EVALUATION OF BABY FRIENDLY HOSPITAL INITIATIVE: COMPARING CLIENTS' AND PROVIDERS' PERSPECTIVE

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ABSTRACT

Background and Objective: By creating supportive hospital environments, WHO and UNICEF's Baby-Friendly Hospital Initiative (BFHI) encourages breastfeeding. The purpose of this study was to compare how clients and providers perceive the BFHI initiative and assess BFHI practices.

Methods: Five postpartum wards from five tertiary hospitals in Lahore were randomly chosen for a cross-sectional study for one year. With comorbidity excluded, 413 multiparous females in the postoperative obstetrics ward were included in the study. Over the course of eight visits, 10 clients and 75 providers were randomly chosen from each ward. A Likert scale (1–4) was used in the structured questionnaire to collect the data, and scores more than 3 were deemed satisfactory. For the analysis, SPSS 23 was utilized.

Results: With 100% agreement on six out of ten questions and 98.7% on four, providers demonstrated a high level of satisfaction. Significant results were indicated by the p-value of less than 0.001. Client satisfaction varied greatly, with a low of 8.2% agreeing to avoid artificial pacifiers and a maximum of 88.6% agreeing to exclusive breastfeeding support.

Conclusion: BFHI was viewed well by both clients and providers, with clients reporting satisfaction ranging from 8.2% to 88.6% and providers indicating 98.7–100% satisfaction. It is advised that health education should be implemented on both clients and providers.

Key Words: Baby friendly hospital initiative (BFHI), World health organization (WHO), UNICEF, Breastfeeding

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Breastfeeding has numerous medical advantages for both the mother and newborn child. It contains all the supplements a baby requires in the initial six months of life. Breastfeeding ensures against the regular sicknesses, for example, pneumonia, diarrhea, and may likewise have longer-term medical advantages for the mother and the child, for example, decreasing the danger of overweight and obesity in adolescence.[1]

The Baby Friendly Hospital Initiative is a worldwide practice, that ensures advances and maintenance of exclusive breastfeeding. It means to guarantee that all maternity clinics become focuses of breastfeeding support.[2]

WHO and UNICEF initiated this program in 1991 for the improvement of maternal and child care facilities. It includes ten steps to successful breastfeeding and international code of marketing of breast milk substitutes. In 2002, it was updated for improvement. A global scheme for infants and young child feeding (IYCF) was established as well.[3]

By 2010, 21,328 maternity clinics in 160

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countries were designated Baby-Friendly, covering 31% of facilities. In the United States, 166 hospitals across 41 states accounted for 7% of annual births.[4]

BFHI has 20,000+ hospitals in 156 countries. Pakistan, the 7th most populous country, has a high infant mortality rate and the lowest exclusive breastfeeding rate in South Asia (37.7% in 2015). In 2002, UNICEF reported 35 baby-friendly hospitals in Pakistan.[5]

A study in Malawi, an underdeveloped region in South Africa, found that 80,000+ women received counseling on exclusive breastfeeding. Early initiation increased by 2% in the Central region and 6% in the Southern region.[6]

A systematic review of 38 studies showed some significant data regarding the BFHI. The research studies were either randomized controlled trials or quasi-experimental studies done in developed or developing countries. Results indicate that when education and interpersonal support are combined, breastfeeding initiation, duration, or exclusivity may increase.[7]

The execution of the baby-friendly hospital project was examined in a study conducted in Lahore, Pakistan. The findings indicated that 60.8% of the initiative was implemented at randomly chosen public and private hospitals in Lahore.[8]

A study in an Iraqi hospital found that while most participants scored above 50% on knowledge and attitude about the Baby-Friendly Hospital Initiative, only 45.3% scored above 50% on practice. These results were similar to a decade ago, highlighting the need for better implementation of practices.[9]

According to a recent study conducted in 2021, breastfeeding initiation rates among Black mothers increased dramatically from 52% to 66%; nevertheless, their in-hospital breastfeeding maintenance rates were significantly lower than those of non-Black mothers (69.4% versus 84.6%, $p < 0.0001$).[10]

Building on previous studies, this research compares BFHI perceptions among patients and healthcare professionals while assessing hospital policies. Studies in Lahore (60.8% implementation) and Iraq (45.3% practice rate) highlight gaps. A review of 38 studies shows education and support improve breastfeeding. Given Pakistan's low breastfeeding rate (37.7%), BFHI is crucial to reducing infant diseases.

