

Introduction

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Breastfeeding provides ideal nutrition for health growth and development of infant and children. The anti-infective properties of human milk protect infant against severe infectious disease. Babies who are not breast fed have a higher risk of hospitalization in the first year of life due to serious bacterial illness. Research evidence also shows that breast fed has profound effect on the development of the immune system. Babies not fed human milk have higher rate of allergies and other chronic disease later in life.

Breastfeeding protect the health of mothers too: it decreases the risk of certain forms of breast and ovarian cancer and it helps with family planning. A higher rate and duration of breastfeeding is associated with reduced cost of the family, the health care system and society in general .

The evidence based Ten Steps to successful breastfeeding operate as a model for breastfeeding promotion and support. Breastfeeding rates above regional and national rates are present in most baby friendly hospitals. Prospective studies are needed to examine causal factors associated with increased or decreased breastfeeding rates within baby

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friendly hospital. In addition, standardized and expanded data collection methods of breastfeeding rates, hospital and patients factors, and implementation and ongoing barriers will enhance evaluation of baby friendly hospital initiative. We suggest that by creating a system that supports breastfeeding. The baby friendly hospital initiative enables women breastfeeding at rates above regional and national levels.

(UNICEF/WHO, 2007)

The BFHI is one of the possible approaches to changing hospital practices. Where the BFHI is implemented, the number and percentage of baby friendly hospitals are used as an indicator of the extent of breastfeeding promotion and support in hospitals. It is not, however, the only possible indicator and may not fully reflect the quality of care provided to breastfeeding mothers.

To ensure the effectiveness of an action plan, monitoring procedures must be integral to its implementation. To ensure comparability, monitoring of breastfeeding rates should be conducted using standardized universally accepted data collection methods.

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In Egypt, BFHI was implemented in the early 1990s. However many hospital have lagged behind in the practices related to the Ten Steps. With the introduction of quality assurance in the ministry of health and population monitoring system inside hospital are currently being changed to meet the accreditation requirements that also include BFHI standards. There is a need to develop and test standards that can be used to monitor BFHI in hospital in Egypt in order to facilitate the revitalization of Baby Friendly Hospital.