Kingdom of Cambodia
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Ministry of Health

National Guidelines for the Implementation of Baby-Friendly Hospital Initiative in Cambodia

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Foreword

Effective breastfeeding promotion has been one of the most significant public health achievements in Cambodia over the last decade. Cambodia Demographic and Health Surveys (CDHS) showed that rates of exclusive breastfeeding and early initiation of breastfeeding increased significantly from 2000-2010. Nationally, however, exclusive breastfeeding has declined from 73.5% in 2010 to 65% in 2014, most prominently in urban areas. Only 37% of children are continuously breastfed until age two as recommended by WHO. The reversal of these positive trends is particularly concerning as children under 6 months who are only partially breastfed have an increased risk of mortality, especially from diarrhea.

In addition, the CDHS 2014 indicated that only 63% of children are breastfed within one hour of birth. Early initiation of breastfeeding is more common among children who are delivered in a health facility, in rural rather than urban areas, and differs widely among provinces. Pre-lacteal feeds (something other than breastmilk during the first three days of life) are quite common, especially among women living in urban areas. Many women and family caregivers have misconceptions about why pre-lacteal feeds are important.

Weak enforcement of the Sub-Decree on Marketing of Products for Infant and Young Child Feeding (No. 133) and Joint Prakas 061, along with the growing promotion and sale of breast milk substitute products, contributes to the decline in breastfeeding rates, especially in urban areas. A recent study conducted by HKI found that 86% of mothers observed commercial promotions for breast milk substitutes, and 43% of children under five months consumed breast milk substitutes. Many mothers and family caregivers, especially in urban areas, believe that formula milk leads to healthier, “chubbier” babies, and is more nutritious when the mother’s own diet is not good enough.

The Baby Friendly Hospital Initiative (BFHI) is a global program to incentivize maternity facilities throughout the world to adhere to the ten steps to successful breastfeeding and comply with the International Code of Marketing of Breast-milk Substitutes (BMS). Since 2000, Cambodia has taken remarkable steps towards the protection, promotion and support of breastfeeding. Cambodia formally began BFHI in 2002 and until 2004, the first

two Baby-friendly Hospitals were certified, and as of 2017 there were 36 hospitals certified by the Ministry of Health (MoH).

The purpose of this document is to guide the implementation of BFHI in all health facilities that provide maternal and infant care in Cambodia, as well as guide the coordination and management of BFHI at the national and sub-national levels. It will ensure that mothers and infants receive timely and appropriate antenatal care (ANC), delivery care and postnatal care (PNC), and appropriate newborn services to enable the establishment of optimal feeding practices for newborns in order to promote their health and development; and too protect, promotes and support breastfeeding.

The Ministry of Health strongly believes that with active participation and support from all stakeholders, as well as effective implementation and monitoring by health workers, the implementation of the BHFI will be a great success, resulting in benefits for all Cambodians for generations to come.

Phnom Penh, 09 December 2020

Minister of Health

Professor. MAM BUNHENG

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The Ministry of Health is also especially grateful for the financial and technical support extended by WHO and the members of the Steering Committee especially HKI, UNICEF, WB, and A&T. With sincere commitment and hard work, these organizations have contributed their time and resources in full capacity in support of the development of this document.

In addition, we would like to thank all members of the National Nutrition Working Group, who have been fundamental in driving efforts to improve child nutrition in Cambodia. Since 2000, there has been a significant improvement in training and educational materials that has resulted in the successful promotion of breastfeeding in Cambodia. Together, with continued efforts, our hope is to achieve Sustainable Development Goal 2 of Zero Hunger in Cambodia.

Phnom Penh, 08 December 2020

Secretary of State, MoH

Dr. Prak Sophonneary

List of Abbreviations

ANC	Antenatal Care
BFHI	Baby-friendly Hospital Initiative
BMS	Breast-milk Substitutes
CCWC	Commune Committee for Women and Children
CDHS	Cambodian Demographic and Health Surveys
CNP	Cambodia Nutrition Project
EENC	Early Essential Newborn Care
EENC-HCT	Early Essential Newborn Care - Hospital Core Team
EmONC	Emergency Obstetric and Newborn Care
EWG	Executive Working Group
HEQIP	Health Equity and Quality Improvement Project
HIMS	Health Information Management System
IMNCI	Integrated Management of Newborn and Childhood Illness
IYCF	Infant and Young Child Feeding
MCAT	Midwife Coordination Alliant Team
MIYCN	Maternal, Infant and Young Child Nutrition
MoC	Ministry of Commerce
MoH	Ministry of Health
MoI	Ministry of Information
MoIH	Ministry of Industry and Handicraft
NCU	Newborn Care Unit
NMCHC	National Maternal and Child Health Center
NNP	National Nutrition Program
OB	Oversight Board
OD	Operational District
PHD	Provincial Health Department
PNC	Postnatal care
VHSG	Village Health Support Groups

Table of Contents

List of Tables

List of Figures

I. Background

1.1. Introduction

The first few hours and days of a newborn's life are a critical window for establishing lactation and for providing mothers with the support they need to breastfeed successfully. The Baby-friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991. The initiative is a global effort to implement practices that protect, promote and support breastfeeding. It helps to motivate facilities providing maternal and newborn services to better support breastfeeding worldwide (WHO & UNICEF 2018). The BFHI is a global program to incentivize maternity facilities throughout the world to adhere to the Ten Steps to Successful Breastfeeding and comply with the International Code of Marketing of Breast-milk Substitutes (BMS) (WHO, 2017).

Since 2000, Cambodia has taken remarkable steps towards the protection, promotion and support of breastfeeding. Cambodia formally began BFHI in 2004 when the first two Baby-friendly Hospitals were certified, and as of 2017 there were 36 hospitals certified by the Ministry of Health (MoH) (BFHI report, NNP, 2017). Along with the BFHI, the National Policy on Infant and Young Child Feeding (IYCF) was first published in 2002 and revised again in 2008 (MoH, 2008). The policy serves as an IYCF guide for health workers and other relevant parties to ensure, protect, promote and support breastfeeding, along with timely and appropriate complementary feeding, continued breastfeeding and appropriate practices under difficult circumstances. Sub-Decree 133 on the Marketing of Products for IYCF (Sub-decree 133) was also endorsed by the Prime Minister in 2005 to implement the monitoring and enforcement of the marketing of products for IYCF (Sub-degree 133, 2005).

Rates of exclusive breastfeeding and early initiation of breastfeeding both increased significantly in Cambodia between 2000 and 2010. According to the Cambodian Demographic and Health Surveys (CDHS 2000, 2005, 2010), exclusive breastfeeding (age 0 to 6 months) increased from 11% in 2000 to 60% in 2005, with a further increase to 73.5% in 2010. Early initiation of breastfeeding also increased from 11% in 2000 to 35% in 2005, with a further increase to 65% in 2010. However, the results of the 2014 CDHS showed that such gains were being lost and revealed a worrisome scenario. Exclusive breastfeeding during the first six months declined from 73.5% in 2010 to 65% in 2014, as did continued breastfeeding at 12-15 months (MoH, 2016).

Recent surveys suggested that a key factor in the alarming decline in breastfeeding practices was the growing number of IYCF products being

aggressively promoted and marketed in Cambodia. Additionally, health-care facilities and health worker practices still do not adhere in full to the recommendations and standards of the BFHI. This highlights the importance of ensuring that all health-care facilities, private and public, uphold the highest ethical standards and comply with the BFHI recommendations and relevant national code regulations.

Within Cambodia's MoH, the National Nutrition Program (NNP) of the National Maternal and Child Health Center (NMCHC) has identified the urgent need to review and revise the existing BFHI strategy. This revision will ensure that the quality of BFHI certified health-care facilities and the practices of the employed health workers are further improved and these improvements sustained in order to fully meet the required BFHI standards. It will also ensure the effective implementation, monitoring, and enforcement of Sub-decree 133 and the IYCF policy.

1.2. Main challenges in implementing the Baby-friendly Hospital Initiative in Cambodia

Numerous challenges are faced in implementing the initiative in terms of sustainability, funding and competing priorities, which has led to no effective reassessment procedures being established. Funding constraints are felt at both the national and sub-national level, and many of the health-care facilities do not have well-functioning internal monitoring mechanisms to ensure that staff can follow the standards of BFHI practice.

Another problem for BFHI in Cambodia is the limited implementation of the International Code of Marketing of BMS and Sub-decree 133 (WHO, 2017). Cambodia has faced challenges in the marketing of breast-milk substitute products, a lack of resources – both financial and technical – to ensure that all BFHI accredited facilities sustain their practices, and in scaling-up to all health-care facilities in the country. Companies marketing BMS, feeding bottles and teats are repeatedly found in violation of the code and it is expected that sales of BMS will continue to increase globally, which is detrimental for children's survival and well-being (WHO & UNICEF, 2018). In addition, cesarean section is a key factor that has contributed to an increase in mothers providing infant formula to their newborns, particularly in the first hour after giving birth because of the belief that there is no breast milk, leading to the use of a combination of breast milk and infant formula (MoH, 2016). At the same time, shallow commitments and low interest at the health-care facility level, combined

with limited addressing of long-term structural issues and concerns were challenges in implementing the BFHI program in Cambodia (MoH, 2016).

Cambodia endorsed the resolutions adopted at the 65th World Health Assembly in 2012 that call for the implementation of an maternal, infant and young child nutrition (MIYCN) comprehensive plan, and an increase in exclusive breastfeeding in the first six months of a child's life. Research conducted by Helen Keller International in 2013 on the marketing of BMS products in Phnom Penh found that there are at least 113 different BMS products available on the market, and none that fully complied with the requirements of Sub-decree 133. The same study found that 43% of children aged 0-5 months and 40% of children 6-11 months living in Phnom Penh had consumed BMS products as a result of their parents/caregivers encountering BMS marketing, most commonly on television and in-store promotions (MoH, 2016).

