

Baby-Friendly Community Health Services Norway (Best Practice)

Meeting in Rome 10. – 11. October 2024 Ann-Magrit Lona and Anne Bærug





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Baby-Friendly Community Health Services:

A designation for community health services that have been approved based on criteria adapted from the WHO/UNICEF's Baby-Friendly Hospital Initiative, tailored specifically for community health services.

This means, among other things, that the community health services comply with the six steps of the Baby-Friendly Community Health Services (adapted from the WHO/UNICEF's Ten Steps to Successful Breastfeeding).







EU Best Practice for the prevention of NCDs (2022): The Baby-Friendly Community Health services

- strengthening breastfeeding support after hospital discharge

Documented effectiveness

Possible replicability to other settings

Sustainability

Ethically soundness, relevance, stakeholder participation

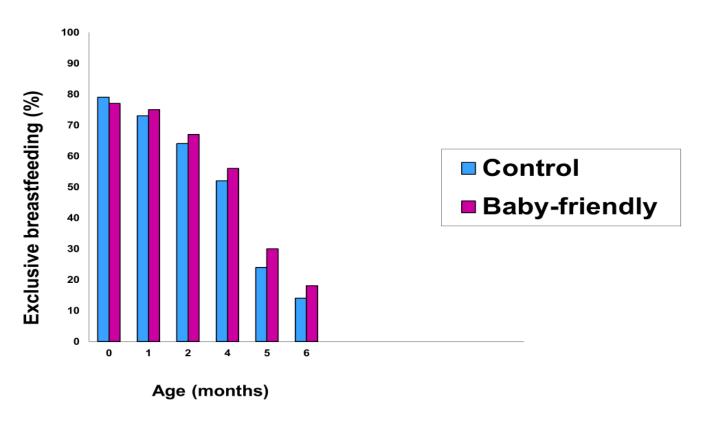
Cost-effectiveness



Stepien et al. European public health best practice protal – process and criteria for best practice assessment. Arch Pub Health (2022)

The Baby-Friendly Community Health Services increased the duration of exclusive breastfeeding until 6 months





Bærug et al. Effectiveness of *Baby-friendly community health services* on exclusive breastfeeding and maternal satisfaction: a pragmatic trial. Maternal & Child Nutrition 2016; 12: 428-39.





Six steps: Baby-Friendly Community Health Service (BFCHS)

An adaption of WHO/UNICEFs ten steps of successful breastfeeding



Step 1



Step 1a: Comply fully with the WHO International Code of marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions

Step 1b: Have a written infant feeding policy that is routinely communicated to staff and parents.

Step 1c: Establish ongoing monitoring of compliance with the Baby-Friendly Standard in the community health services datamanagement systems.





Steps 2, 3 and 4

Step 2: Ensure that staff have sufficient knowledge, competency, and skills to support breastfeeding.

Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families.

Step 4: Establish a coordinated chain of support between antenatal care, maternity/neonatal units, and the community health services











Step 5 and 6



Step 5: Support mothers to initiate and maintain breastfeeding and manage common difficulties.



Step 6: Provide the support mothers need to enable them to breastfeed exclusively for about six months, with continued breastfeeding along with introducing appropriate complementary foods for up to 1 year of age or longer if mutually desired.







How to Become a Baby-Friendly Community Health Service (BFCHS)

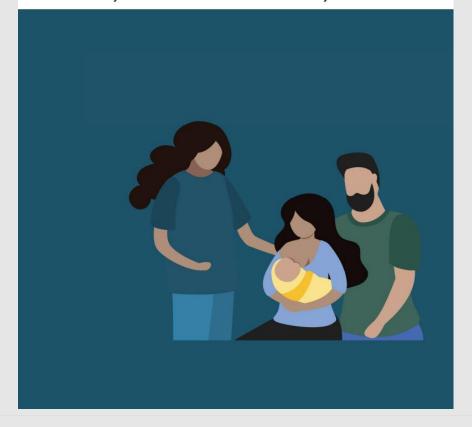
Health services for antenatal, maternal, and infant care (0-2 years)





Guidance for the Baby-Friendly Community Health Services

An adaption of the WHO/ Unicef Baby-Friendly Standard for the community maternal and child health services in Norway.









