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 Acronyms	
BF	Breast Feeding
BFHII	Baby Friendly Health Institution Initiative
BMS	Breast Milk Substitute
EBF	Exclusive Breast Feeding
HCW	Health Care Worker
MOH	Ministry of Health
OS1649/2021	The Omani Specification of Marketing Regulation of Designated Products for Infants and Young Children
SSC	Skin to Skin Contact
UNICEF	United Nations Children's Funds
WHO	World Health Organization

Definitions

- **Exclusive Breastfeeding:** feeding babies only breast milk with no additional liquid, food, water, herbs, or other substances for the first six months of the baby's life.
- **Baby Friendly Hospital Initiative (BFHI):** A global initiative launched by UNICEF and the World Health Organization (WHO) to ensure that all maternities in the hospital become centers of breastfeeding support.
- **The Omani specification of marketing regulation of Designated Products for Infants and Young Children (OS 1649/2021)** is a specification released by the Ministry of Commerce, Industry and Investment Promotions in 2021 to ensure proper use of breast milk substitute (BMS) and appropriate marketing.
- **Complementary feeding:** foods or drinks other than breast milk or infant formula for children less than 2 years (e.g., infant cereals, fruits, vegetables, water).
- **Breast Milk Substitute (BMS):** Any food (solid or liquid) being marketed, otherwise represented, or used as a partial or total replacement for breastmilk, whether or not suitable for that purpose. In terms of milk products, recent World Health Organization guidance has clarified that a breastmilk substitute includes any milks that are specifically marketed for feeding infants and young children up to the age of 3 years
- **Mixed feeding** is a combination of both breastfeeding and formula feeding.
- **Supplementary feeding** is an additional fluid, other than the mother's milk, provided to a breastfed infant before six months of age. These fluids may include donor human milk, infant formula, glucose water, or other BMS.
- **Lactation consultant (IBCLC) :** is a healthcare professional who are specialized in the clinical management of breastfeeding and lactation. IBCLCs are certified by the International Board of Lactation Consultant Examiners and possess in-depth knowledge and experience in supporting breastfeeding families.
- **Clinical staff A:** Healthcare providers who counsel and assist pregnant women, infants, young children, and their mothers with breastfeeding or provide breastfeeding education within primary health care facilities. This group includes staff providing direct clinical care, such as nurses, lactation specialists, lactation nurses, IBCLCs, midwives, and doctors.
- **Clinical staff B:** Healthcare providers who have contact with pregnant women, infants, young children, and their mothers but do not assist with breastfeeding or provide infant feeding advice as part of their role. This category includes staff whose

work may have limited or indirect involvement with breastfeeding support, such as pharmacists, lab technicians, medical assistants, medical record staff, X-ray technicians, dentists, and cleaners. These individuals are not expected to provide health education or assistance related to breastfeeding or infant feeding.

Chapter One

1. Introduction:

In 1989, the joint UNICEF-WHO statement on protecting, promoting, and supporting breastfeeding emphasized the crucial role of maternity services in facilitating successful breastfeeding. It laid out the **Ten Steps to Successful Breastfeeding** as a guide for hospitals and maternity services on what was needed to fully support breastfeeding. Two years later, the **Baby-Friendly Hospital Initiative (BFHI)** was launched, aimed at motivating maternity and newborn service facilities worldwide to adopt these Ten Steps as part of their standard care.

The BFHI seeks to support breastfeeding and help mothers and infants establish a healthy start to life, ultimately contributing to increased breastfeeding rates. Among the Ten Steps, several are relevant to the services provided in primary health care (PHC). In this context, it has become essential to develop BFHI guidelines specifically for primary health care, ensuring the initiative is effectively implemented across both hospitals and primary health services. This approach also strengthens communication and coordination between hospitals and primary health care institutions, enhancing the overall support for breastfeeding.

2. Purpose:

- To ensure that mothers and their babies receive timely and appropriate care regarding BF during pregnancy and post-partum visits.
- Enable mothers to succeed in continuing breastfeeding.
- To provide Families with quality and unbiased information about infant feeding and protect them from commercial interests to help them make an informed decision about the best feeding option for their infant.
- To enhance access to skilled breastfeeding support and establish effective links and referrals, ensuring a continuum of care at different health services levels.

