



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 7, 2007

ADMINISTRATIVE ORDER
No. 2007-0026

SUBJECT: Revitalization of the Mother-Baby Friendly Hospital Initiative in Health Facilities with Maternity and Newborn Care Services

I. RATIONALE

The WHO experts on child health estimates that 19% of under five (5) year-old deaths in the Philippines can be traced to inappropriate feeding practices including formula feeding. In the first two (2) months of life, an infant who is not breastfed is up to twenty—five (25) times more likely to die from diarrhea and four (4) times more likely to die from pneumonia than an exclusively breastfed child.

Only sixteen percent (16%) of infants at five (5) months of age were exclusively breastfed. Thirty-nine percent (39%) are using infant formula in their first twelve (12) months of life. Thirteen percent (13%) of infants were never breastfed, making the Philippines the lowest in ever—breastfed rates among fifty-six (56) countries that have conducted a Demographic Health Survey (DHS) in the past ten (10) years.

In 2003, the infant mortality rate (IMR) was 29 per 1000 live births. Improvements in the health and nutrition status of infants and young children through exclusive and extended breastfeeding as well as proper complementary feeding will significantly contribute to the achievement of the Millennium Development Goal (MDG) of reducing infant mortality by two-thirds by the year 2015.

Almost all children can be breastfed and the decision of the pregnant mother to breastfeed starts even before the delivery of the newborn. It is therefore in the health facilities where the opportunity to drive across the message to breastfeed can be initiated and nurtured by providing emphasis on the greater social roles of the health

The results of the National Demographic Health Survey (NDHS) conducted in 2003 showed that deliveries attended by health professionals or those delivered in health facilities are less likely to be breastfed.

The Mother-Baby Friendly Hospital Initiative Program of the Department of Health was launched in 1992 pursuant to RA 7600 otherwise known as the "Rooming-In and Breastfeeding Act of 1992".

To implement this Act, all hospitals, both government and private offering maternity and newborn care services may be accredited as Mother-Baby Friendly by implementing the Ten Steps to Successful Breastfeeding which is a nationally adopted UNICEF/WHO global criteria.

The Mother-Baby Friendly Hospital Initiative (MBFHI) aims to facilitate and protect breastfeeding in private and public hospitals and help mothers and their newborns start with breastfeeding soon after birth. MBFHI in the Philippines reached a peak in the late nineties, when the Department of Health certified 1,427 or 83% of the 1,713 targeted hospitals and lying-in clinics.

However, MBFHI implementation weakened due to several factors. In 2006, a retrospective study conducted by the University of the Philippines (UP) on the Philippine MBFHI experience in 15 regions covering 98 government and private hospitals revealed poor compliance to the ten steps to successful breastfeeding. The study showed that while 92.9% of the participating hospitals sustained its accreditation, the breastfeeding policies were communicated only during orientation in 59.1% of respondents and during meetings in 42%.

Fifty-two percent (52%) of the participating hospitals had lactation coordinators. The survey showed that in only 63% were the mothers assisted in the initiation of breastfeeding Within half an hour of birth; while only 52% of post-partum mothers were assisted to breastfeed and maintain lactation. A significant proportion of hospitals, 60.2%, allowed provision of milk formula in specific circumstances while only 43% of personnel did not allow food or drinks other than breastmilk.

A significant number of the babies were provided non-breastmilk for the following reasons: mother is incapable of breastfeeding or is sick (35.7%); baby is sick (21.4%); mother refused to breastfeed (5.9%); doctor's order (1.7%); baby had cleft palate (2.1%); mother delivered by Caesarean Section (1.7%); it is hospital routine to give water and sugar (1.3%). Only 27.6% of health facilities fostered the establishment of breastfeeding support groups.

As such, appropriate interventions and enabling mechanisms should be revitalized to protect, promote and support/sustain breastfeeding practices within health facilities.

