Attending the 11th BFHI Network Meeting as a representative from LLLI

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(Advocacy, Networking and Action Committee; LLL Japan)

Date: June 15-17, 2022
Site: The meeting was held at the Ministry Of Health, Federal Public Service (FPS) Health, Food Chain Safety and Environment
Galileelaan, 5 bus 2, 1210 Brussels, Belgium

Invitation letter received on April 28, 2022

Meeting place at Ministry of Health

Thanks to LLLI, I could attend the meeting on site, and Judy attended online.
Because the meeting started on June 15, I left Tokyo, Japan on June 13 and arrived at Brussels on June 14. Representatives from 5 partner organizations were invited: Elien Rouw (ABM) from Germany, Rukhsana Haider (WABA) from Bangladesh, Lisa Mandell (ILCA) from USA, Marina Ferreira Rea (IBFAN) from Brazil, and Hiroko Hongo (LLLI) from Japan.

These are the objectives and expected outcomes:

**OBJECTIVES**

1. To strengthen the network of the Baby-Friendly Hospital Initiative coordinators and to advance in the implementation of the BFHI in the countries of the network, following WHO & UNICEF guidance by sharing reflections, experiences and good practices on:
   a. the implementation of the BFHI in the countries of the network,
   b. the Baby-Friendly Initiative in the community: primary health care, community organizations, university, work places,
   c. mother-friendly care in maternity facilities,
   d. Code abidance in our countries.

2. To share work done with other allied organizations along these past years. 

3. To strengthen the network of the Baby-Friendly Hospital Initiative coordinators, discuss and vote on adopting new bylaws and related issues.

**EXPECTED OUTCOMES**

1. Attendees will obtain up-to-date information on the implementation strategies for the 2018 BFHI Guidance and other baby-friendly care strategies or activities in the countries of the Network.
a. Attendees will be able to share with their peers the strengths and opportunities, weaknesses and threats that they face on implementing the BFHI in their respective countries.

2. Attendees will have discussed new tools for implementing the BFHI according to WHO 2018 guidance:
   a. competency verification tools,
   b. monitoring tools,
   c. external assessment tools leading to BFHI designation.

3. Attendees will share knowledge and strategies to overcome difficulties in implementing Code requirements in BFHI facilities.

4. Attendees will become knowledgeable of the new WHO neonatal care standards for sick and premature babies.

5. Attendees will have shared strategies to improve getting support from governments on the implementation of the BFHI in their countries as required by the WHA.

6. On the last day BHFI coordinators and focal points will discuss and vote proposed bylaws, will have elected a new board and committees’ members and will vote on incorporating the BFHI network as an independent non for profit organization. The creation of a website and fund raising will also be discussed.

Day 1 (June 15)

On-site 32 participants were listed on the program booklet from 23 countries, while 27 participants were listed online via Zoom. Flag ceremony was held with slide presentations: participants from 5 organizations were presented with organizational logos, and country delegates were presented with country flag. I introduced myself as LLL Leader from LLLI’s Advocacy, Networking and
After some presentations about BFHI in Belgium, Croatia, about summary report on country-level implementation of the BFHI, and Breastfeeding in emergencies, we had the first working group discussions.

I chose Group 1 (Monitoring tools and sentinel indicators). After listening to explanation about sentinel indicators: Breastfeeding initiation within 1 hour, and exclusive breastfeeding, each country explained its situation. I explained a bit about Japanese situation, such as true exclusive breastfeeding is very rare as the number of BFH is only 2% of all maternity hospitals, and the majority of hospitals use infant formula during hospital stay.

After the Day 1 meeting, we had a welcome reception and mingling. We chatted about the importance of working together. One participant mentioned how she had been helped by LLL when she had been struggled with breastfeeding.

As there were two participants (country delegates) from Ukraine, I decided to print two copies of the comic “Feeding Babies during: What should you do?” in Ukrainian language at the hotel. Next day I shared with them.
Ukrainian translation was done by Nadiya Dragan – La Leche League of Asia & Middle East, & Anastasia Snopok – La Leche League Ukraine.

It can be downloaded from ENN site and LLLI site:

https://www.ennonline.net/comicbasedontheogife
https://www.llli.org/breastfeeding-info/infant-feeding-emergencies-multilingual/

I explained that comic translation was done in the circle of La Leche League. They recognized the name of La Leche League.

Day 2 (June 16)

We listened to the presentations by Larry Grummer-Strawn from WHO (recorded) and by Nina Chad from WHO (zoom online). Country experiences were shared about implementing the BFHI for sick and preterm babies and competency verification toolkits by country delegates. I learned that Italy and USA added country specific items to the competency verification toolkits. I asked a US delegate (Eileen FitzPatrick from Baby-Friendly USA) about these extra items during lunch time.

In the group discussion 2, I chose Group 3 (BFHI implementation during emergencies)

I shared IFE (infant feeding in emergencies) materials including LLLI website’s multilingual resources. Concerns were raised that many front workers might not know anything about breastfeeding. I shared my experiences that Cabinet Office of Japan offered a guideline including an infant feeding assessment sheet any worker can use and refer to other breastfeeding supporters. In addition, the importance of supporting mother-baby to stay together and the importance of peer support were mentioned in the group.

In group discussion 3, I chose Group 3 (Step 10 and BFI in the community). Revised Step 10 is “Coordinate discharge so that parents and their infants have timely access to ongoing support and care.” Hospital staff needs to coordinate parents and their babies have timely access to support in the community. Several participants mentioned LLL, and at the same time, they pointed out it is hard to reach LLL due to the decrease of LLL Leaders. I emphasized that LLL offers online support and we have also a system of Leader accreditation for those who have
breastfeeding experiences.

In the group discussion 4, I chose Group 3 (Mother friendly care. I shared that the increase of epidural use during labor and delivery in Japan, and the importance of empowering women to do informed-choice.

This photo was taken with another LLL Leader, Kergi Leitgeb from Baby Friendly Hospital Initiative (BFHI) Austria
(Back slide is from “Breastfeeding in Ukraine. Experiences from war zone)

After the Day 2, we had a walking tour of historic Brussels and diner together.

Hiroko is the third from the right in the front line (behind “r”)

The last day was only for BFHI National Coordinators members of the Network and their approved additional delegate (Focal point). Representatives from 5 partner organizations (AMB, ILCA, LLLI, IBFAN, WABA) were not invited and did not attend the meeting on June 17. They voted bylaws and established a new non-profit global BFHI network.

Visiting Brussels to attend the BFHI Network meeting face-to-face was very meaningful for LLLI to collaborate with other global organizations.