3. Scope

This guideline provides a national framework for implementing the **Baby-Friendly Health Institution Initiative (BFHII)** in PHC settings in Oman. It aims to integrate breastfeeding support into routine maternal and child health services at the PHC level.

The guideline is intended for PHC staff, facility managers, health educators, and decision-makers. It outlines:

- Adaptation of the **Seven Steps to Successful Breastfeeding** for PHC
- Roles and responsibilities of health care teams
- Standards for staff training
- Criteria for BFHII accreditation of PHC facilities

It applies to all public and private PHC institutions providing maternal, newborn, and child health services and supports national efforts to improve breastfeeding practices and child health outcomes.

4. Structure

This guideline consists of four chapters:

- **Chapter 1:** Provides a brief introduction to the guideline, including its purpose and structure.
- **Chapter 2:** Explains the procedure for implementing the BFHII in PHC settings.
- **Chapter 3:** Outlines the roles and responsibilities of health care staff involved in the implementation.
- **Chapter 4:** Includes document history, version control, references, and annexes containing tools and supporting materials.

5. Target Facilities and Audience:

- This guideline is written as a guide for implementing the BFHII in health facilities for PHC.
- Facilities need to adhere to the Seven Steps, which are separated into critical management procedures and key clinical practices. The Seven Steps are outlined in Box 1 and explained in detail in Chapter 2.
- The intended audience of this document includes:
 - All healthcare workers' categories who provide care to pregnant and lactating women and their infants.
 - Governments, national managers of maternal and child health programs in general and of breastfeeding-and Baby-Friendly Hospital Initiative-related programs in particular.

Chapter Two

6. Methods and procedures used

Box 1: Seven Steps to Successful Breastfeeding.

Critical Management Procedures

Step 1- A: Fully comply with the International Code of Marketing of Breast-milk Substitutes, the Omani Specification for the Marketing Regulation of Designated Products for Infants and Young Children (OS 1649/2021), and all relevant national and international resolutions, regulations, and guidelines pertaining to the Code.

B: Adapt, routinely communicate, practice, and fully comply with the MOH BFHII for PHC Guidelines.

C: Establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence, and skills to implement the BFHII at PHC.

Key Clinical Practice

3. Discuss with all pregnant women and their families the importance and management of breastfeeding and supportive practices.
4. Provide timely support to mothers while they are establishing breastfeeding and during challenges in maintaining breastfeeding.
5. Support mothers to exclusive breastfeeding up to six months of age, with continued breastfeeding along with the appropriate and timely introduction of complementary foods.
6. Counsel mother on the risks of using formula, feeding bottles, and pacifiers.
7. Work collaboratively with maternity facilities, lactation clinics, other health facilities, and the local community in order to protect, promote, and support breastfeeding.

6.1 Critical management procedures to support breastfeeding

Step 1a: Fully comply with the International Code of Marketing of Breast-milk Substitutes, the Omani Specification for the Marketing Regulation of Designated Products for Infants and Young Children (OS 1649/2021), and all relevant international resolutions, regulations, and guidelines pertaining to the Code.

❖ Rational

To protect breastfeeding, it is essential that health facilities do not promote breast-milk substitutes. The International Code and OS 1649/2021 ensure that mothers receive unbiased support to make informed feeding choices based on health needs, not commercial influence. By fully complying, facilities create a safe, supportive environment where breastfeeding is protected, promoted, and free from marketing pressures. In the Sultanate of Oman, **OS1649/2021** has been issued by the Ministry of Commerce, Industry and Investment Promotions; its implementation is mandatory and must be adhered to by all members of the community."