Reassessment of previously certified hospitals need to be done, assess new ones and continue capacity building of health workers. There is a need to integrate mother—friendly indicators such as positioning during labor and delivery, initiation/skin to skin contact in vaginal/abdominal deliveries, minimal use of anesthesia and episiotomies, encourage spouse involvement and/or other family support to a woman before, during and after delivery. Likewise, addressing emerging issues affecting breastfeeding should also be considered.

This Administrative Order aims to guide health workers in revitalizing the mother-baby friendly hospital initiative, towards a more sustainable action to protect, promote, and support breastfeeding.

II. LEGAL MANDATES

The following laws and administrative issuances provide the mandate for the appropriate support, promotion and protection of breastfeeding:

1. Executive Order No. 51 dated 20 October 1986, otherwise known as “National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Related Products” calls for the intensification of the dissemination of information on breastfeeding and proper nutrition and the regulation of advertising, marketing, distribution of breastmilk substitutes and other related products including bottles and teats and prohibiting the use of health facilities and health workers in the promotion and marketing of the products covered by the Code.
2. Under Article 24 of the 1989, the United Nations Convention on the Rights of the Child emphasized the social responsibility of the member States to protect children and to provide them with appropriate support and services, emphasizing their right to the highest attainable level of health care services and guarantees the provision of and access to adequate nutrition for all infants and young children.
3. Republic Act 7600 otherwise known as the “Rooming-In and Breastfeeding Act” of 1992 provides that rooming-in shall be observed within 30 minutes after birth. For normal spontaneous deliveries, breastfeeding should be done within one hour after birth and for Caesarean Section (C/S) deliveries, 3—4 hours after birth, to ensure support for early, exclusive and continuous breastfeeding.
4. The Philippine and Infant and Young Child Feeding (IYCF) policy as adopted from the WHO and UNICEF “2002 Global Strategy on Infant and Young Child Feeding” calls for a renewed and accelerated action towards the promotion of appropriate infant and young child feeding practices.
5. PHIC Circular No. 26 s.2005 has included the Mother-Baby Friendly Hospital Initiative as part of its accreditation requirements for all hospitals in order to encourage, support and promote breastfeeding in the primary, secondary and tertiary levels of hospital facilities recognizing that breastfeeding is essential for the health and well-being of the infant and the mother.
6. Administrative Order No. 2005—0023 of the Department of Health identified Fourmula One for Health as the implementing mechanism for health sector reforms, thereby ensuring better health outcomes, a more responsive public health system, and a more equitable health care financing for Filipinos. This involves critical reform initiatives which focuses on F1 Health Priority Programs/Projects/Activities (PPA’s) for the National Investment Plan for Health, where the Breastfeeding Program is one of the priorities for Public Health Program Development.

III. OBJECTIVES

This Administrative Order aims to:

- A. Transform all health institutions with maternity and newborn services in both the government and the private sector and other health facilities into facilities that fully protect, promote and

support rooming-in, breastfeeding and mother-baby friendly practices.

B. Build the critical capacity and commitment of health care staff in protecting, promoting and providing support for appropriate infant and young child feeding practices.

C. Establish linkage with the primary health care facilities and community support groups to sustain the practice and ensure an enabling environment for optimal feeding practices.

IV. COVERAGE AND SCOPE

These guidelines shall, apply to all government, private and other health facilities nationwide providing maternity and newborn care services regardless of their current MBFHI certification/accreditation status.

V. DEFINITION OF TERMS

A. Breastmilk substitute — means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, Whether or not suitable for that purpose.

B. Complementary food — means any food, whether manufactured or locally prepared, suitable as a complement to breastmilk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called “weaning food” or “breastmilk supplement”

C. Exclusive breastfeeding — providing breastmilk as the sole source of nutrition for infants

D. Health workers — any person working in the health care system, whether professional or non—professional, including voluntary and unpaid workers, in public or private practice.

E. Infant — a child within zero (0) to eleven (11) months and 29 days of age

F. Infant formula — the breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy normal nutritional requirements of infants up to six (6) months of age, and adopted to their physiological characteristics

G. Lactation Management — the general care of a mother-infant nursing couple during the mother’s prenatal, immediate post-partum and post-natal periods. It deals with educating and providing knowledge and information to pregnant and lactating mothers on the advantages of breastfeeding, the physiology of lactation, the establishment and maintenance of lactation, the proper care of the breasts and nipples, and such other matters that would contribute to successful breastfeeding.

