

Establishing a baby friendly space for families with children under 2 years and pregnant women

Operational guidance

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Contents

Purpose of this document.....	2
What is a Baby Friendly Space?.....	2
Support for Maternal, Infant and Young Children Feeding and Care	3
Support for breastfeeding mothers.....	3
Support for infants who are fed with infant formula	3
Support for young children receiving complementary foods (6-23 months).....	4
Support for pregnant women.....	4
Activities for a Baby Friendly Space.....	4
Early childhood development.....	4
Hygiene and sanitation.....	5
Information sessions/active support	5
Distributions	5
Steps for set-up.....	5
Step 1: Identify a suitable space	5
Step 2: Decide on activities and facilities	6
Step 3: Equip the space	6
Step 4: Supervision and monitoring	7
Annexes.....	7
Annex A. Educational IYCF materials	7
Annex B. Resources for Play and Music sessions.....	7
Annex C. Resources for Story Time.....	8
Annex D. Supplies for supporting non-breast fed infants.....	9
Annex E. Checklist for Baby Friendly Space	10

Purpose of this document

The Purpose of this document is to guide those who are providing services or running shelters for newly arrived migrants to the United States of America to be able to establish and run a space that is friendly for families with babies. This document guides the reader step-by-step in how to establish and plan activities that are appropriate for the needs of this vulnerable group of the population in regards to feeding and care practices. This document is intended as a guide, not a template, and should be adapted to each context to best fit with what is available in terms of facilities, resources, and the needs of the community.

With thanks to SCUS Emergency Nutrition and U.S. Emergencies Border Response Teams.

What is a Baby Friendly Space?

A Baby Friendly Space is a space that is set-aside for families with small babies, where they can access support or simply relax and breastfeed in a calm and private environment, there is also the opportunity to connect with other families with small children. The atmosphere should be conducive in order to help families feel safe and secure, comfortable and relaxed in order to facilitate sharing opportunities and the development of a trusting relationship with the staff. Therefore, it has to be quiet and private, and as welcoming and “warm” as possible.

A Baby Friendly Space may be part of a health clinic but may be any other suitable place e.g. attached to a child-friendly space, so that older children can play there while the breastfeeding mothers go to the corner. Preferably, these corners should have staff or volunteers who are able to provide support on infant and young child feeding and care practices. These staff should have received some training in breastfeeding, and will be capable of providing basic support to mothers and families with young children.

Baby Friendly Spaces should seek to provide access to facilities such as diaper changing, toilets, drinking water, and hand washing stations. Where possible and the context requires it, access to baby bathing facilities is also preferable. Sometimes, but not always, families can access distributions through a Baby Friendly Space, such as baby clothing, hygiene and sanitation supplies. Additionally, supplies for mother’s post-partum, such as hygiene kits and sanitary pads. An additional benefit for mothers is that being together gives them some privacy and they can help and support each other.

The ACF guidance document on ‘Baby Friendly Spaces’ is the primary source of detailed information and can be accessed at the below link.¹

¹ Action Against Hunger, Baby Friendly Spaces: A technical Manual, Dec 2014. Access here: <https://www.actionagainsthunger.org/publication/2014/12/baby-friendly-spaces-technical-manual>

Support for Maternal, Infant and Young Children Feeding and Care

Support for breastfeeding mothers



To protect, promote and support breastfeeding, the following actions should be taken:

- Provide reassurance, encouragement and support to mothers to continue breastfeeding
- Provide a comfortable, quiet space for mothers to rest and to breastfeed
- Display breastfeeding friendly posters and IEC in relevant languages (see Annex A)
- Consider encouraging mothers who are both breastfeeding and using infant formula to breast feed more frequently to reduce or ideally, eliminate their dependence on infant formula
- Provide additional, nutritious food, where possible and plenty of drinking water
- Encourage mom and baby to stay together as much as possible

All efforts should be made to identify and **establish linkages with organizations able to offer breastfeeding counselling** in the area for when cases with specific challenges that need urgent specialized support are identified. This could include, but is not limited to, WIC and La Leche League.

