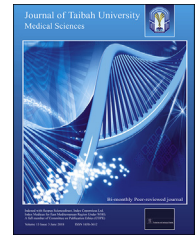




Taibah University  
**Journal of Taibah University Medical Sciences**

[www.sciencedirect.com](http://www.sciencedirect.com)



Brief Communication

## The Baby-friendly Hospital Initiative and Qatar, 2016

Mohamad A. Chehab, MBBCh<sup>a,\*</sup>, Nagah A.A. Selim, PhD<sup>b,1</sup> and Rayan Itani, MBBCh<sup>c,1</sup>

<sup>a</sup> *Community Medicine Department, Hamad Medical Corporation, Doha, Qatar*

<sup>b</sup> *Department of Public Health and Preventive Medicine, Faculty of Medicine, Cairo University, Cairo, Egypt*

<sup>c</sup> *Obstetrics and Gynaecology Department, Hamad Medical Corporation, Doha, Qatar*

Received 22 November 2017; revised 3 March 2018; accepted 6 March 2018; Available online 29 March 2018



### Abstract

Breastfeeding instills countless benefits that extend beyond the infant and child to the entire nation. One of the global targets set by the WHO to improve maternal, infant, and young child nutrition is to increase the rate of exclusive breast-feeding “in the first 6 months” up to at least 50% by 2025.<sup>3</sup> Thus, as a global endeavor to promote and sustain breastfeeding, the WHO and UNICEF launched the Baby-friendly Hospital Initiative (BFHI) 1 year after the Innocenti Declaration of 1990. Regarding the State of Qatar, there was a 34% rate of early initiation of breastfeeding “within the first hour of birth” and a 29% rate of exclusive breastfeeding between 2010 and 2015. In Qatar during 2016, many obstacles in achieving the aforementioned global target remained. In addition, there are still no hospitals with a BFHI accreditation.

**Keywords:** Baby-friendly Hospital Initiative; Breastfeeding; Maternal health; Qatar

© 2018 The Authors.

Production and hosting by Elsevier Ltd on behalf of Taibah University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

\* Corresponding address: Community Medicine Department, Hamad Medical Corporation, Ibn Jaroud Street, Bin Mahmoud, Doha, Qatar.

E-mail: [mohamadchehab1989@gmail.com](mailto:mohamadchehab1989@gmail.com) (M.A. Chehab)

Peer review under responsibility of Taibah University.



Production and hosting by Elsevier

<sup>1</sup> These authors contributed equally to this work.

Breastfeeding instills countless benefits that extend beyond the infant and child to the entire nation. For the infant, benefits include but are not limited to supply of their total nutritional requirements, protecting them against malnutrition, and preventing respiratory and gastrointestinal illnesses. In addition, breastfeeding protects against Sudden infant death syndrome, diabetes, hypertension, dyslipidemia, and certain cancers later in life. Mothers benefit from breastfeeding as well, as breastfeeding women have lower rates of breast and ovarian cancers, type II diabetes, and postpartum depression. At the national level, there is reduced use of resources to acquire infant formula and hospital utilities needed to treat the resulting diseases and infections. That is especially important in regions where water supplies are not safe and impoverished persons cannot afford infant formula.<sup>1,2</sup>

One of the global targets set by the WHO to improve maternal, infant, and young child nutrition is to increase the rate of exclusive breast-feeding “in the first 6 months” up to at least 50% by 2025.<sup>3</sup> According to the 2015 World Health Statistics, 40% of infants in the Eastern Mediterranean Region received exclusive breastfeeding during the first six months. During the same year, the Middle East and North Africa Area had a 35% rate of early initiation “within the first hour of birth” of breastfeeding and a 40% rate of exclusive breastfeeding.<sup>4</sup> Between 2010 and 2015, there was a 34% rate of early initiation of breastfeeding and a 29% rate of exclusive breastfeeding in Qatar according to the Infant, Youth, and Child Feeding (IYCF) database.<sup>5</sup>

A study conducted by Al-Kohji et al. found a 57% rate of early initiation of breastfeeding, 18.9% rate of exclusive breastfeeding under 6 months, and a 49.9% rate of continued breastfeeding at one year among Arab mothers attending primary health care centers in Qatar. Furthermore, the study revealed that 97.9% of children were ever breastfed, the rate of continued breastfeeding at 2 years old was 45.4%, and the

rate of predominant breastfeeding during infancy was 11.9%. The proportion of children who were appropriately breastfed was 29%. The rate of “newborns kept in the mother’s hospital room instead of a nursery” was 43.9%.<sup>6</sup>

