**Strategies for implementing the fourth step of the Baby-Friendly Hospital Initiative in a Baby-Friendly Hospital in the interior of Rio Grande do Norte**

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**ABSTRACT**

The World Health Organization (WHO) together with the Pan American Health Organization (PAHO) and the United Nations Children's Fund (UNICEF) have been supporting breastfeeding as a basic and indispensable action for child health, as they consider it essential to reduce neonatal and infant mortality (WHO, 2017). In this sense, "skin-to-skin contact" is facilitated, above all, if mother and newborn are stable. In surgical delivery, on the other hand, there may be several obstacles to this practice, mainly because cesarean section, in general, can contribute to adverse perinatal outcomes, such as prematurity, low birth weight, need for resuscitation, and Apgar score in the fifth minute lower than 7. Therefore, the early initiation of "skin-to-skin contact" and encouragement of breastfeeding can be hindered, especially due to the separation of the binomial in this process (FERRARI et al., 2020).

**Keywords:** World Health Organization (WHO), Baby-Friendly Hospital (BFHI).

**1 INTRODUCTION**

The World Health Organization (WHO) together with the Pan American Health Organization (PAHO) and the United Nations Children's Fund (UNICEF) have been supporting breastfeeding as a basic and indispensable action for child health, as they consider it essential to reduce neonatal and infant mortality (WHO, 2017).

From this perspective, the Baby-Friendly Hospital Initiative (BFHI), incorporated in 1991 by the Ministry of Health (MS), seeks to encourage the accreditation of the hospital network and train health professionals in practices of support, promotion and protection of breastfeeding. Currently, the practices of maternal and child health services should include the "Ten Steps to Successful Breastfeeding", which encompass everything from the elaboration of an institutional breastfeeding policy to the coordination of hospital discharge to promote breastfeeding support (WHO, 1989).

In this context, hospital units or health services that are interested in being accredited as "Baby-Friendly" must carry out a self-assessment made available by the Ministry of Health and, if they obtain at least eighty percent approval in the criteria established in each step, they must forward the result to the State Health Department. After this stage, a pre-assessment of the hospital will be carried out and, if the ten steps are completed, the Ministry of Health will be asked for a Global Assessment. Both the accreditation, valid for three years, and its renewal will be granted after the external evaluators confirm the completion of the ten steps and other requirements in the institution (Brasil, 2011).

Specifically, the fourth step of the Initiative advocates "skin-to-skin contact" between mother and baby immediately after delivery, lasting at least one hour, in addition to encouraging mothers to recognize the signs that their babies are ready to be breastfed (WHO, 2017). This practice provides important benefits for the mother and the newborn, including contributing to a better effectiveness of the first feeding, which results in better rates of Breastfeeding (BF). Similarly, breastfeeding in the first hour of life is associated with its longer duration, as well as the continuation of exclusive breastfeeding (EBF) for a longer period of time (CAMPOS et al., 2020).

Although the impacts of this step on the promotion of BF are clear, a study describing the twenty-five years of experience of BFHI in Brazil observed that, among the difficulties in implementing the Initiative, the fourth step stands out with fewer implementation rates (LAMOUNIER et al., 2019). One of the reasons is the disparity between its performance during physiological delivery and surgical delivery.

In this sense, "skin-to-skin contact" is facilitated, above all, if mother and newborn are stable. In surgical delivery, on the other hand, there may be several obstacles to this practice, mainly because cesarean section, in general, can contribute to adverse perinatal outcomes, such as prematurity, low birth weight, need for resuscitation, and Apgar score in the fifth minute lower than 7. Therefore, the early initiation of "skin-to-skin contact" and encouragement of breastfeeding can be hindered, especially due to the separation of the binomial in this process (FERRARI et al., 2020).

In view of this reality, the present study aims to report the experience of conducting strategies to implement the practice of the fourth step of BFHI in a "Baby-Friendly Hospital" in the interior of the state of Rio Grande do Norte.

**2 METHODOLOGY**

This study reports the experience of conducting strategies to implement the fourth step of the BFHI by the Human Milk Bank team, with the support of resident professionals from the Multiprofessional Residency Program in Maternal and Child Health (EMCM/UFRN), at the Hospital do Seridó (HS), located in the city of Caicó, in the interior of the state of Rio Grande do Norte.