Support for infants who are fed with infant formula

Non-breastfed infants are at higher risk of illness and adverse outcomes, it is therefore crucial to identify non-breastfed infants and offer support to minimize the risks associated with infant formula use. The following actions should be taken:

- Identify infants dependent on infant formula for urgent support
- Provide practical advice on preparation and good hygiene of infant formula feeds²
- Provide facilities and advice on sterilization of feeding equipment
- Provide resources for cup feeding, as cups are safer to use than bottles for feeding
- Encourage mothers who are both breastfeeding and using infant formula to breastfeed more frequently to eliminate the need for infant formula
- If providing infant formula:
 - Ensure provided in a safe and controlled way in line with international guidance³. This means: targeted provision to infants who are not breastfed, establishing own supply chain, purchasing a CODEX compliant infant formula, ensuring labelling is in a language that is understood (this may require relabelling), and facilitating access to the equipment needed to prepare the formula
 - Do not accept or request donations of infant formula, bottles or teats

² Please see *CDC Infant Formula Preparation and Storage* at: <https://www.cdc.gov/nutrition/infantandtoddlernutrition/formula-feeding/infant-formula-preparation-and-storage.html>

³ Please see *IFE Core Group, Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers v3.0, October 2017*: <https://www.ennonline.net/operationalguidance-v3-2017>

Support for young children receiving complementary foods (6-23 months)

After 6 months of age, infants require more than just breastmilk to meet their nutritional needs. These foods are meant to complement continued breastmilk feeds, hence the name complementary foods. To support families with children aged 6-23 months with complementary feeding the following actions should be taken:

- Provide practical advice on appropriate and nutritional complementary foods
- When providing food, ensure meals are appropriate for infants 6-23 months (**F**requency, **A**mount, **T**exture, **V**ariety, **A**ctive, and **H**ygienic (FATVAH)). For younger infants, this could mean pureed or mashed foods.⁴
- ‘Junk’ foods should be avoided
- Safe food hygiene is crucial - infants are more vulnerable to infections

Support for pregnant women

Pregnant women are also a key focus for Baby Friendly Spaces, they are nutritionally and generally a vulnerable group of the population. Actions that should be taken are:

- Share information on optimal care practices for newborns
- Refer mother for postnatal consultation and vaccinations
- Work with other family members to explore ways to increase rest for new mothers
- If in final trimester or with a newborn, provide a baby kit with essentials for the newborn and postpartum care for mom
- Show the family how to do Mother Kangaroo Care⁵

Activities for a Baby Friendly Space

Early childhood development

The care and attention that a child receives particularly during the first 3 years, are crucial at determining their future. During emergencies, many caregivers are unavailable or unable to provide psychosocial stimulation to their children due to their own poor physical or mental health. A lack of psychosocial stimulation has adverse consequences for children’s development (cognitive, motor, language) and mental health. In these contexts of crises, programs should be designed with a particular attention on enhancing early childhood development. Children should be encouraged and enabled to play and explore, and caregivers to give affection, attention and stimulation.



Examples of suitable activities that stimulate a baby’s development, and bonding between baby and parents are:

- Baby Play sessions **Annex B**
- Music sessions **Annex B**
- Story time **Annex C**

⁴ See *CDC Foods and Drinks for 6 to 24 Month Olds* at: <https://www.cdc.gov/nutrition/infantandtoddlernutrition/foods-and-drinks/index.html>

⁵ See *United States Institution for Kangaroo Care*: <http://kangarooareusa.org/Home.php>

Hygiene and sanitation

Activities and facilities to support good hygiene and sanitation practices within a BFS are crucial. These can include:

- Ensuring there are facilities to wash small infants (baby soap, baby bath)
- Ensuring there are facilities to change diapers and dispose of safely
- Facilitating access to cleaning facilities for mothers to wash feeding utensils, especially mothers who are formula feeding
- Providing cups for cup feeding of infants and for older children to use, instead of bottles
- display hand washing posters by any food prep stations and sanitation facilities
- display posters on how to wash a feeding bottle and, where possible, provide demonstrations to families

Information sessions/active support

A BFS should be a space where families feel safe and supported. Part of this is to be able to provide basic information on topics of concern. Information sessions can be formalized and held regularly, or staff can be informed themselves and able to provide information at any point. Topics could include:

