The Baby Friendly Hospital Initiative in Latin America and the Caribbean:

Current status, challenges, and opportunities

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

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Executive Summary

The Baby Friendly Hospital Initiative (BFHI) was launched in 1991 by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), with the goal of protecting, promoting and supporting breastfeeding in facilities that provide maternity services. Breastfeeding is associated with short- and long-term health benefits for both mother and child. For the mother, this includes prevention of breast and ovarian cancers, and some cardiovascular diseases. For children, the benefits include reduced morbidity and mortality, particularly in the neonatal period, and increased IQ. The BFHI has been shown to increase rates of exclusive breastfeeding, to reduce the incidence of gastrointestinal disease and atopic eczema during the first year of life, and to improve children's IQ and academic performance. Yet despite its proven benefits and relevance to current global health goals, the BFHI has suffered from waning political and financial support in recent years. Meanwhile, recertification processes are not in place in most countries to ensure that BFHI standards are maintained at facilities that may have been certified long ago. The Latin American and Caribbean (LAC) region has the highest percentage of births occurring in health facilities globally (89%), yet only about a third of infants are exclusively breastfed. Child health and development and maternal health outcomes in the region could benefit substantially from a reinvigoration of the BFHI. In 2013-2014, the Pan American Health Organization (PAHO) conducted a survey to assess the status of the initiative in PAHO's LAC Member States. This report presents results from the survey and identifies specific challenges and opportunities for BFHI implementation in the LAC region.

More than three-quarters of the LAC Member States – 25 out of 33 and one territory – responded to the survey, representing 88% of the region's total population. The number of maternity facilities that have been certified as baby-friendly since the start of the initiative in 1991 ranged from zero in Antigua and Barbuda, Grenada, Puerto Rico and St. Kitts to 320 in Brazil. Overall, 8% of maternity facilities in the 26 responding countries and territory have received baby-friendly certification since 1991. Looking just at recent years, however, the percentage is significantly lower: Only 2% of maternity facilities in the responding countries were certified or recertified between 2008 and 2014, and 40% of the countries had no certifications or recertifications during this recent period. Notable exceptions include Uruguay, where all of the country's baby-friendly facilities have been certified or recertified since 2008, and Mexico, which recently recertified all 38 of its BFHI facilities. In terms of deliveries, 3.5% of facility births in the responding countries occurred in facilities certified since 2008, and roughly 15% of facility births occurred in ever-certified facilities (those certified since 1991). Although trends in the annual number of certifications or recertifications from 1991-2014 varied by country and sub-region, a few patterns emerged. Several countries showed high initial activity in the 1990s, followed by a slowdown in the 2000s. Other countries have experienced a recent uptick in certifications and recertifications after initial high activity in the early 1990s (e.g., Mexico). The most active periods for certifications and recertifications were 1996-2000 and 2001-2005.

The survey found that the two most common challenges to BFHI implementation were 1) resistance to change and lack of ownership of the initiative by medical staff and policy makers; and 2) human resources challenges related to inadequate staffing, constant rotation of staff, and lack of time and funding for training. Another common challenge related to pressure from formula marketing and violations of the International Code of Marketing of Breast-milk Substitutes. Other implementation issues included limited financial resources to support the initiative, difficulty in fulfilling certain steps of the BFHI's "Ten Steps" (particularly early initiation, rooming-in and community support), challenges related to HIV-positive populations, and challenges related to the recertification process (either a lack of one, or difficulties in carrying out recertifications consistently). On the positive side, BFHI implementation was aided by the passage of breastfeeding-friendly legislation, and the incorporation of breastfeeding indicators into national policies, strategies or monitoring. Suggestions for strengthening implementation included linking the BFHI to other breastfeeding initiatives (e.g., the establishment of human milk banks) and identifying cost-savings to hospitals from BFHI adoption. Several countries reported particular successes in training staff, despite the challenges surrounding training.

Our assessment found that the proportion of births benefitting from breastfeeding-friendly hospital environments is quite low in most LAC countries. To take advantage of the BFHI's potential to improve child and maternal health outcomes, countries need sustained political and financial commitment to the initiative at multiple levels, and must be willing to provide the necessary human resources and funding. Finally, integrating the BFHI into hospital quality control standards and accreditation processes could help bolster the sustainability of the initiative.

Background

The Baby Friendly Hospital Initiative

In 1991, WHO and UNICEF launched the Baby Friendly Hospital Initiative. The initiative aims to protect, promote and support breastfeeding in facilities where maternity services are provided by ensuring that the facilities follow the WHO/UNICEF "Ten Steps to Successful Breastfeeding"[1] (the Ten Steps) and adhere to the 1981 International Code of Marketing of Breast-milk Substitutes (the Code) [2]. The Ten Steps (Table 1) involve changes to maternity services at several different levels, including policy changes to establish a breastfeeding policy, human resources development to train staff in needed skills to implement the breastfeeding policy, and structural changes to maternity services.

Table 1. The WHO/UNICEF Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth*.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in: allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

* *In practice, Step 4 now focuses more on ensuring skin-to-skin contact between mother and infant immediately after birth.*

The BFHI was a key part of the 2002 WHO/UNICEF Global Strategy for Infant and Young Child Feeding [3], which seeks to improve the nutritional status, growth and development, health and survival of infants and young children through optimal feeding practices. In 2009, the BFHI was updated to integrate Code implementation, mother-friendliness, care of pregnant women and mothers in the context of HIV, emergencies, and the expansion to other types of health facilities in the community [4-6]. The BFHI is one component of a broader set of interventions that has been identified to protect, promote and support breastfeeding [7].

To obtain certification as a baby-friendly hospital under the BFHI, a facility must undergo an external evaluation of its implementation of the Ten Steps and meet a minimal level of achievement [5]. The evaluation involves a survey of mothers and staff in the maternity ward, along with direct observation [4]. As of 2010, roughly a third of maternity facilities in developing countries (31%, or 21,328 maternity hospitals/birth centers) and 8.5% of facilities in industrialized countries were estimated to have ever received the baby-friendly designation [8]. In the United States, 7.9% of live births were occurring in baby-friendly hospitals as of June 2014 [9].

Importance of breastfeeding for child health and development and maternal health

Breastfeeding provides both short- and long-term benefits to the child and mother. For the child, breastfeeding provides optimal nutrition and reduces incidence of disease and death. Breastfeeding, particularly exclusive breastfeeding[1], protects children from diarrhea and pneumonia [10], the two leading causes of death among children under age five. Other infections, including otitis media [11], Haemophilus influenzae meningitis [12], and urinary tract infections[13], are less common and less severe in infants who are breastfed [14]. Recent analyses indicate that suboptimal breastfeeding practices contribute to 11.6% of under-five mortality, the equivalent of 804,000 child deaths in 2011 [15]. Early initiation of breastfeeding is particularly important in reducing neonatal mortality. A recent systematic review showed that initiation of breastfeeding within the first day of life reduced the risk of death from all causes by 44%; for low-birth-weight infants, the reduction was estimated at 42% [16]. Over the long term, breastfeeding has a protective effect against overweight and obesity later in life (12% risk reduction) [17]. Breastfeeding is also consistently associated with an increase in IQ of about three points (after adjustment for confounding factors like maternal IQ) [17] and significantly increased earnings[18]. For the mother, breastfeeding may reduce the risk of postpartum hemorrhage when initiated immediately after delivery. Breastfeeding also decreases the mother's risk of breast and ovarian cancer [19] as well as type 2 diabetes [20], hypertension and some cardiovascular diseases [21].

For the baby, breastfeeding is associated with an increase in IQ and significantly increased earnings. For the mother, it decreases the risk of breast and ovarian cancer as well as type 2 diabetes, hypertension and some cardiovascular diseases.

1 Exclusive breastfeeding as defined by WHO refers to the provision of breastmilk only with no supplemental liquids or solids (except for medicines and vitamins/minerals).

Evidence of effectiveness of the Baby Friendly Hospital Initiative on breastfeeding and health outcomes

A recent systematic review examined the impact of BFHI implementation on breastfeeding and child health outcomes worldwide and in the United States [22]. The investigators reviewed randomized controlled trials as well as quasi-experimental and observational trials, for a total of 45 global studies and 13 United States studies, all focusing on healthy term newborn-maternal dyads. Three randomized controlled trials, including one from Belarus [23] and two from Brazil [24, 25], provided moderate to strong evidence that BFHI implementation led to improvements in rates of exclusive breastfeeding and any breastfeeding[2]. These studies also indicated that the sustainability of breastfeeding was dependent on strong implementation of community support mechanisms (i.e., step 10 of the Ten Steps). The study from Belarus (graded as a high-quality study by the review authors) also showed that the BFHI offered health benefits for infants and school-aged children, including reduced incidence of gastrointestinal disease and atopic eczema during the first year of life, and improved IQ and academic performance among 6.5 year olds [23, 26].

Data from quasi-experimental studies (of very low to moderate quality) from 12 different countries consistently suggested that the BFHI was associated with improved in-hospital and post-discharge breastfeeding outcomes, such as improved breastfeeding initiation, decreased use of prelacteal feeds, and higher rates of exclusive breastfeeding . These studies also reiterated that strong implementation of the Ten Steps was needed for long-term impacts on breastfeeding outcomes. Prospective observational studies (11 studies of very low to medium quality from six countries) suggested that a dose-response relationship existed between implementation of the Ten Steps and improved breastfeeding outcomes, such that exposure to a greater number of steps was associated with improved breastfeeding outcomes.

Studies from 12 different countries consistently show that the BFHI was associated with improved breastfeeding initiation, decreased use of prelacteal feeds, and higher rates of exclusive breastfeeding.

The Baby Friendly Hospital Initiative in the Americas

As of 2010, 21% of hospitals in the LAC region had received BFHI certification since the launch of the initiative, according to a global survey by UNICEF[3] [27]. This proportion was essentially unchanged from the year 2000. The proportion of hospitals ever certified as baby-friendly in the LAC region was comparable to the proportion in the Western and Central African region (20%) and the Eastern and Southern Africa and South Asia regions (both at 26%). However, among the United Nations world regions, the LAC region has the highest proportion of deliveries occurring in health fa-

2 Any breastfeeding as defined by the systematic review was defined as the provision of any amount of breast milk at the breast or via bottle.

3 The response rate for the LAC region in 2010 was 46%.

cilities, at 89%. This compares to 52% in Western and Central Africa, 43% in Eastern and Southern Africa and 44% in South Asia [28]. Although there is variability between LAC countries, the generally high levels of facility-based birth present an invaluable opportunity for using the BFHI to improve breastfeeding, child health and development, and maternal health outcomes in the region. According to United Nations data, 37% of infants in the LAC region are exclusively breastfed through six months of age, which matches Sub-Saharan Africa but lags behind Eastern and Southern Africa (52%) and South Asia (47%) [29]. At the LAC country level, there is wide variation in the proportion of children under six months of age who are exclusively breastfed, from 6.7% in the Dominican Republic [30] to 67.6% in Peru [31].

In some countries, such as Brazil, recertification of baby-friendly accreditation occurs every three to five years. In most countries, however, there is no established process of recertification, and it is unknown whether baby-friendly practices and policies are still being followed years after the initial certification. Research in Switzerland found that achievement of the BFHI standards declines when certified facilities are not periodically monitored. Among 28 Swiss facilities certified as baby friendly from 1995-1999, most were not meeting the criteria for the Ten Steps (i.e., 80% of infants complying with a specific step) when monitoring was introduced in 1999 [32]. Only two met the criteria for all three steps assessed (steps 4, 7 and 9), while 10 facilities failed to meet the criteria for any of the steps assessed.

The BFHI remains highly relevant to current global health challenges and targets, such as the WHO target to increase rates of exclusive breastfeeding in children under six months of age to at least 50% by 2025 [33]. In addition, one of the indicators for the Plan of Action for the Prevention of Obesity in Children and Adolescents, recently endorsed by Member States of the Americas, calls for at least 50% of delivery-care facilities in five countries to be certified as baby friendly by 2019 [34].

During the first and second decades of the BFHI, global resources – primarily from WHO, UNICEF, the United States Agency for International Development, and the Swedish International Development Agency – helped support BFHI implementation and hospital certification. Since 2010, however, global resources have not been available and investment in promotion efforts has declined [35]. To improve breastfeeding outcomes in the LAC region, reinvigoration of the initiative will be necessary. In particular, it will be important to expand implementation, to promote sustainability by institutionalizing the certification and recertification processes, and to create stronger links to community support for breastfeeding.

Purpose of this report

A first step in reinvigorating the BFHI is to assess the current status of implementation and certification throughout the LAC region. With such an assessment in hand, it becomes possible to set country-specific and regional targets, and to identify steps for their achievement. Accordingly, the aim of this report is to systematically assess the status of the BFHI as of 2013-2014 at the country level in Latin America and the Caribbean. The report documents the proportion of maternity-service facilities that are certified or in the process of recertification, and describes past trends in certifications/recertifications. We also identify common challenges to carrying out the initiative in the Americas, and highlight opportunities and success stories associated with BFHI implementation in the region.

Methods

In September 2013, PAHO sent a survey to 34 ministries of health of PAHO Member States and one territory[4] throughout the LAC region. The questionnaire was sent in either English, Spanish or Portuguese, and requested the following data (primarily from 2012): annual number of births (national); annual number of births occurring in facilities (national)[5]; total number of health facilities providing maternity services[6]; a listing of facilities ever certified as baby-friendly, including their certification and recertification dates (years) and their annual number of births. Countries were also asked to comment on particular challenges and opportunities for BFHI implementation, as well as to tell us their significant success stories (See Annex 1 for questionnaire.). Reminder emails were sent to countries that had not responded, and the final surveys were collected in October 2014. Follow-up queries were sent when data or responses were unclear or required further explanation or elaboration. However, data reported by countries on certified facilities or certification/recertification dates were not independently verified. Additional data on annual births and the proportion of deliveries occurring in health facilities were obtained from the United Nations Population Division [http://esa.un.org/Wpp/Excel-Data/fertility.htm] and PAHO Core Data [http://www.paho.org/hq/index.php?option=com_content&view=article&id=3139:core-health-indicator-database&Itemid=2392&lang=en] to complement country-provided data as needed.

Data were entered into Microsoft Excel for tabulation of results. From the data provided, we calculated the proportion of facilities offering maternity services that had ever been certified as baby-friendly since the start of the initiative in 1991, as well as the proportion of facilities offering maternity services that had been certified or recertified since 2008. We chose 2008 as the cutoff for defining "recent" certifications or recer-

4 A list of PAHO Member States is available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=103&Itemid=40697&lang=en

5 The questionnaire did not ask for specifics on private vs. public facilities. Some countries did specify public vs. private facilities, but most did not. When this information was available, it was provided in the Country Annexes.

6 While the term "maternity services" was intended to include only facilities attending deliveries, it became apparent that it may have been misunderstood to mean any services related to pregnancy (e.g., prenatal care). Details on the type of facilities certified are provided in the annexes when they were reported by the country.

tifications because recertification is generally recommended every three to five years, and 2008 marked the start of the five-year period prior to when the survey was first sent out. We also calculated the proportion of births that occurred in recently certified facilities out of all births in health facilities. We used the number of health facility births in the denominator (instead of all births regardless of setting) because the BFHI is an intervention that is available only to women delivering in health facilities. The trends in baby-friendly certifications and recertifications since 1991 were tabulated for five-year periods from 1991-2014 for each individual country, for subregions within the LAC region, and for the entire LAC region.