Furthermore, a study by Sidra Medical and Research Centre concluded that many mothers in Qatar discontinued breastfeeding after 40 days or three months because of lack of information and access to professional lactation support. Another finding was that traditional practices involving feeding the newborn sugar water or anise water have a great pull over many new and young mothers. Many participants mentioned that breastfeeding for a long period is troublesome because of the relatively tight maternity leave offered (two months).<sup>7</sup> Similarly, Qatar’s labor law grants women up to 15 days of paid leave prior to delivery, and 35 days of paid leave following birth, provided that the employee has worked at an organization for a full year. New mothers are given at least 1 h of each working day for “nursing time” during the first year of the baby’s life.<sup>8</sup>

As a global endeavor to promote and sustain breastfeeding, the WHO and UNICEF launched the Baby-friendly Hospital Initiative (BFHI) in 1991, one year after the Innocenti Declaration.<sup>9</sup> Furthermore, these practices were later designated as the “Ten Steps to Successful Breastfeeding,” including Promotion (Steps 1 and 3) of optimal feeding, Support (Steps 2, 4, 5, 8, 9, and 10) for practices of optimal infant feeding, and Protection (Steps 6 and 9) from destructive practices. Since its launch, the BFHI has diffused globally, with more than 20,000 hospitals in 152 countries receiving “baby-friendly” accreditation.<sup>10</sup> To become accredited, health facilities must demonstrate a 75% exclusive breastfeeding rate among mothers on discharge, adhere to the “International Code of Marketing Breast-milk Substitutes,” and implement the “Ten Steps to Successful Breastfeeding.”<sup>11</sup> Accredited hospitals can become a referral center as well as, in some countries, benefiting from financial incentives for obstetric procedures.<sup>12</sup>

In Qatar during 2016, many obstacles in achieving the aforementioned global target remained. In addition, there are still no hospitals with a BFHI accreditation. Given the short and long-term benefits of breastfeeding to the infant, mother, and society, implementing BFHI – alongside the other objectives stated in the Global Strategy for Infant and Young Child Feeding – continues to have an important role to play in health services worldwide.<sup>10</sup>

#### Authors’ contributions

All the authors contributed equally to the conception and designing of the study. All authors participated in the implementation process and finalization of the manuscript.

All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

#### Conflict of interest

The authors have no conflict of interest to declare.

#### References

1. Bhutta Z, Lobbok M. Scaling up breastfeeding in developing countries. *Lancet* 2011; 378(9789): 378–380.
2. Goldman AS. Evolution of immune functions of the mammary gland and protection of the infant. *Breastfeed Med* 2012; 7(3): 132–142.
3. Global Targets 2025 [Internet]. World Health Organization. [cited 2018 Feb 3]. Available from: <http://www.who.int/nutrition/global-target-2025/en/>.
4. *World health statistics 2017*. Geneva: World Health Organization; 2017.
5. Infant and young child feeding (IYCF) data – UNICEF DATA [Internet]. UNICEF DATA. 2018 [cited 2018 Feb 3]. Available from: <https://data.unicef.org/data/infant-young-child-feeding/>.
6. Al-Kohji S, Said HA, Selim NA. Breastfeeding practice and determinants among Arab mothers in Qatar. *Saudi Med J* 2012 Apr; 33(4): 436–443.
7. Lopes S, Laignier M, Primo C, Leite F. Baby-friendly Hospital Initiative: evaluation of the ten steps to successful breastfeeding. *Revista Paulista de Pediatria* 2013; 31(4): 488–493.
8. Breastfeeding in Qatar – Sidra Medicine [Internet]. Sidra.org. 2018 [cited 2018 Feb 3]. Available from: <http://www.sidra.org/breastfeeding-in-qatar/>.
9. The WHO Department of Nutrition for Health and Development, WHO. Baby-friendly Hospital Initiative [Internet]. Geneva: WHO; updated 2016; (cited 2016 May 17). Available from: <http://www.who.int/nutrition/topics/bfhi/en/>.
10. World Alliance for Breastfeeding Action, WABA. Baby-friendly Hospital Initiative [Internet]. Penang: WABA; updated 2016; (cited 2016 May 17). Available from: <http://waba.org.my/healthcare-research/baby-friendly-hospital-initiative>.
11. The e-Library of Evidence for Nutrition Actions (eLENA), WHO. Implementation of the Baby-friendly Hospital Initiative [Internet]. Geneva: WHO; updated July 2013; (cited 2016 May 17). Available from: [http://www.who.int/elena/bbc/implementation\\_bfhi/en/#R9](http://www.who.int/elena/bbc/implementation_bfhi/en/#R9).
12. Articles 96, 97/Law No (14) of the Year 2004(Qatar Labor Law), State of Qatar [statue on the internet]. c2016 [cited 2016 July 28]. Available from: <http://qatarlaborlaw.com/qatar-labor-law/>.

**How to cite this article:** Chehab MA, Selim NAA, Itani R. The Baby-friendly Hospital Initiative and Qatar, 2016. *J Taibah Univ Med Sc* 2018;13(3):309–310.