H. Low birth weight infant — a newborn weighing less than two thousand five hundred (2,500) grams at birth.

I. Rooming-In — the practice of placing the newborn in the same room as the mother right after delivery up to discharge to facilitate mother-infant bonding and to initiate breastfeeding. The infant may either share the mother’s bed or be placed in a crib beside the mother.

J. Skilled birth attendant — refers to professional health workers such as doctor, nurse, midwife with the training or educational background to perform safe and clean deliveries.

VI. IMPLEMENTING GUIDELINES

In order to become a Mother-Baby Friendly facility, a set of criteria based on the current guidelines of the UNICEF/WHO have been developed and adopted locally for the purpose of setting the standards which shall be the basis for the requirements among others to be institutionalized through licensing, accreditation and other regulatory mechanisms in the pursuit of quality maternity and newborn care service. delivery in the hospital facilities.

A. To become a Mother-Friendly Institution, the following are the required steps to be followed by the health facilities according to the UNICEF/WHO Global Criteria: (See Annex A: Steps to a Mother-Friendly/ Safe Motherhood Initiative)

1. The hospital facility shall incorporate mother-friendly labor and birthing practices in the health facilities' policies or standard operating procedures, including:

- a. Clean birthing technique
- b. Delayed cord clamping (3 minutes)
- c. Placenta removal and disposal
- d. Collaboration/consultation with other maternity services, including maintaining communication with all caregivers when referral or transfer is necessary
- e. Linking the mother and the baby to appropriate community resources, including pre-natal and post-natal discharge follow-up and breastfeeding support

2. Train staff responsible on maternity services on essential and emergency obstetric and newborn care.

3. Educate the staff in non-drug methods of pain relief that can provide options in minimizing the use of analgesics or anesthetic drugs.

4. Motivate and refer pregnant women for STD/HIV/AIDS screening and voluntary counseling and treatment.

5. Provide the best available care, including quality antenatal, delivery, postpartum and newborn care with timely referral.

6. Birthing mothers may be offered access to a birth companion of her choice who can provide emotional and physical support during labor. A labor-support professional can provide this support until the mother delivers.

7. Birthing mothers may be allowed the freedom to walk, move about and assume the positions of her choice during labor and birth as a feasible option that shall not be limited to the lithotomy position.

8. Women may be allowed to drink during labor, upon the discretion of the attending physician.

9. The performance of obstetrical procedures shall be rationalized to minimize or avoid unnecessary procedures and instrumentation that may inhibit breastfeeding. A baby born by Caesarean Section is less likely to have early skin to skin contact and more likely to have nursery care increasing the risk of cross infection as well as restricting breastfeeding. The option to perform invasive procedures such as rupture of membranes, episiotomies, acceleration or induction of labor, instrumental deliveries or caesarean section specifically required for a complication shall be governed by implementing guidelines to be set by the National Management Committee based on the Global criteria on mother friendly care.

10. Encourage all mothers and families with sick premature newborns or infants with congenital problems, to touch, cuddle, breastfeed and care for their babies to the extent compatible with their condition.

11. Encourage postpartum mothers to have at least two postpartum visits.

12. Maintain records for self-assessment, reporting and monitoring purposes.

13. The hospital as a workplace must have in its hospital policy the following:

- o Milk Code enforcement

- o Breastfeeding breaks

- two additional breaks to allow mothers to express breastmilk

- o Breastmilk storage facilities

- there shall be a refrigerator exclusively for the storage of expressed breastmilk from the mother

- Breastfeeding room or a safe designated area in the hospital

- this is a physical facility where mothers can express breastmilk and where a refrigerator is located, exclusively used for the storage of breastmilk. A hand washing facility must be accessible.