Results

Of the 34 countries and territory contacted, 26 (76.5%) returned the survey (Table 2). Roughly half of the surveys were returned in 2013; the remaining 13 were completed and returned in 2014.

Table 2. Countries and territory included in the assessment

Caribbean	South America	Mexico, Central America and Panama
Antigua and Barbuda	Argentina	Costa Rica
Barbados	Bolivia	El Salvador
Dominica	Brazil	Guatemala
Dominican Republic	Chile	Mexico
Grenada	Ecuador	Nicaragua
Haiti	Guyana	
Jamaica	Paraguay	
Puerto Rico	Peru	
Saint Kitts and Nevis	Uruguay	
St Vincent and the Grenadines	Venezuela	
Trinidad and Tobago		

The countries and territory surveyed represent a wide range of population sizes, annual births, geographic sizes and locations throughout the LAC region. Together they account for 88% of the total LAC population (68%, 93% and 88% of the populations of the Caribbean, Mexico, Central America and Panama, and South America, respectively).

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Baby-friendly-certified facilities in Latin America and the Caribbean

Table 3 provides an overview of the number of births in each country that responded to our survey; the number of facilities in each country certified as baby-friendly since 2008; and the proportion of births that occurred in baby-friendly-certified facilities in 2012. Eighty-five percent of the responding countries had at least one facility that has been certified as baby-friendly. The four countries that have never had any facilities certified as baby-friendly are all Caribbean nations/commonwealths: Antigua and Barbuda, Grenada, Puerto Rico, and St. Kitts and Nevis). These Caribbean countries have relatively low numbers of annual births (< 2000), with the exception of Puerto Rico. Three of these four countries have one to three hospitals working towards baby-friendly certification.

In the other 22 countries, the number of facilities ever certified as baby-friendly (i.e., anytime since 1991) ranged from one (in Dominica, St. Vincent and Barbados) to 321 (in Brazil). For the 25 countries and one territory reporting from the LAC region, the proportion of facilities providing maternity services that were ever certified as baby-friendly was calculated to be 8%.

In the 22 countries with at least one facility that has been certified as baby-friendly, slightly less than half have facilities that were either certified or recertified during the five years prior to the survey (i.e., since 2008). Figures 1a-c demonstrate the number of facilities ever certified as baby-friendly (from 1991 to the present), compared to the number of facilities that have been recently certified or recertified (since 2008) in each country (grouped by LAC sub-region). Four countries have certified or recertified most of their existing baby-friendly facilities in the past five to six years: Peru, Bolivia, Uruguay and Mexico. In the remaining countries, the number of recently certified or recertified facilities was generally much lower.

In the 22 countries and territory with at least one facility that has been certified as baby-friendly, slightly less than half have facilities that were either certified or recertified since 2008.

Figure 1a. Facilities ever certified vs. recently certified in respondent countries in South America

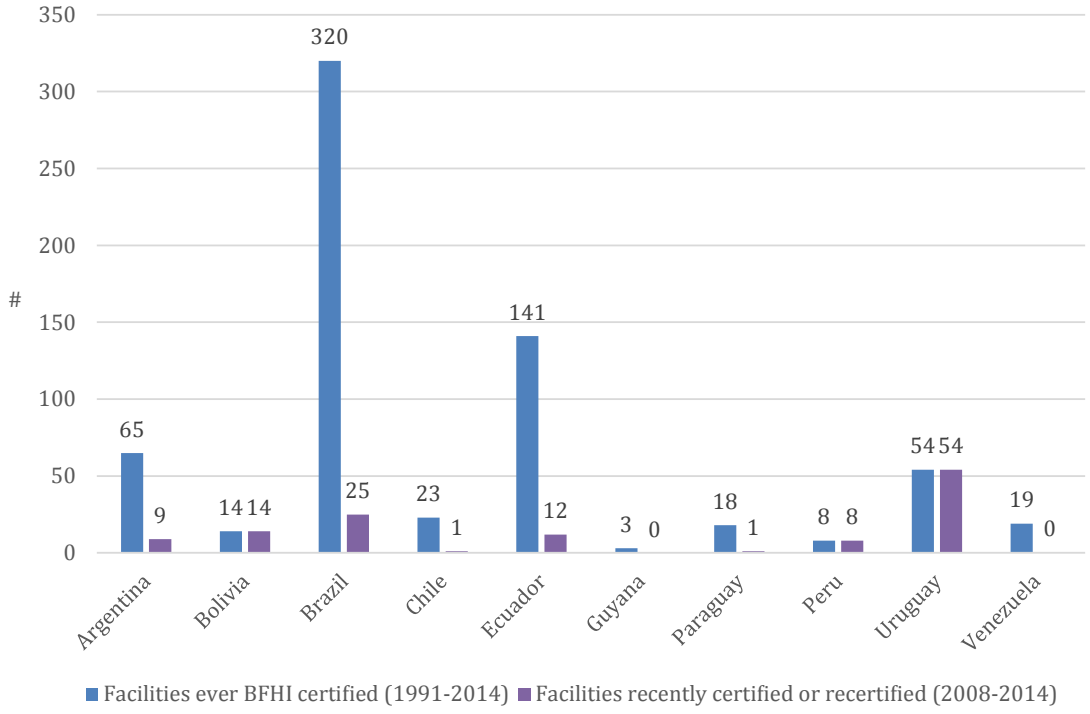


Figure 1b. Facilities ever certified vs. recently certified in respondent countries in the Caribbean

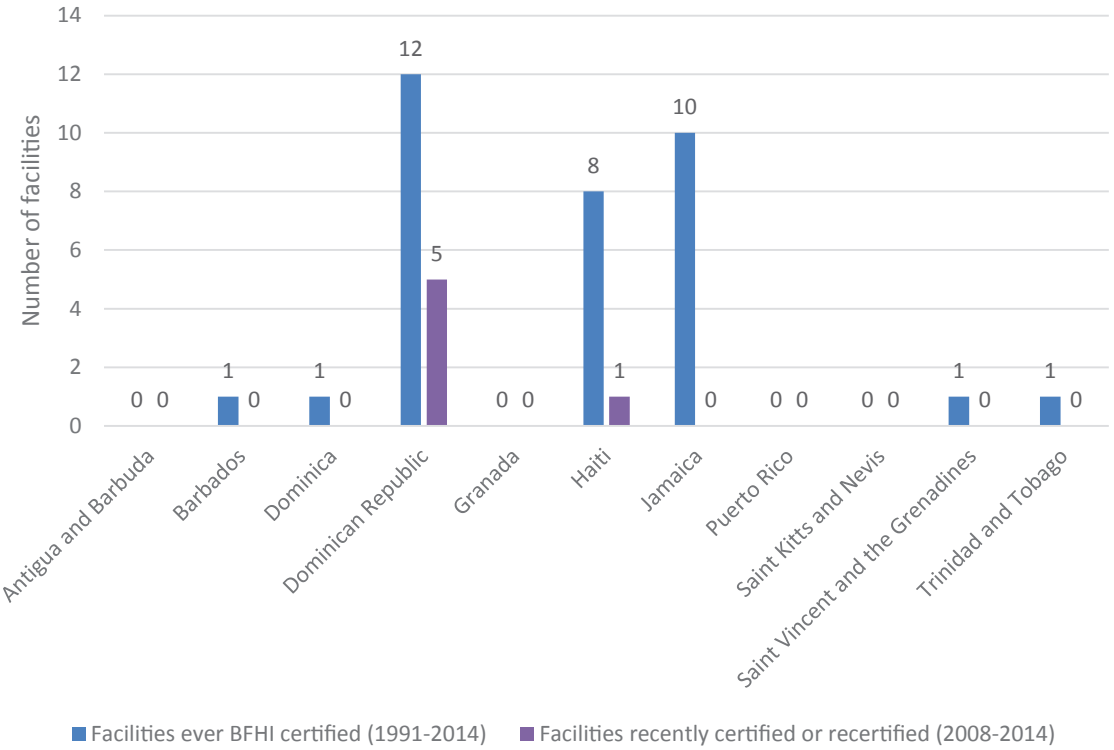
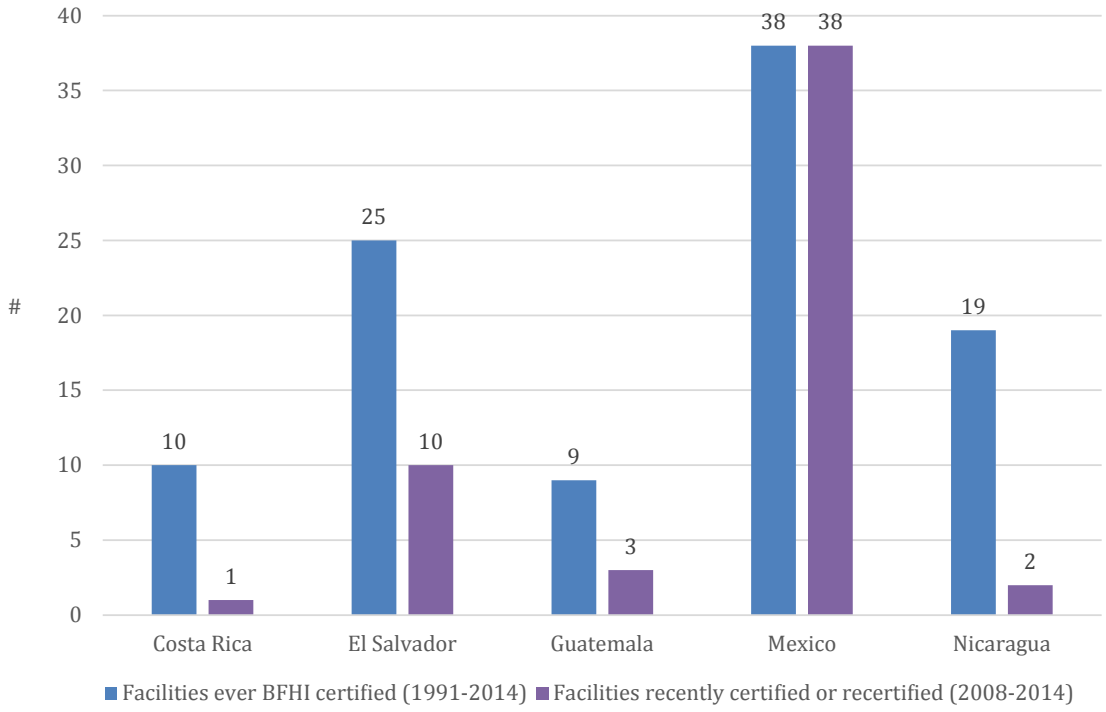


Figure 1c. Facilities ever certified vs. recently certified in respondent countries in Mexico, Central America and Panama*

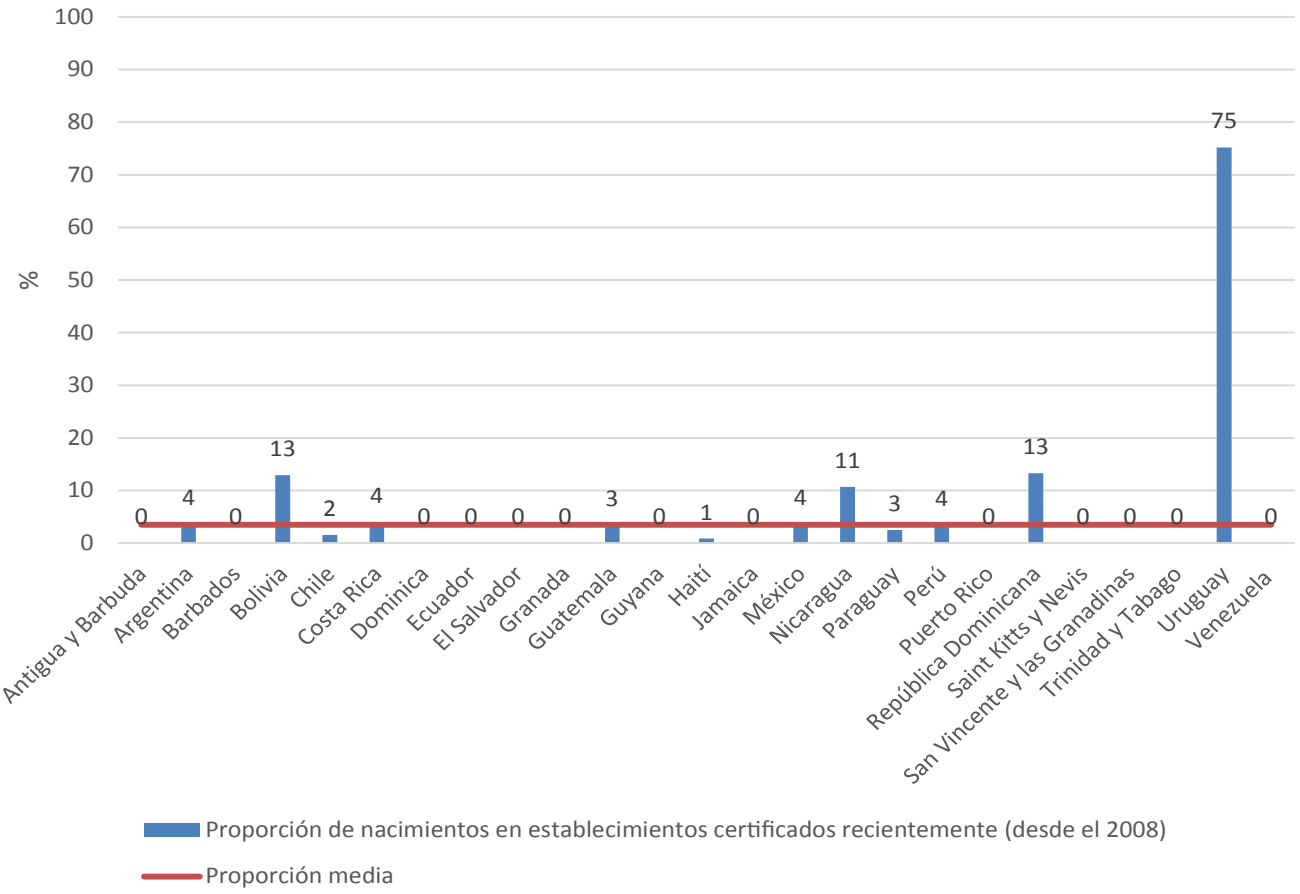


*Panama is not included in the graph because a survey was not received.

The proportion of births that occurred in recently certified or recertified facilities is very low: 3.5% of hospital births occurred in facilities that have been certified or recertified as baby-friendly since 2008.

For the region as a whole, the proportion of births that occurred in recently certified or recertified facilities is very low: 3.5% of hospital births occurred in facilities that have been certified or recertified as baby-friendly since 2008[7]. Roughly 15% of births occurred in facilities that have ever been certified (since 1991)[8]. Among the responding countries, Uruguay had the largest percentage of births that occurred in recently certified facilities (75%). The countries with the next highest proportions trailed far behind: El Salvador (15.6% of births in recently certified facilities), the Dominican Republic (13.3%) and Bolivia (12.9%) (Table 3 and Figure 2). Uruguay's actions to implement the BFHI are summarized in Box 1.

Figure 2. Health facility births occurring in facilities certified as baby-friendly since 2008*



* The red line represents the mean proportion for the reporting countries from the LAC region (3.5%). Brazil is excluded because facility-specific certification/recertification years were not available.

