The Baby Friendly Health Initiative (BFHI) in Australia: Desirable Strategy or "Lame Duck"?

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BACKGROUND

International impact studies have identified a positive association between BFHI, breastfeeding trends and health outcomes[1].

In Australia the Initiative struggles to maintain momentum. 19% of maternity facilities are currently accredited [2] however this figure does not reflect the amount of work that BFHI Australia has done and the Initiative's potential impact since its launch in 1994.

Breastfeeding INITIATION prevalence in Australia is around 90%. The 2010 Australian National Infant Feeding Survey[3] identified:

- 39% of infants were exclusively breastfed to 3 months
- 15% were exclusively breastfed to 5 months

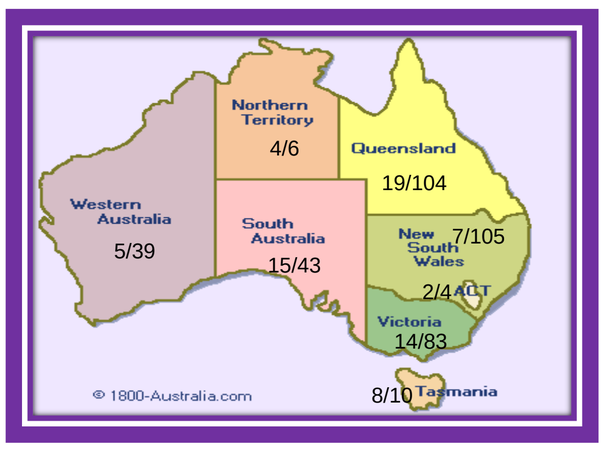
These findings are in contrast to the NHMRC recommendations[4] of exclusively breastfeeding to 6 months.

AIM

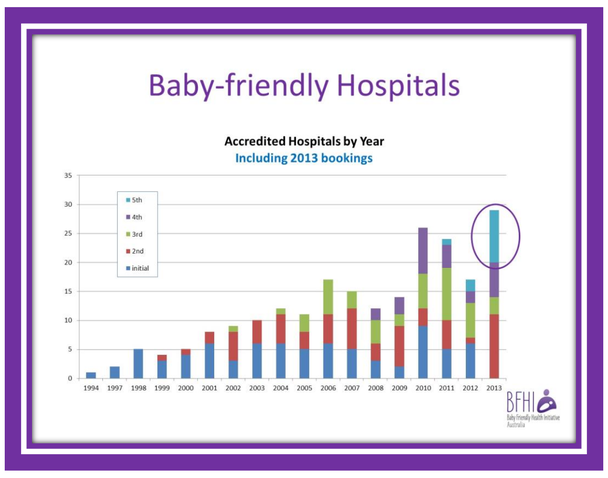
1. To present the distributions of BFHI uptake across Australia
2. To pose a number of research questions in relation to the findings

DISTRIBUTION OF FACILITIES

The number of facilities <u>currently</u> accredited as 'baby-friendly' [2, 5]



A large proportion of the work of BFHI assessors are subsequent accreditations, up to and including some facilities' 5th (circled).[6]



DISCUSSION

The figures demonstrate a wide variation in overall uptake yet an increase in sustainability.

Australian studies have identified several impediments to BFHI implementation:

- A misunderstanding of the Initiative's aims[7]
- A discord with practice[8]
- Organisational and attitudinal issues[9]

> "*BFHI is valued by those who use it and misunderstood by those who do not.*" [9] (p606)

Critics have recommended redirecting any proposed funding elsewhere, claiming the Initiative has not proven its applicability to the Australian context.[10]

RESEARCH QUESTIONS

The distribution of accredited facilities raises a number of research questions concerning potential influencing factors on BFHI uptake:

- **Is sufficient guidance offered by government?**

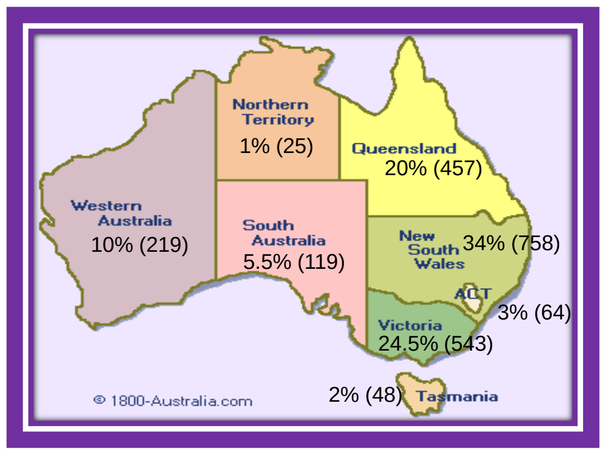
Nationally – the NHMRC *Guidelines for Infant Feeding*[4] provides 'in principle' support for BFHI implementation.

- **Is there any relationship between national or individual State policy and BFHI implementation/accreditation?**

There is a variance in the level of policy and resource support available across the states and territories.

- **Is there a relationship between the BFHI and International Board Certified Lactation Consultants (IBCLC), who provide additional support for breastfeeding and advocate for BFHI?**

The distribution of currently certified IBCLCs[11] (N=2243)



While these figures represent IBCLCs working in hospital <u>and</u> community health settings they identify some parts of Australia are very well resourced.

- **Does the current <u>voluntary agreement</u> between the formula industry and government influence public perception of comparability of products and applicability of BFHI in Australian hospitals?**

26% of women in a National survey[3] identified they did not breastfeed / continue to breastfeed because '*infant formula was as good as breastmilk'* (p39).

CONCLUSION

Is BFHI a "lame duck"? Is it realistic to expect one program to single-handedly have an ongoing positive impact when there are multi-level influences not accounted for?

Further research is required.

For BFHI to have an assessable impact in the Australian health care setting it needs to be accepted, endorsed, implemented and sustained by a wide range of stakeholders at an individual, organisational and health system level.

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