

The core purpose of the BFHI is to ensure that mothers and newborn infants receive timely and appropriate care before and during their stay in a facility providing maternity and newborn services, enabling optimal feeding of newborn infants and thereby promoting their lifetime health and development. Given the proven importance of breastfeeding, the BFHI protects, promotes and supports breastfeeding. At the same time, it aims to enable optimal care and feeding for newborn infants who are not yet fully breastfed or not (yet) able to do so.

Families must receive quality and unbiased information about infant feeding. Facilities providing maternity and newborn services have a responsibility to promote breastfeeding. Still, they must also respect the mother's preferences and provide her with the information needed to make an informed decision about the best feeding option for her and her baby, given her circumstances. The facility has an obligation to support mothers in successfully feeding their newborn infants in the manner they choose.

This updated guidance covers only activities specifically pertinent to the protection, promotion, and support of breastfeeding in facilities that provide maternity and newborn services.

This *BFHI Handbook for Maternity Facilities* does not cover criteria for Baby-friendly communities, Baby-friendly neonatal or paediatric units or Baby-friendly physicians' offices. Breastfeeding support is critical in all these settings, but is beyond the scope of this *Handbook*.

[1] Extracted from: Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organisation; 2018. https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf Licence: CC BY-NC-SA 3.0 IGO.

Pathway to Achieving BFHI Accreditation

To achieve BFHI Accreditation, facilities must implement the Ten Steps to Successful Breastfeeding:

Critical Management Procedures

1. a. Have a written infant feeding policy that is routinely communicated to staff and parents

   b. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.

   c. Establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding

Key Clinical Practices

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 recognise when their babies are ready to breastfeed, offering help if needed.
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 practise rooming-in 24 hours a day.
8. Support mothers to recognise and respond to their infants' feeding cues.
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.

Full Accreditation

While each of the Ten Steps contributes to improving the support for breastfeeding, optimal impact on breastfeeding practices, and thereby on maternal and child well-being, is only achieved when all Ten Steps are implemented as a package.

Once all standards are fully met, accreditation is awarded.

Re-accreditation

Reaccreditation follows 3 years later after the initial accreditation, then every 5 years subsequently to ensure continued compliance quality improvement.

Coordination and Support

Each facility should establish a BFHI Committee to manage the implementation of the Baby-Friendly Ten Steps. **The BFHI Committee** should involve nurses, midwives, lactation consultants, obstetricians, paediatricians, and other key stakeholders.

At the national level, an appointed **BFHI Manager** will oversee the **online Self-Assessment system** for data management and accreditation. This ensures that facilities have the guidance and technical support they need as they complete their self-assessments and prepare for accreditation or reaccreditation.

The **BFHI Manager** will provide the support and guidance regarding the use of the online self-assessment tool, data entry, and follow-up required for all maternity facilities.

Review of Policies and Practices

Each facility should review its breastfeeding/infant feeding policy against Step 1a requirements and ensure that all related clinical guidelines and care pathways reflect up-to-date lactation management practices.

Facilities should also review their compliance with the **International Code of Marketing of Breast-milk Substitutes** and relevant **World Health Assembly resolutions** (Step 1b).

In line with Step 1c, facilities must use the online BFHI Self-Assessment system to track and review the two sentinel indicators, exclusive breastfeeding data early breastfeeding initiation, as well as the eight key clinical practices (Steps 3 to 10), at least every 6 months. These sentinel and key clinical practice indicators are used for internal quality improvement and reporting to the hospital BFHI Committee.

Self-Assessment and Audit

Facilities embarking on the BFHI journey must complete the **BFHI online Self-Assessment** regularly to review the implementation of the Ten Steps, using it as an internal monitoring tool in preparation for accreditation and reaccreditation.

Facilities may conduct additional internal audits in areas that require improvement. The results of these internal reviews remain for hospital monitoring and quality improvement purposes, but may be included in the facility's self-assessment submissions.

Observations

Facilities are encouraged to conduct audits by walking through the facility from the BFHI perspective. Refer to Appendix 6, Table 1, for guidance on implementing the *WHO International Code* in a BFHI facility.

Action Plan

The BFHI Committee at the facility should develop an **action plan** to address areas identified as not

yet meeting Baby-Friendly standards. Action plans should be documented alongside the facility's self-assessment submissions to monitor progress over time.

Personnel Education

All personnel should be allocated to the relevant staff **Group** (see Step 2). Facilities must maintain **records** that track BFHI education completion for each group. These records will support reporting through the online Self-Assessment system and enable monitoring of the staff competency levels.

Further Self-Appraisal

Once gaps are addressed, facilities should update the **online BFHI Self-Assessment system** and, where appropriate, supplement with additional interviews of mothers, pregnant women, and staff to confirm that practices align with Baby-Friendly standards.

Assessment Type

All facilities must participate in the self-assessment process to determine whether they will undergo an on-site assessment toward **BFHI accreditation**. The national BFHI Manager will coordinate this to ensure appropriate scheduling and resource allocation.

The facilities must meet the following criteria:

- Align their BFHI policies and clinical protocols with staff education.
- The hospital BFHI Committee for the facility will work closely together to manage the self-assessment process, maintain BFHI standards, and address any recommendations for improvement.

Accreditation or re-accreditation of facilities will be based primarily on the results of the online self-assessment, with an on-site assessment as a complement**. The on-site assessment** will verify and observe key practices, interview pregnant women, mothers, selected personnel, and review facility-specific written materials.

The facility will receive its **individual assessment outcome** and report. An accreditation certificate will be issued if the facility meets all BFHI requirements.

Applying for Assessment

Once a facility is ready for accreditation or re-accreditation, it must complete and submit the following through the **online BFHI Self-Assessment system** at least **4–6 months before** the proposed assessment date:

- Completed the online BFHI Self-Assessment
- Met all the BFHI standards covering all Ten Steps and the International Code.
- Infant feeding data for the previous 12 months
- Online application form for the request for assessment
- Copy of the facility's breastfeeding/infant feeding policy
- Staff training records and content outline
- Written materials for pregnant women and postnatal mothers.

This submission serves as the basis for both national reporting and preparation for the on-site validation.

Clearance from Hospital Management

The facility must obtain management's clearance to conduct interviews with mothers and staff; this must be secured before the on-site component of the assessment begins.

Confirming the Assessment

The **BFHI Manager** will review the online self-assessment, confirm receipt, and issue a confirmation letter to the facility's BFHI Committee. This confirmation will outline:

- The proposed date and programme for the on-site validation
- The national assessment team member(s) who will conduct the visit
- Preparation required, including access to relevant policies, clinical areas, and interview arrangements

Conflict of Interest

The facility will be informed in advance of the designated assessor(s). Facilities may appeal in writing to the BFHI Manager if there is a potential conflict of interest.

The Assessment Team

The on-site validation team, comprising the Assessor/s, has been appointed.

- The visit will typically last **half to one day**, since the central review is completed through the online self-assessment.
- The focus will be on verifying key practices, interviewing staff and mothers, and reviewing facility-specific records and written materials.

The appointed assessor (s) are required to maintain knowledge of the BFHI standards. They must act professionally, respect facility procedures, and maintain confidentiality at all times.

During Assessment

During the on-site validation, the assessor/s will:

- Conduct interviews with key staff, mothers, and pregnant women
- Observe practices relevant to the Ten Steps and the International Code
- Review facility-specific documents and written materials.

The facility should provide:

- A suitable workspace for the assessor/s.
- Access to relevant wards, units, and documents.
- Assistance in arranging interviewees (staff and mothers).