❖ Implementation

- Adhere to and apply the existing national policy related to the International **code of marketing of breastmilk substitute, the OSSR 1649/2021 and The Marketing Regulations of Breastmilk Substitute Guideline**, which prohibits the promotion, advertising, and free distribution of breastmilk substitutes, feeding bottles, and teats."
- The advertising or promotion of classified products by any means is strictly prohibited in all primary health care institutions. **The following specific practices are not permitted, including but not limited to:**
 - Accepting any contributions, gifts, or material or other benefits, whatever their value, from the provider, the distributor, or any person acting on their behalf, such as scholarships, pens, calendars, free meals, dairy products, discount vouchers, etc.
 - Accepting any samples, designated products, or gifts from a producer or a distributor and distributing them to the mothers or their families.
 - Receiving or displaying any educational material produced by BMS companies.
 - Organizing any event sponsored fully or partially by companies of BMSs (workshops, scientific days, conferences, open days, etc.).

- Accepting sponsorship to attend any conferences, workshops, summits, or meetings, whether within the country or abroad by BMS companies.
- Allowing any direct or indirect contact between any person acting on behalf of BMS' companies and the mothers in the health institutions.
- Allowing any direct or indirect contact between any person acting on behalf of BMSs' companies and the healthcare workers by any means.
- Train all staff on the requirements of the **International Code, the OSSR 1649/2021, and The Marketing Regulations of Breastmilk Substitute Guideline for health care workers** during staff orientation and through regular updates.
- Advise mothers on infant feeding without commercial influence.
- Facilities should use the Incident Reporting and Learning System (IRLS) within Al Shifa system to monitor compliance with the International Code and OS 1649/2021, and to report and address any violations promptly.

❖ **Assessment standards:**

- Health facilities must fully comply with the International Code of Marketing of Breast-milk Substitutes, all relevant World Health Assembly (WHA) resolutions, and national laws and regulations, including the Omani Specification for the Marketing Regulation of Designated Products for Infants and Young Children (OS 1649/2021).
- Facilities must ensure that no promotion, distribution, or marketing of breast-milk substitutes, feeding bottles, or teats occurs within health services or by health workers. Staff should give feeding advice that is unbiased and not influenced by marketing.
- 80% of health professionals can explain at least two elements of the code, or OS1649/2021, that are relevant to them as a health worker in the service.
- No mothers who were interviewed report having been given any samples or supplies of infant formula by the staff. (Regular interviews with mothers must ensure that no samples or gifts of infant formula companies are being provided by staff)

Step 1.b: Adapt, routinely communicate, practice, and fully comply with the MOH BFHII related guidelines.

❖ **Rational:**

The seven-step clinical practice should be incorporated into the daily practice of all HCWs to ensure that all mothers and babies receive appropriate care equally and are independent of the preferences of individual caregivers.

❖ **Implementation:**

The BFHII Guideline must be circulated to all HCW and ensure that they are fully informed and knowledgeable about the Seven Steps. Proper and sufficient orientation of the Seven Steps for HCW is necessary.

❖ **Assessment standards:**

- The guideline is available to all HCW who care for pregnant or postpartum mothers and their children.
- A summary of the Seven Steps is displayed in the two languages and written with wording most commonly understood by mothers and staff.
- At least 80% of clinical staff providing care can explain at least two parts of the BFHII guideline that affect their role in the institution.

Step 1.c: Establish ongoing monitoring and data management systems.

❖ **Rationale:** Ongoing monitoring and data management systems are essential for effective implementation of BFHI guidelines. They enable tracking breastfeeding support indicators, identifying improvement areas, and maintaining high standards. In addition to recording and monitoring, facilities should conduct self-appraisal using the standard checklist annexed at the end of this document. Integrating these practices is crucial for BFHI assessment and accreditation.

❖ **Implementation:**

To ensure the effective implementation and sustainability of the (BFHII), health facilities must establish an ongoing monitoring and data management system designed to regularly collect, analyze, and use data to inform decision-making and support continuous quality improvement in breastfeeding services. The key actions for implementation include:

1. Appoint a dedicated team or focal person responsible for overseeing data collection, analysis, and reporting related to BFHI indicators. This team should

work closely with maternity and newborn service providers in the primary health care staff.