- o Support group

- other hospital personnel ready or available to assist and counsel the mother to be successful in breastfeeding or a peer counselor from among the successful breastfeeding mothers

Working mothers need a supportive environment. Employers must give due consideration in adjusting work schedules of breastfeeding mothers such that those working on "shift" basis shall be assigned on a morning schedule.

Women in paid employment can be helped to continue breastfeeding by being provided with the minimum enabling conditions such as paid maternity leave, part-time work arrangements, on-site crèches, day-care facilities or facilities for expressing and storing breastmilk and paid breastfeeding breaks. Mothers should be able to continue breastfeeding and care for their infants after they return to paid employment

B. To become a Baby-Friendly Institution, the following are the recommended steps to be followed by the health facilities according to the UNICEF/WHO Global Criteria: (See Annex B: Ten Steps to Successful Breastfeeding))

The Ten (10) Steps to Successful Breastfeeding:

1. Development of a written breastfeeding policy that is routinely communicated to all health care staff

Indicator: Implementation of a current breastfeeding protocol that has been communicated to all staff during orientation or during department level meetings

2. Training of all health care staff in skills necessary to implement the policy on breastfeeding within the first six months upon entry into the hospital

Indicator: Schedule of staff that will attend in—service training that teach the skills necessary to implement the breastfeeding protocol

3. Providing information to all pregnant women about the benefits and management of breastfeeding in the OPD during pre-natal and in the wards during the postpartum period

Indicator: Written, non-commercial pre-natal information on breastfeeding Schedule of parents referred to breastfeeding classes / childbirth education classes

4. Assisting mothers to initiate breastfeeding within one hour after birth for normal spontaneous deliveries and within 3-4 hours after birth for C/S deliveries.

Indicator: Infant is placed on the mother's chest to promote pre-feeding sequence of behavior that leads to proper latching and sucking

5. Training mothers how to breastfeed and maintain lactation, even if they should be separated from their infants

Indicator: A breast pump should be available for expressing milk and milk is expressed at least eight times in 24 hours

Provision for milk banking in the hospital facility for the collection and storage of expressed breast milk

6. Giving newborn infants no food or drink other than breast milk, unless medically indicated and educating mothers on the importance of exclusive breastfeeding unless other food/drink are medically indicated

Indicator: No sterile water, glucose water or milk formula in the clinical wards

7. Practicing rooming—in to allow mothers and infants to remain together 24 hours a day

Indicator: All babies are roomed-in and only pathologic babies are placed in a nursery (NICU)

8. Encouraging breastfeeding on demand

Indicator: Mothers are taught behavioral feeding cues for them to feed their infants on cue for 8 to 12 times each 24 hours

9. Giving no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants

Indicator: No artificial nipples and pacifiers or any feeding paraphernalia in the wards

10. Fostering the establishment of breastfeeding support groups and referring mothers to them upon discharge from the hospital

Indicator: Organized peer breastfeeding support groups supervised by a lactation consultant/ staff nurse

Documented regular monitoring and coaching activities with the roster of breastfeeding support groups recognized as peer counselors within their catchment area to further strengthen / sustain the 10th Step

C. Responsibilities of the Hospital Staff Relative to EO 51:

The Health Worker's Responsibilities under the Milk Code:

1. Protect, promote and support breastfeeding with the capacity to explain the following:
 - o The benefits and superiority of breastfeeding
 - o Proper maternal nutrition in preparation for/ maintenance of breastfeeding
 - o The risk of partial or non-breastfeeding, such as but not limited to the following:
 - the health hazards of inappropriate foods or feeding methods
 - the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes
 - the financial and social implications in the use of breastmilk substitutes
2. Refuse any gifts/ samples, offered by manufacturers or distributors as well as the representatives of the milk companies
3. Never pass any samples or gifts to pregnant women, mothers of infants and young children and members of their families that will undermine breastfeeding
4. Refrain from accepting or availing of any contribution made by the representatives of the milk industry for fellowships, study tours, research grants, attendance to professional conferences or the like, intended for the health workers or the management staff of the health facility.
5. Be aware that any form of support/logistics and other incentives for health professionals and

administrators working for infant and young child health should in no way create conflict of interest.