- Basics on arriving to a new, unknown country
- Providing a list of useful numbers/ apps
- Information on where to access breastfeeding support i.e. WIC, La Leche League, national breastfeeding helpline
- Information on accessing the health system
- Preparing for travel with an infant and how to feed them, change their diapers, and care for them during transit

Distributions

Items you may want to consider providing to families with young children or pregnant women include:

- Newborn baby kits
- Stroller, Crib etc
- Post-partum hygiene kits
- Baby hygiene kits
- Clothing

Steps for set-up

Step 1: Identify a suitable space

Consideration in **selection of a location** for a Baby Friendly Space:

- Quiet and relaxing i.e. away from exterior noise, smells, smoke and away from unhygienic areas
- Access to toilets and hand washing facilities
- Privacy for breastfeeding, if appropriate
- Comfortable, appropriate temperature
- Ideally 8 x 4m, but can be smaller if needed
- Allow privacy but maintain airflow
- The space should as much as possible resemble the usual home environment of the beneficiaries. For example, if the local habit is to sit together on mats during gatherings, then mats should be used.

- Decorations are important to create a friendly, positive and welcoming atmosphere i.e. colors, children’s drawings, etc. It does not have to be expensive! If health education posters are put up, keep them limited and dealing with relevant issues only. Make sure these posters are pleasant to look at and promote positive behavior.

Step 2: Decide on activities and facilities

Below is an example of what a daily schedule could look like in a Baby Friendly Space:

Time	Activity	Facilities/ support available all day
9 – 10am	Baby play session	<ul style="list-style-type: none"> ▪ Feeding support ▪ Baby baths ▪ Food preparation ▪ Cleaning bottles and utensils ▪ Relaxation ▪ Toys for own play
10 – 11am	Information session	
11am – 12pm	Baby song/ music session	
2 – 3pm	Information session	
3 – 4pm	Story time - English	
4 – 5pm	Story time - Spanish	

Step 3: Equip the space

Recommended **furniture and supplies** for set up of a Baby Friendly Space:

- Rocking chairs, comfy cushions/ floor mattresses
- Breastfeeding cushions
- Diaper changing station
- Baby sanitation supplies: diapers, wet wipes, disposal unit, zinc oxide cream (larger size diapers for older children)
- Potty/ Toilet seat for older children
- High chairs/ feeding chairs
- Drinking cups/ Sippy cups
- Plastic toys appropriate for children less than 2 years
- IEC materials, in main languages (see **Annex A**)
- Supplies for selected activities (see **Annex B-C**)
- Space for individual discussions/ counselling

General supplies for any program space:

- Cleaning equipment
- Electric fans / air conditioning / heating
- Safety equipment for any space e.g. First Aid kit, fire extinguisher

Facilities:

- Access to hot water and equipment for preparing infant formula (see **Annex D**)
- Washing-up facilities/ sterilisation facilities for feeding bottles
- Hand washing facilities, with soap
- Blender/ food masher for preparing appropriate complementary foods for younger children i.e. 6-12 months
- Access to clean, safe drinking water

Step 4: Supervision and monitoring

It is important to regularly monitor the safety, suitability and effectiveness of the BFS. See **Annex E** for an example of a supervision form for a BFS.

Annexes

Annex A. Educational IYCF materials

Supplies

- Educational materials to make presentations for mothers on breastfeeding, complementary feeding, key messages for information sessions.
- Printed posters and leaflets on IYCF

Links for leaflets and posters:

- See **WICs breastfeeding** leaflets and posters, many available in English and Spanish: <https://wicbreastfeeding.fns.usda.gov/wic-staff>
- See **CDC breastfeeding** posters, some available in Spanish: <https://www.cdc.gov/breastfeeding/resources/fact-sheets-infographics.html>
- Guidance for shelter management on **infant formula preparation and feeding equipment sterilisation**, pages 6-9 can also be used as posters https://www.who.int/foodsafety/publications/micro/PIF_Care_en.pdf
- See USDA website for **complementary feeding** resources: <https://www.nal.usda.gov/fnic/complementary-feeding-and-baby-foods>

Annex B. Resources for Play and Music sessions

Supplies

- Dependent on play activity, useful items include:
 - Puppets
 - Noise makers (rattles, a can filled with beans or buttons, empty toilet paper rolls, pots, pans, plastic bowls)
 - Different textured objects
- A few simple instruments, these can be homemade. For inspiration see: <https://feltmagnet.com/crafts/Music-Instruments-for-Kids-to-Make>
- A selection of songs i.e. nursery rhymes: there are many nursery rhymes on youtube.com that can be used for a sing-along in a baby music session