Forms for health services in the designation process - translations

Summary Form – Mapping

BF Status Oppsummeringsskjema for registrering av ammestatus 7 FHI Tøm skjema Registrering ble avsluttet: Antall 5 måneder gamle barn som har vært til konsultasjon i perioden: Antall og prosentvis andel av de 5 måneder gamle barna som har Antall 1 år gamle barn som har vært til konsultasjon i perioden: Antall og prosentvis andel av de 1 år gamle barna som har • fått morsmelk ved siden av annen ernæring? ______ barn _____ prosent · ikke fått morsmelk ved siden av annen ernæring? Send inn skjema til FHI v/Enhet for amming

Self-Assessment

Skjemaet skal fylles ut som en del av prosessen Dersom alle helsestasjonene i en kommune/by skjema. Dersom praksisen er ulik mellom helse		ger helsestasjone		
Husk at alle nødvendige felter må være fylt ut, send inn-knappen på siste side skal fungere.	, og at du må ha skjen	aet åpent i skriv	ebordsprogram	(ikke i nettleser), for at
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	tasjonen(e)	som skje	maet gjel	lder for
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Reflection Notes

Refleksjonsnotat etter selvevaluering	🤊 F
Notatet fylles ut som en del av prosessen for helsestasjoner som ensker godkjenning son Refleksjonsnotatet fylles ut <u>etter</u> at selvevalueringsskjemaet er ferdigstilt.	Ammekyndig helsestasjon.
Ta utgangspunkt i det dere har skrevet i selvevalueringsskjemaet og tenk gjennom hvor d petanse, rutiner og prosedyrer rundt ammeveiledning i kommunen per i dag? Hva vil der kommunens ammeprosedyre? Tekk også frem mangler og utfordringer som tjenesten t dere tenker må på plass for at dere skal bli en Ammekyndig helsestasjon.	ta med dere når dere skal lage
	Tøm skjem
Våre refleksjoner:	

Registration of

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Spør foreldre Husk: årsake informasjon (ne hva barn til hvorfor om ammesit	et har fått de siste 24 mødre starter med ar uasjonen i kommuner	ingen av ammeforekomst ved helsestasjonen 4 timene. Innen mat/drikke eller avslutter amming, er vik n og hva som er nyttig at dere jobber videre n h	itig å notere ned; det gir my ned.
Registrerin	g påbegyi	nt:		
Barn nr.	Alder	Ammestatus* F= fullammet D= delvis I= ingen amming	Kommenter kort årsak ved delvis/ ingen amming	Signatur
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	+			
	-			
1				





Helsedirektor

Flowchart for Baby-friendly Child Health services



ventNCD





Child health centers that wish to become Baby-friendly Child Health services should contact The Norwegian Directorate of Health via ammekyndig@helsedir.no (the email address is also used for submissions related to steps 1-7).



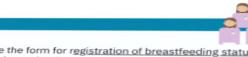
You will be assigned a contact person from The Norwegian Directorate of Health who will send you a welcome letter with information about the process. as well as advice on organizing



Fill out and submit the selfassessment form and reflection note after the self-assessment.



You can find the forms at www.fhi.no/ammekyndig



Use the form for registration of breastfeeding status to record the breastfeeding status for over one month, and compile the results in the summary form for registration of breastfeeding status. Also fill out the reflection note after registering breastfeeding status, and submit this along with the summary



Small health clinics that (due to fewer children) take longer can conduct the registration in parallel with steps 2 and 3.