2. Utilize standardized tools, such as the self-appraisal or BFHI monitoring checklist and reporting templates, to collect consistent data on breastfeeding practices, staff training, maternal counseling, and compliance with all Steps.
3. Integrate breastfeeding-related indicators into the facility's routine health information systems. Data should be collected regularly (e.g., monthly or quarterly)
4. Facilities should conduct periodic self-appraisal using the official BFHI checklist annexed in the guidelines. These reviews help identify strengths, gaps, and areas needing improvement and should be discussed in regular quality improvement meetings.
5. Provide training for relevant staff on data collection tools, quality assurance, and data-driven decision-making to enhance the overall effectiveness of the monitoring system.

❖ **Assessment standards:**

- The Facility has a system for ongoing monitoring and data management to document compliance with clinical practices.
- Clinical staff at the facility meets at least every three to six months to assess, review the implementation of the Seven Steps, and provide recommendations.
- If previously assessed, relevant recommendations from the last assessment have been satisfactorily addressed.

Step 2: Ensure that staff have sufficient knowledge, competence, and skills to implement the Baby Friendly Health Institution Initiative Guideline (BFHII).

❖ **Rationale:**

Training health staff enables them to develop effective skills, give consistent messages, and implement the seven steps. Staff cannot be expected to implement a practice or accurately discuss relevant topics with mothers on a topic for which they have received no enough training on.

❖ **Implementation:**

To successfully implement the Baby-Friendly Health Institution Initiative (BFHII), all relevant health care staff must be equipped with the necessary knowledge, skills, and competencies. The key implementation actions include:

- Conduct a Training Needs Assessment to identify gaps in staff knowledge and skills related to breastfeeding support and the Seven Steps of BFHI.
- Deliver competency-based training programs aligned with national and international BFHI guidelines, ensuring all staff understand breastfeeding promotion, counseling, and Code compliance.
- Ensure new employees receive BFHI training as part of their orientation program to maintain consistency in service delivery.
- Organize regular refresher courses, workshops, to update staff and maintain high standards of practice.
- Use practical assessments and evaluations to verify staff competence in breastfeeding support, communication with mothers, and proper documentation.
- Keep updated records of staff training and use them to plan future training sessions and maintain compliance with BFHI standards.

❖ **Assessment standards:**

- Training records are maintained, which easily provide a list of staff who have attended, non-attendees, and those awaiting training.
- 80% or more of clinical staff-A have been on the service for 6 months or more have received training that covers breastfeeding topics and all seven steps in both theoretical knowledge and skills for practical application.
- 80% or more of the clinical doctors reported receiving competency assessments in breastfeeding in the previous 2 years.
- 80% or more of the relevant clinical staff-B members have received training that is adequate, given their roles, to provide them with the skills and knowledge needed to support effective infant and young child feeding.
- The curricula or course session outlines for staff training should be adapted from the MOH breastfeeding training courses.

6.2 Key clinical practices to support breastfeeding:

Step 3: Discuss with all pregnant women and their families the importance and management of breastfeeding and supportive practices.

❖ **Rationale:**

Pregnant women must have basic information about breastfeeding in order to make informed decisions. Pregnancy is a key time to inform women about the importance of breastfeeding and support their decision-making. Mothers also need to be informed that birth practices have a significant impact on the establishment of breastfeeding.

❖ **Implementation:**

- All pregnant women should be counseled about the benefits and management of breastfeeding, either one-on-one or in small groups. (Documentation in Shifa System about the antenatal discussion is needed.)
- During antenatal breastfeeding counseling, it is preferable to consider the individual needs of the woman and her family and address any concerns or questions they have.
- Pregnant mothers should receive health education about breastfeeding during all her visits, begin early at the first visit (booking), and continue so that there is time to discuss any challenges.
- HCW (Doctors, Nurses, Midwives, Dieticians, and Pharmacists, Health educators, Health assistance and Medical Orderly) are responsible for providing breastfeeding education.
- In case of giving formula for some medical reasons or others, instructions should not be given in a group.