7 Brazil was excluded from this calculation because birth data by health facility and certification year were not provided.

8 Trinidad and Tobago was excluded from this calculation because birth data for the facility certified as baby-friendly were not provided.

Table 3. Births occurring in health facilities and baby-friendly facilities certified since 2008, by country

Country	Annual number of births (2010-2013)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities that have been certified or recertified as baby-friendly since 2008 (%) [3]	Births (2012) occurring in facilities certified/recertified since 2008 (#)	Health facility deliveries occurring in facilities certified/recertified since 2008 (%)[4]
Antigua and Barbuda	1,255[a]	94.2	0/3	0	0
Argentina	738,318[b]	99.0	9/NA	26,350	3.6
Barbados	2,723	100.0	0/1	0	0
Bolivia	264,000	73.0	14/950 (1.5%)	24,883	12.9
Brazil	2,996,000	98.1	25/3,984 (0.6%)	NA	NA
Chile	248,879[b]	99.8	1/165	3,936	1.6
Costa Rica	69,242[b]	99.8	1/25 (4.0%)	2,754	4.0
Dominica	947[b]	100.0	0/8[3]	0	0
Dominican Republic	208,786[b]	95.5	5/155 (3.2%)	26,424	13.3
Ecuador	235,237[b]	83.4[d]	12/211 (5.7%)[3]	17,781	9.1
El Salvador	126,000	99.6[d]	9/28 (32.1%)	13,114	10.4
Grenada	1,767	98.0[d]	0/4	0	0
Guatemala	388,613[b]	41.3	3/228 (1.3%)[3]	5,488	3.4
Guyana	13,000	89.0	0/523	0	0
Haiti	266,000	36.0	1/389 (0.3%)	824	0.9
Jamaica	50,000	99.1	0/26	0	0
Mexico	2,206,692[b]	98.2	38/1,097 (3.5%)[c]	80,943	3.7
Nicaragua	135,443[b]	86.0	2/59(3.4%)[3]	12,518	10.7
Paraguay	108,401[b]	100.0	1/248 (0.4%)[c]	2,700	2.5

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Table 3. Births occurring in health facilities and baby-friendly facilities certified since 2008, by country

Country	Annual number of births (2010-2013)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities that have been certified or recertified as baby-friendly since 2008 (%) [3]	Births (2012) occurring in facilities certified/recertified since 2008 (#)	Health facility deliveries occurring in facilities certified/recertified since 2008 (%)[4]
Peru	591,000	86.8	8/509 (1.6%)	18,166	3.5
Puerto Rico	41,899[b]	100.0	0/37	0	0
Saint Kitts and Nevis	556[b]	98.4	0/2	0	0
Saint Vincent and the Grenadines	1,763[b]	97.4	0/63	0	0
Trinidad and Tobago	14,322[b]	98.8	0/6	0	0
Uruguay	49,000	99.5	54/64 (84.4%)	36,644	75.2
Venezuela	598,000	86.7	0/279[c]	0	0

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014) unless otherwise noted.

2 The proportion of births occurring in health facilities was calculated from data provided by countries and may differ slightly from global database estimates of the proportion of births occurring in health facilities (e.g., PAHO Core Data). See individual country annex for specific source of data. When wide discrepancies existed between calculated values and global database values, global database values were used.

3 The denominator included any health facility that was reported by the country to provide maternity services. In some cases, this included health centers or similar facilities in addition to hospitals. Further details for Dominica, Ecuador, Guatemala, Guyana, Nicaragua, and St. Vincent are provided in the country annexes.

4 Only health facility deliveries were included in the denominator, not all deliveries.

a United Nations Population and Vital Statistics report (available at http://unstats.un.org/unsd/demographic/products/vitstats/serATab3.pdf, accessed October 15, 2014)

b Represents country-provided data that may differ slightly from global (e.g., UN) database data. See country annex for specific source of data.

c Only public hospitals/facilities included.

d PAHO core data.

Box 1. Case study: Uruguay

Uruguay stands out as having made dramatic progress on the BFHI. Fifty-two out of a total of 64 hospitals providing delivery-care services were certified or recertified between 2011 and 2014. Before then, only 17 hospitals had been certified. The country cited numerous reasons for the successful turn-around. Capacity and commitment of health professionals was generated through national training supported by the Ministry of Health and UNICEF. This resulted in health facilities volunteering to become accredited. The Ministry of Health also offered financial incentives to hospitals for achieving standards of care. Facilities were encouraged to conduct self-evaluations before seeking external evaluation for accreditation by the Ministry of Health and UNICEF. Overall, Uruguay's success was underpinned by a sustained commitment on the part of the Ministry of Health's national breastfeeding program coordinator to develop and implement policies and programs to improve breastfeeding and to advocate for the BFHI.

Trends in certifications and recertifications between 1991 and 2014 vary across countries of the LAC region (Annex 2). Some countries (e.g., El Salvador, the Dominican Republic and Paraguay) saw a large number of facilities certified in the first decade of the initiative (before 2000), and relatively few afterwards. Other countries reported the highest rates of certifications and recertifications in recent years (e.g., Uruguay and Mexico). Still others reported the highest activity in the middle period from 1996 to 2005 (e.g., Nicaragua, Venezuela, Brazil and Argentina). When the trend is viewed for all the countries together, the peak periods for certification and recertification activity were 1996-2000 and 2001-2005. Six countries had their greatest numbers of certifications and recertifications during these five-year periods (Table 4; Figure 3).

Figure 3. Peak five-year period for baby-friendly certifications and recertifications, by time period

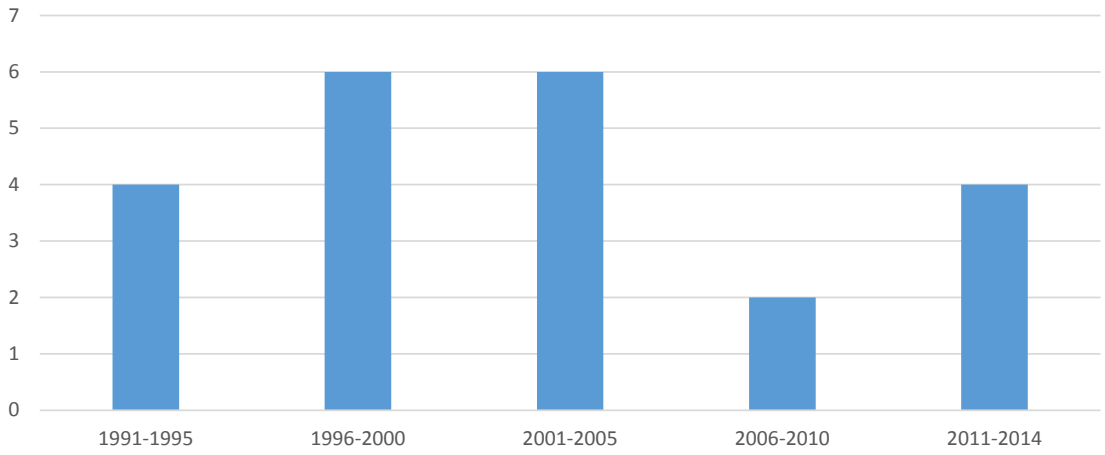


Table 4. Peak five-year period for baby-friendly certifications and recertifications, by country*

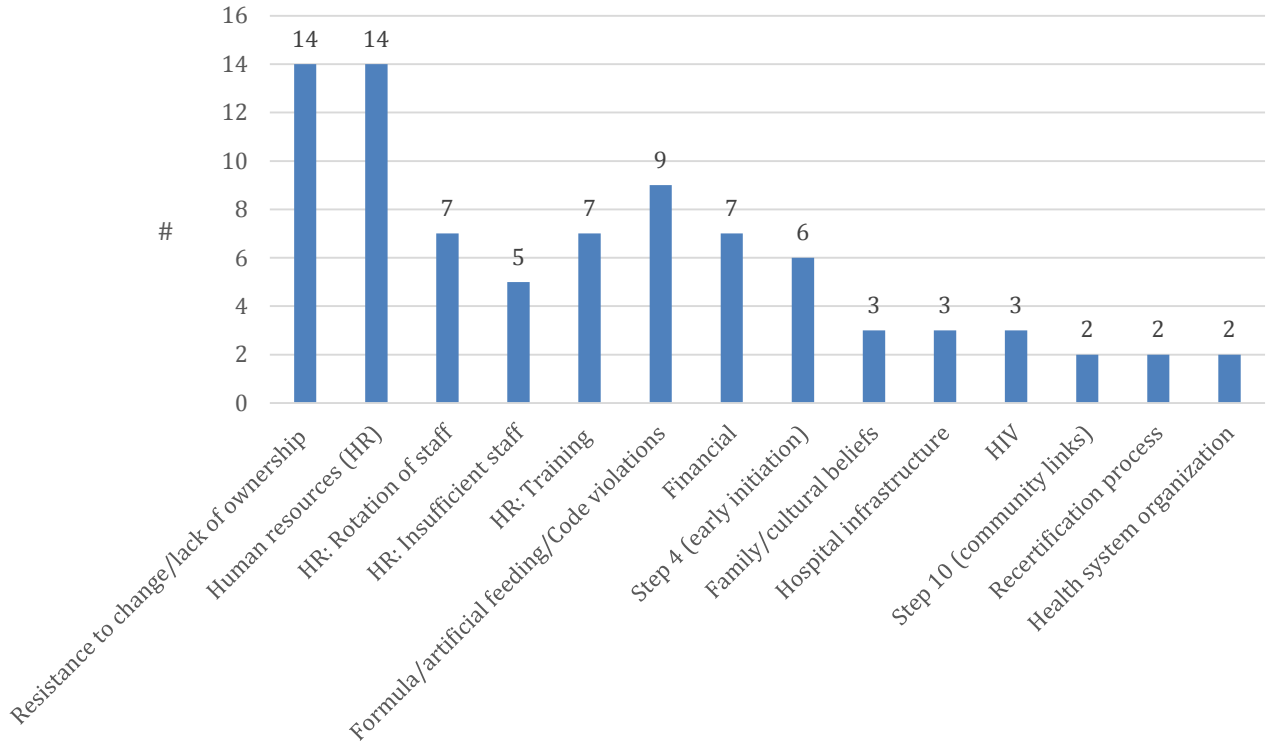
1991-1995	1996-2000	2001-2005	2006-2010	2011-2014
Dominica	Argentina	Barbados	Costa Rica	Bolivia
Dominican Republic	Guyana	Brazil	Guatemala	Mexico
El Salvador	Haiti	Chile		Peru
St. Vincent	Jamaica	Nicaragua*		Uruguay
	Nicaragua*	Trinidad and Tobago		
	Paraguay	Venezuela		

Each country is listed under the five-year period in which it reported the greatest number of certifications and recertifications[1]. Note that Nicaragua is listed under two periods because it did not report exact years for several certifications/recertifications but rather a range, so the total was evenly split between the two corresponding five-year periods. Ecuador was not included in this analysis because precise certification/recertification dates were not provided for the majority of facilities.

Challenges in implementing the Baby Friendly Hospital Initiative

The survey asked countries to describe particular challenges they faced in implementing the BFHI. Although the countries offered a wide range of responses, several common themes emerged, as outlined below (Figure 4).

Figure 4. Challenges in implementing the Baby Friendly Hospital Initiative



For the category of "Human resources (HR)," 14 countries reported any issue related to human resource constraints; the subsequent three categories (HR: Rotation of staff; HR: Insufficient staff: HR: Training) show the number of countries mentioning these specific HR concerns.

Resistance to change and lack of ownership

More than half the countries and territory surveyed (14 out of 26) mentioned difficulties in addressing the behaviors, beliefs and attitudes that run counter to BFHI implementation among medical staff, hospital administrators and health authorities. Medical staff, particularly doctors, were frequently cited as resisting change, and in many cases as lacking the commitment and dedication needed for BFHI implementation. A survey respondent from the Caribbean captured this lack of ownership of the BFHI among medical staff, observing: "The baby-friendly coordinator is seen as the individual who leads the implementation of the BFHI rather than [it being] a team approach." In some settings, BFHI practices were seen as "more work rather than improved quality of care." This reflected, in the words of one South American country, a "…lack of vision of the BFHI as strategy for reduction of infant morbidity and mortality." Health authorities and hospital administrators alike were often cited as lacking commitment to and support for the BFHI, leading one South American country to suggest "establishing the 'policy of breastfeeding' of the ministry of health so that implementing the BFHI is a continual part of the work in all hospitals in the country."

Three of key challenges in implementing the BFHI were resistance to change and lack of ownership and human resources such as staff rotation, shortages and training and violations of the International Code of Marketing of Breast-milk Substitutes.

Human resources: staff rotation, shortages and training

Human resource constraints were an equally common challenge to BFHI implementation, mentioned by 14 of the 26 countries and territory. Human resource obstacles most often related to constant staff rotation (mentioned by seven countries), insufficient staff (mentioned by five countries), and challenges with training (mentioned by seven countries). The challenge of providing mothers with adequate and consistent support from trained staff was articulated by one South American country in this way: "Support to [breastfeeding] mothers is referred to nurses, rural doctors, or student interns who frequently rotate and don't have knowledge of the [BFHI] or [how to provide] direct support to mothers." The constant rotation of staff "…implies that new staff that assume responsibilities in the hospitals have not been trained in the importance of breastfeeding or strategies on how to promote it." Several countries noted the insufficient number of people involved in breastfeeding support, education or promotion. Such shortages meant that those involved in breastfeeding or BFHI-related activities were over-burdened: "Staff are fulfilling the responsibilities of more than one job: The breastfeeding coordinator has responsibility for the position she was initially hired for in addition to the role of baby-friendly coordinator." One Central American country commented that health officials do not understand the legal framework for protecting and promoting breastfeeding.

Challenges in training staff were most often due to difficulties in finding a time that would not interfere with staff members' clinical duties, particularly when hospitals were already short-staffed. "Hospitals continue to struggle to train clinical staff (especially medical doctors) in the required 20-

hour course in Breastfeeding Promotion and Support," one country reported. Respondents cited hospitals' inability to release clinical staff from regular duties to attend lengthy educational sessions as a major barrier to training. One Central American country felt that the lack of pre-service education in infant feeding and lactation counseling skills was the primary barrier to having adequately trained staff for the BFHI.

When training did occur, it apparently did not always lead to the practices and behaviors desired. This was reflected in one country's suggestion for "a mechanism so that staff trained in the BFHI and selected from each hospital implement what they have learned rather than just being participants in a training." One South American country noted difficulties in communicating that "…the implementation of the BFHI in maternities is not just training courses, but rather a change in conduct/behavior…"

Breast-milk substitutes

Pressures both inside and outside facilities to use formula, combined with violations of the International Code of Marketing of Breast-milk Substitutes, created a continual challenge to BFHI implementation, with nine of the 26 responding countries and territory mentioning these issues. Monitoring of Code adherence is hampered in at least one Central American country by a lack of finances and technical support to the national agency charged with the task. In another country where legislation was recently passed to monitor and enforce Code violations, formula marketing is now directed primarily at health workers. Several countries reported having observed Code violations within health facilities. These violations included facilities accepting donations from infant formula companies, and nurses providing formula to mothers. One South American country noted the "marked culture of using a bottle in health facilities."

