THE BABY FRIENDLY HOSPITAL INITIATIVE: LEVEL OF IMPLEMENTATION IN TEN NEW ZEALAND HOSPITALS

A thesis submitted in partial fulfilment of requirements
for the degree
of Master of Philosophy
in Midwifery at
Massey University

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2000

ABSTRACT

The potential benefits of breastfeeding are well documented. These include benefits for the infant which may extend into adult life, as well as benefits for the mother, the family, the economy, and the environment. Yet despite this, breastfeeding rates in New Zealand are not improving, and there is evidence of practices in New Zealand hospitals which have a negative influence on breastfeeding. One possible solution to this is to try to improve hospital policies and practices through implementation of the Global Baby Friendly Hospital Initiative (WHO/UNICEF, 1989).

The purpose of this study was to ascertain the level of implementation of BFHI related policies and practices in New Zealand hospitals which provide maternity services. A descriptive survey utilizing face to face interviews of groups of 2-6 participants was undertaken in ten hospitals located in the North Island of New Zealand. Respondents included midwifery managers, lactation consultants, midwives, and nurses, familiar with their hospital's breastfeeding policy and practices. An adapted questionnaire and classification system developed by Kovach (1995) classified hospitals within four levels of implementation ranging from high, moderately high, partial, and low.

Most of the hospitals were implementing six of the Ten Steps. The majority were not fully implementing Steps 1 and 2, and some hospitals had insufficient knowledge of current practices to be able to demonstrate implementation of Steps 3 and 5. The area identified as needing the greatest attention by hospitals is staff education on breastfeeding. Overall, five hospitals were classified as high implementers and five as moderately high, however no hospital was consider to be fully implementing BFHI.

The study identified four main findings: a lack of consistent breastfeeding definitions and insufficient knowledge of exclusive breastfeeding rates; current difficulties in obtaining data, particularly about self-employed Lead Maternity Carer (LMC) practices; a lack of staff knowledge and misperceptions about the BFHI; and a gap between recommended evidence-based practices and reported breastfeeding practices in the surveyed hospitals.

ACKNOWLEDGEMENTS

I wish to acknowledge the support I have had throughout this course of study and the subsequent utilization of the information gained. My appreciation goes to:

* Denise Dignam (Lecturer, Department of Health Sciences, Massey University, Albany, and thesis supervisor) - not only for her academic supervision, but also for her wonderful ability to be positive and motivating.

* Gill White, Senior Lecturer, Massey University, and thesis co-supervisor, for her guidance on quantitative statistical analysis, and for 'taking me on' after Denise moved to greater heights.

* To Andrea Kovach (Philadelphia, USA) who allowed me to adapt her questionnaire, and who answered my e-mails and telephone calls in order that I might understand her work more clearly.

* To Bev Chambers (Canada) who, as an international BFHI assessor answered my queries about the BFHI external assessment process.

* To my Lactation Consultant/Midwife colleagues, especially Barbara Brinsdon, Alison Burt, Heather Jackson, and Marcia Roberts, who provided their time and expertise during the development of the survey questionnaire and practice of my interview technique.

* To the New Zealand Nurses Organisation for a NERF Travel Grant, and also the Stella Luty Memorial Trust, and the Massey University Graduate Research Fund.

* To my friends and family who understand my strange 'need' to stay indoors at the computer when the sun is shining outside and everyone else seems to be having so much fun.

* To the NZ Lactation Consultants' Association who have acknowledged my efforts by inviting me to participate on the Implementation Advisory Group to the NZ Breastfeeding Authority, and to present a paper at their recent conference.

* And last, but most important, to all the mothers and babies out there who taught me so much of what I know about breastfeeding. May it be this generation who sees the return of a culture where breastfeeding is the norm and is well supported.

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INTRODUCTION

> The protection, promotion and support of breastfeeding is fundamental to achieving optimum health of the nation.
> (Ministry of Health, 1997, p. 2).

