The Baby Friendly Health Initiative (BFHI) in Australia: Desirable Strategy or “Lame Duck”? Marjorie Atchan¹, Professor Deborah Davis² and Professor Maralyn Fourur³

¹ Centre for Midwifery, Child and Family Health, Faculty of Health UTS  ² Faculty of Health, University of Canberra

BACKGROUND
International impact studies have identified a positive association between BFHI, breastfeeding trends and health outcomes¹. In Australia the Initiative struggles to maintain momentum. 19% of maternity facilities are currently accredited² 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 Survey³ identified:
- 39% of infants were exclusively breastfed at 3 months
- 15% were exclusively breastfed to 5 months

These findings are in contrast to the NHMRC recommendations⁴ 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 currently accredited as ‘baby-friendly’²,⁵

A large proportion of the work of BFHI assessors are subsequent accreditations, up to and including some facilities⁶⁵th (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 aims⁷
- A discord with practice⁸
- Organisational and attitudinal issues⁹

BFHI is valued by those who use it and supports breastfeeding. While these figures represent IBLCs working in hospital and community health settings they identify some parts of Australia are very well resourced.

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 Feeding⁴ 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 (IBLCC), who provide additional support for breastfeeding and advocate for BFHI?

The distribution of currently certified IBLCs¹¹ (N=2243)

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• Does the current voluntary agreement 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 survey³ identified they did not breastfeed / continue to breastfeed because ‘infant formula was as good as breastmilk’ (p39).

REFERENCES
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