Finances and sustainability

Seven countries said that inadequate funding was a barrier to BFHI implementation, particularly when it came to staff training (e.g., lack of funds to print materials) and breastfeeding promotion activities. Two countries noted that a lack of dedicated funding for the BFHI at the national level meant depending on external agencies for funding (e.g., PAHO/WHO, UNICEF) and affected the sustainability of the BFHI in their countries. A few countries noted the lack of a formal process for BFHI certification and recertification within the regular hospital accreditation/quality control assessments as a particular challenge. In one South American country where legislation calls for recertification every three years, it has been hard to find enough evaluators with time to perform the evaluations; transportation and funding issues have also posed problems. Another health system weakness affecting the BFHI was a lack of coordination between primary and secondary levels of care and the community.

Family/cultural beliefs related to breastfeeding

The beliefs and practices of families were cited as challenges less frequently than those of medical staff and health authorities. However, several countries noted the difficulty of promoting breastfeeding when families have long-held beliefs that conflict with recommended breastfeeding practices and are not based on facts, or when parents simply request to use formula.

Challenges with particular Baby Friendly Hospital Initiative steps

Several countries reported challenges in implementing two particular steps of the Ten Steps: Step 4 (Help mothers initiate breastfeeding within a half-hour of birth) and Step 10 (Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic). For early initiation, inadequate staffing to help mothers begin breastfeeding and hospital routines for the newborn stood in the way. One South American country said that colder climates in some regions made early initiation difficult, but that the problem could be solved by using heating sources. A few countries said it was hard to convey the meaning of Step 10, citing a "…lack of understanding by health staff and administrators of Step 10, where the objective is to form support networks for breastfeeding in the community and not 'mother's clubs' at the hospital."

Step 7 (Practice rooming-in: allow mothers and infants to remain together 24 hours a day) also posed challenges in some countries, and hospitals that managed to fulfill this step were often cited as success stories. One South American country noted that hospital infrastructure often was a problem, since rooming-in requires larger rooms and wider beds. A Caribbean country also cited hospital infrastructure as a challenge to implementing baby-friendly care.

Other health conditions affecting Baby Friendly Hospital Initiative implementation

HIV and other blood-transmissible diseases were cited as challenges to BFHI implementation by three Caribbean countries [36]. Two countries pointed to the lack of test results on blood-transmissible infections as a barrier to BFHI implementation. One respondent noted that the rising rate of cesarean section in their South American country—currently at 60%–was proving an obstacle to BFHI practices, as was the high rate of adolescent pregnancies, also cited as a concern by a country in the Caribbean.

The Baby Friendly Hospital Initiative implementation: opportunities and success stories

Countries were asked to describe opportunities and success stories related to BFHI implementation and support of breastfeeding. These are described below at three levels: the policy level, the hospital level and the community level.

Policy opportunities and success stories

Many countries cited the passage of breastfeeding legislation as a notable success in the process of implementing the BFHI. For example, Chile recently passed legislation extending protected postnatal leave to six months, compared to the previous 84 days. In Bolivia, the Ley 3460 de Fomento a la Lactancia Materna y Comercialización de Sucedáneos and the "Decreto Supremo 0115"[9] establishes regulations to "promote, support, encourage and protect breastfeeding," thereby "guarantee[ing] the right of children to receive the best food and women to breastfeed." The regulations include provision of information on breastfeeding in educational curricula starting in primary schools through university; prohibitions on distributing of information or educational materials on breast milk substitutes by formula manufacturers, distributors or marketers; establishment of support groups for breastfeeding women in communities; and provisions for women to bring their infants to work or school to breastfeed or to take breaks to pump breast milk (in adequate environments to do so) if their infant cannot be with them.

Incorporating breastfeeding indicators into national policies and strategies and allowing for their monitoring were also mentioned as opportunities. In Venezuela, exclusive breastfeeding has been incorporated into the "Plan de Patria 2013-2019," with a target to increase the rate by 70%. Guatemala has incorporated a standard related to the BFHI as part of its monitoring and information system for the strategy for pediatric nutritional care in hospitals *(Sistema de Informacion para el Monitoreo y Supervision de la Estrategia de Atencion Nutricional Pediatrica Hospitalaria MSPAS/OPS).*

Hospital level opportunities and success stories

Guatemala saw an opportunity to support the BFHI by linking it with other initiatives to strengthen breastfeeding at the hospital level. For example, the BFHI could be linked to the establishment of human milk banks and to Guatemala's "Policy for pediatric nutritional care." Several other countries also mentioned that the establishment of human milk banks presents an opportunity to support breastfeeding and BFHI implementation. Enthusiasm and dedication at the hospital level were also seen as opportunities, as was motivation among the baby-friendly coordinators. Jamaica noted that when hospitals experience cost-savings from promoting breastfeeding (and thereby decreasing formula use), they are motivated to continue breastfeeding-friendly practices. In Puerto Rico, treating formula like any other medicine – controlled under lock and key by two designated nurses (who were also lactation consultants) – decreased considerably the distribution of formula by nurses to patients. In Guyana, adding more breastfeeding advocates to the staff at the national referral hospital helped alleviate the challenges of understaffing and undertraining.

Some countries described how they were dealing with the challenge of training medical staff, an obstacle noted in many countries. Jamaica, for example, is developing an online training course for doctors in the hopes of making it easier for the busy doctors to find time for training. Despite the challenges, many countries have succeeded in training numerous baby-friendly facilitators and consultants. Peru reported more than 500 trained BFHI facilitators, while Venezuela reported training more

9 http://www.ilo.org/dyn/travail/docs/1436/DECRETO%20SUPREMO%20N%C2%BA%200115.pdf

than 3,000 people at the national level in "supporting and reinforcing a mother's ability to breastfeed." Training itself can also serve to ignite support for breastfeeding and BFHI implementation. According to El Salvador, a training of 28 hospitals supported by the United States Agency for International Development in 2010 lent new visibility and energy to the initiative.

Community level opportunities and success stories

Relatively few countries identified opportunities or success stories at the community level (i.e., the establishment of community support networks, or promotion of breastfeeding through national campaigns), though this does not mean they don't exist. Peru noted that civil society has been involved in monitoring Code compliance. Peru has also developed communication campaigns at the national level to promote breastfeeding ("Somos Lecheros" http://www.minsa.gob.pe/portada/Especiales/2014/lactancia/).

Discussion

Investing in initiatives and interventions that improve breastfeeding outcomes is critical for reaching current global health goals associated with child mortality, short- and long-term health, cognitive development and nutrition . The BFHI has been shown to improve breastfeeding outcomes, including early initiation of breastfeeding, exclusive breastfeeding and "any breastfeeding" outcomes. The result has been significant improvements for child health.

Status of the Baby Friendly Hospital Initiative in Latin America and the Caribbean

This report aims to reinvigorate support for the BFHI by describing the current status of the initiative in the LAC region. More than three-quarters of LAC countries and territory, representing 88% of all births in the region, responded to our survey. Of these countries, most (85%) had at least one certified baby-friendly facility. However, less than half of the responding countries had a recently certified or recertified facility, and the proportion of total annual births occurring in recently certified or recertified facilities was quite low (3.5%). To maintain the BFHI's high standards of care, recertification should take place more frequently in most of the countries surveyed, ideally every three to five years.

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The pattern of BFHI certifications and recertifications varied from country to country. However, if the overall pattern can be viewed as an indication of interest in the initiative, then the trend is promising, with more activity during the most recent five-year period (2011-2014) than in the previous half-decade (2006-2010).

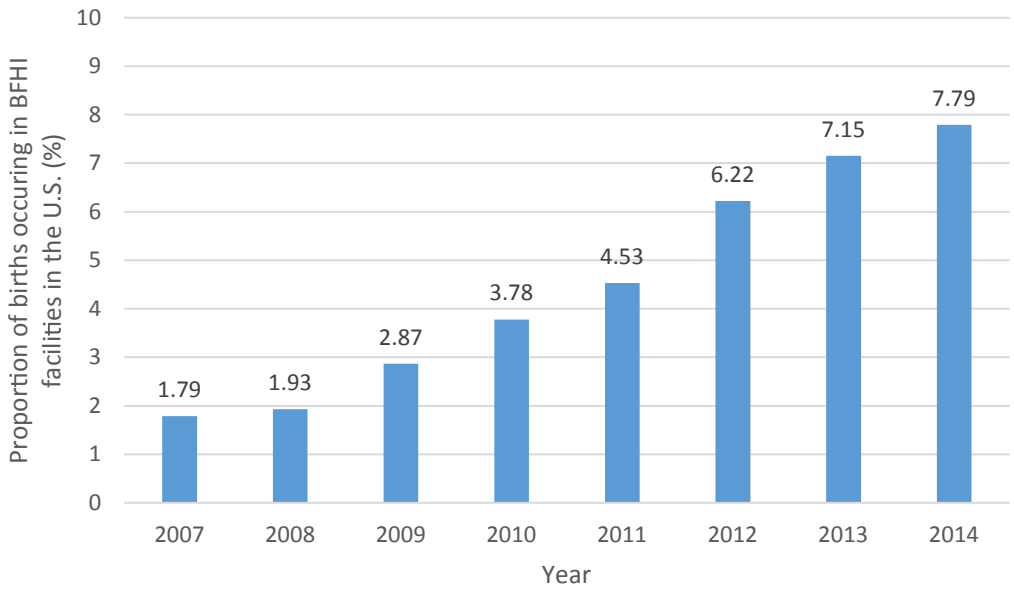
Although the PAHO Member States of the United States and Canada were not queried, information on these countries is provided in Box 2 because of the recent resurgence of the BFHI in the United States.

Box 2. The Baby Friendly Hospital Initiative in the United States and Canada

Although the survey was not sent to the United States or Canada, in the United States, data on the BFHI have been tracked since 2007 and reported in the state-by-state Breastfeeding Report Card by the Centers for Disease Control and Prevention (CDC) (http://www.cdc.gov/breastfeeding/data/reportcard.htm). Initial implementation was slow, with the first hospital designated as baby friendly in 1996, increasing to only 25 designated hospitals by 2001. Since 2008, however, there has been a marked acceleration in hospital certifications, and between 2007 and 2014 the proportion of births occurring in baby-friendly hospitals increased from 1.8% to 7.8% (below). This increase may have resulted from the CDC's launch in 2007 of a national system to assess and monitor hospitals' alignment with the Ten Steps; the assessment is updated every two years. In 2014, the proportion of births in baby-friendly hospitals ranged from 0 (Arkansas, Georgia, Kansas, Louisiana, Mississippi and West Virginia) to 35.98% in New Hampshire. Three other states had high proportions of births in baby-friendly hospitals: Connecticut, California and Maine

In Canada, of the 267 maternity hospitals with over 100 births per year, 12 are certified as baby friendly (< 5%). Another 117 community health services and birthing centers are also designated as baby friendly.

Proportion of births occurring in baby friendly hospitals in the United States, 2007-2014



Challenges to and opportunities for Baby Friendly Hospital Initiative implementation

The process of becoming BFHI-certified and maintaining standards for recertification is not simple. For a facility to adopt and maintain policy and practice changes requires dedication and commitment at many levels, as well as funding. In many cases, implementing the initiative involves overcoming persistent barriers and beliefs within the medical community. Barriers related to human resource practices (e.g., frequent rotation of staff, lack of training, and lack of time for training) are also common in many healthcare settings. The marketing of breast-milk substitutes continues to present obstacles in both facilities and communities. Meanwhile, promoting early initiation of breastfeeding and creating community support networks for breastfeeding mothers after discharge remain particularly challenging steps for hospitals to achieve.

Despite these barriers, many countries reported positive experiences in implementing the BFHI. Passage of breastfeeding legislation was cited as a particular achievement in several countries. Linking the BFHI to other breastfeeding or nutrition initiatives at the hospital level was identified as another valuable opportunity to strengthen implementation. Many countries reported significant achievements in training health care workers, despite the challenges often noted.

One of the biggest problems facing the BFHI is sustainability. The initiative remains a vertical program that relies on funding for both training and external certification and one way to address this problem is to incorporate the Ten Steps into overall hospital accreditation criteria.

One of the biggest problems facing the BFHI is sustainability. The initiative remains a vertical program that relies on funding for both training and external certification . Further, successful implementation depends on commitment from hospital directors, who must authorize staff to participate in training and submit to the rigors of the certification process. In addition, champions within the Ministry of Health are needed to promote, monitor and track the initiative. One way to address some of these problems is to incorporate the Ten Steps into overall hospital accreditation criteria. Until the BFHI becomes integral to hospital standards of care and/or to routine hospital accreditation systems, problems plaguing the initiative may be difficult to surmount. Box 3 presents examples of countries that have attempted to integrate BFHI into standards for hospital accreditation.

Box 3: Building sustainability into the Baby Friendly Hospital Initiative

One country surveyed has taken steps to incorporate the Ten Steps of the BFHI into routine hospital accreditation systems. In 2012, the "Consejo de Salubridad General" (Council on General Health) in Mexico decreed that the Ten Steps be included in such routine hospital certification. Although the decree was published in the Diario Oficial de la Federación (Offical Federal Register), it has not yet been implemented.

For comparison, in 2013 Vietnam's Ministry of Health published Decision No. 4858/QD-BYT outlining the National Hospital Quality Criteria and Accreditation System. It established a set of 83 hospital quality criteria covering all public and private hospitals. One of the criteria (E1.4) covers breastfeeding to standardize the Ten Steps. To operationalize this criterion, hospitals are graded on a scale of one to five, with each successive grade requiring additional achievement of practices or policies that support BFHI implementation.

Grade criteria for implementing the Ten Steps in the Vietnamese National Hospital Quality Criteria and Accreditation System

Grade 1

1. No awareness or no implementation of breastfeeding guidelines
2. Violations of the National Milk Code (Decree 21) detected
3. Does not meet Grade 2 standards

Grade 2

4. There is a written regulation to implement the Ten Steps for successful breastfeeding
5. Recommends against using formula milk unless doctor's instruction is given

Grade 3

6. Meets Grade 2 standard
7. 50% of staff in obstetrics and pediatrics departments trained on breastfeeding counseling
8. Promotion materials for breastfeeding available
9. Counseling for breastfeeding in case of illness
10. 70% of mothers and children practice rooming-in
11. 70% of newborns applied skin-to-skin

Continued >>>

Continued from previous page

Grade 4

12. Meets Grade 3 standard

13. Specialized consultants trained on breastfeeding

14. Prenatal training for pregnant women

15. Pregnant women in 3rd trimester counseled on breastfeeding

16. 80% of mothers delivered in hospitals receive breastfeeding counseling

17. Breastfeeding support groups established and operational

18. 80% of mothers and children practice rooming-in

19. 80% of newborns applied skin-to-skin

20. Delayed cord clamping implemented

Grado 5

21. Meets Grade 4 standard

22. Newborns in obstetrics department exclusively breastfed

23. 95% of mothers and children practice rooming-in

24. 90% of newborns applied skin-to-skin

25. 70% of newborns by cesarean section breastfed within 1 hour

Strengths, limitations and challenges of the Baby Friendly Hospital Initiative survey

One of the strengths of our survey was the high number of responses, representing 88% of the population of the LAC region. Another strength was that the survey asked for detailed information on certified facilities, including hospital names, birth rates by hospital, and certification and recertification dates. This allowed us to assess trends in certification and recertification activity, and to calculate the proportion of births benefitting from the BFHI. We also presume that the survey's request for detailed information, as opposed to simply a total number of certified facilities, helped increase the accuracy of the reported numbers of certifications.