The same research revealed that during the first 3 days after delivery and discharge, 62.4% of mothers gave their newborn something other than breast milk, and 91% of these used a BMS product. Among mothers visiting the health-care facilities, 13.4% were recommended to use infant formula by a health professional and 31.7% observed BMS branding/logos on health facility equipment. Base on the CDHS 2014, 83.2% of women deliver at the health facility and 89% deliver with assistance from a skilled provider. Based on the findings of the rapid review key recommendations were made to sustain the implementation of BFHI:

- Integrate BFHI standards into Early Essential Newborn Care (EENC) implementation and monitoring protocol;
- Integrate and highlight the implementation, enforcement and monitoring of Sub-decree 133 within and outside hospitals; and
- Following the WHO/IYCF model, integrate key breastfeeding topics into the health professional training curriculum.

Based on discussions with the Royal Government of Cambodia and relevant development partners, regarding implementing BFHI effectively, efficiently, and sustainably in order to protect, promote and support breastfeeding in facilities providing maternal and newborn services, it has been decided that there is an urgent need to develop the National Operational Guide for Introducing and Sustaining the Implementation of the BFHI.

I.3. Purpose of the Baby-friendly Hospital Initiative operational guide:

1. To guide the implementation of BFHI in all health facilities that provide maternal and infant care in Cambodia, as well as guide the coordination and management of BFHI at the national and sub-national levels;
2. To ensure that mothers and infants receive timely and appropriate antenatal care (ANC), delivery care and postnatal care (PNC), and appropriate newborn services to enable the establishment of optimal feeding practices for newborns in order to promote their health and development; and
3. To protect, promote and support breastfeeding.

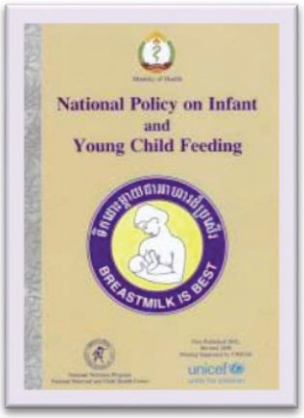
II. Supporting documents to improve the implementation of BFHI:

1. Infant Young Child Feeding Policy, first published 2002, revised 2008;
2. Sub-Decree 133 on the Marketing of Products of Infant and Young Child Feeding, 2005 and Joint Prakas 061, 2007;
3. Guidelines for the Review of the Content of Advertising, Promotion and Promotional Materials of Products for Infant and Young Child Feeding and Implementation, Monitoring, and Enforcement of Sub-Decree 133 and Joint Prakas 061, 2015;
4. Terms of Reference for the Oversight Board, The Executive Working Group for Implementation of Sub-Decree 133 and Joint Prakas 061, and the Control Committee for the Content of Marketing of Products for Infant and Young Child Feeding, 2015;
5. Five Year Action Plan for Newborn Care in Cambodia, 2016-2020; and
6. Training Manual on BFHI (20 hours), 2006.

1. Summary of National Policy on Infant and Young Child Feeding: 'Breast milk is best'

The National Policy on IYCF was developed in 2002, but due to its limited scope with regards to breastfeeding and complementary foods the policy was revised

in 2008. The policy serves as a guide for health workers and other parties concerned with IYCF, ensuring the protection, promotion and support of breastfeeding, timely and appropriate complementary feeding with continued breastfeeding, and appropriate feeding practices under difficult circumstances. See the below policy guidance regarding IYCF practices (MoH, 2008):



a. ***Early initiation of breastfeeding: Breastfeeding*** within one hour of delivery will stimulate earlier onset of full milk production, and initiating skin-to-skin contact will promote the bonding of mother and child, promote warmth and help the infant adjust to the new environment.

b. ***No pre-lacteal feeding:***

In Cambodia it is common practice to give water and other liquids to infants in the first few days of a newborn's life, before the mother's breast milk has come in. The practice of pre-lacteal feeding carries high risks for infants and mothers as it introduces pathogens, delays the start of breastfeeding, and delays the onset of lactation for mothers due to reduced suckling by the infant. Encouraging mothers and caregivers to practice early and exclusive breastfeeding can eliminate these risks.

c. Exclusive breastfeeding for the first six months:

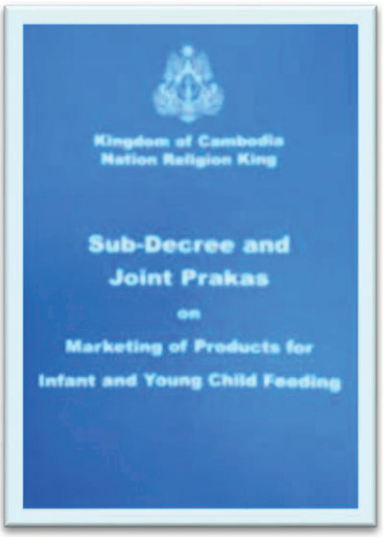
Exclusive breastfeeding means feeding an infant breast milk alone, and no other drinks or foods (with the exception of vitamins or medicine prescribed by health providers). Infants shall be exclusively breastfed for the first six months of life to achieve optimal growth and development. Breast milk alone for the first six months provides all nutrients needed for this period and reduces morbidity due to gastro-intestinal infections. Mothers who exclusively breastfeed are also more likely to continue amenorrhea for 6 months postpartum.

d. Continued breastfeeding and complementary feeding:

Breastfeeding should continue as frequently as possible and on demand up to two years of age and continue beyond, with appropriate complementary feeding during ages 6-23 months as a priority. Breast milk contributes to infant health significantly, although the volume of breast milk consumed declines as complimentary food is added. Breastfed children of 12-23 months old who consume the average amount of breast

milk for their age in developing countries (about 550g/day) receive 35-40% of their total energy needs from breast milk. Moreover, continued breastfeeding has positive nutritional impacts during periods of illness when a child's appetite decreases but breast milk intake remains the same. It plays a key role in preventing dehydration and providing the nutrients required for recovery from infections.

2. Summary of Sub-Decree 133 and Joint Prakas 061 on the Marketing of Products for Infant and Young Child Feeding



Sub-decree 133 contains 7 chapters and 22 articles. Together, Sub-Decree 133 and Joint Prakas 061 on the Marketing of Products for IYCF aim to contribute to providing adequate and safe nutrition for infants and young children. This is done by protecting and promoting breastfeeding and encouraging appropriate and timely complementary feeding to ensure that BMS are used properly, only when they are necessary and based on adequate information. Sub-decree 133 governs the marketing of both domestically produced and imported IYCF products for infants up to 12 months old and young children up to 24 months old.

In line with **Article 2 of the Joint Prakas 061**, the MoH shall ensure "***The prohibition of all forms of promotion of infant and young child feeding products in the health-care system whether private or public facilities, including the distribution of free or subsidized supplies of infant and young child feeding products.***"

Chapter V (Prohibition), Article 14: Without authorization from the MoH, a manufacturer or distributor, by him or herself, or by his or her representative, **shall NOT:**

a. Donate or distribute to health workers, a hospital or health center the materials or samples of the designated products;

b. Donate or distribute to a hospital or health center the equipment, material, document or service, which present or contain the name, logos, trademarks, or description of the manufacturer, distributor or the designated products, which indicate or promote the use of the designated products,

c. Donate or distribute to a hospitals or health center the materials including pen, calendars, posters, note-books, growth charts and toys, which indicate or promote the use of the designated products;

d. Offer gift, contribution, or other benefits to health workers or the association of health worker who work in an area of maternal and child health;

e. Sponsor events, games or contest, counseling telephone lines, or campaigns which focus on targeting pregnant and lactation women, parent of infant and children, or members of the families, nor sponsor events, games or contests, counseling telephone lines, or campaigns related to reproductive health, pregnancy, childbirth or delivery, IYCF or other relevant topics;

f. Provide either directly or indirectly scholarships or fund support for research's, meetings, workshops, continuing education, or conferences without prior permission from MoH;

g. Provide or offer salary to service professional representatives, babysitting nurses or similar staff in a hospital or health center; and

h. Include the volume of the sales of the designated products when paying employee remuneration, nor set the quota for the sales of designated products.

Chapter V (Prohibition), Article 15: Without permission from the MoH, all health institutions in both public and private sector, including health workers in an area of maternal and child health **shall NOT:**

a. Accept gifts, contribution or other benefits, funds, or valuable items from manufacturers, distributors or their representatives;

b. Demonstrate how to use infant formula, except to mothers or members of the families in a special case, and in such a case; shall clearly explain about the hazards of using infant formula including other information as stated in Article 6 of this Sub-decree;

c. Accept or offer samples or supplies of the designated products to any person; and

d. Conduct professional evaluation, research or other activities related to the designated products in a hospital or health center;

3. Summary of Guideline for the Review of the Content of Advertising, Promotion and Promotional Materials of Products for Infant and Young Child Feeding and Implementation, Monitoring, and Enforcement of Sub-Decree 133 and Joint Prakas 061

The guidelines for the implementation, monitoring and enforcement of Sub-decree 133 and Prakas 061 were developed in 2015 to provide practical guidance to all relevant ministries, departments, agencies, development partners, public and private health-care facilities and individuals involved. Four ministries; MoH, Ministry of Commerce (MoC), Ministry of Industry and Handicraft (MoIH) and Ministry of Information (MoI) are the most heavily involved, and each have specific roles to monitor and inspect from the national to sub-national level according to the agency's mandate. The document provides guidance on the following:

- Control of the content of labels, packaging, advertising, promotions and other related activities covered by Sub-decree 133 and Joint Prakas 061
- Monitoring Supervision and report all violation activities
- Implementation of Sub-decree 133 according to the roles and responsibilities of each relevant ministry.