The negative effect of some hospital practices on the success of breastfeeding occurs globally (WHO, 1998). This includes New Zealand, where reports of factors which influence the duration of breastfeeding indicate many negative hospital experiences (Bradfield, 1996; McLeod, Pullon, & Basire, 1998; Vogel & Mitchell, 1998a). Although more than 90% of New Zealand mothers initiate breastfeeding in hospital, many discontinue after only a short time (Essex, Smale, & Geddis, 1995; Sinclair, 1997). One solution to reducing this decline in breastfeeding duration, is to change hospital practices.

The 'Ten Steps to Successful Breastfeeding' (referred to throughout the remainder of this document as the Ten Steps) are the foundation of a combined initiative launched in 1991 by the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF). This initiative called the Baby Friendly Hospital Initiative (BFHI) aims to reduce those health care practices which interfere with breastfeeding, and which are believed to have contributed to the erosion of breastfeeding (WHO, 1998). The authors of this publication (WHO, 1998) argue that attention to inappropriate maternity care may be a prerequisite for raising exclusive breastfeeding rates; and also, that until practices improve, attempts to promote breastfeeding outside the health service will be impeded. The Ten Steps of the BFHI summarize the maternity practices considered necessary to support breastfeeding.

Implementation of the BFHI is of relevance to all New Zealand health care professionals who work with pregnant women, breastfeeding mothers and breastfed infants, however the researcher has a particular interest in the effects of midwifery practices on breastfeeding. More than 60% of women in New Zealand choose a midwife as the lead professional for their antenatal, birth, and postnatal experience (New Zealand College of Midwives [NZCOM], 1999a). In addition, more than 98% of women birth in hospital in this country (Gulbransen, Hilton, McKay, & Cox, 1997), and a midwife must

be available at every birth, although not necessarily as the lead professional (Health Funding Authority, 1999a). Therefore it is reasoned that the majority of women in New Zealand will have contact with a midwife during each childbearing event.

The New Zealand College of Midwives is the professional body for midwives in New Zealand, and represents 83% of the current midwifery workforce (NZCOM, 1999a). Midwives may be either employed (e.g. by hospitals or agencies) or self-employed. The NZCOM supports breastfeeding and:

> believes that midwives promote, protect, support and maintain the art of successful breastfeeding by providing relevant accurate and culturally appropriate information to women, their whanau/family and society as a whole.
>
> NZCOM believes that it is the midwives [sic] responsibility to maintain an up to date accurate, research based knowledge, and where appropriate, collect and share data on all aspects of successful breastfeeding. This includes reference to community groups who support breastfeeding.
>
> (NZCOM, 1995).

The NZCOM sets ten standards for midwifery practice, all of which are relevant to practices which aim to protect, promote, and support breastfeeding (NZCOM, 1993). The midwife is expected to work in partnership with the woman; uphold each women's right to free and informed consent; and develop a plan of care with each woman.

To practice in New Zealand, the midwife must have an annual practising certificate issued by the Nursing Council of New Zealand which also sets minimum requirements for registration. These requirements include the ability to give the necessary supervision, care, and advice to women prior to and during pregnancy, labour, birth, and the postnatal period, and to the newborn/infant (Nursing Council of New Zealand, 1999). Performance Criteria 2.12 of the Competencies for Entry to the NZ Register of Midwives requires that the applicant "protects, promotes and supports breastfeeding" (Nursing Council of New Zealand, 1999, p. 8). Thus it is argued that the implementation of BFHI in New Zealand is of significance to all midwives - both in the way that midwives contribute to the implementation process and also in the way that midwives provide and evaluate their practice.

An additional reason for the choice of topic for this study was the researcher's awareness of colleagues' attempts to introduce policies and practices related to the Ten Steps into their workplaces, in the absence of any formal Baby Friendly Hospital Initiative in New Zealand.

Statement of the problem

Although some hospitals may be aware of their own progress, at the time of undertaking this study, there was no published research regarding the overall status of BFHI in New Zealand hospitals, and no NZ BFHI Authority to which New Zealand Hospitals could apply for accreditation of the Baby Friendly Hospital Award. The research question was thus, "What is the current status of BFHI related policies and practices in New Zealand hospitals?"