On the other hand, the survey was limited by the wording of the request to identify facilities that attend deliveries. It was clear from several countries' responses that the term "maternity services" may have been misunderstood to mean facilities that provide any pregnancy-related service (such as antenatal care)[11]. In addition, by not restricting the survey to just hospitals, we limited our ability to compare our values with those of previous similar surveys (such as a survey conducted by Labbok [8]

11 While the BFHI certification process has been extended to community facilities that do not provide delivery care (see WHO, UNICEF, and Wellstart International, 2009), it was not our intent to assess the status of these facilities in this survey, though future iterations of this survey will.

that collected data on hospitals only). However, we believe that by including all facilities that attend deliveries, we gained a more accurate and thorough picture of BFHI implementation. In cases where the reported numbers differed widely from those in other reports or seemed at odds with a country's population and birth rate, we attempted to verify the reported data with the country. In future iterations of this survey, we will ensure that the question clearly distinguishes facilities that provide delivery care from other types of facilities, and that we separate hospitals from other health facilities that provide delivery-care services so that each category can be reported on separately.

One challenge in collecting data on BFHI certifications was that our survey method relied on the existence of either a central and regularly updated database with information on certified hospitals and certification/recertification dates, or institutional memory. It appears that in many countries, neither of these was available. In many instances our data differed from previous surveys, namely Labbok's 2012 survey [8]. This was partly due to differences in survey methodology (described above), but in some cases the discrepancies in reported numbers of health facilities or certifications were not easily explained. Labbok reported that roughly 20% of facilities in the LAC region had ever been certified as baby-friendly between 1991 and 2010 [8]; our comparable estimate for the same countries was 8%.

Conclusions

With 89% of deliveries in the LAC region occurring in health facilities, strengthening and reinvigorating the BFHI presents an invaluable opportunity to improve breastfeeding, child health and development, and maternal health outcomes . Our assessment showed that while the potential is quite large, the actual number of births that are benefitting from breastfeeding-friendly hospitals and communities remains quite low in most countries. Although some countries have recently regained momentum in certifying and recertifying facilities, many more stand to greatly increase the number of mothers and infants benefitting from the BFHI through reinvigorated processes. Increasing the number of baby-friendly maternity facilities requires sustained commitment from practitioners and policy makers at multiple levels, as well as financial and human resources.

With 89% of deliveries in the LAC region occurring in health facilities, strengthening and reinvigorating the BFHI presents an invaluable opportunity to improve breastfeeding, child health and development, and maternal health.

The resistance to change and the absence of a sense of ownership of the BFHI among hospital staff in many countries is a signal that behavior-change efforts are needed to encourage breastfeeding-friendly practices in the hospital environment. The challenges of constantly training new and rotating medical staff in BFHI standards demand creative solutions, perhaps through the addition of pre-service training to medical and nursing school curricula and the development of online courses. Incorporating the BFHI into standards of care or ongoing accreditation systems is one way to improve sustainability and ensure continued commitment and support, both financial and political.

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Annex 1: Questionnaire
Status Report on the Baby Friendly Hospital Initiative

The Baby-Friendly Hospital Initiative (BFHI) aims to establish hospital standards and practices that promote breastfeeding. We wish to collect data on the current status of the Initiative to help track implementation and take steps for its revitalization. Please complete the following questionnaire and correct any information that is not updated. We would appreciate you completed the questionnaire by October 31, 2013. Please relay any questions to Dr. Chessa Lutter at lutterch@paho.org. Thank you.

Key indicators we will construct with the data you provide:

- Percentage of hospitals that provide delivery services designated as "Baby-Friendly"
- Percentage of annual births in Baby-Friendly Hospitals
- List of certified and recertified hospitals, and corresponding year

Country: ..... Date:.....

Name: .....

Position: .....

E-mail.....

1) Number of births per year? .....

Year:..... Source:.....

2) Number of deliveries in health facilities per year? .....

Year:..... Source:.....

3) Number of health facilities providing delivery services?.....

Year:..... Source:.....

4) Hospitals Certified, Recertified, or working toward certification:

No.	Name of hospital or health service	No. deliveries per month	Year Certified	Year recertified	If working toward initial certification
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

5) Please describe any challenges faced in implementing the BFHI.

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6) Please describe any positive opportunities and success stories.

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7) Please add anything you wish to clarify or comment on.

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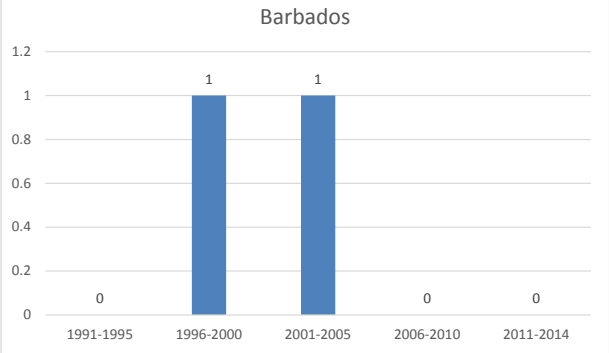
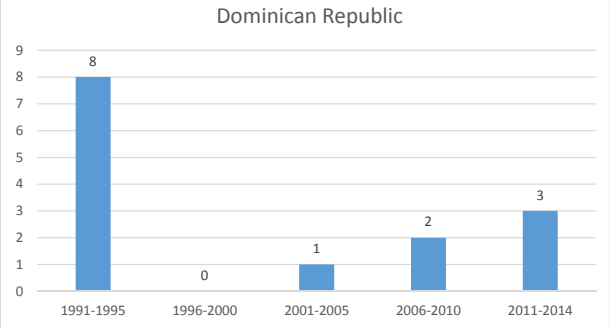
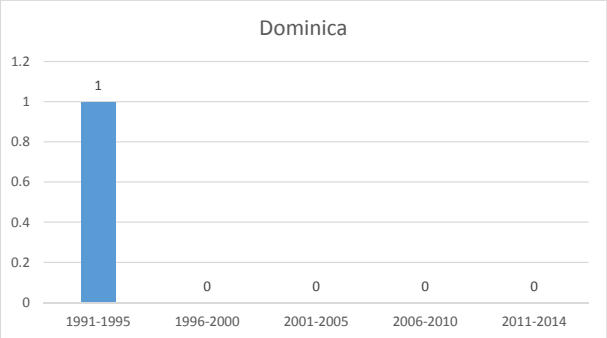
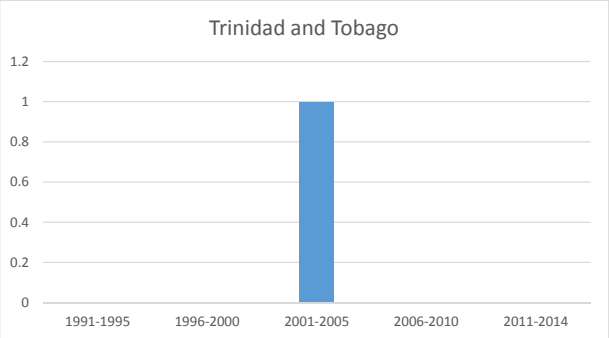
Annex 2: Trends in implementation of the Baby Friendly Hospital Initiative