❖ **Assessment standards:**

- Outline for antenatal discussion of breastfeeding includes, at a minimum:
 - Information on the importance of breastfeeding.
 - Recommendation on Exclusive Breastfeeding and continuation of BF with other foods were introduced from 6 months until 2 years.
 - Risks of giving formula or other breastmilk substitutes.
 - Importance of immediate and sustained skin-to-skin contact and early initiation of breastfeeding.
 - Practical skills such as positioning and attachment.

- On-demand feeding.
- Feeding cues.
- Importance of rooming in.
- 80% of mothers who received antenatal care at the facility are able to adequately describe what was discussed on at least three of the topics mentioned above. (Documentation of the antenatal discussion is encouraged.).
- At least 80% of pregnant women report having information about the dangers of using bottles, teats, or dummies and can mention at least three dangers.
- 80% of mothers who received antenatal care at the facility report having received antenatal counseling for the importance of breastfeeding.

Step 4: Provide timely support to mothers while they are establishing breastfeeding and during challenges in maintaining breastfeeding.

❖ Rationale:

All women should be offered support to breastfeed their babies to increase the duration and exclusivity of breastfeeding. Support may be offered either by professional or lay/peer supporters, or a combination of both. Strategies that rely mainly on face-to-face support are more likely to succeed.

❖ Implementation:

Health facilities must ensure that mothers receive timely, skilled, and individualized support to establish and sustain breastfeeding especially after discharge from hospital. The key implementation actions include:

- Ensure that trained health care providers are accessible in primary health care centers to address breastfeeding challenges effectively.
- An effective system must be in place to ensure mothers and their babies are seen at their local health center **at two and six weeks after discharge** for both general health and feeding assessments. These visits help identify and resolve issues early and provide ongoing breastfeeding support.
- Special attention should be given to **first-time mothers**, those who have previously experienced breastfeeding difficulties, or those who began using breast-milk substitutes. These mothers should receive targeted counseling and support during both the **antenatal and postnatal periods**.

- Support should be individualized according to the mother's condition, and direct, face-to-face interaction should be prioritized for better outcomes.
 - Care should include the **prevention, early detection, and treatment of breastfeeding-related complications**, such as engorgement, mastitis, or infant feeding issues.
1. Mothers should receive **counseling on breastfeeding** and should be informed of available support services. This includes referral to **lactation clinics**, use of **hotlines**, and connection to other BFHI services as needed.
 2. All breastfeeding concerns must be recorded in the mother's and infant's health records, with appropriate referrals for advanced care when necessary.

❖ **Assessment standards:**

- At least 80% of the staff can explain how to ensure timely and appropriate support as mothers establish breastfeeding.
- At least 80% of mothers who attend the routine post-natal visit at two and six weeks' report that the staff at the health facility offered assistance and a review of breastfeeding technique (position and attachment).
- At least 80% of mother's report that they know who to contact if they have questions or difficulties with feeding and caring for their baby and themselves.
- Primary health care facilities structured to support breastfeeding by providing designated spaces for breastfeeding or milk expression within waiting areas, displaying breastfeeding educational materials in common areas such as corridors and waiting rooms, and ensuring mothers have continuous access to skilled breastfeeding support through trained lactation consultants.

Step 5. Support mothers in exclusive breastfeeding up to six months of age with continued breastfeeding along with the appropriate introduction of complementary foods.

❖ **Rationale:**

Exclusive breastfeeding of infants with only breast milk for the first six months of life has several advantages, and the most important is that it reduces the mortality rate among infants and mothers, lowers the risk of gastrointestinal infection for the baby, and causes more rapid maternal weight loss after birth.

❖ **Implementation:**

- All mothers are provided with appropriate support and information to breastfeed their babies exclusively for six months.
- Mothers should be discouraged from giving any food or fluids other than breast milk unless medically indicated.
- Feeding assessments should be done regularly during the well-baby checkup visits (Expanded Immunization Program).
- Discussion with the mother about the appropriate timing of introducing complementary feeding at the end of six months. Along with the continuation of BF.
- All mothers who will be separated from their babies for any reasons such as (studying or working) should be provided with information about maintaining lactation; and human milk storage.