4. Terms of Reference for the Oversight Board, the Executive Working Group for Implementation of Sub-Decree 133 and Joint Prakas 061, and the Control Committee for the Content of Marketing of Products for Infant and Young Child Feeding

The Terms of Reference (ToR) for the Oversight Board (OB) and Executive Working Group (EWG) are to define the composition, roles and responsibilities of the OB and EWG, and the secretariat of the Control Committee and EWG for the implementation of Sub-decree 133. The scope of the ToR is to give effect to the articles and recommendations of Sub-Decree 133 and Joint Prakas 061. Specifically, articles 5, 13, 14, 15, 16, and 17 of Sub-decree 133, and articles 2, 3, 4, 5, 6, and 7 of Joint Prakas 061 (MoH, 2015).

5. Summary of the Five Years Action Plan for Newborn Care in Cambodia, 2016-2020

Early Essential Newborn Care (EENC) is an intervention package delivered to the mother and newborn during delivery and in the first 3 days after birth. Interventions included in the package are low cost and their effectiveness has been demonstrated in preventing newborn deaths from the most common causes. EENC interventions begin at the onset of contractions during delivery, continue in the immediate 1-2 hours post-delivery, and continue in the postnatal period of 1-2 hours to 3 days after delivery. The 'First Embrace' is one of four principal components of EENC that includes immediate and thorough drying, immediate skin-to-skin contact, appropriately timed cord clamping, and non-separation of mother and newborn to initiate exclusive breastfeeding.

EENC is an integral part of comprehensive labor, birth and newborn care. It is not a new or separate program, rather it strengthens existing services and improves the quality of care provided by improving health systems. It also requires that outdated, harmful or ineffective practices are ceased. Existing packages that incorporate key EENC interventions include Skilled Delivery Care, Emergency Obstetric and Newborn Care (EmONC), Integrated Management of Newborn and Childhood Illness (IMNCI) and PNC. Promotion of breastfeeding interventions and some monitoring indicators related to the quality improvement of BFHI are already included in the checklists for EENC self-assessment and the EENC data.

III. Ten Steps to Successful Breastfeeding from the Baby-friendly Hospital Initiative

STEP 1: HOSPITAL POLICIES

Rational: Families are the main decision makers when it comes to infant feeding, as well the most vulnerable to the marketing of BMSs during the prenatal, perinatal and postnatal periods. Health workers and health-care systems need to comply with Sub-decree 133 in order to protect families from commercial pressure, as the promotion of BMSs is the largest undermining factors of breastfeeding. Health workers also need protection from commercial influences that could affect their professional activities and judgment, which is so important in the maternal and newborn services they provide. (see annex 2)

IMPLEMENTATION STEPS

1. Not promoting infant formula, bottles or teats

- The IYCF Policy and Sub-Decree 133 on the Marketing of Products for IYCF have laid out key points and messages, with clear responsibilities for the health-care system to not promote infant formula, feeding bottles and teats, and for manufacturers and distributers of products not to promote their products within health-care facilities.
- Hospital and health center staff providing maternity and newborn services should not engage in any form of promotion or permit the display of any type of advertising of BMS. This includes not giving samples of infant formula to mothers to use or providing any equipment or materials bearing BMS branding.

2. Making breastfeeding care standard practice

- The policy should provide guidance on how each aspect of clinical care and practice should be implemented to ensure they are applied consistently to all mothers.
- Maternity and newborn services should have a clearly written breastfeeding policy that is clearly communicated with staff and parents/caregivers.

3. Keeping track of support for breastfeeding

- Monitor the key clinical practices and routinely track indicators for each mother, keeping record of the information.

- Ensure regular monitoring of adherence to hospital policy implementation.

STEP 2: STAFF COMPETENCY

Rational: Training health staff enables them to develop effective skills, communicate consistent messages and implement standard policy. Training is essential, as staff cannot be expected to implement a practice or educate a patient on a topic for which they have received no training.

IMPLEMENATION STEPS

1. **Training staff on supporting mothers to breastfeed**
   - Pre-service training: Provide nutrition and IYCF training to health staff that includes the 10 Steps to Successful Breastfeeding through the existing training curriculum for midwives, nurses, medical doctors and pharmacists.
   - In-service training: Provide training to health staff including midwives, nurses, medical doctors and pharmacists that includes the 10 Steps to Successful Breastfeeding. Alternatively, offer courses at health-care facilities or require that staff take courses elsewhere, such as at the national level or through NGO partners.
   - Hospital management, including the Chief of the Maternity Ward, Chief of the Pediatric Ward and Head of Midwives in each of these wards, needs to cooperate with the NNP at all levels to arrange training on BFHI for new staff and those who haven't received training yet.
2. **Assessing health workers' knowledge and skills**
   - Health-care facility staff that provide infant feeding services, particularly those working in the maternity, pediatric and surgery wards, should have sufficient knowledge and skills to competently support women to breastfeed. This can be assessed through:
     a) Implementing a knowledge and skill assessment tool;
     b) Supervised clinical experience with competency testing is necessary. It is important to focus not only on a specific curriculum but also on the knowledge and skills obtained; and
     c) Integrating assessment indicators into the EENC that is conducted every 3 months.

Figure 1: Key point for all staff who help mothers with infant feeding should be assessed on their ability to:

1. **Use listening and learning skills to counsel a mother.**
2. **Use skills to build confidence and giving support in counseling a mother.**
3. **Counsel a pregnant woman about breastfeeding.**
4. **Assess the effectiveness of a mother's breastfeeding.**
5. **Help a mother to position herself and her baby for breastfeeding.**
6. **Help a mother to attach her baby to her breast.**
7. **Explain the optimal pattern of breastfeeding to a mother.**
8. **Help a mother to express her breast milk.**
9. **Help a mother to cup feed her baby.**
10. **Help a mother to initiate breastfeeding within the first hour after birth.**
11. **Help a mother who thinks she does not have enough milk.**
12. **Help a mother with a baby who cries frequently.**
13. **Help a mother whose baby is refusing to breastfeed.**
14. **Help a mother with flat or inverted nipples.**
15. **Help a mother with engorged breasts.**
16. **Help a mother with sore or cracked nipples.**
17. **Help a mother with mastitis.**
18. **Help a mother to breastfeed a low-birth-weight baby or sick baby.**
19. **Counsel a mother about her own health.**
20. **Implement Sub-decree 133 in a health facility.**

STEP 3: ANTENATAL CARE

Rational: Mothers want more practical information about breastfeeding, as they generally feel that infant feeding and the expectations of breastfeeding are not discussed enough in the antenatal period. Pregnancy is a key time in which to inform women about the importance of breastfeeding, to support their decision-making, and to pave the way for their understanding.

IMPLEMENTATION STEPS

1. Discussing the importance of breastfeeding for babies and mothers

- Conduct a discussion with mothers at all ANC visits on the importance of breastfeeding.
- Counseling can be conduct one-on-one or in small groups that allow women to discuss their feelings and questions.
- Counselling mothers about the benefits of breastfeeding and the risks involved with not breastfeeding.

2. Preparing women in how to feed their baby

- Breastfeeding education and antenatal counselling that includes components of practicing the skills of breastfeeding positioning, attachment, on-demand feeding and recognizing feeding cues can be conducted in a group or individually.

- Up to date information on breastfeeding best practices, such as skin-to-skin contact and initiation of breastfeeding, should be presented to families in hospitals that provide maternity and newborn services.

- Certain challenges faced by women and infants can make rooming in more difficult. Specifically, preterm delivery and engorgement can pose challenges for women, while low birth weight, breathing complications, sickness, or delivery by cesarean section may cause challenges for infants. Where there is risk of facing these issues, it should be discussed with the relevant knowledgeable health-care provider.

STEP 4: CARE RIGHT AFTER BIRTH

Rational: Immediate and uninterrupted skin-to-skin contact facilitates the newborn's natural rooting reflex that helps to imprint the behavior of looking for the breast. Early suckling at the breast will accelerate lactogenic and trigger the production of breast milk, and early initiation of breastfeeding has been proven to reduce the risk of infant mortality.

IMPLEMENTATION STEPS

1. **Encouraging skin-to-skin contact between mother and baby soon after birth**
   - Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and encouraged as soon as possible after birth, including birth by caesarean section.
   - Skin-to-skin contact is when the infant is placed on the mother's abdomen or chest with no clothing separating them.
   - Contact must be uninterrupted for at least 60 minutes until the first breastfeeding is complete.

2. **Helping mothers to put their baby to the breast right away**
   - Mothers maybe need support to help the baby to the breast when the baby shows a feed cue.
   - Mother should be helped to understand how to support the baby and how to make sure the baby is able to attach and suckle at the breast.
   - All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery.

***Note**:

- *Immediate skin-to-skin contact and initiation of breastfeeding is feasible following a caesarean section with local anesthesia, and breastfeeding can begin when the mother is sufficiently alert to hold the infant.* ***However,*** *delay will be necessary when mothers or infants are medically unstable.*
- *Skin-to-skin is also very important for infants who are born preterm, with low birth weight, and with breathing difficulties, and should happen as soon as the baby is stable.*

STEP 5: SUPPORT MOTHERS WITH BREASTFEEDING

Rational: All mothers, including new mothers, experienced mothers, mothers delivering by caesarean-section and obese mothers, need help and practice in learning how to breastfeed. Even experienced mothers can encounter new challenges when breastfeeding a newborn. Moreover, postnatal breastfeeding counselling and support has been shown to increase rates of breastfeeding until 6 months of age, with early adjustment to position and attachment preventing breastfeeding

problems later on as the support has helped to build maternal confidence. Mothers of preterm infants or mothers with twins also need extra support for breastfeeding.

