

Impact of Baby Friendly Hospital Initiatives on Breastfeeding Practices in Nigeria: A Scoping Review

INPLASY2024110106
doi: 10.37766/inplasy2024.11.0106
Received: 24 November 2024
Published: 24 November 2024

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ADMINISTRATIVE INFORMATION

Support - No external source of funding.

Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2024110106

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 24 November 2024 and was last updated on 24 November 2024.

INTRODUCTION

Review question / Objective To what extent has Baby Friendly Hospital initiatives affected breastfeeding rates and what are the barriers, facilitators and long-term effects of the initiatives on breastfeeding and maternal-child health outcomes in Nigeria?

Background According to the World Health Organization (WHO), breastfeeding should begin within an hour of a baby's birth and be the only method of nutrition for the first six months, followed by the introduction of safe, nutrient-dense complementary foods, and continued until the child is at least two years old (World Health Organization, 2001). The early days of a neonate's life are not only important for the newborn, but also a useful tool for providing new mothers with the backing they require to successfully initiate breastfeeding (Victora et al., 2016). Infants who are exclusively breastfed for the first half of life are given the best start in life, and this has the

potential to save lives and reduce infant mortality (Jones et al., 2008).

Recognizing this, the WHO/UNICEF introduced the Baby-Friendly Hospital Initiative (BFHI) (World Health Organization and United Nations Children's Fund, 2009) in response to the Innocenti Declaration (World Health Organization, 2001), to nudge healthcare institutions around the world to provide better assistance to breastfeeding mothers. The BFHI was first conceptualized in 1989 as a collaborative effort between WHO and UNICEF and was eventually introduced to global health organizations in 1991 (World Health Organization and United Nations Children's Fund, 2009). The initiative outlined Ten Steps that every facility providing maternal care and services should follow to ensure successful breastfeeding (World Health Organization and United Nations Children's Fund, 2018) and to be designated a baby-friendly hospital.

Nearly all countries worldwide have embraced the BFHI, but implementation within most facilities in these countries continues to be low (Nuraini and Riono, 2021). As of 2010, an estimated 21,328 facilities or birthing centers in 156 nations had ever received the designation “Baby-Friendly Hospital” (World Health Organization and United Nations Children’s Fund, 2018). The percentage of facilities offering newborn and maternity services that were designated “Baby-Friendly” at some point in time was estimated to be 28%, and only 10% of newborns were born in these facilities according to WHO (World Health Organization and United Nations Children’s Fund, 2018).

Only 35% of children globally were exclusively breastfed from birth to age five months, according to a 2010 WHO survey. These numbers fall well short of the 90% threshold that the WHO recommends (Victora et al., 2016). In Nigeria, only 17% of children were breastfed for fewer than six months straight (National Population Commission and ICF International, 2014). BFHI was introduced in Nigeria in 1991 using tertiary and a few secondary institutions delivering antenatal and maternal services as platforms where new mothers would be taught about the program (Ogunlesi et al., 2005).

There are a number of attempts to review the literature on BFHI (Perez-Escamilla et al., 2016; Walsh et al., 2021; Durocher et al., 2023) but none of these studies reviewed the impact of the initiative on breastfeeding practices and maternal-child health outcomes in Nigeria. Our review is intended to capture all the evidence available in Nigeria since the introduction of BFHI.

Rationale The Baby-Friendly Hospital Initiative (BFHI) has emerged as a cornerstone public health strategy to promote optimal breastfeeding practices, a critical determinant of infant and maternal health. Breastfeeding is widely recognized as the gold standard for infant nutrition, fostering robust growth and development while offering a protective barrier against infectious diseases and mortality in young children (Gartner et al., 1997; WHO, 2001). However, despite its demonstrated benefits, breastfeeding rates, particularly exclusive breastfeeding, remain suboptimal globally, with Nigeria facing pronounced challenges (WHO/UNICEF, 2009).