Stage 4



The Norwegian Directorate of Health evaluates, provides feedback, and approves the breastfeeding policy. The health centre implements it and fills out and submits the reflection note for implementing the breastfeeding policy.







Develop and submit a locally adapted breastfeeding policy based on the template for developing a breastfeeding policy.



You can find the template at www.fhi.no/ammekyndig

Stage 2



Knowledge update for the staff at the health centre. Use the documents for documentation of orientation for doctors and the training/update plan for midwives and public health nurses to document training and

Working group at the health clinic



You can find the document at www.fhi.no/ammekyndig



The contact person at The Norwegian Directorate of Health provides feedback on the submitted forms before guiding you through step 2.

Stage 5



The health centre conducts a user survey in the health centre services and maternity care in the municipality. The Norwegian Directorate of Health evaluates, provides feedback, and approves the user survey.

To be done 4-6 months after the breastfeeding policy has been implemented.

Stage 6



The Norwegian Directorate of Health approves the health centre as a Baby-friendly Child Health service!

Stage 7



New assessment of breastfeeding status. Use the form for registering breastfeeding status to record breastfeeding status for over one month, and compile the results in the summary form for registering breastfeeding status. Also fill out the reflection note after registering breastfeeding status, and submit this along with the summary form.



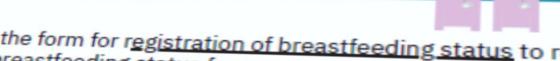
This happens 1 year after approval.

Stage 1. Self-assessment questionnaire and mapping of breastfeeding prevalence

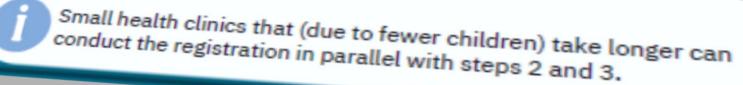
Stage 1

Fill out and submit the selfassessment form and reflection note after the self-assessment,

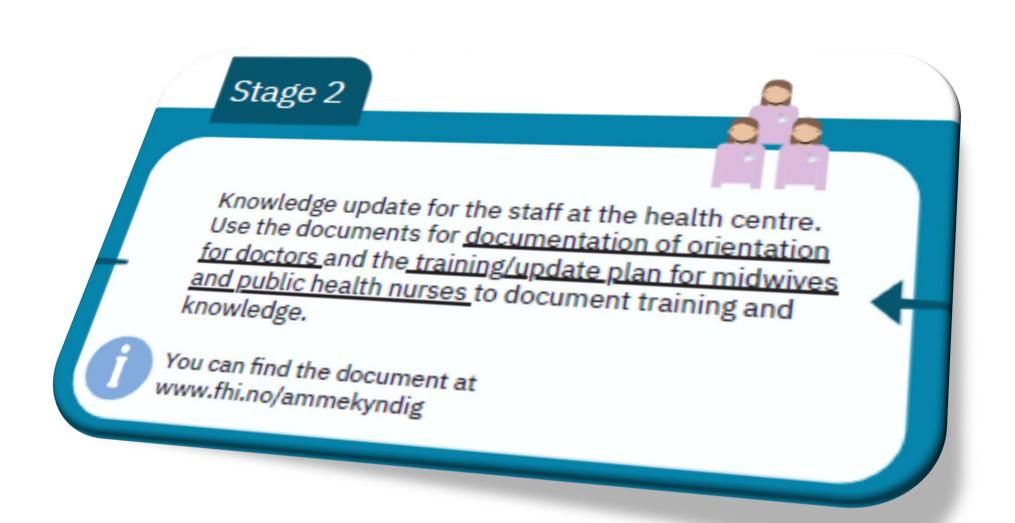
You can find the forms at www.fhi.no/ammekyndig