IMPLEMENTATION STEPS

1. Checking positioning, attachment and suckling

- Check and demonstrate good positioning and attachment at the breast, which are crucial for stimulating the production of breast milk and ensuring that the infant receives enough milk (see the training manual for further detail).
- Direct observation of a feed is necessary to ensure that the infant is able to attach to and suckle at the breast and that milk transfer is occurring.

2. Giving practical breastfeeding support

- Provide emotional and motivational support, imparting information and teaching concrete skills to enable mothers to breastfeed successfully.
- Discuss and assist with questions or problems related to breastfeeding that the mother may have, and use the window of opportunity when she is staying in the maternity and newborn services to build her confidence in her ability to breastfeed.
- Providing practical support for low birth weight newborns and preterm, including late preterm, newborns is particularly critical in order to establish and maintain the production of breast milk.

3. Helping mothers with common breastfeeding problems

- Educate mothers on the management of engorged breasts, how to ensure a good milk supply, prevention of cracked and sore nipples, and evaluation of milk intake.
- Provide additional support with positioning and attachment to mothers delivering by caesarean section, obese mothers and mothers who have delivered twins.
- Educate and help mothers learn to express breast milk as a means of maintaining lactation in the event that they are temporarily separated from their baby

STEP 6: SUPPLEMENTING

Rational: Newborns that are fed foods or fluids other than breast milk will suckle less vigorously at the breast and thus inefficiently stimulate milk production, creating a cycle of insufficient milk production and breast milk supplementation that leads to breastfeeding failure. Babies who are supplemented prior to discharge from the health-care facility have been found to be twice as likely to stop breastfeeding altogether in the first 6 weeks of life. In addition, foods and fluids may contain harmful bacteria and carry the risk of disease, and supplementation with BMS significantly alters the intestinal microflora.

IMPLEMENTATION STEPS

1. **Giving only breast milk unless there are medical reasons**
   - Discourage mothers from giving the infant any food or fluids other than breast milk, unless there are medical reasons.

2. **For medical reasons, supplementation should follow the medical prescription**
   - Medical reasons for both infants and mothers that use of breast milk require the use of a breast-milk substitute such mother has severe disease or medical complication. For infant have low birth weight, pre-mature with a very low weight under 1500g, infant has hypoglycemia, or infant has galactosemia, etc. (WHO, 2009) see Annex 3.

STEP 7: ROOMING-IN

Rational: Rooming-in is necessary to enable mothers to practice responsive feeding, as mothers cannot learn to recognize and respond to their infant's feeding cues if they are. When the mother and infant are together throughout the day and night it is easy for the mother to learn to recognize feeding cues and respond to them. This, along with the close presence of the mother to her infant, will facilitate the establishment of breastfeeding.

IMPLEMENATATION STEPS

1. Letting mothers and babies stay together day and night

- Facilities providing maternity and newborn services should enable mothers and their infants to remain together and to practice rooming-in throughout the day and night.
- Rooming-in involves keeping mothers and infants together in the same room from immediately after vaginal birth or caesarean section, or from the time when the mother is able to respond to the infant, until discharge. This means that the mother and infant are together throughout the day and night.
- Postnatal wards need to be designed so that there is enough space for mothers and their newborns to be together. Facility staff need to visit the ward regularly to ensure the babies are safe.

2. Making sure that mothers of sick babies can stay near their baby

- Babies should only be separated from their mothers for justifiable medical and safety reasons. Minimizing disruptions to breastfeeding during the stay in the health-care facility will require health-care practices that enable a mother to breastfeed for as frequently and as long as her baby needs. When a mother is placed in a dedicated ward to recover from a caesarean section the baby should be accommodated in the same room with her, close by. She will need practical support to position her baby to breastfeed, especially when the baby is in a separate cot or bed.

***NOTE:** *Rooming-in may NOT be possible in circumstances where infants or mothers need to be moved for specialized medical care. If preterm or sick infants need to be in a separate room to allow for adequate treatment and observation, efforts must be made for the mother to recuperate postpartum with her infant or to have no restrictions for visiting her infant. Mothers should have adequate space to express milk adjacent to their infants.*

STEP 8: RESPONSIVE FEEDING

Rational: Responsive feeding (also called on-demand or baby-led feeding) puts no restrictions on the frequency or length of the infant's feeds, and mothers are advised to breastfeed whenever the infant is hungry and as often as the infant

wants. Scheduled feeding, which prescribes a predetermined and usually time-restricted frequency and schedule of feeds, is not recommended. It is important that mothers know that crying is a late cue and it is better to feed the baby earlier, since optimal positioning and attachment are more difficult when an infant is in distress.

IMPLEMENATION STEPS

1. Helping mothers know when their baby is hungry

- Mothers should be supported to practice responsive feeding as part of nurturing care, regardless of whether they breastfeed or not.
- Mothers should be supported to recognize and respond to their infant's cues for feeding, closeness and comfort, and enabled to respond accordingly to these cues with a variety of options during their stay at the maternity and newborn facility.
- Supporting mothers to respond in a variety of ways to behavioral cues for feeding, comfort or closeness enables them to build a caring, nurturing relationship with their infants and increases their confidence in themselves, in breastfeeding and in their infant's growth and development.

2. Not limiting breastfeeding times

- When the mother and baby are not in the same room for medical reasons (eg. post-caesarean section, preterm or sick infant) the facility staff need to support the mother to visit the infant as often as possible so that she can recognize feeding cues.
- When staff notice feeding cues, they should bring the mother and baby together.

STEP 9: BOTTLES, TEATS AND PACIFIERS

Rational: Mothers and caregivers should be counselled to avoid feeding bottles, teats and pacifiers until the successful establishment of breastfeeding, as these products discourage breastfeeding for both mother and infant and encourage the use of BMS.

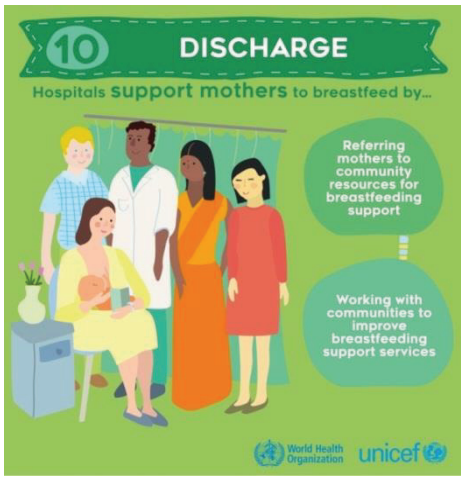
IMPLEMENTATION STEPS

1. Counselling mothers on the risks of feeding bottles, teats, and pacifiers

- Expressed breast milk or other feeds may be used for infants with medical requirements during their stay at the health-care facility, as well as feeding methods such as cups and spoons.
- Staff must:
    1. Counsel mothers to attach babies properly so that they can suckle effectively.
    2. Ensure appropriate hygiene in the cleaning of feeding utensils (cup and spoon), as they can be a breeding ground for bacteria.
    3. Inform mothers and caregivers of the hygiene risks related to inadequate cleaning of feeding utensils.
    4. Not promote feeding bottles or teats in any part of the facilities providing maternity and newborn services, or any other department of the facility.

***Note:** *Pacifiers have long been used to soothe an upset infant. Pacifiers replace suckling and thus reduce the number of times an infant stimulates the mother's breast physiologically, which can lead to the reduction of maternal milk production. The use of teats or pacifiers may interfere with the mother's ability to recognize feeding cues. If the use of a pacifier prevents the mother from observing the infant's smacking of the lips or rooting towards the breast, she may delay feeding until the infant is crying and agitated.*

STEP 10: DISCHARGE



Rational: Mothers need sustained support to continue breastfeeding. While the time in the facility providing maternity and newborn services should provide a mother with basic breastfeeding skills, it is very possible her milk supply will not be fully established until after discharge. Breastfeeding support is especially critical in the days and weeks following discharge to identify and address early breastfeeding challenges that may occur, as receiving timely support after discharge is instrumental in maintaining breastfeeding rates. Maternity facilities must know about and refer mothers to the variety of resources that exist in the community such as the Baby Friendly Community Initiative, mother support groups, the Commune Committee for Women and Children (CCWC), health volunteers and the closest health-care facility to their home.

IMPLEMENATION STEPS:

1. **Referring mothers to community resources for breastfeeding support**

    - After mothers are discharged from the health facility, health staff should provide information on the ongoing support services available to mothers in the community to encourage continued breastfeeding. Such services include mother support groups, the CCWC, health volunteers and the closest health-care facility to their home, such as health centers, hospitals or the facility where they gave birth.

    - Facilities need to provide appropriate information on referrals to ensure that a health worker sees mothers and babies during the first week, preferably on day 3 after birth (PNC2), and again in the second week (PNC3), to assess the breastfeeding situation.

    - Provide printed or online information, contact numbers and health education materials that could be useful to support new mothers in the case of questions, doubts or difficulties. This should not substitute active follow-up care by officials or skilled health-care professionals.

- Provide education to mothers and caregivers on where they can access health information when they encounter problems with breastfeeding.

2. Working with communities to improve breastfeeding support services

- Work with health centers, Village Heath Support Groups (VHSG), mother support groups and CCWC to support mothers after discharge from health facilities.