❖ **Assessment standards:**

- 80% of mothers counseled on exclusive breastfeeding during antenatal, and postnatal visits.
- 80% of mothers who receive information on complementary feeding prior to their infant reaching six months of age.
- At least 80% of breastfeeding mothers can answer questions on exclusive breastfeeding and the introduction of solids.
- At least 80% of breastfeeding mothers with babies >6 months old report that they have been offered advice and where to find further information about maintaining breastfeeding when separated from their baby, perhaps for work or study, if needed.

Step 6. Counsel mother on the risks of using formula, feeding bottles, and pacifiers.

❖ **Rationale:**

Formula feeding introduces risks such as a higher likelihood of infections, allergies, and chronic diseases, as it lacks the antibodies and bioactive components in breast milk. Feeding bottles and pacifiers can cause nipple confusion, reduce breastfeeding duration, and increase the risk of ear infections and dental issues. Counseling mothers helps them make informed decisions and empowers them to continue breastfeeding for the health and well-being of their child.

- ❖ **Implementation:** Provide all mothers with appropriate counseling on the risks of formula feeding, bottles, and pacifiers. Support them in making informed feeding decisions and ensure access to relevant Ministry of Health policies and guidelines.

The following process of counseling is essential for effective implementation of this step.

1. Counseling about the risk of using formula, feeding bottles, and pacifiers should begin during antenatal visits and continue postpartum, during follow-up visits at the primary health care facility. This ensures that mothers receive consistent information throughout their pregnancy and early postpartum period.
2. Provide individualized counseling that is tailored to each mother's specific needs, concerns, and cultural background. Recognize any challenges they may encounter and offer appropriate support and solutions.
3. Ensure that mothers receive clear, balanced, and evidence-based information on the potential risks of formula feeding, including an increased risk of infections, allergies, and chronic diseases. Additionally, educate them on how the use of bottles and pacifiers may interfere with breastfeeding by causing nipple confusion and reducing breastfeeding duration.
4. Develop and provide educational materials, including pamphlets, posters, and videos, to clearly communicate the risks of formula feeding, feeding bottles, and pacifiers, as well as the benefits of breastfeeding. Ensure that these materials are available in multiple languages to accommodate the diverse population served by the health facility.
5. Document counseling on formula feeding, bottles, and pacifiers in the mother's health record, including provided information and decisions made.
6. Conduct periodic audits to evaluate counseling quality, gathering feedback from mothers through surveys or interviews to ensure understanding and support.
7. Health facilities must create an environment that supports exclusive breastfeeding by discouraging the promotion of formula, bottles, and pacifiers, and ensuring mothers have access to ongoing breastfeeding support through lactation consultants or peer support groups.

❖ **Assessment standards:**

- At least 80% of breastfeeding mothers of healthy term infants report that they have been taught about the risks of using feeding bottles, teats and pacifiers.
- All counseling on the risks of formula, bottles, and pacifiers should be thoroughly documented in the mother's health records, including the type of information given and any decisions made.

- 80% of mothers who have decided not to breastfeeding report that the staff discussed with them the safe preparation, feeding and storage of BMS.
- The primary health care facilities display evidence-based breastfeeding educational materials, including information on the risks of formula feeding, feeding bottles, and pacifiers, in visible public areas such as waiting rooms and corridors, to support counseling and informed decision-making by mothers.

Step 7. Work collaboratively with maternity facilities, lactation clinics, other health facilities, and the local community in order to protect, promote, and support breastfeeding.

❖ **Rationale:**

It is essential to establish effective collaboration between maternity facilities, lactation clinics, other healthcare institutions, and community resources. This joint effort is crucial to ensure consistent protection, promotion, and support for breastfeeding across all levels of care and within the wider community.

❖ **Implementation:**

- A clear and appropriate referral pathway to support mothers who require more specialized assistance with breastfeeding.
- Collaboration between the LHC and other health facilities for referred cases.

❖ **Assessment standards:**

- At least 80% of Health Care Provider can describe an appropriate referral pathway within the health facilities for a mother who is experiencing breastfeeding difficulties.
- At least 80% of breastfeeding mothers with babies <6 months' report that they were given information on where they can get support if they need help with feeding their babies or when they have breastfeeding complications and can mention one source of information.