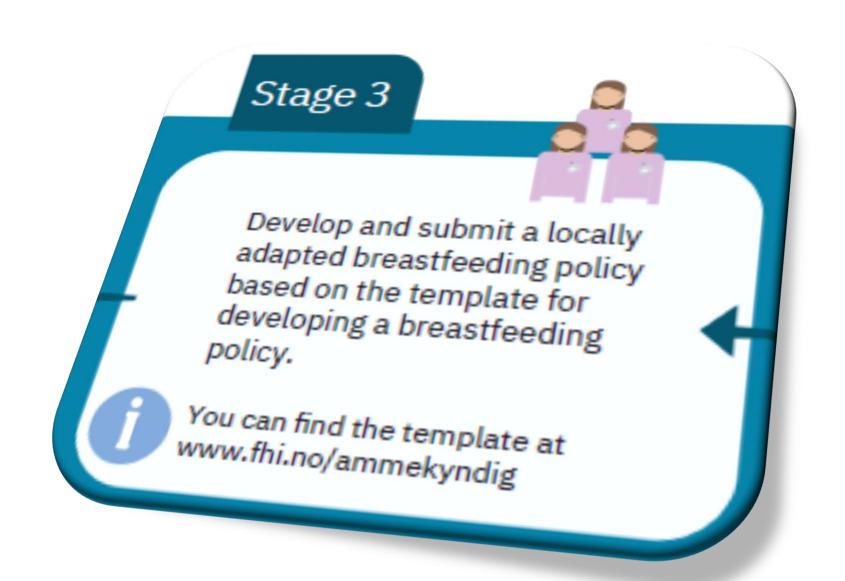
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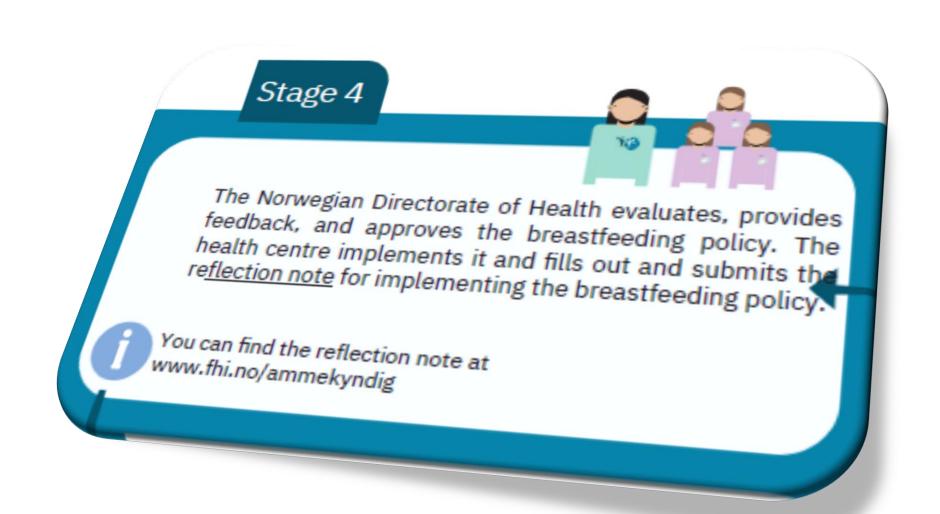
Stage 2. Ensure that staff have sufficient knowledge, competency and skills to support breastfeeding.



Stage 3. Development of a local infant feeding policy



Stage 4. External evaluation and approval of the infant feeding policy.