METHODS

The study design was cross-sectional. The selected hospitals included Lahore General Hospital Lahore, Jinnah Hospital Lahore, Sir Ganga Ram Hospital Lahore, Shaikh Zayed Hospital Lahore and Services Hospital Lahore. One post-operative obstetrics unit from each of the hospitals was randomly selected The study population comprised patients who had undergone both normal vaginal and cesarean section deliveries.

The research was conducted over one year, with a sample size of 375, calculated using a sample size formula via the Epi Tool sample size calculator. To account for potential non-responses, the final sample size was adjusted to 488 participants. The distribution of participants was as follows: Lahore General Hospital and Jinnah Hospital Lahore each had 82 clients and 15 providers, while Sir Ganga Ram Hospital, Shaikh Zayed Hospital, and Services Hospital each had 83 clients and 15 providers.

Simple random sampling was used, and inclusion criteria encompassed postnatal females of any age, parity, and gravidity, admitted to the obstetrics units of tertiary care hospitals in Lahore. Eligible participants included women with at least one previous live and healthy birth and all doctors and nurses on duty in the obstetric postnatal ward.

Females admitted to obstetrics postnatal wards with comorbid conditions such as diabetes, postpartum hemorrhage or other complications, as well as first-time mothers and house officers on duty during the interviews, were excluded from the study.

Following ethical approval from the Shaikh Zayed Hospital IRB (Ref No. F.39/NHRC/-Admn/IRB/277), data were collected from all selected hospitals, including both clients and healthcare providers. The researchers conducted structured interviews with patients, doctors, and nurses to complete the questionnaire.

Both open-ended and closed-ended questions were included in the structured questionnaire. Prior to data collection, the questionnaire was pre-tested, and modified to guarantee its validity. To verify its validity, the

questionnaire was translated into Urdu by a bilingual expert and then into English by another bilingual expert. Following ethical clearance, the researchers piloted the English version on physicians and nurses and the Urdu version on 15 patients.

Cronbach's alpha (α = 0.9) was used to assess the internal consistency of the questionnaire, ensuring its reliability. To establish content validity, the questionnaire was reviewed by two field experts. Gender was classified as male or female for analysis, and percentages were determined accordingly. Age was treated as a continuous variable, with mean and standard deviation computed. Educational status was categorized as illiterate, primary, secondary, matriculated, and graduate, with percentages calculated for each group.

The perspectives of clients and providers were assessed separately and then compared. A Chi-square test was applied, and the p-value was calculated to determine statistical significance.

RESULTS

The study analyzed the educational qualifications and professional roles of participants. Among the respondents, 39 (52.0%) held an MBBS degree, 31 (41.3%) had a BSN, and 5 (6.6%) had an FCPS qualification. Regarding professional roles, 44 (58.7%) were doctors, while 31 (41.3%) nurses were nurses. Demographic characteristics of clients are presented in Table 1.

Table 1: *Demographic characteristics of clients*

Variables		Frequency	Percentage (%)
Education	Illiterate	38	9.2
	Middle	100	24.2
	Matric	124	30
	F.A	86	20.8
	B.A	65	15.7
Mode of delivery	Normal	202	48.9
	Caesarian	211	51.1
Breastfeeding of previous children	Yes	284	68.7
	No	129	31.2
Breastfeeding if yes, for how much time	Less than 1 year	92	22.3
	1-2 years	138	33.4
	More than 2 years	54	13.1

Comparison of clients and providers' s perception regarding BFHI are presented in Table 2.

Table 2: *Comparison of clients and providers' perception regarding baby friendly hospital initiative*

Items description	Subjects	Satisfied		Not satisfied		p-value*
		N	%	N	%	
Breast feeding policy perception	Clients	152	37	261	63.1	<0.001
	Providers	75	100	0	0	
Staff Well trained in hospital	Clients	299	72	114	27.6	<0.001
	Providers	74	99	1	1.3	
Staff informed breast feeding benefits	Clients	236	57	177	42.9	<0.001
	Providers	75	100	0	0	
Staff helped initiate breast feeding within half hour of birth	Clients	172	42	241	58.4	<0.001
	Providers	75	100	0	0	
Staff Show how to breastfeeding & lactation even on separation	Clients	106	26	307	74.3	<0.001
	Providers	74	99	1	1.3	
Staff exclusively give breast milk	Clients	366	89	47	11.4	<0.001
	Providers	74	99	1	1.3	
Staff practice Rooming In	Clients	314	76	99	23.9	<0.001
	Providers	74	99	1	1.3	
Staff encourage breast feeding on demand	Clients	210	51	203	49.2	<0.001
	Providers	75	100	0	0	
Staff give no artificial teats or pacifiers	Clients	34	8.2	379	91.8	<0.001
	Providers	75	100	0	0	
Staff established support group and referral on discharge	Clients	244	59	169	40.9	<0.001
	Providers	75	100	0	0	