Chapter Three

7. Responsibilities:

➤ **Head of the Health Center**

- Endorsing and supporting local implementation of the guidelines and ensure compliance, through an agreed-upon monitoring process.
- Align appropriate resources to support the implementation of this guideline.
- Avoid, prevent and report any violation against the Code of marketing.

➤ **Nursing in-charge**

- Ensure all staff are familiar with the BFHII guidelines.
- Reinforce the staff to follow the BFHII guideline.
- Ensure that all staff are complains with Code.
- Ensure guideline linked training is facilitated for staff relevant to their role and ensure each staff participated in this training.
- Training records are completed and stored—either in soft or hard copy—in a specific, designated location.

➤ **Lactation specialist/Lactation Consultant:**

- Supporting all mothers to practice breastfeeding to their babies.
- Developing feeding plans according to the infant feeding needs, and addressing their issues.
- Early recognition and solving of breastfeeding difficulties faced by lactating mothers.
- Providing an efficient care for mother and baby in a wide range, through making appropriate referrals to other health professionals as needed.
- Raising awareness about the benefits of breastfeeding in the community.
- Play a major role in eradicating the usage of formula feeds in the health facility unless medically indicated.
- Coordinate and monitor the of BFHII program in primary health care.
- Conduct training programs on breastfeeding for healthcare workers to enhance their knowledge and skills in this area.

➤ **Staff Nurse:**

- Comply with this guideline and integrates it into their work practice.

- Refer mothers to the doctors or lactation specialist/ clinic if further management is needed.
 - Provide counselling and support to mothers about breastfeeding.
 - Attend breastfeeding training to acquire the necessary knowledge and skills to implement this guideline.
 - Maintain data documentation.
- **Staff running Extended Program of Immunization (EPI) clinic:**
- Provide counseling on the importance and benefits of breastfeeding for lactating mothers.
 - To conduct nutrition/feeding assessment for children attending the clinic and to act accordingly.
 - Refer mother and babies to the lactation team if further management is needed.
 - Attend breastfeeding training to acquire the necessary knowledge and skills to implement this guideline
- **Doctors:**
- Perform counseling on the importance and benefits of breastfeeding for all pregnant women during ante-natal care visit and post-natal mother's visit.
 - Do Breast Examination during ante-natal and post-natal period.
 - Conduct a routine child examination to identify any congenital anomalies that may interfere with breastfeeding and provide referrals if needed.
 - Attend breastfeeding training to acquire the necessary knowledge and skills to implement this guideline
 - Refer mother and babies to the lactation team if further management is needed.
- **Information Technology:**
- Provide technical assistance with the Al-Shifa system to support the implementation of this guideline.
- **Dietician:**
- Refer any mother and child dyad with breast feeding related issues to the available breastfeeding support in the facility (lactation nurse/lactation consultant, etc.)
 - Perform counseling on the importance and benefits of breastfeeding for all referred pregnant and post-natal mothers.

- Monitor and audit maternal health education programs to ensure quality, effectiveness, and alignment with established guidelines, and recommend improvements based on findings.
- Attend breastfeeding training to acquire the necessary knowledge and skills to implement this guideline.

➤ **Health Educators:**

- Implement breastfeeding related educational activities for mothers and health care workers.
- Maintain records and statistics on breastfeeding activities, including participant attendance.
- Attend breastfeeding training to acquire the necessary knowledge and skills to implement this guideline.

➤ **BFHI Committee or Taskforce**

To ensure successful implementation and sustainability of the Baby-Friendly Health Institution Initiative (BFHII), each health facility should establish a formal structure to coordinate and oversee the program. It is recommended that BFHI-related responsibilities be integrated into an existing committee or a dedicated taskforce formed specifically for BFHII. This committee should consist of key decision-makers and representatives from relevant departments to support the evaluation of current practices and guide progress toward BFHI accreditation.