Stage 5. User survey



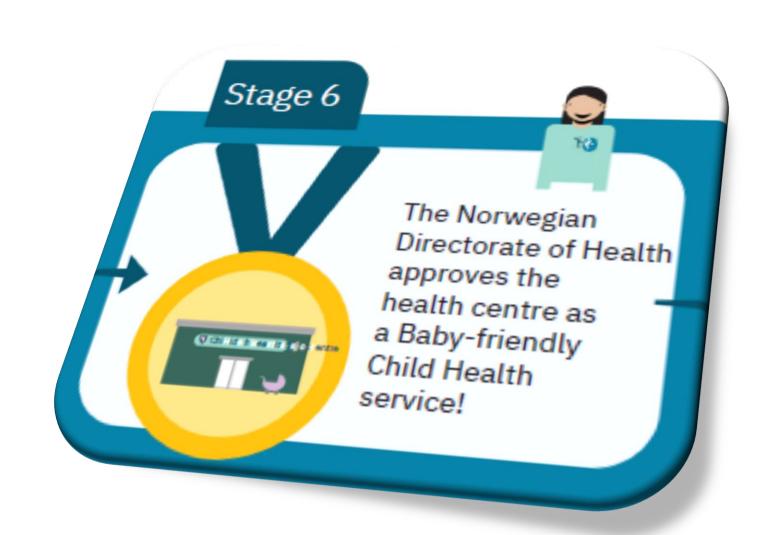


The health centre conducts a user survey in the health centre services and maternity care in the municipality. The Norwegian Directorate of Health evaluates, provides feedback, and approves the user survey.



To be done 4-6 months after the breastfeeding policy has been implemented.

Stage 6. Approval as a Baby-Friendly Community Health Service



Stage 7. New assessment of breastfeeding prevalence one year after designation

Stage 7



New assessment of breastfeeding status. Use the form for registering breastfeeding status to record breastfeeding status for over one month, and compile the results in the summary form for registering breastfeeding status. Also fill out the reflection note after registering breastfeeding status, and submit this along with the summary form.

This happens 1 year after approval.



Tools for Supporting the Six Steps in Community Health Services

free and easily accessible









Try it!
Scan the code
to see the course



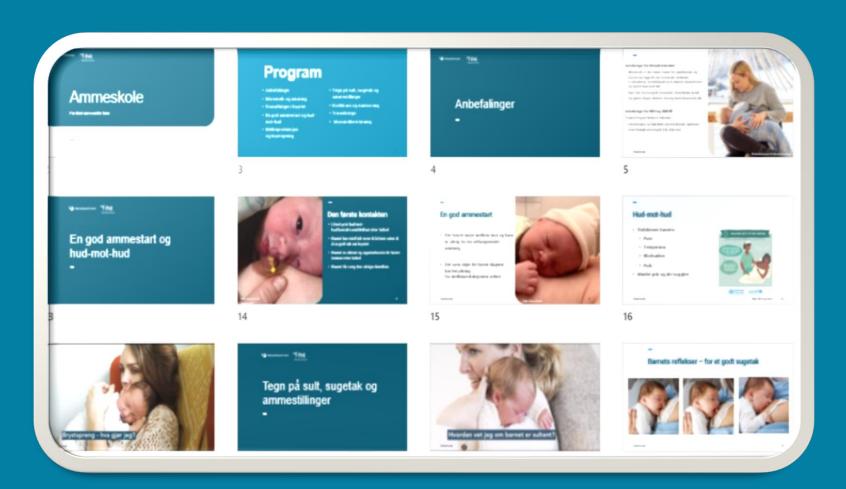
AN E-LEARNING COURSE ON BREASTFEEDING COUNSELLING FOR STUDENTS AND HEALTH PROFESSIONALS

- ✓ Module 1. Introduction
- Module 2. Protecting, promoting, and supporting breastfeeding
- Module 3. Initiate and maintaining breastfeeding and basic breastfeeding support
- ✓ Module 5. Special Conditions in Mother and Child
- ✓ Module 6. Case Studies and Knowledge Test





""Breastfeeding School" for use in antenatal care







Online Resources on infant nutrition

Breastfeeding, Formula feeding, Solids/complementary feeding, Vitamin supplements

- 70 videos
- Short texts
- Voiceover
- Multiple languages



For parents:

To provide safe and concise information on infant nutrition from a reliable source.

For health personnel:

To provide a reliable tool for use in the guidance of parents.







"If we change the beginning of the story, we change the whole story"









Thank you!



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