Table 1. Ten Steps to Successful Breastfeeding (revised 2018)

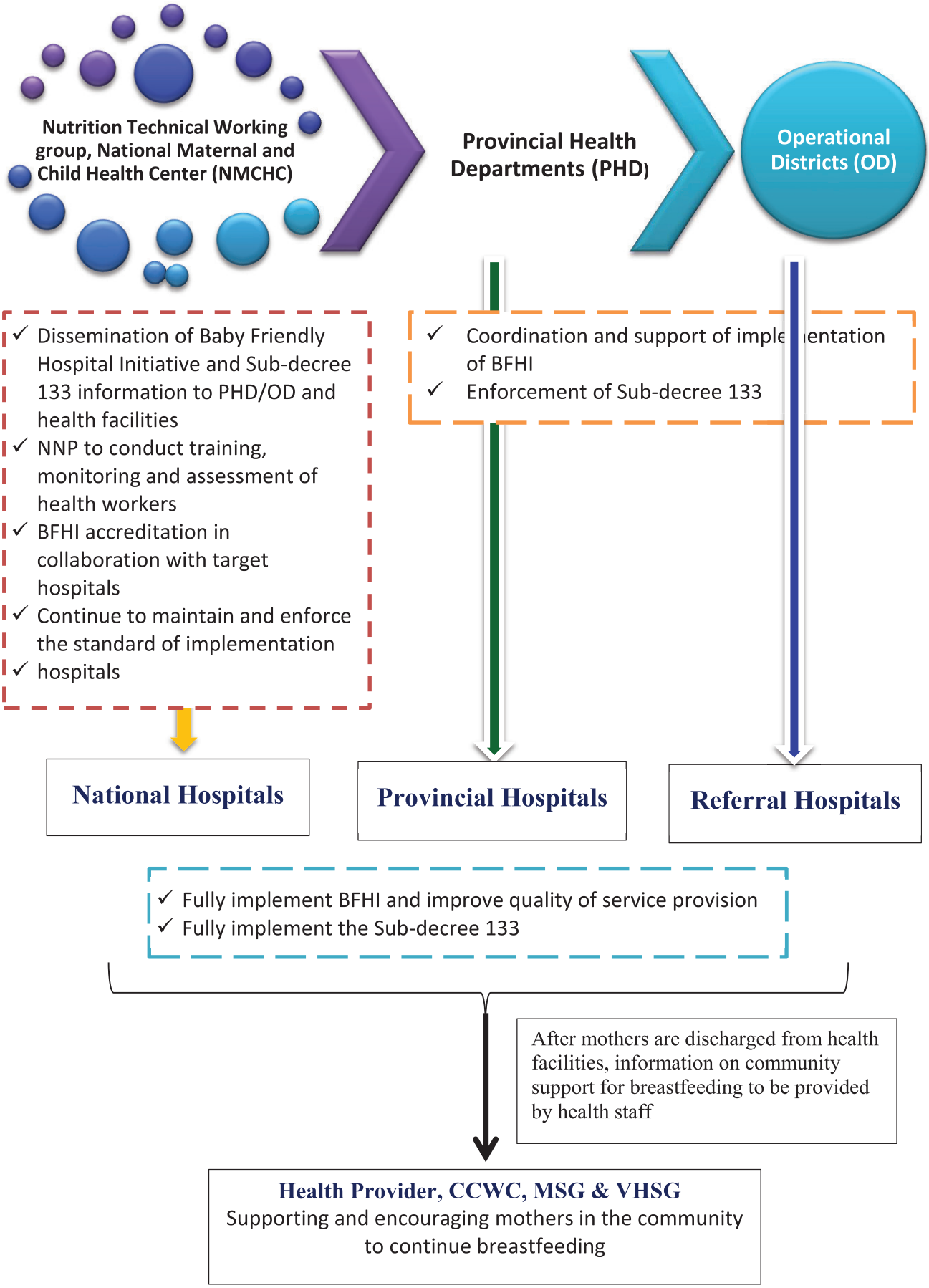
Critical management procedures

1. Hospital Policy
   a. Comply fully with Cambodia's IYCF Policy and Sub-Decree 133 on the Marketing of Products for IYCF.
   b. Have a written infant feeding policy that is routinely communicated to staff and parents.
   c. Carry out ongoing monitoring and support for breastfeeding.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Figure 2. Mechanism to implement Baby-friendly Hospital Initiative



IV. Role of the National Nutrition Program of the Ministry of Health

a. Training and information dissemination

- Orientation workshop for decision maker on BHFI implementation.
- Ensure the competency of health professionals and health workers
  - Develop the BFHI Guidelines according to the technical guidance of WHO.
  - Develop, publish and distribute IEC materials relevant to BFHI.
  - Build the capacity of national nutrition staff.
  - Conduct training using the BFHI training manual that includes the integration of training on Sub-decree 133 (20-hour course for staff at maternity and neonatal ward and procedures for conducting assessments) to promote breastfeeding and health workers' responsibilities.
  - Integrate the topics of infant and young child feeding, nutrition and Sub-decree 133 into the pre-service training curriculum of the University of Health Science, both theoretical and practical.
- Continue in-service training and on-site coaching
  - Prepare plan for training and coaching in collaboration with the province
  - Provide technical support to Provincial Health Departments (PHD), Operational Districts (OD) and hospitals with the relevant resources and time available.
  - Continue to strengthen and enforce the implementation of BFHI in accredited hospitals.

b. Coordination

- Review NWG members to ensure the diversity of members.
- Review the role of the NWG (ToR) and keep the current role of national coordinator.
- The NNP will report the progress of BFHI implementation to the NWG to ensure support and coordination for the promotion of breastfeeding.
- The NNP will coordinate and cooperate with relevant stakeholders.

- Enforce the implementation Sub-Decree 133.
- Integrate BFHI indicators and assessment tools into the existing MoH Health Equity and Quality Improvement Project (HEQIP) and Cambodia Nutrition Project (CNP), HIMS and EENC, etc.

c. Monitoring and Assessment

- Assessment and regular monitoring of implementation
  - Update BFHI assessment tools.
  - Integrate relevant BFHI indicators into the EENC program and HIMS to ensure implementation and monitoring of both management and clinical assessment activities.
  - Review the integration of BFHI monitoring activities into the Nutrition Monitoring Tool.
  - Update the External Assessment tool and procedures to facilitate technical assistance and to identify gaps in care.
  - Provide regular supervision and support to BFHI hospitals.

d. Enforcement of the implementation of IYCF Policy and Sub-Decree 133

- NNP will monitor violations of Sub-degree 133 and implementing Sub-Decree 133 on the Marketing of IYCF Products in health facilities using checklist of nutrition monitoring and supervision.
- The NNP will report violations of sub-degree 133tosecretariat of EWG on Sub-Decree 133 and give feedback to PHD, OD and hospital director about the implementation of sub-degree 133.
- NNP will submit a quarterly report to the EWG on Sub-decree 133.

Table 2. Key indicators for monitoring of nutrition related to Baby Friendly Hospital Initiative

Name of Indicator	Indicators	Formulation	Primary source	Possible additional sources
Clinical Practice Indicators				
Skin-to-skin contact	Percentage of mothers who had skin-to-skin contact with their babies immediately or within 5 seconds after birth that lasted at least 60mn or more	# of mothers who had skin-to-skin contact with their babies immediately or within 5 seconds after birth that lasted at least 1 hour or more / Total # of interviewed mothers	Household survey or CDHS	HMIS[1], interviews, facility surveys
Early initiation of breastfeeding	Percentage of infants who were breastfed within 1 hour of birth	# of infants who were breastfed within 1 hour of birth / Total # of of infants	Household survey or CDHS	HMIS[1], interviews, facility surveys
Exclusive breastfeeding during staying at hospitals	Percentage of mothers reporting that their infants received only breast milk throughout their stay at hospitals	# of mothers reporting that their infants received only breast milk throughout their stay at hospitals/ Total # of interviewed mothers	Household survey or CDHS	HMIS[1], interviews, facility surveys
infants who receive pre-lactate (water/ fluid) during their stay at the hospital	Percentage of infants who receive pre-lactate (water/ fluid) during their stay at the hospital	# of infants who receive pre-lactate (water/ fluid) during their stay at the hospital /Total # of infants	Household survey or CDHS	HMIS[1], interviews, facility surveys

[1] # of babies recorded in the delivery register that skin-to skin contact was applied / # of live births. This indicator is a proxy-indicator because it is not mentioned about the duration of skin-to-skin contact.

V. Role of Sub-National Level

1. Role of Provincial Health Department - Focal point for nutrition

- Collaborate with the NNP to plan and conduct 20 hours of training for all staff who work on BFHI in the maternity ward, Newborn Care Unit (NCU), pediatric ward, surgery department and ANC.
- Facilitate the dissemination of BFHI information, guidelines and relevant policy to relevant stakeholder who work on the BFHI to promote breastfeeding.
- Attend the monthly meeting of the existing Early Essential Newborn Care - Hospital Core Team (EENC-HCT). Every meeting should have at least one topic related to breastfeeding on the agenda.
- Cooperate with NGOs and development partners to implement BFHI.
- Prepare and allocate the budget for breastfeeding promotion.
- Train and coach health center staff on the promotion, protection and support of breastfeeding, including Sub-decree 133 to provincial hospital and referral hospital staff.
- Members of the Provincial Working Group, OD Director and Maternal and Child Health Chief are to conduct regular monitoring and supervision at health-care facilities every 3 months and submit a report on the monitoring and supervision of health-care facilities to the NNP every 6 months
- Monitor and enforce the implementation of Sub-Decree 133 and Report cases of Sub-decree 133 violation to the NNP.