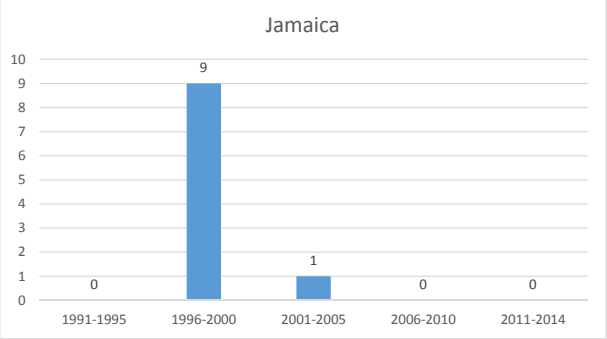
Caribbean

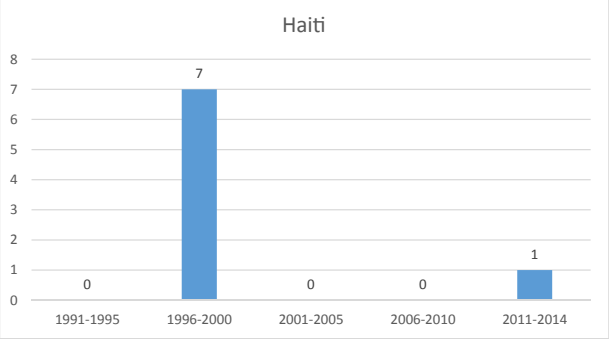


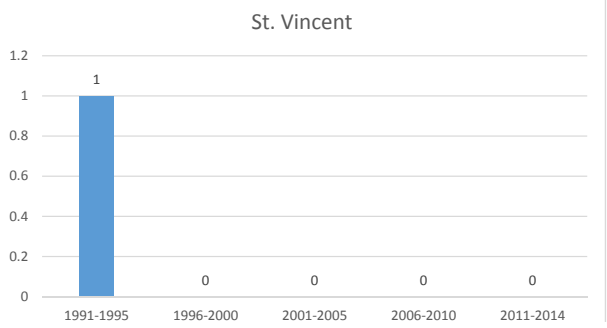




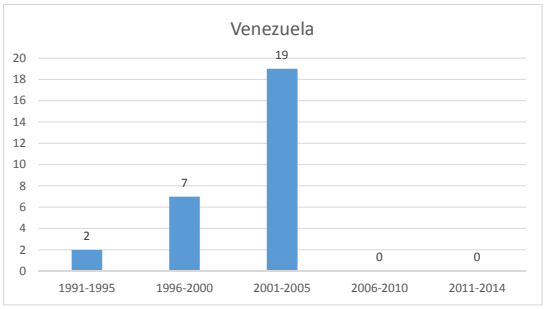


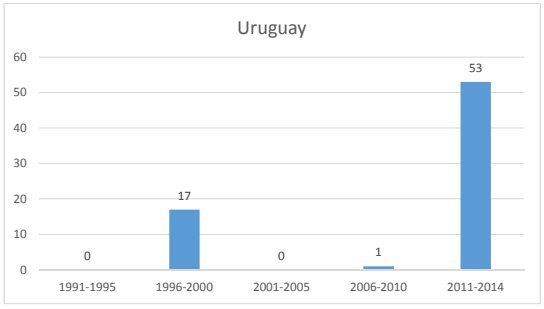


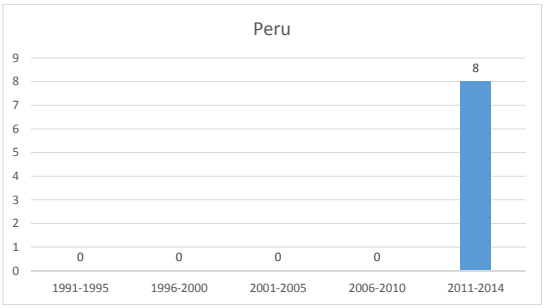


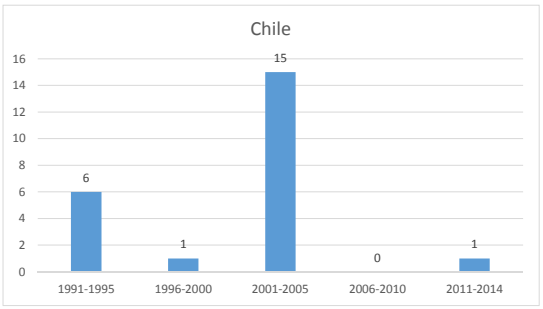


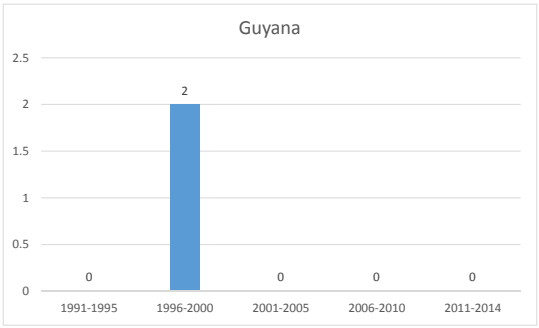
South America

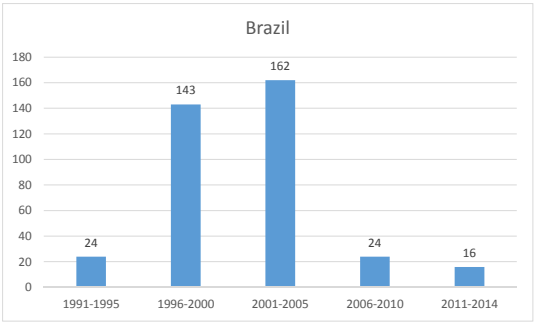


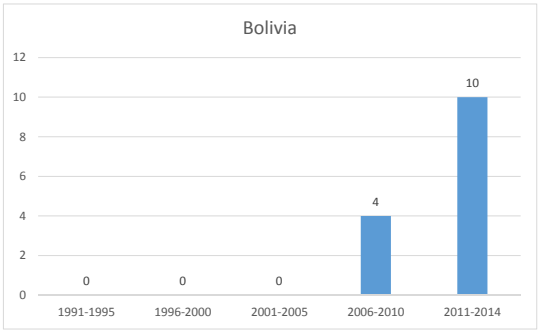


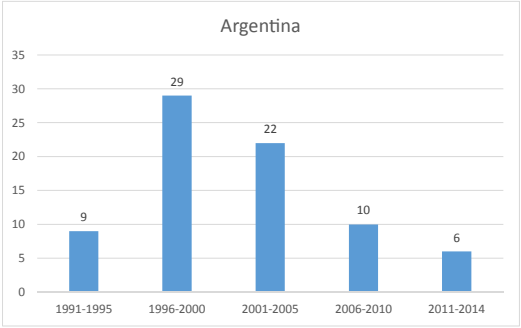


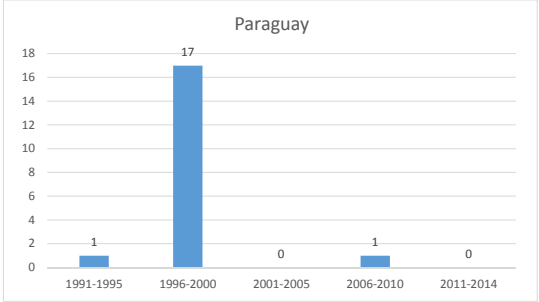




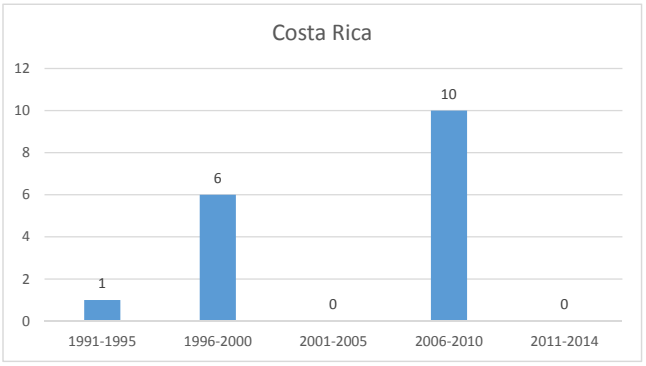


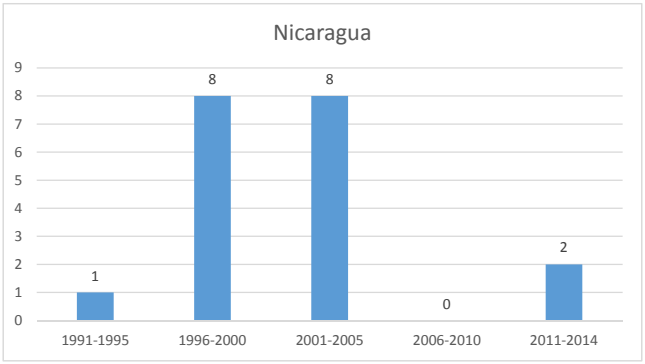


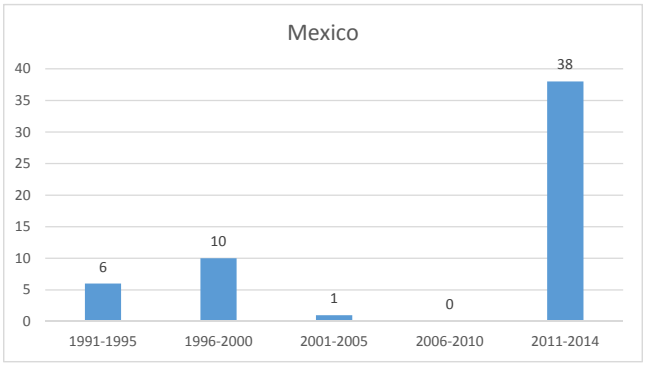


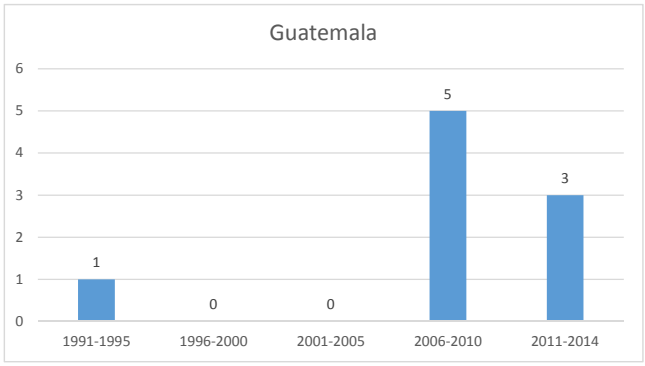


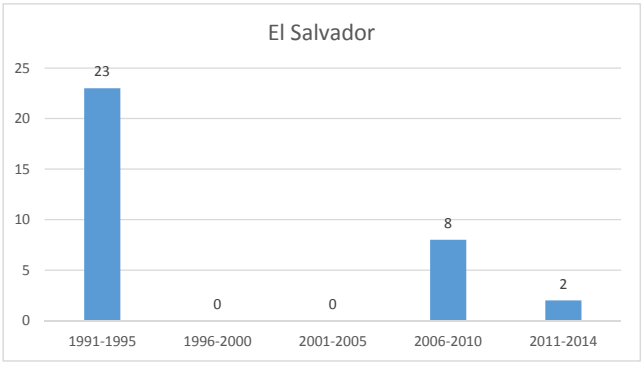
Mexico, Central America and Panama*











* Panama is not included because a survey was not received.

Antigua and Barbuda

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Antigua y Barbuda	1.255	94,2[a]	0/3[b]	0/3	0	0

1 United Nations Population and Vital Statistics report (available at http://unstats.un.org/unsd/demographic/products/vitstats/serATab3.pdf, accessed October 15, 2014)

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

b Calculated from facility records (2012) and UN data. Corresponding PAHO Core Data estimate is 100%.

c Two hospitals are currently working toward certification.

Argentina

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Argentina	738,318	99.0[a]	65/NA	9/NA	26,350[b]	3.6

1 Data source: Dirección de Estadisticas e Información de Salud, 2012.

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Calculated from data from Dirección de Estadisticas e Información de Salud, 2012. PAHO Core Data value: 99.5%

b Birth data was missing for two facilities; the percentage of deliveries in recently BFHI certified facilities is therefore an underestimate.

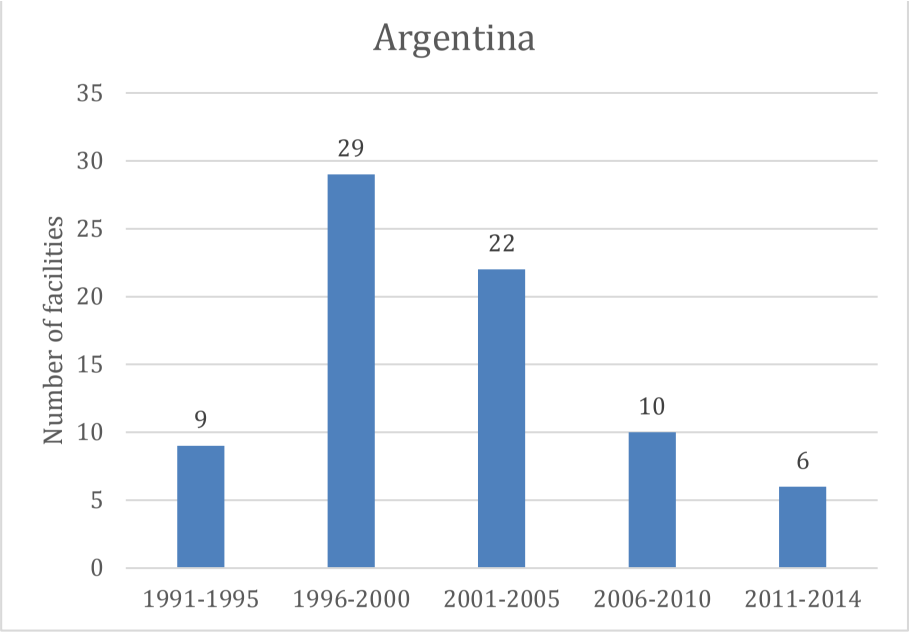


Figure A1.1. Trend in BFHI certifications and recertifications, 1991-2014.

Barbados

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Barbados	2723	100	1/1(100%)	0/1	0	0

1 Data source: QEH, 2013

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

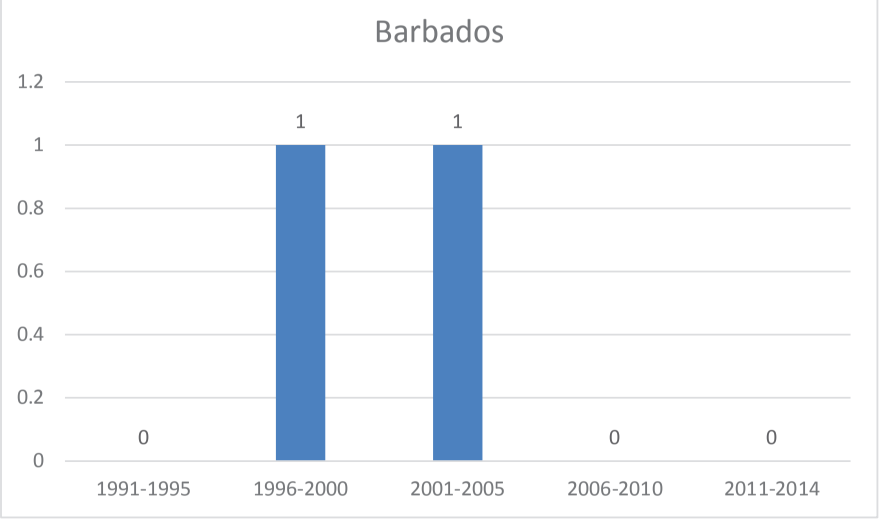


Figure A3.1.: Trend in BFHI certifications and re-certifications, 1991-2014.

Bolivia

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Bolivia	264,000	73.0[a]	14/950(1.5%)	14/950 (1.5%)	24,883	12.9

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2012

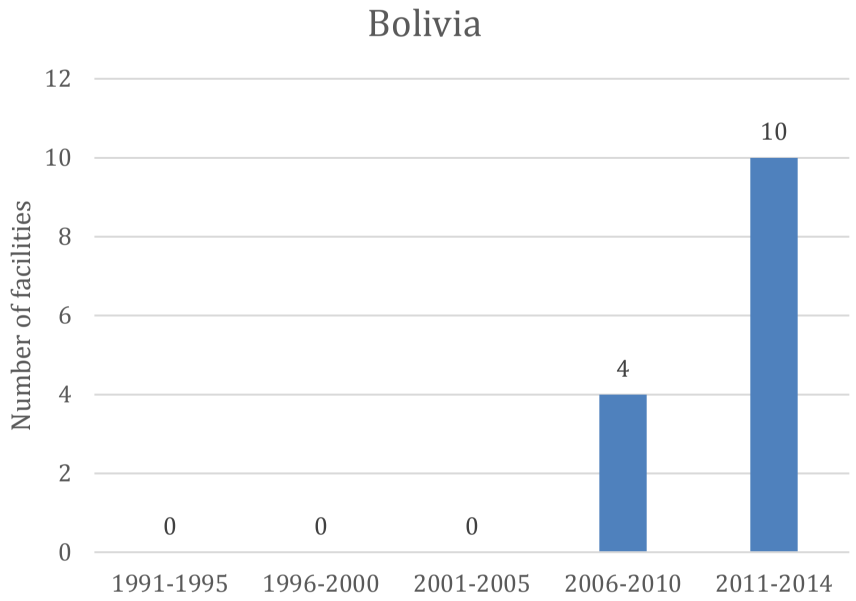


Figure A3.1. Trend in BFHI certifications and recertifications, 1991-2014.

Brazil

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Brazil	2,996,000	98.1[a]	321/3984 (8%)	25/3984 (0.6%)	NA	NA

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2011

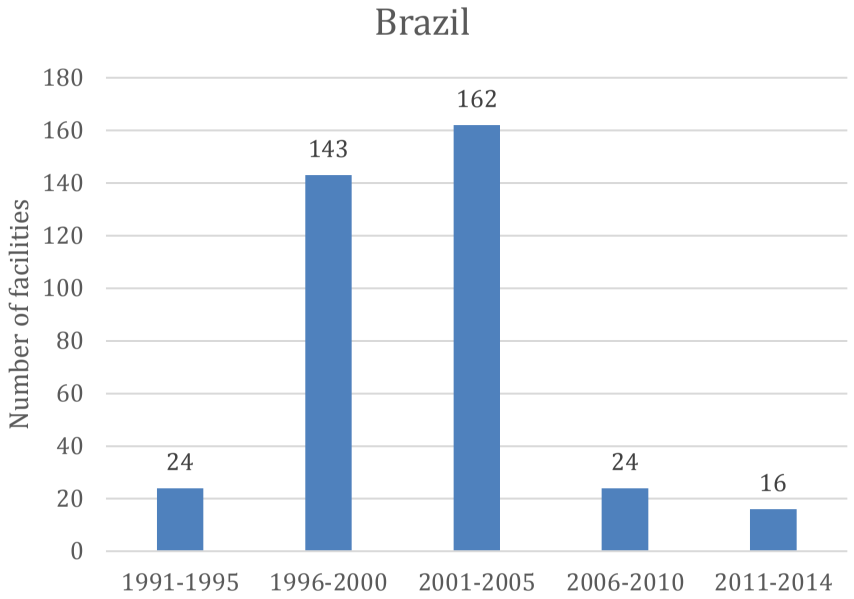


Figure A4.1. Trend in BFHI certifications and recertifications, 1991-2014.

Chile

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Chile	248,879	99.8[a]	23/165 (13.9%)	1/165 (0.6%)	3936	1.6

1 Data source: DEIS MINSAL, 2013

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Calculated from data from DEIS MINSAL, 2013. PAHO Core Data value: 99.8%

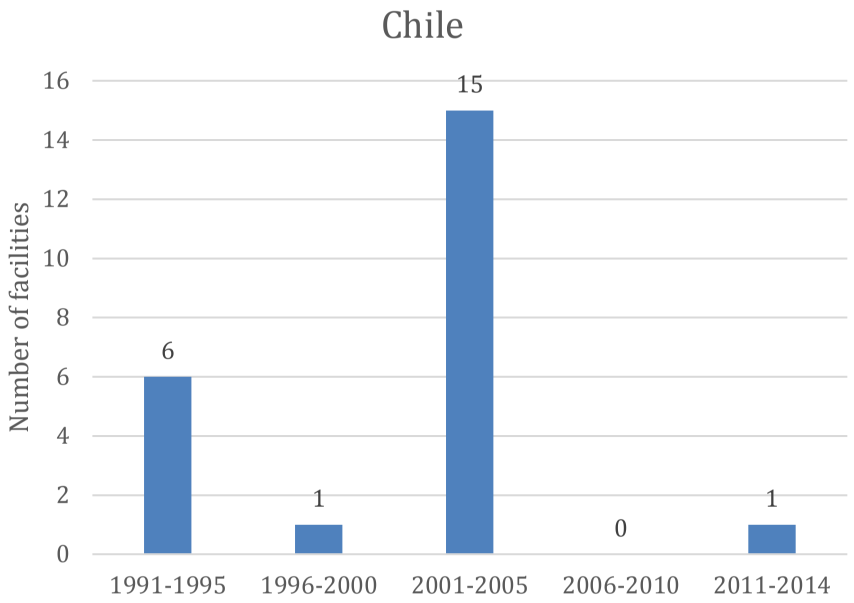


Figure A5.1. Trend in BFHI certifications and recertifications, 1991-2014.

Costa Rica

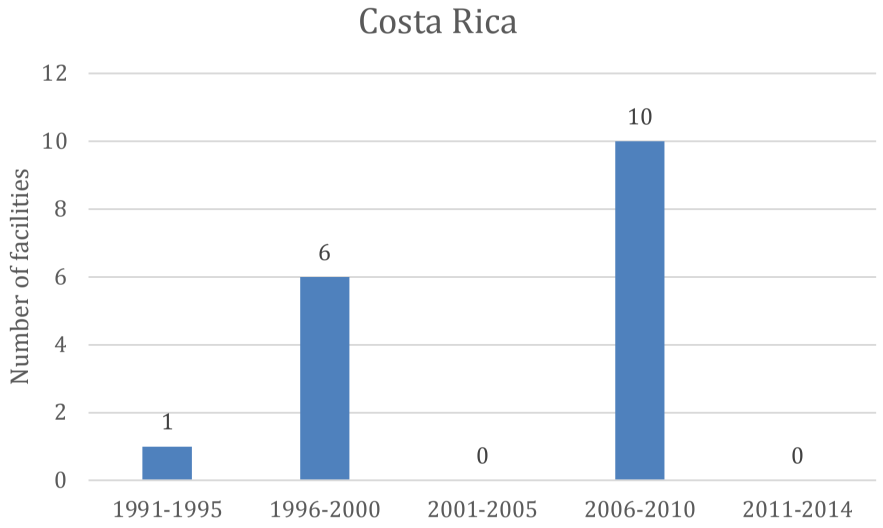
Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Costa Rica	69,242	99.8[a]	10/25 (40%) [b]	1/25 (4.0%)	2,754	4.0

1 Data source: Caja Costarricense de Seguro Social (CCSS), 2012

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Calculated from data from CCSS, 2012. PAHO Core Data value: 99.0%

b Fifteen hospitals are working towards certification.