Resources

- U.S. Department of Education, Helping your preschool child, Page 13 – 31 <https://www2.ed.gov/parents/earlychild/ready/preschool/preschool.pdf>

Annex C. Resources for Story Time

Supplies

- Selection of books appropriate for ages 0-23 months in English, Spanish and other appropriate languages

Key considerations:

- Should meet different language needs i.e. first reading in English, second reading in Spanish.
- Books should be appropriate for children under 2 years
- Teaching Our Youngest A Guide for Preschool Teachers and Child Care and Family Providers, Early Childhood-Head Start Task Force U.S. Department of Education, 2002:

Types of Books for Reading Aloud

Alphabet books. Alphabet books usually feature the capital and lowercase forms of a letter on each page and one or more pictures of something that begins with the most common sound that the letter represents.

Counting (or number) books. In these books, each page usually presents one number and shows a corresponding number of items (two monkeys, five dinosaurs, and so forth).

Concept books. These books are designed to teach particular concepts that children need to know in order to succeed in school. Concept books may teach about colors, shapes, sizes (big, little), or opposites (up, down). They may focus on classifying concepts (farm or zoo animals, families around the world, different kinds of trucks, or different places to live).

Nursery rhymes. These books often contain rhymes and repeated verses, which is why they are easy to remember and recite and why they appeal to children.

Repetitious stories and pattern books. In these predictable books, a word or phrase is repeated throughout the story, forming a pattern. After the first few pages, your children may be able to “read along” because they know the pattern. This ability will let them experience the pleasure of reading.

Traditional literature. Traditional literature includes fairy tales, folktales, fables, myths, and legends from around the world and across the ages of time. Through these beloved stories, children become familiar with many different times, cultures, and traditions. Some stories, such as *Cinderella*, vary slightly from culture to culture, and it is interesting to compare their differences.

Wordless picture books. These books tell stories through pictures, without using words. Wordless picture books give children the opportunity to tell stories themselves as they “read,” an activity that most children enjoy. In telling their stories, children develop language skills; they also get a sense of the sequence of events in stories.

Resources:

- Free books on CDC website: <https://www.cdc.gov/ncbddd/actearly/freematerials.html>

Annex D. Supplies for supporting non-breast fed infants

Here is an example of a hygienic feeding kit to provide to families using infant formula. Items highlighted in green text should be available for use in the Baby Friendly Space:

1	Infant Feeding Cup/ Feeding bottle	piece	2.00
2	Plastic tupperware with lid, 5L. capacity for storage of items	piece	1.00
3	Thermos Flask, approx. 1L, good quality, to keep water hot for 6-8 hours	piece	1.00
4	Baby spoon, suitable for children under 6 months	piece	2.00
5	Dish washing liquid, approx. 500ml	piece	1.00
6	Dishwashing brush	piece	1.00
7	Hand soap bar, dettol, antibacterial, 125g	pack of 5	1.00
8	Dishwashing bowl, approx. 5L	piece	1.00
9	Pack of paper napkins	pack	1.00
10	Measuring cup, minimum 200ml, metal or plastic to measure water	piece	1.00
11	Plastic pot with lid, 300-400ml for preparing formula in (if cup feeding)	piece	2.00
12	Place mat for preparation surface	piece	1.00
13	Cloth for cleaning, 1m by 1m	piece	1.00
14	Carry bag with zip and handle	piece	1.00