Note: Fisher's exact test was used to compare the difference between proportions(row percentages used)

Discussion

The adoption of the Baby-Friendly Hospital Initiative (BFHI) and compliance with the Ten Steps to Successful Breastfeeding have shown substantial positive effects on breastfeeding prevalence and maternal-infant health outcomes worldwide. Our research is consistent with previous studies, emphasizing the advantages and limitations of BFHI implementation in various settings.

A systematic review in Indonesia identified a significant improvement in the rate of exclusive breastfeeding after rigorous adherence to the Ten Steps, with 55 out of 58 studies indicating a positive association.[11]

In Bangladesh as well, BFHI implementation had been identified as a core strategy for enhanced maternal and infant survival, with the provision of adaptability to local conditions being

highlighted.[12]

In Sweden and the United States, mothers had increased maternal-infant bonding and breastfeeding success with practices such as rooming-in and early skin-to-skin contact.[13]

Notwithstanding these advantages, there are some challenges facing the implementation of BFHI. In Brazil, socioeconomic conditions, commercial interests, and cultural precepts were found to be the foremost hindrances to exclusive breastfeeding.[14] Healthcare professionals in the UK and Australia mentioned shortages in staff and resources as limitations to the provision of BFHI-consistent care.[15] Our study demonstrated inadequate support from institutions, lack of privacy, and cultural myths regarding colostrum also preclude breastfeeding practices.

Healthcare professionals worldwide report favorable attitudes toward promoting breastfeeding but encounter systemic obstacles. Mexican providers stressed the importance of frequent, hands-on training that is responsive to clinical realities.[16] while our study in healthcare workers pointed to the absence of specialized lactation counselors and uneven institutional support as obstacles to effective BFHI implementation. In addition, practical obstacles like insufficient nursing areas and a lack of privacy in hospitals deter Pakistani moms from nursing whenever they feel like it. The misperception that colostrum is hazardous is one example of a cultural belief that influences nursing behavior. These problems underline the necessity of focused education programs to dispel cultural beliefs that prevent breastfeeding and increase public knowledge of the advantages of the BFHI.[17]

For BFHI to be more effective, systemic reform is required in the form of added staffing, resource allocation, and dedicated training programs. Embedding BFHI in national health programs, backed by vigorous advocacy and monitoring, is essential for long-term impact. BFHI should be included in yearly audits and service quality reviews by hospital administrations to ensure ongoing improvement.[18]

Our study highlights that the future success of the Baby-Friendly Hospital Initiative (BFHI) depends on the current strategies and commitment of each country. To ensure its effectiveness, BFHI must be integrated into national programs with skilled resources and strong advocacy. Since 70% of patients are in maternity clinics, our study emphasizes the need for hospital administrations to incorporate BFHI into annual audits and service quality assessments for continuous improvement. Proper investments at national and subnational levels, along with enhanced monitoring mechanisms, will help steer the initiative toward better maternal and infant health outcomes.

Our research had some limitations, including the absence of data on BFHI Steps 1 and 2, which made it difficult to measure partial versus full implementation. The prevalence of multiparous women in the sample constrained understanding of first-time mothers' experiences. Also, the sampling of urban government hospitals excluded the private sector and higher socioeconomic classes.

CONCLUSION

The Baby-Friendly Hospital Initiative holds great promise for enhancing breastfeeding and maternal-infant health outcomes, but success relies on breaking down systemic barriers, adapting interventions to local conditions, and securing strong institutional support. Comprehensive training, resource reallocation, and ongoing monitoring are among the priority interventions that must be emphasized in future efforts in order to fully capitalize on the initiative's potential.

Ethical Approval:

Ethical approval was obtained from the Shaikh Zayed Hospital IRB (Ref No. F.39/NHRC/Admn/IRB/277).

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Author's Contribution

All authors read and approved the final draft.

Conceptualization study design	FA, QAN, MFA
Data Acquisition	FA, QAN, AK, MFT
Data Analysis/ interpretation	FA, QAN, MFA, AK
Manuscript drafting	FA, QAN, AK, NM, MFT
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