Introduced in 1991, the BFHI aimed to institutionalize breastfeeding support through healthcare facilities by establishing the Ten Steps to Successful Breastfeeding as foundational guidelines. These steps encompass measures

such as early initiation of breastfeeding, rooming-in, and the prevention of breast-milk substitute marketing (UNICEF, 2018). Yet, in Nigeria, where the initiative was also launched in 1991, its implementation has encountered systemic hurdles, including limited coverage and adherence among healthcare facilities (Abdul et al., 2024). Consequently, exclusive breastfeeding rates in the country remain well below the WHO-recommended threshold of 90%, with only 17% of infants exclusively breastfed for six months (NDHS, 2013).

The rationale for this study is rooted in the need to address these gaps by examining the specific impacts of BFHI implementation on breastfeeding practices and maternal-child health outcomes within Nigeria. While global reviews highlight the efficacy of BFHI in improving breastfeeding rates (Perez-Escamilla et al., 2016), there remains a paucity of localized evidence detailing its influence within the Nigerian context. The socio-cultural and economic landscape of Nigeria introduces unique barriers and facilitators to breastfeeding, necessitating a targeted exploration of BFHI's effectiveness and the contextual factors shaping its success or limitations.

By synthesizing available evidence, this scoping review will contribute to a nuanced understanding of the BFHI's role in advancing public health goals in Nigeria, identifying pathways for enhancing programmatic effectiveness and addressing systemic barriers. The study will also provide actionable insights into improving maternal and infant health outcomes, aligning with global targets for breastfeeding promotion and child survival.

METHODS

Strategy of data synthesis The proposed scoping review will be conducted using the PRISMA Extension for Scoping Reviews. The search strategy will aim to identify relevant studies published in peer-reviewed journals in the last 10 years. A preliminary search in Google Scholar, CINAHL, PubMed, ScienceDirect, Medline, PsycINFO, Publish Health, EBSCO Databases. The text words in the titles and abstracts of relevant articles, and index terms will be deployed to describe the articles in databases. The keywords combined using Boolean operators (AND, OR) to refine the search. For example:

- "Baby-Friendly Hospital Initiative" AND "Breastfeeding" AND "Nigeria"
- "Breastfeeding Practices" OR "Exclusive Breastfeeding" AND "Maternal and Child Health" AND "Nigeria"

Only studies published in English.

Eligibility criteria Population: Mothers and infants in Nigeria; studies involving healthcare providers in Nigeria

Intervention: Baby friendly Hospital Initiative (BFHI); programs and policies promoting breastfeeding in BFHI settings

Comparison: Studies comparing BFHI hospitals with non-BFHI hospitals; Research including pre- and post-intervention comparisons

Outcomes: Breastfeeding rates (exclusive and partial); Maternal knowledge and attitudes towards breastfeeding.

Study design: Intervention studies published in peer-reviewed journals ;Qualitative studies; Quantitative studies ; mixed methods

Sample size: No restriction

Language: English

Country: Nigeria.

Source of evidence screening and selection All identified citations from the searches will be uploaded into Mendeley/zotero. A further review of the titles and abstracts for relevance screening, to exclude obviously irrelevant records. The unique records will be exported in Rayyan, a screening collaborative software where two or more reviewers will independently screen titles and abstracts based on the defined eligibility criteria. Research studies related to Baby Friendly Hospital initiatives practice in Nigeria, including empirical research, reports, and federal and state guidelines and policy documents will be included. None Nigerian studies will be excluded. Potentially relevant sources will be retrieved in full text for the research team to assess final eligibility for inclusion. The citation details will be imported into Excel spreadsheet for data extraction and analysis. The final review will be presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram (Tricco et al, 2018).

Data management Tools for data management will include Rayyan, Microsoft Excel, Covidence and NVivo.

Reporting results / Analysis of the evidence The data extraction tool will be scrutinized, modified and revised where necessary during the process to ensure validity and accuracy. Modifications will be detailed in the review. Disagreements arising between reviewers will be resolved at the end of each stage. Critical appraisal of individual sources of evidence will not be performed as it is beyond the scope of this review.

Presentation of the results The finding of the review will be presented in a tabular or graphical form using enhanced visualization tools as appropriate. A narrative summary will accompany the tabulated and/or presented charts describing results in relation to the reviews objective and questions.

Language restriction Only english.

Country(ies) involved Nigeria.

Keywords Baby-Friendly Hospital Initiative; Breastfeeding; Nigeria.

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