The Seridó Hospital is a municipal maternity hospital accredited as a Baby-Friendly Hospital, responsible for the maternal and child health of thirteen municipalities agreed with the institution and which is a field of practice for students of technical, higher and graduate courses.

The strategies for the implementation of the fourth step of the BFHI took place between August and September of 2023, with planning activities that involved meetings between management, the multidisciplinary care team, residents, and the HS Milk Bank team, with the objective of knowing the existing difficulties for the effective practice of the aforementioned step.

As part of the action plan resulting from the meetings, an "update" of the mandatory BFHI course was prepared, focusing on overcoming difficulties in implementing "skin-to-skin contact" and breastfeeding in the first half hour of life. After completing the course, nurses from the multiprofessional residency worked directly to strengthen the implementation of "skin-to-skin contact" and breastfeeding in the operating room, the most fragile sector for the step to be carried out. In the delivery room, professionals from the nursery sector made up the front line.

**3 RESULTS AND DISCUSSION**

The updated BFHI course, focusing on knowledge of the ten steps and specific awareness for the execution of the fourth step, was widely disseminated to all hospital professionals, with open enrollment for four classes in different shifts. The methodology consisted of lectures and dialogues, with the use of explanatory videos and simulators of practice.

The professionals were encouraged to reflect on the practices that contribute to and hinder the execution of the fourth step of the BFHI during their professional routines in the service, and what changes could be put into practice to improve this reality.

During the course and the planning meetings, it was possible to identify that the operating room was the sector with the greatest fragility in the implementation of the fourth step of the BFHI. Thus, a strategy was developed for the more frequent insertion of resident nurses in the sector, as professionals who could compose a front line to sensitize the team and carry out *in loco*  the practices necessary to comply with the fourth step.

As for the delivery room, we counted on the collaboration of professionals from the nursery sector (nursing technicians and nurses) to compose a front line, sowing among the teams the good practices necessary for the effective implementation of skin-to-skin contact and encouragement of breastfeeding in the first hour of life.

As a result of this compilation of strategies, it is necessary to highlight points of great importance for overcoming difficulties in the accomplishment of the fourth step of the BFHI, starting with the knowledge, on the part of the BFHI management team, of the difficulties and structural problems reported by the professionals, such as the location of the arch of the sterile field of the stretcher in the operating room. which was reported as a factor that hindered the practice of skin-to-skin contact.

According to the professionals' own reports, the work process of the health team in the operating room for the implementation of the fourth step often presented fragmented care, in which part of the professionals showed that their work was predominantly curative, focusing on the stability of the child and the mother, in addition to the care and management character to maintain the proper functioning of the sector (MARTINS; DALL'AGNOL, 2016).

The course, in turn, was able to contemplate the second step of the BFHI, by training more than eighty percent of the professionals related to health care and, through training, allowing a moment of exchange and construction of knowledge and learning by the entire team. The professionals actively participated in the training, showing interest in implementing the fourth step, but they also shared their concerns about the difficulties of the sector, especially those in the operating room, which were not found in the normal delivery sector.

One of the points reported by the professionals in the operating room was the reduced number of professionals, so that the presence of the nursing resident as a guiding thread, responsible for initiating this routine under the preceptorship of the professionals in the sector and with the support of the Milk Bank team, was a strategy adopted to initially overcome this point.

**4 FINAL THOUGHTS**

This experience report allowed us to collect data that showed that the practice of the fourth step is conditioned by several factors, among them, the reality of the hospital in question, the professionals involved in this practice, and the structural and organizational elements of the institution.

It is known by all the difficulty of carrying out the fourth step in the operating room, however, the discussion about the care practice for cesarean delivery and the work process allowed the survey, in an organized way, of the main obstacles and strategies for the implementation of routines for the effective performance of the fourth step. It cannot be said that it will be an easy path, considering that the implementation of the fourth step goes beyond mere practice, going through the knowledge of the patients, which must be worked on from prenatal care, characteristics of the professionals and the institution.

Thus, these strategies represented the beginning of a long road to transform a reality, and there is a consensus and urgency on the need to make the discussion of the ten steps related to BFHI routine, so that in addition to providing moments for them to be experienced by the team and students, it is widely discussed with pregnant women from prenatal care.

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