A multidisciplinary approach is essential to ensure comprehensive planning and consistent application of the BFHII Steps to Successful Breastfeeding and adherence to the International Code of Marketing of Breastmilk Substitutes.

- **Roles and Responsibilities of the BFHII Committee**

- **Establish and Maintain BFHII Committee:**

Ensure the committee is composed of a multidisciplinary team, including administrators, midwives, doctors, nurses, dietitians, and other relevant staff involved in maternal and newborn care.

- **Coordinate BFHII Implementation Activities:**

Lead and coordinate all activities related to the implementation of the Seven Steps to Successful Breastfeeding and other BFHII components within the facility.

- **Ensure Staff Training and Capacity Building:**
Organize and participate in training activities to ensure that committee members and key staff are thoroughly familiar with the BFHII guidelines, breastfeeding support, and the International Code.
 - **Conduct Facility Assessments:**
Perform comprehensive assessments of facility policies, practices, and staff competencies related to breastfeeding. This includes direct observations, interviews, and reviews of patient records and staff protocols.
 - **Develop and Implement an Action Plan:**
Based on assessment findings, prepare a detailed action plan that outlines specific goals, objectives, strategies, and timelines to address identified gaps and enhance breastfeeding support services.
 - **Monitor and Evaluate Progress:**
Establish a system for ongoing monitoring and evaluation of BFHII implementation. This may involve regular internal audits, staff and patient surveys, and collection of relevant data to assess adherence to the Ten Steps.
 - **Facilitate Continuous Improvement:**
Use evaluation results to make informed decisions and implement improvements to strengthen breastfeeding policies, training, and support systems within the facility.
 - **Coordinate with External Stakeholders:**
Collaborate with local health authorities, lactation consultants, community health workers, and other stakeholders to align efforts and ensure continuity of breastfeeding support across all levels of care.
- **National BFHI Assessor Team – Primary Health Care**
- The National BFHI Assessor Team, designated by the Ministry of Health, plays a critical role in evaluating primary health care facilities for adherence to the Baby-Friendly Health Institution Initiative (BFHII) standards. The team functions independently of the facility being assessed and is responsible for conducting objective, evidence-based evaluations to determine readiness for national BFHI designation.
- **Roles and Responsibilities of National BFHI Assessor Team:**
 - **Conduct External Assessments:**

Carry out independent assessments of PHC facilities applying for BFHI accreditation, using the national BFHI assessment tools and WHO/UNICEF standards.

- **Verify Implementation of BFHI Practices:**
Review policies, staff training, clinical practices, and documentation to ensure compliance with the seven steps and the International Code.
- **Observe and Interview:**
Observe care practices and interview staff and mothers to verify actual implementation on the ground.
- **Compile and Submit Assessment Reports**
Prepare a comprehensive written report summarizing findings, evidence collected, and submit detailed assessment reports to the Ministry of Health with recommendations for accreditation.
- **Ensure Quality and Standardization of Assessments**
Adhere strictly to the national BFHI assessment protocol to maintain consistency and reliability across all assessed facilities.
- **Maintain Confidentiality and Ethical Standards**
Uphold ethical standards, neutrality, and confidentiality throughout the assessment process.

Chapter Four

8. Document History and Version Control

Version	Description	Review Date
1	Initial Release	September 2028

9. References:

- Ministry of Health Baby Friendly Hospital Initiative in Oman health facilities providing maternity service 2022 guideline.
- World Health Organization (WHO). (2022). *Implementation guidance: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative 2018: summary*. Geneva: WHO.
- United Nations Children’s Fund (UNICEF). (2019). *Programming Guidance: Infant and Young Child Feeding*. New York: UNICEF.
[Includes the importance of integrating breastfeeding support into both hospitals and primary health care systems.]
- Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised BABY-FRIENDLY HOSPITAL INITIATIVE 2018 <https://www.unicef.org/media/95191/file/Baby-friendly-hospital-initiative-implementation-guidance-2018.pdf>
- World Health Organization (WHO), & United Nations Children's Fund (UNICEF). (2018). *Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-Friendly Hospital Initiative*. Geneva: WHO.