A study to describe the current status was seen as one way of highlighting which (if any) BFHI practices have been implemented in New Zealand hospitals, and of bringing evidence-based practices to the attention of midwives and other hospital staff who work with pregnant women, new mothers and neonates. Additionally, the study was expected to provide some baseline data on the degree of BFHI implementation, for anyone interested in establishing the BFHI in New Zealand. Due to time and financial constraints the study was limited to ten North Island public hospitals providing maternity services in New Zealand, however it has the potential for replication within the wider New Zealand hospital population at a later date.

The main objectives of the study were:

* to undertake a descriptive survey utilizing a study by Kovach (1995) which included a questionnaire which she developed, but which was adapted for the New Zealand setting;

* to obtain descriptive information from the hospitals studied about their current hospital policies and reported practices;

* to classify the hospitals studied as high, moderately high, partial, or low, in relation to their level of implementation of each of the 'Ten Steps to Successful Breastfeeding' and implementation of the BFHI overall;

* to identify barriers to implementation of the Ten Steps and the BFHI.

Overview of the study

One of the tenets underlying the WHO/UNICEF BFHI is that 'Breast is Best' and this underlying assumption was maintained by the researcher throughout the whole of the study. Therefore in Chapter One many of the benefits of breastfeeding are discussed and reasons are provided for the need to protect the practice of breastfeeding. Factors influencing the decline, incidence, and duration of breastfeeding are summarized. The reader is introduced to the Ten Steps - ten key concepts which are designed to guide evidence-based hospital practices which will support breastfeeding. This introduction is extended to include the WHO International Code of Marketing of Breast-milk Substitutes (WHO, 1981), referred to throughout the remainder of this document as the WHO Code; and the New Zealand Infant Feeding Guidelines for Health Care Workers (MOH, 1997). A short historical account of developments leading up to the introduction of the BFHI is also provided. This includes moves to implement BFHI as a national initiative in New Zealand.

As the BFHI provides the conceptual framework for this study, BFHI documentation is examined in more detail and a summary of the rationale and scientific basis is presented in Chapter Two. Following on from this, a study undertaken by Kovach (1995) is discussed, as her study and (adapted) questionnaire (Kovach, 1996, 1997) were utilized in the research design of this study. Literature reporting on BFHI related practices in overseas hospitals is also examined, and then the small amount of literature pertaining to studies of BFHI in New Zealand is reviewed. A second underlying assumption of this study was that the New Zealand Government would adhere to its stated commitment to introduce BFHI at some point in the future, therefore this study focuses on BFHI implementation rather than a critique of the actual BFH Initiative, or any assessment of other breastfeeding promotion programmes. The chapter ends with the researcher's conclusion that in New Zealand there is insufficient knowledge of accurate breastfeeding rates and the level of implementation of BFHI practices.

Chapter Three focuses on the research design and begins with a discussion of the relevance of utilizing the survey method. Justification is given for the use of groups, face-to-face interviews, and the questionnaire method of data collection. This section also details the reasons for selecting an existing questionnaire, and for the need to adapt it. Validity, reliability, and ethical

issues are addressed, prior to an explanation of the data analysis methods used.

The research results are presented in Chapter Four. Demographic and other selected characteristics of the surveyed hospitals are provided, followed by the collated responses of the group participants' responses to questions related to their hospital's breastfeeding policy and practices. Each hospital was classified as a high, moderately high, partial, or low implementer for each of the Ten Steps and then for the BFHI overall. In addition, the main themes identified through content analysis of responses to specific open-ended questions about hospital policy, goals, and BFHI implementation, are presented.

Chapter Five contains a discussion of these findings, the implications for practice, education, and service development, the limitations of the present study, and areas for further research. Four key factors are identified which should be addressed. These include the lack of national breastfeeding definitions for hospitals; differences in the delivery of maternity services within New Zealand; discrepancies between recommended and reported breastfeeding practices; and indications of lack of understanding of the BFHI and the WHO Code.

Chapter Six, the final chapter, contains a short summary of the overall findings and recommendations of the study.