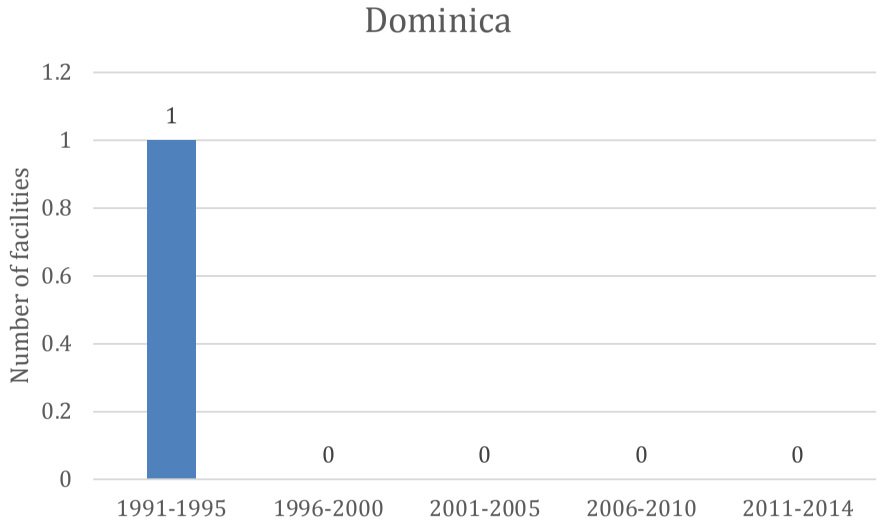
Dominica

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Dominica	947	100.0[a]	1/8 (12.5%)	0/8	0	0

1 Data source: Health Information Unit, 2013.

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: Health Information Unit, 2013; PAHO Core Data value = 97.0%



Dominican Republic

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Dominican Republic	208,786	96.0[a]	12/155 (7.7%)	5/155 (3.2%)	26,424	13.3

1 Data source: Indicadores Basicos de Salud, Republica Dominicana, 2013.

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2012.

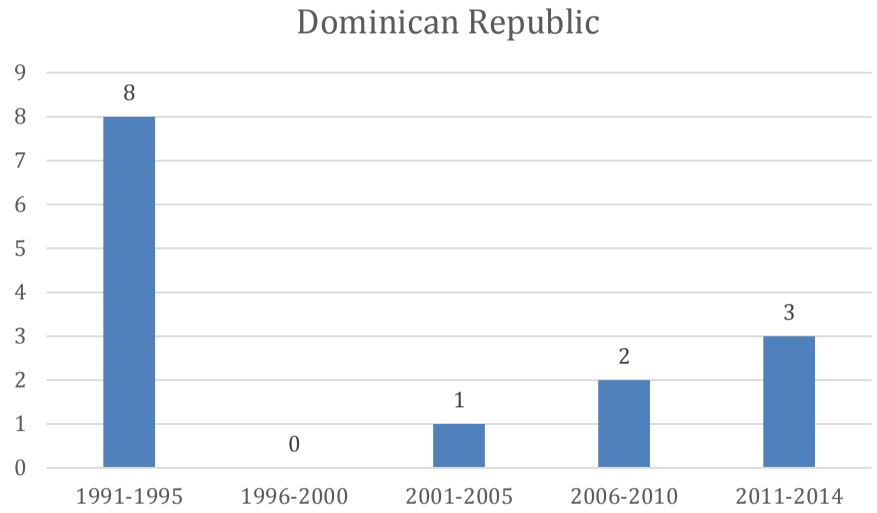


Figure A8.1. Trend in BFHI certifications and recertifications, 1991-2014.

Ecuador

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Ecuador	235,237	83.4[a]	141/211b (66.8%)	12/211 (5.7%)[b,c]	17,781[d]	9.1[d]

1 Data source: Instituto Nacional de Estadistica y Censos, 2012.

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2012

b Country reported that 575 facilities provide "maternity services" and that 32 had been certified between 1991-1999 (5.6%), and 12 recertified since 2008. Follow-up later indicated that 211 Ministry of Health facilities attend deliveries and that between 1993-2010, 141 hospitals were certified. However, additional data on the year of certification/recertification or birth data by facility for these 141 hospitals were not provided, so trend data were not examined. In addition, only the original 12 reported as recertified since 2008, with exact years given, were counted as "recently" certified facilities.

c Twenty facilities that were certified between 1991-99 are working towards recertification. Another 14 are working towards their initial certification.

d Represents birth data for only 12 facilities, which may not be the entirety of the facilities certified since 2008. Thus, the number of births in BFHI-certified facilities as well as the proportion of health facility deliveries occurring in recently certified facilities may be underestimates. Sufficient data were not provided on dates of certification to construct a graph illustrating trends.

El Salvador

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
El Salvador	126,000	99.6[a]	25/28 (89.3%)	9/28 (32.1%)	13,114	15.6

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2012

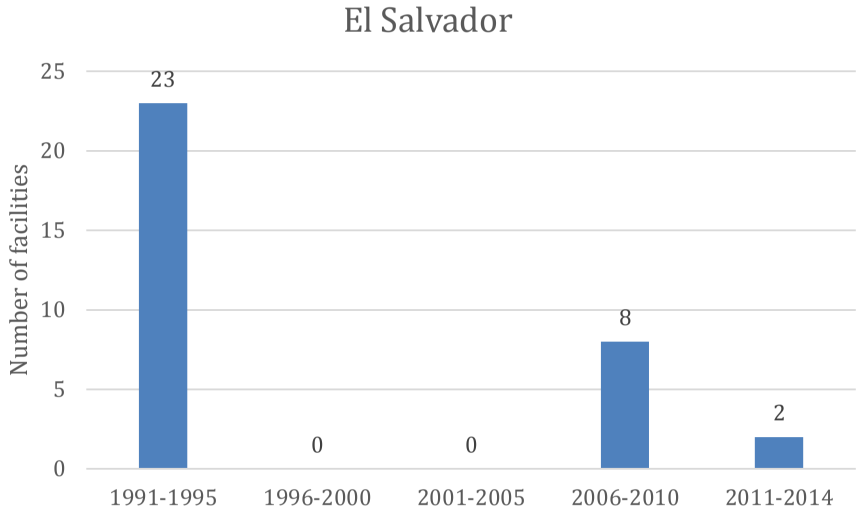


Figure A10.1. Trend in BFHI certifications and recertifications, 1991-2014.

Grenada

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Grenada	2,000	98.0[a]	0/4	0/4	0	0

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2012

Guatemala

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Guatemala	388,613	41.3[a]	9/228 (3.9%)[b]	3/228 (1.3%)[b,c]	5,488	3.4

1 Data source: Instituto Nacional de Estadistica.

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a C alculated from data from Instituto Nacional de Estadistica, 2012. PAHO Core Data value: 43%

b The total number of facilities providing maternity services as reported included 39 hospitals, 4 "local maternity clinics," 5 centers for maternal/infant care and 180 health centers with 24-hour delivery care. The 9 facilities reported as certified were all hospitals (9/39, or 23%).

c Six facilities are working towards certification.

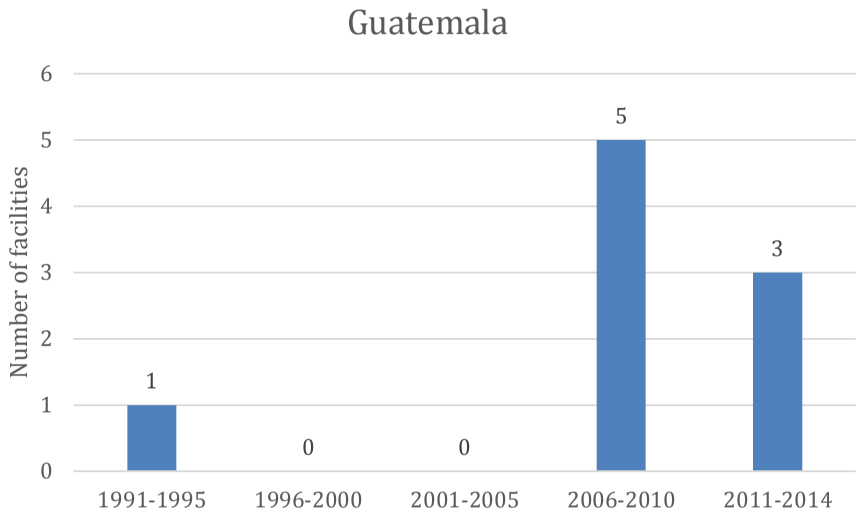


Figure A12.1. Trend in BFHI certifications and recertifications, 1991-2014.

Guyana

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Guyana	13,000	89.0[a]	3/52 (5.8%)[b,c]	0/52	0	0

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Calculated from UN Population Division data, 2011 and Demographic and Health Survey data 2009. PAHO Core Data value: 89%

b Nineteen facilities are working on certification or recertification.

c The 52 facilities providing maternity services includes 32 hospitals and 20 health centers/health posts that do deliveries. All 3 facilities that have been certified are hospitals.

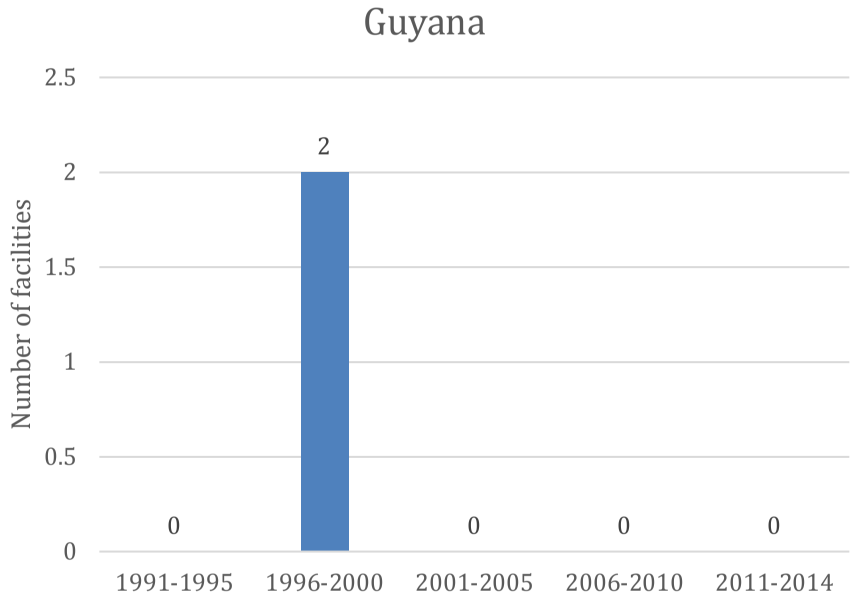


Figure A13.1. Trend in BFHI certifications and recertifications, 1991-2014.

Haiti

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Haití	266,000	36.0[a]	8/389 (2.1%)	1/389 (0.3%)	824	0.9

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2012.

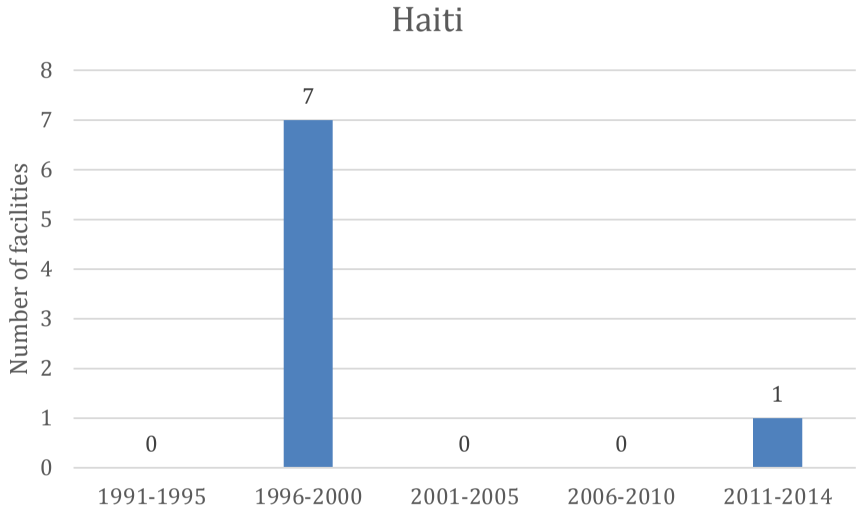


Figure A14.1. Trend in BFHI certifications and recertifications, 1991-2014.

Jamaica

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Jamaica	50,000	99.1[a]	10/26 (38.5%)[b]	0/26[b,c]	0	0

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2012.

b Includes 20 public and 6 private hospitals.

c Two hospitals were planned for recertification in 2014.

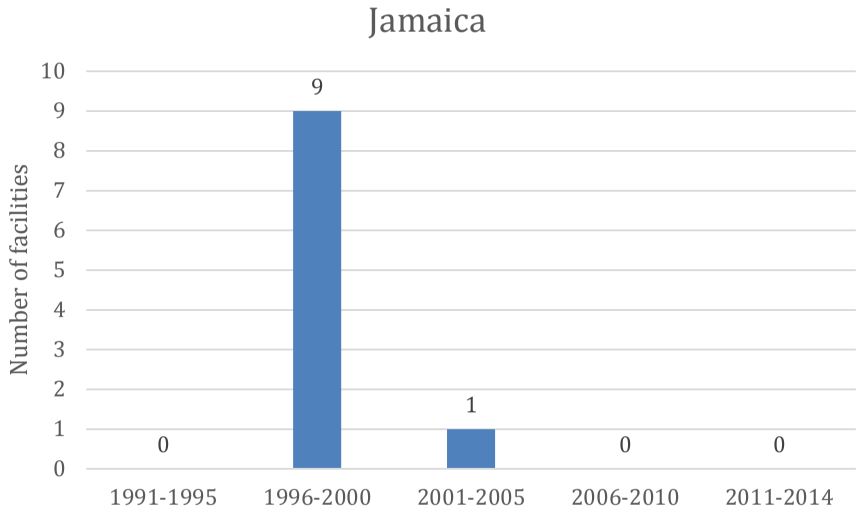


Figure A15.1. Trend in BFHI certifications and recertifications, 1991-2014.

Mexico

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
México	2,206,692	98.2[a]	38/1097 (3.5%)[b]	38/1097 (3.5%)[b]	80,943[c]	3.7

1 Data source: Subsistema de Información sobre nacimientos, 2012

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Calculated from Subsistema de Información sobre nacimientos data, 2012. PAHO Core Data (2012) = 98.1%

b Data represent public hospitals only. Twenty-eight facilities are working towards certification.

c Birth data was missing from 1 hospital.

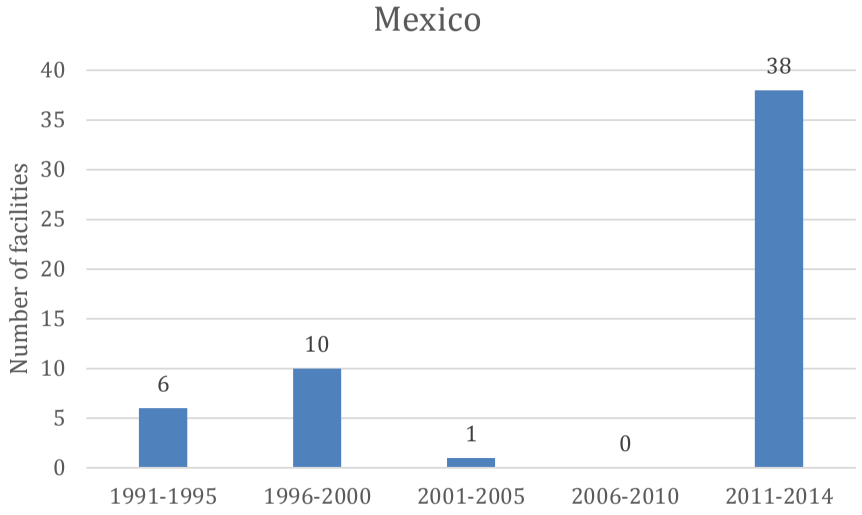


Figure A16.1. Trend in BFHI certifications and recertifications, 1991-2014.