2. Role of Operational District- focal point for nutrition

- Assist the PHD to plan and conduct 20 hours of training for all staff who work on the BFHI in the maternity ward, NCU, pediatric ward, surgery department and ANC.
- Facilitate the dissemination of BFHI information, guidelines and relevant policy to all to all relevant stakeholders who work on the BFHI to promote breastfeeding.
- Attend the monthly meeting of the existing EENC-HCT. Every meeting should have at least one topic related to breastfeeding on the agenda.
- Cooperate with NGOs and development partners to implement BFHI.

- Prepare and allocate the budget for breastfeeding promotion.
- Inform health centers about the BFHI program to promote linkage between health centers and the community.
- Facilitate BFHI workshops and provide training for referral hospitals.
- Include breastfeeding and Sub-decree 133 in the agenda for every meeting of the Midwife Coordination Alliant Team (MCAT).
- Conduct regular supportive supervision visits to referral hospital) to monitor BFHI implementation.
- Conduct regular supervision of hospital self-assessment of BFHI implementation.
- Collect data on key breastfeeding indicators, such as skin-to-skin contact, early initiation of breastfeeding, etc.
- Support relevant on-site training at health-care facilities.
- Disseminate Sub-decree 133 and Prakas 061 to health-care facilities.
- Monitor the implementation of Sub-decree 133 and submit monthly violation reports to PHD.

3. Role of National Hospitals, Provincial Hospitals and Referral Hospitals

- Review the current members of the EENC-HCT and ensure there are Nutrition Focal Points in each team.
- Ensure complete implementation of Sub-decree 133, and hospital policy, as well as displaying hospital policy at points of ANC, delivery, maternity ward and NCU.
- Ensure that all staff members understand and are able to implement hospital policies effectively especially ensure staff and hospitals' continued compliance with all 10 steps of BFHI.
- All maternity focused staff, including those in ANC, the maternity ward and NCU, must attend training on BFHI.
- Provide an orientation on BFHI to all staff in hospitals.
- Institutionalize a BFHI capacity building program for new staff and a refresher course for existing staff.
- Hospitals must monitor and measure BFHI indicators and report to PHD and OD.

- In the case of BFHI hospitals having an existing EENC-HCT, regular monitoring should be conducted by integrating BFHI indicators into the existing EENC monitoring checklist.
- If there is no EENC-HCT, regular monitoring of BFHI indicators should be conducted by the Breastfeeding Committee, which consists of the Hospital Director, OD, Chief of Gynecology, Chief of Health Center, Chief of ANC Unit and Nutrition Focal Point.
- Enforce Sub-decree 133 and Joint Prakas 061 on the Marketing of Products for IYCF.
- Hospital staff must observe any violations of Sub-decree 133 and report immediately to the hospital management team or the Nutrition Focal Point. Whoever the violation is reported to must then report it to the NNP through the Telegram group 'NNP_SD133'.

3.1. Self-Assessment:

- One year after receiving BFHI Training, hospitals are to conduct a self-assessment in preparation for the external assessment to become an official Baby-friendly Hospital (see Annex 4)
- Using the self-assessment tool, conduct quarterly self-assessments simultaneously with quarterly EENC monitoring.

3.2. External Evaluation:

- Cooperate with the NNP to participate in external assessment to become an official Baby-friendly Hospital.
- After receiving accreditation as a Baby-friendly Hospital, re-assessment will be conducted every five years by NNP (see Annex 5)

Table 3: Hospital-based monitoring checklist for quarterly monitoring to maintain quality practices

Recommendation	Indicators/ activities	Key points to monitor	Formulation	Target	Sources
Step 1: Hospital policy (including full compliance with Sub-Decree 133 and IYCF Policy) is implemented by health staff providing antenatal, delivery or newborn care	1. No promotion of infant formula, feeding bottles or teats	• Not promoting infant formula, feeding bottles or teats under the scope of Sub-Decree 133 • Hospital or health center staff not engaging in any form of promotion or any type of advertising of BMS	Hospital policy to ban promotion of infant formula, feeding bottles or teats was seen in maternity and pediatric wards and others.	hospital policy sticked	direct observation (hospital policy stick where staff could see and read them)
	2. Making breastfeeding care standard practice	• The hospital policy should have clearly written guidelines on how to implement clinical care and practice that are displayed in the areas of ANC, delivery, maternity and NCU			
	3. Keeping track of support for breastfeeding	• Hospital has indicators to monitor the key clinical practices and routinely tracks these indicators • Ensure the regular monitoring of implementation and adherence to hospital policy			

Step 2: Ensure that staff providing antenatal, delivery and newborn care have sufficient knowledge, competence and skills to support breastfeeding	% of health staff receiving in-service training on breastfeeding (BFHI 20hr)	• Staff working in maternity and pediatric wards received in-service training on breastfeeding	# of health staff received in-service training on breastfeeding (BFHI 20hr) / Total staffs working in maternity and pediatric wards	≥ 80%	Interview with clinical staff, direct observation
	% of health staff who report receiving competency assessments in breastfeeding (HEQIP/CNP)	• Staff report receiving competency assessments in breastfeeding (HEQIP/CNP)	# of staff report receiving competency assessments in breastfeeding/ Total of staff		
	% of health staff able to correctly answer three out of four questions on breastfeeding knowledge and skills to support breastfeeding	• Staff are able to correctly answer three out of four questions on breastfeeding knowledge and skill to support breastfeeding	# of Staff are able to correctly answer three out of four questions on breastfeeding knowledge and skill to support breastfeeding/ Total of staff answer question		
Key clinical practice					
Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families	% of pregnant women who received breastfeeding counseling and education during ANC visits	• Pregnant women who received breastfeeding counseling during ANC visits	# of pregnant women who received breastfeeding counseling and education during ANC visits/ Total number of	≥ 80%	Interview with pregnant women, clinical records

			interviewed women		
Step 4: Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth	% of mothers of term infants who practiced skin-to-skin contact with their babies for at least 60 minutes after birth % of stable infants who were put to the breast for at least 60 minutes after birth	• Mothers and babies practiced skin-to-skin for at least 60 minutes after birth • Stable infants who were put to the breast for at least 60 minutes after birth	# of Mothers and babies practiced skin-to-skin for at least 60 minutes after birth/ Total number of interviewed women # of Stable infants who were put to the breast for at least 60 minutes after birth / Total number of infants	≥ 80%	Direct observa-tion, interviews with mothers
Step 5: Support mothers to initiate and maintain breastfeeding and manage common difficulties	% of mothers who received support for breastfeeding from health staff	• Mother is able to demonstrate how to position and attach their baby for breastfeeding so that baby can suckle and milk can transfer • Mother can describe at least 2 signs that a breastfed baby has	Number of Mother able to demonstrate how to position and attach their baby for breastfeeding so that baby can suckle and milk / Total number of interviewed women Number of Mother can describe at least 2 signs that a	≥ 80%	Interviews with mothers

		consumed adequate milk • Mother can describe at least 2 signs of breastfeeding problem	breastfed baby has consumed adequate milk / Total number of interviewed women Number of can describe at least 2 signs of a breastfeeding problem / Total number of interviewed women		
Step 6: Do not provide newborns any food or fluids other than breast milk, unless medically indicated	% of infants who received only breast milk during their stay at the hospital % of infants who received pre-lacteal feeds (water/ fluids) during their stay at the hospital	• Infants received only breast milk during their stay at the hospital • Infants received pre-lacteal feeds (water/fluid) during their stay at the hospital	# of Infants received only breast milk during their stay at the hospital / Total number of infants # of Infants received pre-lacteal feeds (water/fluid) during their stay at the hospital / Total number of infants	≥ 80%	Clinical record, interviews with mothers
Step 7: Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day	% of mothers whose babies stayed with them 24 hours a day since birth	• Baby stayed with their mother 24 hours a day since birth	# of baby stayed with their mother 24 hours a day since birth/ Total number of women and infants	≥ 80%	Clinical record, interviews with mothers

Step 8: Support mothers to recognize and respond to their infant's cues for feeding	% of breastfeeding mothers who can describe at least 3 feeding cues	• Breastfeeding mother can describe at least 3 feeding cues	# of breastfeeding mother can describe at least 3 feeding cues/Total number of interviewed women	≥ 80%	Interviews with mothers
Step 9: Counsel mothers on risks of feeding bottles, teats, and pacifiers	% of mothers who can describe at least 3 risks of feeding bottles, teats and pacifiers	• Mother can describe at least 3 risks of using feeding bottles, teats and pacifiers	# of mother can describe at least 3 risks of using feeding bottles, teats and pacifiers / Total number of interviewed women	≥ 80%	Interviews with mothers
Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care	% of mothers who report that a staff member has informed them they can access breastfeeding support at the health center, by contacting VHSG or CCWC, and at their closest health facility	• Mother can describe where she can access breastfeeding support in the community after discharge from hospital	# of mother can describe where she can access breastfeeding support in the community after discharge from hospital/ Total number of interviewed women	≥ 80%	Interviews with mothers