6. Ensure that the health facility is not used for the display, dissemination and distribution of products within the scope of the Code.

D. Capacity Building

The trainers who have satisfactorily undergone the prescribed 40 hours standard training with the National Lactation Management Training Center (Dr. Jose Fabella Memorial Hospital) and other designated Regional Lactation Management Training Centers shall be responsible in the conduct of Lactation Management Courses for local government unit (LGU) and private health facilities.

Coaching and mentoring services shall be conducted by the CHD Coordinators/ Assessors within three months after the training as a follow-up activity.

Government and private health facilities providing maternity and newborn care services shall conduct continuing education/orientation on mother-baby friendly, rooming-in and breastfeeding practices with their staff.

E. Roles and Responsibilities

The National Management Committee shall provide the over-all management of the IYCF program duly supported by its National Technical Working Group (NTWG). The members of the TWG shall provide technical assistance and conduct performance audit to ensure quality assurance on program implementation.

The CHD Coordinators/ Assessors Team shall provide the technical assistance, conduct assessment/ reassessment, conduct monitoring, facilitate the accreditation process and build the critical capacity of both the government and private health facilities in their respective regions in the implementation of MBFHI.

The Dr. Jose Fabella Memorial Hospital shall continue to serve as the designated National Lactation Management Center for all government and private health facilities providing newborn and maternity care services within the National Capital Region (NCR). A continuing program of training shall be in place to capacitate the core of trainers at the Centers for Health Development (CHD) and supervise core of trainers on program implementation on a regular basis. It shall also spearhead efforts to promote the Kangaroo Mother Care for all newborns especially the premature infants to improve their survival.

VII. ASSESSMENT AND ACCREDITATION PROCESS

The health facility shall appraise its practices, using the Self—Appraisal Tool, after studying the Global Criteria. Upon accreditation, it shall fully implement and sustain the ten steps to successful

breastfeeding. The creation of a functional Breastfeeding Committee in the health facility, with recording and reporting mechanisms, may facilitate MBFHI program implementation and promote its sustainability.

The self-assessment tool shall be submitted to the regional assessors team in the Centers for Health Development (CHD), who shall be responsible in assessing/ validating the compliance with the MBFHI steps to successful breastfeeding, for the issuance of a Certificate of Commitment which shall be valid for two years.

The Certificate of Commitment shall be issued by the Regional Director based on the recommendation of the regional MBFHI assessor team upon validation of its readiness through the self-assessment scheme. The health facility shall then apply for Accreditation with the Center for Health Development (CHD) after two years, at which time a re-asses'sment shall be conducted by the regional MBFHI assessor team and submit their recommendation to the Regional Director.

In case of non-compliance or backsliding, the regional assessor team shall assist the health facility to enable them to comply and qualify for accreditation.

Accreditation shall be conferred to the health facility which has sustained compliance to the MBFHI steps to successful breastfeeding and has integrated mother-friendly steps in its MBFHI program implementation, upon the recommendation of the Regional Director to the Secretary of Health (See Annex C, Flow Chart on the Accreditation Process)

A Plaque of Accreditation shall be issued by the Secretary of Health, upon the recommendation of the Regional Director through the Field Implementation and Coordination Office, based on the findings of the regional MBFHI assessor team, that the health facility has successfully sustained its commitment to comply with the MBFHI steps to successful breastfeeding and integrated mother—friendly steps within a period of two (2) years, which period shall be reckoned from the date of the issuance of the Certificate of Commitment. Thereafter, a periodic re-assessment shall be conducted by the regional MBFHI assessor team every three years, to ensure sustainability of MBFHI implementation.

VIII. REPEALING CLAUSE

The provisions of previous Orders and other related issuances inconsistent or contrary with the provisions of this Administrative Order are hereby revised, modified, repealed or rescinded accordingly. All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

IX. EFFECTIVITY

This Order shall take effect immediately.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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Age Group	Percentage
18-24	~10%
25-34	~15%
35-44	~20%
45-54	~25%
55-64	~30%
65-74	~35%
75-84	~40%
85+	~45%