Nicaragua

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Nicaragua	135,443	86.0	19/59 (32.2%)[a]	2/59(3.4%)[b]	12,518	10.7

1 Data source: Ministerio de Salud, Oficina Nacional de Estadisticas Sanitarias, 2012

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Calculated from Ministerio de Salud, Oficina Nacional de Estadisticas Sanitarias, 2012 data. PAHO Core Data (2012) = 84.9%

b The total number of facilities reported providing maternity services (59) includes 19 departmental and regional hospitals, 7 "national referral" hospitals, and 33 primary hospitals.

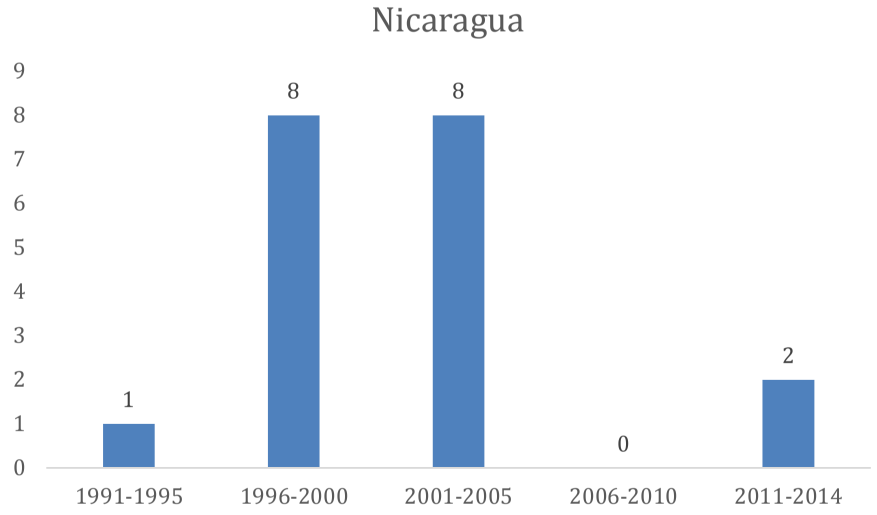


Figure A17.1. Trend in BFHI certifications and recertifications, 1991-2014.

Paraguay

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Paraguay	108,401	100.0[a]	18/248 (7.3%)[b]	1/248 (0.4%)	2,700	2.5

1 Calculated from Dirección General de Estadisticas, 2012 data and Subsistema de Información de las Estadisticas Vitales, 2012. PAHO Core Data (2012) = 95%

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: Dirección General de Estadisticas, 2012

b Data represents public facilities (hospitals, health centers and health posts) only. Most hospitals were certified in 1997.

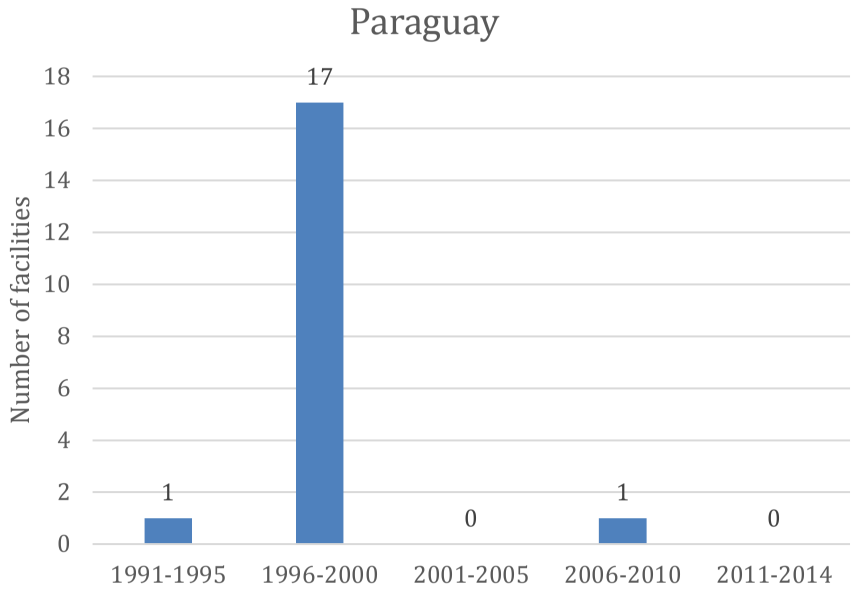


Figure A18.1. Trend in BFHI certifications and recertifications, 1991-2014.

Perú

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Perú	591,000	86.8[a]	8/509 (1.6%)	8/509 (1.6%)	18,166[b]	3.5

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data, 2012.

b Birth data was missing from 2 hospitals.

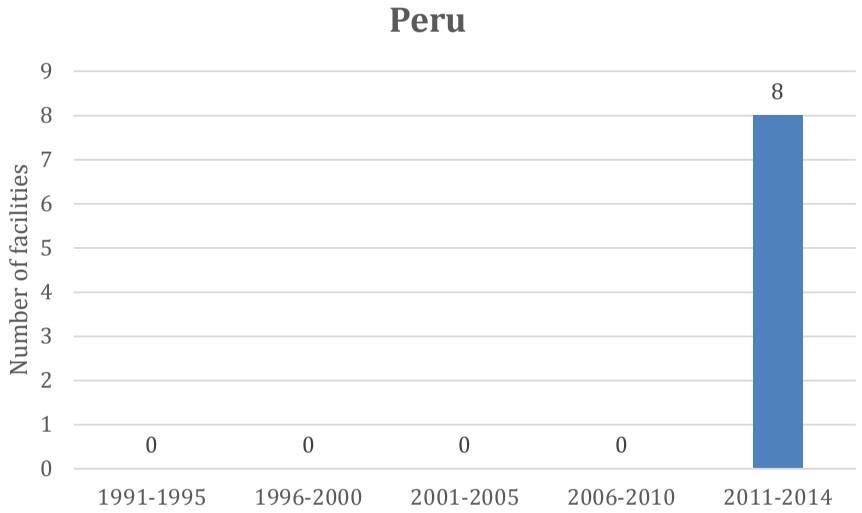


Figure A19.1. Trend in BFHI certifications and recertifications, 1991-2014.

Puerto Rico

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Puerto Rico	41,899	100.0[a]	0/37[b]	0/37	0	0

1 Annual births provided in country survey, though its source was not provided.

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source not provided (2010). PAHO Core Data (2012) value: 99.8%

b Three hospitals are working towards certification.

Saint Kitts and Nevis

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Saint Kitts and Nevis	556	98.4[b]	0/2[c]	0/2	0	0

1 Data source and year not provided.

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

b Data source: Ministry of Health (2013). PAHO Core Data (2012) value: 100%

c Two hospitals are working towards certification.

Saint Vincent and the Grenadines

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Saint Vincent and the Grenadines	1,763	97.4[a]	1/6 (16.7%)[b]	0/6	0	0

1 Data source: Health Information Unit, Ministry of Health (2013)

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: Milton Cato Memorial Hospital (maternity ward) Obstetric Register Community Nursing Service; PAHO Core Data (2012) value: 99.2%

b The survey reported 46 health facilities providing maternity services, but also provided data for 6 hospitals which attended 97% of the births in 2013.Therefore we assumed a misinterpretation of the meaning of "maternity services" and used 6 as the denominator for number of health facilities attending deliveries.

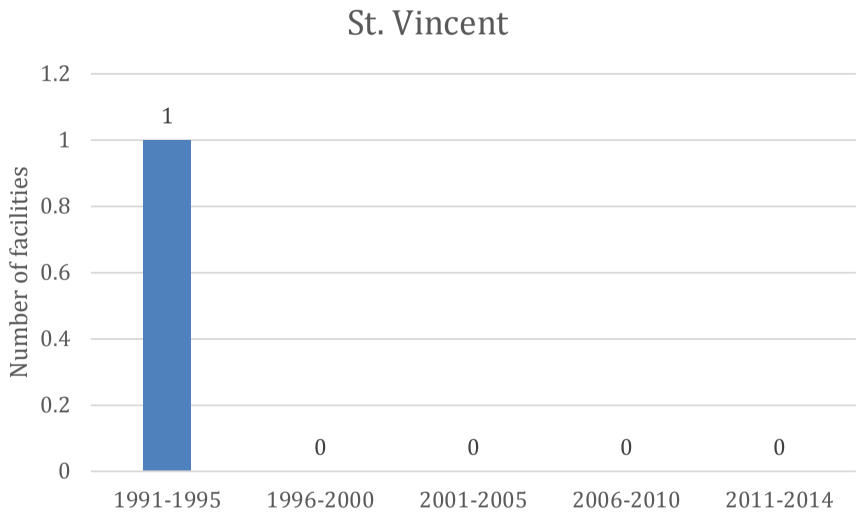


Figure A22.1. Trend in BFHI certifications and recertifications, 1991-2014.

Trinidad and Tobago

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Trinidad and Tobago	14,322	98.8[a]	1/6 (16.7%)	0/6	0	0

1 Data source: Annual Utilization Report, 2013.

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: Annual Utilization Report, 2013. PAHO Core Data (2012) value: 100%

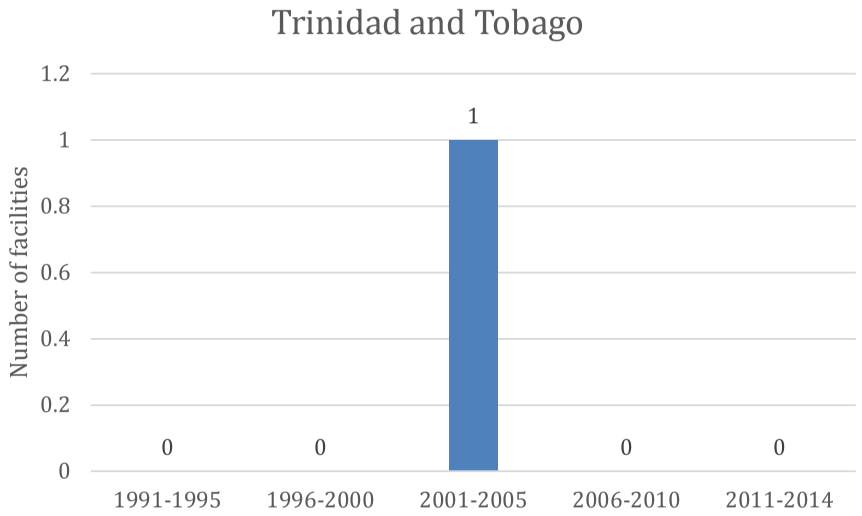


Figure A23.1. Trend in BFHI certifications and recertifications, 1991-2014.

Uruguay

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Uruguay	49,000	99.5[a]	54/64[b] (84.4%)	54/64 (84.4%)	36,644	75.2

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: PAHO Core Data 2012.

b Represents 45 public hospitals and 19 public hospitals.

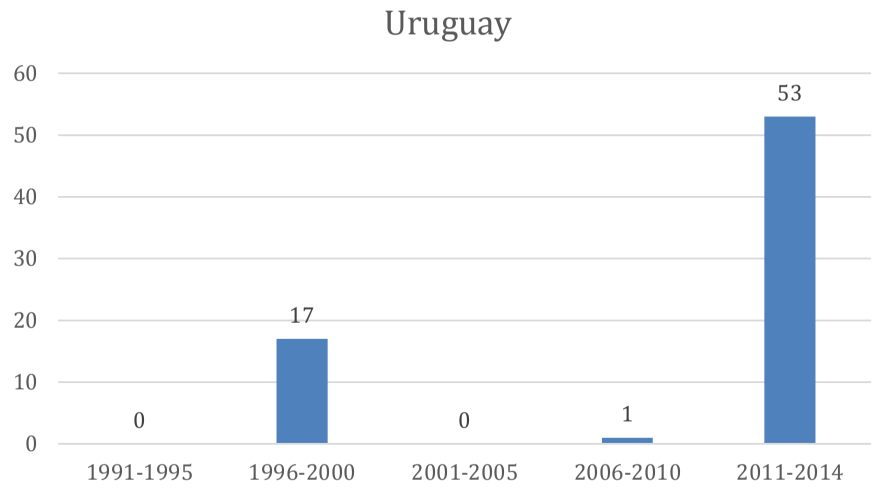


Figure A24.1. Trend in BFHI certifications and recertifications, 1991-2014.

Venezuela

Country	Annual number of births (2012)[1]	Deliveries occurring in health facilities, 2010-2013 (%)[2]	Health facilities with maternity services *ever* BFHI certified (%)	Health facilities with maternity services *recently* BFHI certified (since 2008) (%)	Number of births (2012) in recently BFHI certified facilities (since 2008)	Deliveries in recently BFHI certified facilities (since 2008) (%)
Venezuela	598,000	86.7[a]	19/279 (6.8%)[b]	0/279[b]	0	0.0

1 United Nations Population Division data, 2011, (available at http://www.unicef.org/sowc2013/files/Table_1_Stat_Tables_SWCR2013_ENGLISH.pdf, accessed October 15, 2014).

2 The proportion of births occurring in health facilities was calculated from data provided by countries whenever possible and may differ slightly from global database estimates of proportion of births occurring in health facilities (e.g., PAHO Core Data).

a Data source: Sistema de Información de Salud (2012). PAHO Core Data (2012) value: 95.7%

b Data represent public hospitals only.

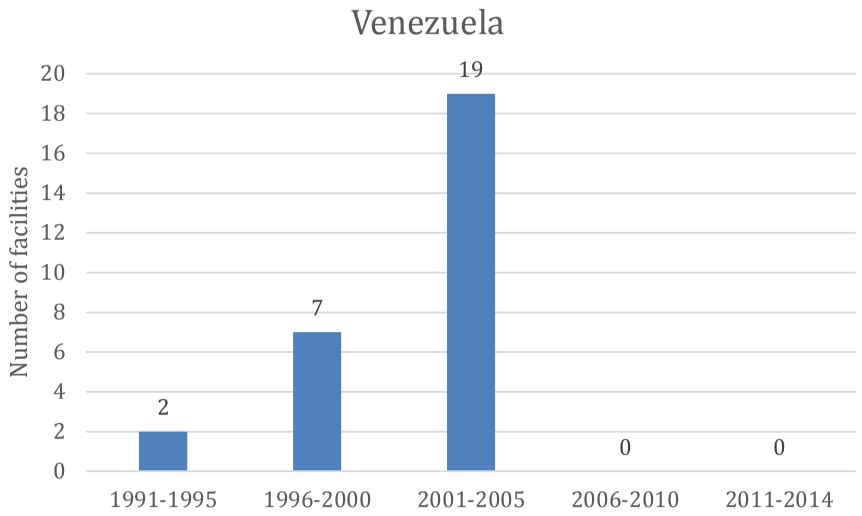


Figure A25.1. Trend in BFHI certifications and recertifications, 1991-2014.

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

525 Twenty-third St. N.W.,
Washington, D.C. 20037

Tel: 202.974.3000
Fax: 202.974.3724

www.paho.org/childfeeding

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