VI. Record and Report

1. List of indicators suggested for integration into EENC self-assessment checklists (quarterly)

Recommendation	Indicators/activities	Key points to monitor
Step 1: Hospital policy (including full compliance with Sub-Decree 133 and IYCF Policy) is implemented by health staff providing antenatal, delivery or newborn care	1. No promotion of infant formula, feeding bottles or teats	• Not promoting infant formula, feeding bottles or teats under the scope of Sub-Decree 133 • Hospital or health center staff not engaging in any form of promotion or any type of advertising of BMS
	2. Making breastfeeding care standard practice	• The hospital policy should have clearly written guidelines on how to implement clinical care and practice that are displayed in the areas of ANC, delivery, maternity and NCU
	3. Keeping track of support for breastfeeding	• Hospital has indicators to monitor the key clinical practices and routinely tracks these indicators • Ensure the regular monitoring of implementation and adherence to hospital policy
Step 2: Ensure that staff provide antenatal, delivery or newborn care have sufficient knowledge, competence and skills to support breastfeeding	% of health staff receiving in-service training on breastfeeding (BFHI 20hr)	• Staff receive in-service training on breastfeeding
	% of health staff who report receiving competency assessments in breastfeeding (HEQIP/CNP)	• Staff report receiving competency assessments in breastfeeding (HEQIP/CNP)
	% of health staff able to correctly answer three out	• Staff are able to correctly answer three out of four questions on

	of four questions on breastfeeding knowledge and skills to support breastfeeding	breastfeeding knowledge and skill to support breastfeeding
Step 9: Counsel mothers on risks of feeding bottles, teats, and pacifiers	% of mothers who can describe at least 3 risks of feeding bottles, teats and pacifiers	• Mother can describe at least 3 risks of using feeding bottles, teats and pacifiers
Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care	% of mothers who report that a staff member has informed them they can access breastfeeding support at the health center, by contacting VHSG or CCWC, and at their closest health facility	• Mother can describe where she can access breastfeeding support in the community after discharge from hospital

2. List of BFHI outcome indicators to be integrated into EENC data collection (monthly) to be recorded in the Health Information Management System (HIMS)

Outcome indicator	Indicators
Skin-to-skin contact	The percentage of mothers who had skin-to-skin contact with their babies immediately or within 5 seconds after birth, that lasts at least 60 minutes or more
Early initiation of breastfeeding	The percentage of infants who were breastfed within 1 hour of birth
Support with breastfeeding	The percentage of mothers who received support with learning to breastfeed after delivery
Exclusive breastfeeding during their stay at the hospital	The percentage of mothers reporting that their infants received only breast milk during their stay at the hospital
Rooming-in	The percentage of mothers whose babies stayed with them 24 hours a day since birth
Do not provide newborns any food or fluids other than breast milk unless medically indicated	The percentage of infants who received pre-lacteal feeds (water/fluids) during their stay at the hospital

ANNEXES

Annex 1: List of Steering Committee Members Who Contributed to the Development of National Guidelines for the Implementation of Baby-Friendly Hospital Initiative in Cambodia

Name	Institutions and Role	Role in the Steering Committee
H.E. Dr. Prak Sophonneary	Secretary of State, MoH	Deputy director CNP
H.E. Prof. Tung Rathavy	Director of NMCHC, MoH	Senior Advisor
Dr. Chea Mary	Manager of NNP	Chair
Mr. Hou Kroeun	Deputy Country Director, HKI	Member
Ms. Svay Sary	BFHI Coordinator, NNP	Member
Mr. Un Sam Oeurn	Nutrition Officer, UNICEF	Member
Ms. Selamawit Negash	Nutrition Specialist, UNICEF	Member
Ms. Anne Provo	Nutrition Specialist, World Bank	Member
Dr. Sao Sovanratnak	Health Analyst, World Bank	Member
Assistant Prof. Phal Sano	National Professional Officer, WHO	Member
Ms. Ly Sokhoing	Program Manager, HKI	Member
Ms. Suong Sok Sophea	Alive & Thrive Consultant	Member

Annex 2: Guidelines for the Implementation of Baby-Friendly Hospital Initiative

Antenatal care

- Teach or guide how to breastfeed successfully and explain the benefits of breastfeeding
- Provide information to mothers to do not allow to feed the baby with a formula milk and explain the dangers of bottle-feeding
- Provide health and nutrition education, including the importance of eating adequate foods, types of food that should be eaten by preparing them hygienically during cooking
- Play the video on breastfeeding during the health check-up at ANC service and give advice, especially to women with breast problems that can be a barrier for breastfeeding.
- Record all clear information that were discussed and the actions to be taken, including breastfeeding counseling and whether the mother intends to breastfeed her baby in the Maternal Antenatal Care Record Book

Maternity ward

- Avoid putting the baby far away from the mother if not necessary.
- In the case of a healthy mother and baby, place the baby in the room (rooming-in) with the mother as soon as possible within 24 hours. For mothers who have had a cesarean section, rooming-in should be begun as soon as the mother is able to respond to the baby (communicate with the baby).
- Do not have or use any kinds of formula milk, such as condensed milk, formula milk bottles, breastmilk substitutes, or artificial nipples unless prescribed by a doctor.
- Do not give extra food or other liquids before starting breastfeeding for newborns unless prescribed by a doctor.
- The breastfeeding management team (nurses, midwives, doctors) should visit the mother once a day to:
  - Demonstrate and assist the mother by putting the breastfeeding baby in the right position and good attachment.
  - Pay more attention to inexperienced mothers
  - Provide advice on frequent sucking, desired feeding, and the benefits of exclusive breastfeeding.
  - Supports consistent breastfeeding by manual expressing breastmilk and cup/spoon feeding if mother and baby are separated.

- Refer mothers who have had difficult experiences in breastfeeding to the referral hospital.

Maternity ward

- Avoid using unnecessary painkillers or sleeping pills in order to make the mother feel less pain during labor.
- For normal birth, encourage the mother to breastfeed her baby as soon as possible by placing the newborn on the mother's chest for skin-to-skin contact.
- Explain the importance of early initiate breastfeeding and help mothers breastfeed her baby in the delivery bed.
- Explain the dangers of giving fluids (even water) other than breast milk to the newborn before starting first breastfeeding.

Neonatal Care Unit (NCU)

- All newborn of mothers at risk of infections should be monitored and under observation by the NCU staff and should be placed with their mothers if the newborn has no symptoms or as soon as possible when they have recovered.
- Babies under monitoring and observation should not be given any formula milk or liquid without a doctor's prescription before initiate first breastfeeding.
- Allow the mother to breastfeed and express breastmilk to feed the baby by a cup or a spoon in the NCU. If the baby is unable to breastfeed, breast milk should be expressed every two to three hours to ensure continued milk production and prevent full breasts to be tightened or engorgement.
- Babies born by cesarean section should be put in the position skin-to-skin contact with the mother if the baby and mother’s conditions are favorable to initiate breastfeeding as soon as the mother can respond with the help of health workers and their families.
- Babies under the long-term monitoring and observation of special care, such as Kangaroo Mother Care (KMC) for preterm and low birth weight babies who cannot suck, should be initiated by given expressed breastmilk through gastric tube, followed by dropping in the baby’s mouth or cup/spoon use, and should be breastfed as soon as the baby can suckle.

Annex 3. Acceptable Medical Reasons for use of breast-milk substitutes (2009)

Exclusive Breastfeeding is the standard. In some small exceptional conditions have shown in medical reasons of using additional supplementation or not providing breast-feeding. It is the most important to have a clear identify between;

- Infants cannot breast-feed but breast-milk is still the option
- Infants need additional nutrient more than breast-milk
- Infants should not breast feed or other kind of milk including BMS
- Mothers have no breast milk
- Maternal conditions affect to infant breast-feed

Infant conditions

Infants who should not receive breast milk or any other milk except specialized formula

- Infants with classic galactosemia: a special galactose-free formula is needed.
- Infants with maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed.
- Infants with phenylketonuria: a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring).

Infants for whom breast milk remains the best feeding option but who may need other food in addition to breast milk for a limited period

- Infants born weighing less than 1500 g (very low birth weight).
- Infants born at less than 32 weeks of gestational age (very pre-term).
- Newborn infants who are at risk of hypoglycemia by virtue of impaired metabolic adaptation or increased glucose demand (such as those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischemic stress, those who are ill and those whose mothers are diabetic) (5) if their blood sugar fails to respond to optimal breastfeeding or breast-milk feeding.

Maternal conditions

Maternal conditions that may justify temporary avoidance of breastfeeding

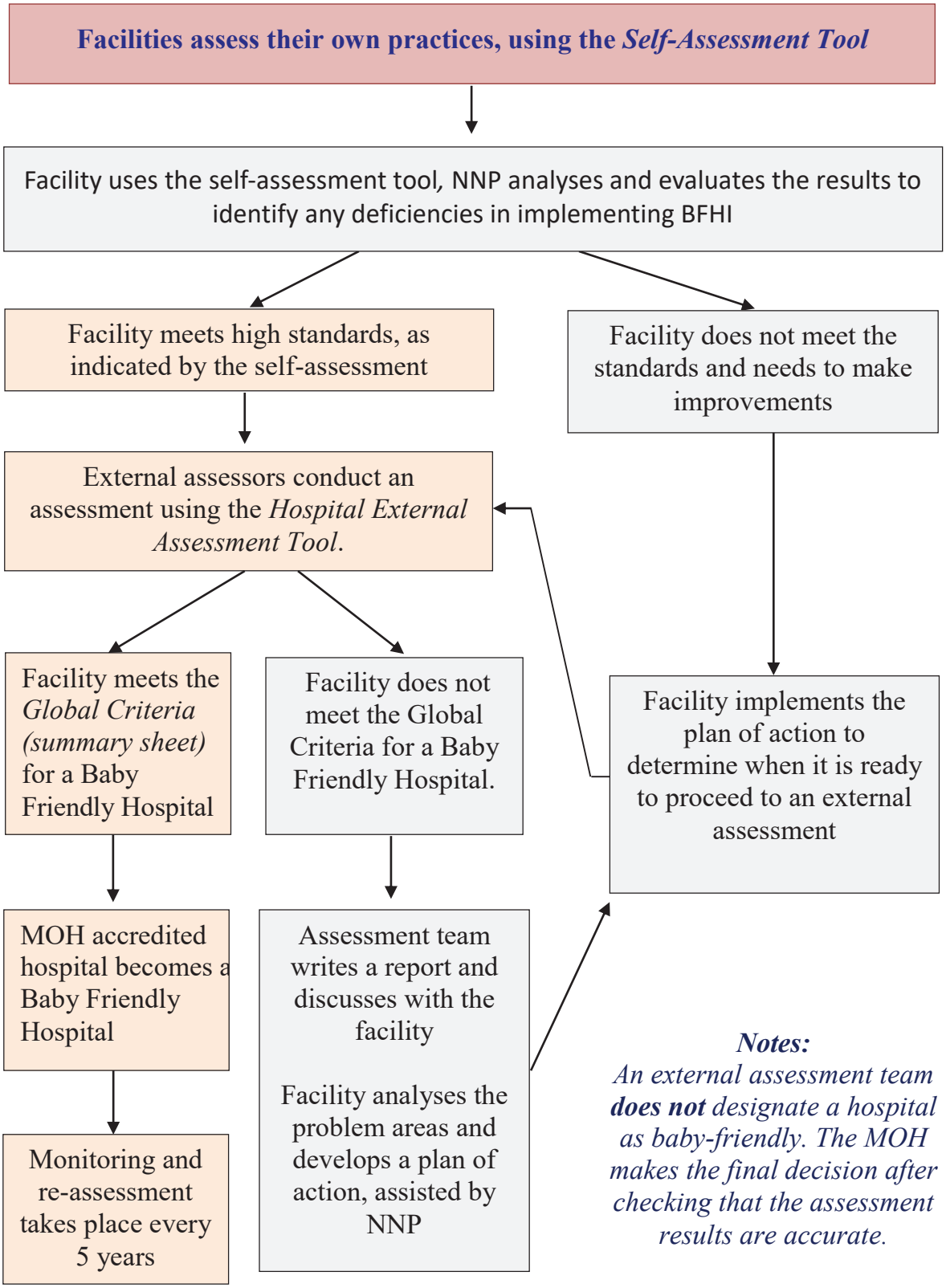
- Severe illness that prevents a mother from caring for her infant, for example sepsis.

- HIV infection (Guideline for PMTCT implementation on HIV and Syphilis transmission, 2016)
- Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved.
- Maternal medication:
  - sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available;
  - radioactive iodine-131 is better avoided given that safer alternatives are available - a mother can resume breastfeeding about two months after receiving this substance;
  - excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous
  - membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided;
  - cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.

Maternal conditions during which breastfeeding can still continue, although health problems may be of concern

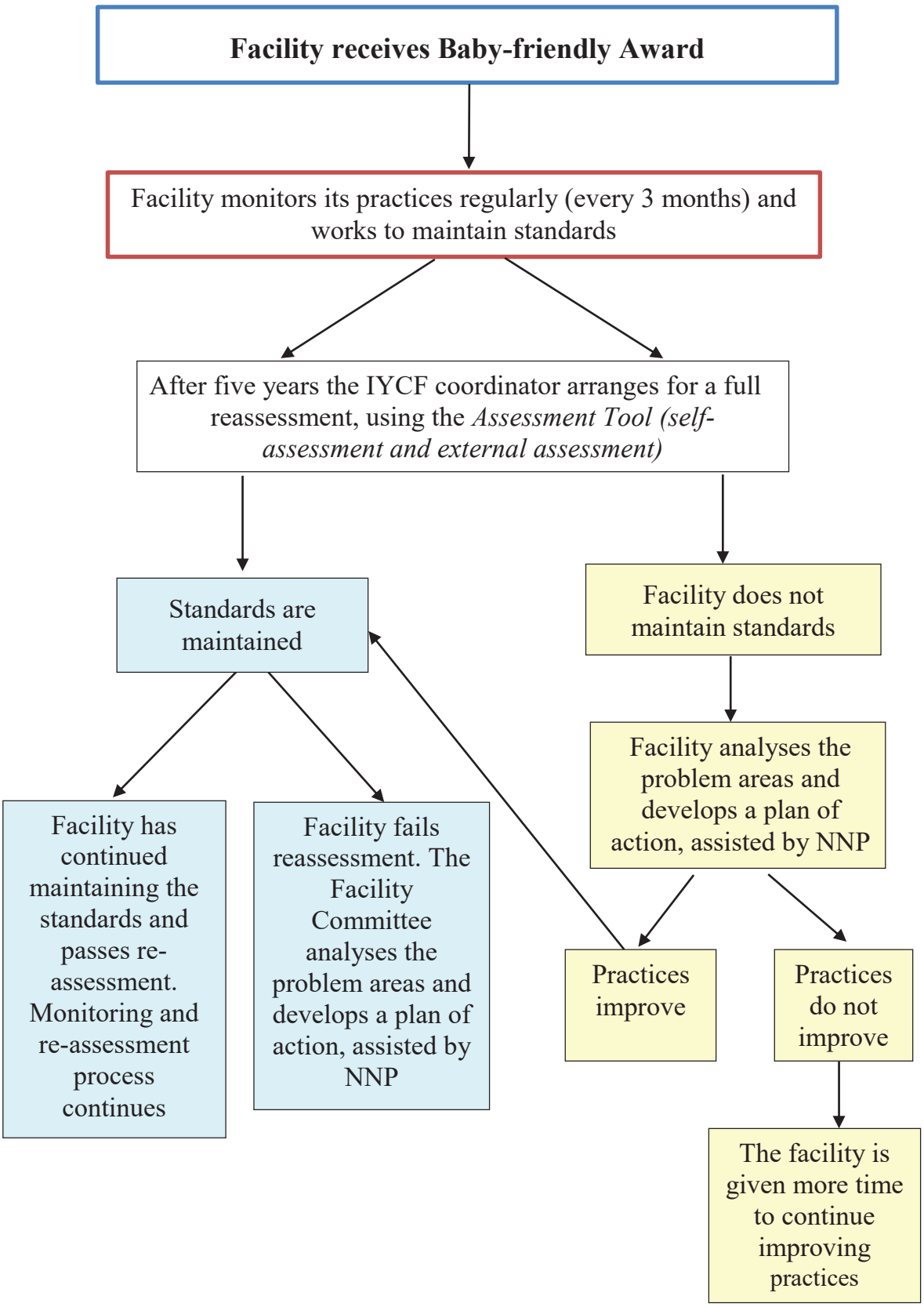
- Breast abscess: breastfeeding should continue on the unaffected breast; feeding from the affected breast can resume once treatment has started
- Hepatitis B: infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter
- Hepatitis C
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition
- Tuberculosis: mother and baby should be managed according to national tuberculosis guidelines
- Substance use:
  - maternal use of nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies;
  - alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby.

Annex 4: Flow Chart of the Baby-friendly Hospital Assessment Process



Notes:
*An external assessment team **does not** designate a hospital as baby-friendly. The MOH makes the final decision after checking that the assessment results are accurate.*

Annex 5: Flow Chart of the Baby-friendly Hospital Initiative Monitoring and Re-Assessment Process



Annex 6. List of 36 BFHI Accredited Hospitals

Year	Name of Hospitals	Name of City or Province
2004	National Maternal and Child Health Centre	National Level
2004	Svay Rieng Provincial Hospital	Svay Rieng Province
2005	Chamka Morn Referal Hospital	Phnom Penh
2005	Kompong Trabek Referal Hospital	Prey Veng Province
2005	Stung Treng Provincial Hospital	Stung Treng Province
2006	Kompong Speu Provincial Hospital	Kompong Speu Province
2006	Oddor Meanchey Provincial Hospital	Oddor Meanchey Province
2009	Municipality Referral Hospital	Phnom Penh
2009	Kompong Thom Provincial Hospital	Kompong Thom Province
2010	Battambang Provincial Hospital	Battambang Province
2010	Kratie Provincial Hospital	Kratie Province
2010	Cambodia-Japan Friendship Hospital	Phnom Penh
2010	Kampot Provincial Hospital	Kompot Province
2011	Mong Russey Referral Hospital	Battambang Province
2011	Takeo Provincial Hospital	Takeo Province
2011	Koh Thom Referral Hospital	Kandal
2012	Poiy Pet Referral Hospital	Poiy Pet Province
2012	Kompong Chhnang Provincial Hospital	Kompong Chhnang Province
2012	Kirivong Referral Hospital	Takeo Province
2012	Preah Sihanouk Provincial Hospital	Prah Sihanouk rovince
2013	Stong Referral Hospital	Kompong Thom Province
2013	Pursat Provincial Hospital	Pursat Province

2013	Bunrany Hunsen Rokakoing Referral Hospital	Kadal Province
2013	Ksach Kandal Referral Hospital	Kadal Province
2013	Kompong Cham Provincial Hospital	Kompong Cham Province
2014	Chi Phou Referral Hospital	Svay Rieng Province
2014	Romeas Hek Referral Hospital	Svay Rieng Province
2014	Chhouk Referral Hospital	Kompot Province
2014	Serey Sophon Referral Hospital	Banteay Meanchey Province
2014	Ang Roka Referral Hospital	Takeo Province
2014	Memut Referral Hospital	Tbong Khmom Province
2014	Kralanh	Siem Reap Province
2014	Pailin Provincial Hospital	Pailin Province
2014	Prey Veng Provincial Hospital	Prey Veng Province
2016	Thmarkol Referral Hospital	Battambang Province
2017	Sonikum Hospital	Siem Reap Province

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