Supervision form for Baby Friendly Space

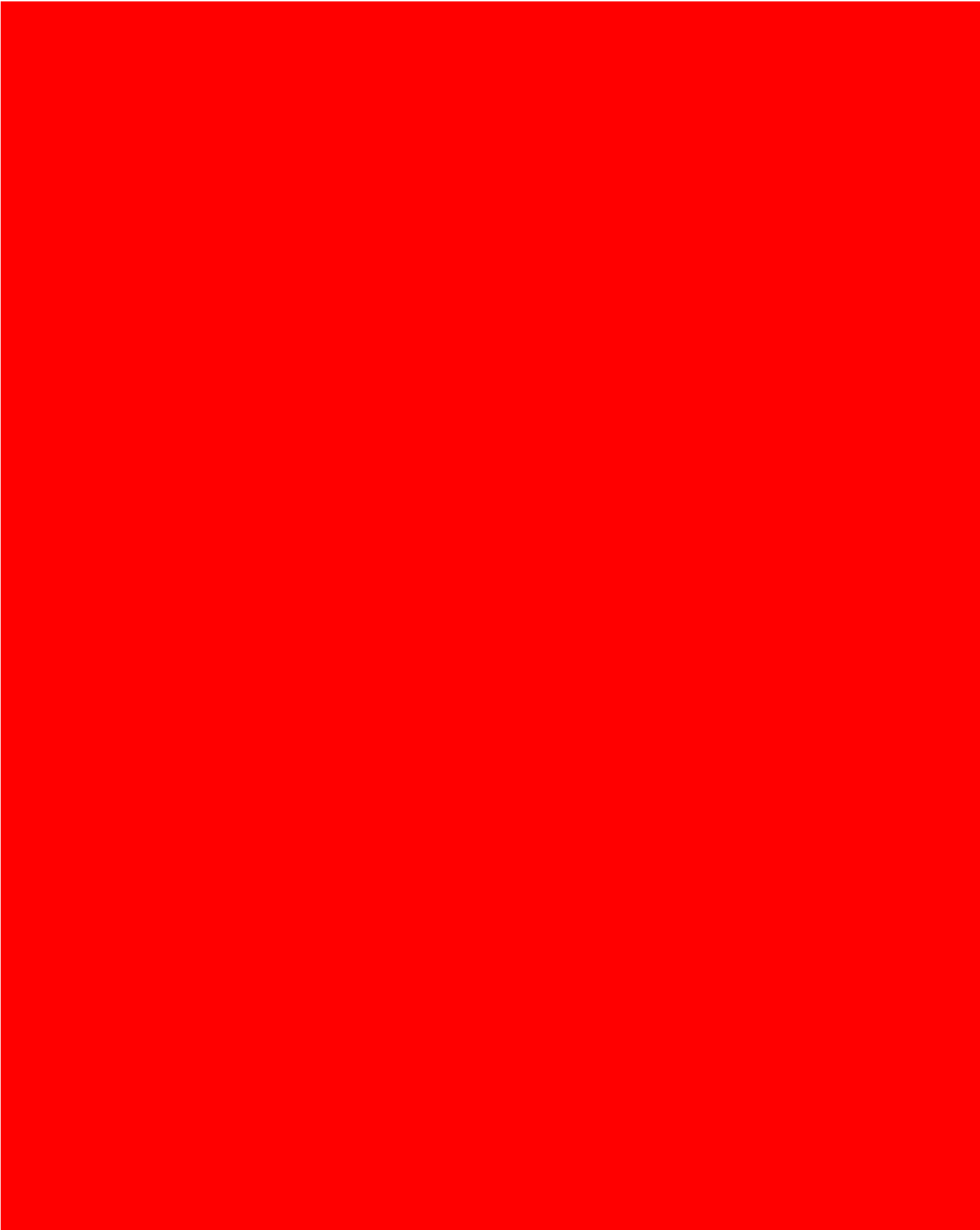
The purpose of the checklist should be explained to all team members: this is not an audit of their work, but an opportunity to improve the standard and quality of care provided. The checklist should be completed through discussion with staff members on duty and volunteers where relevant, checking records and policies and through observation.

Completed by	Name:				
	Title:				
Date of visit				
Site/Location				
	Quality standard	Yes	No	Recommendations(s)	Comment(s)
	Area set-up				
1.	The baby-friendly space (BFS) is located in an area that is safe and accessible to caregivers				
2.	There is clear information or signage to explain the purpose of the Baby Friendly Space, in all site-appropriate languages.				
3.	The BFS (floors, windows, furniture, equipment, etc) and its surrounding area are clean				
4.	The BFS structures, furniture and equipment are well maintained (not broken/rusty, etc)				
5.	Temperature inside the BFS is appropriate and comfortable (not too hot or too cold)				
6.	A handwashing facility is available and functional, with soap.				
7.	Beneficiaries have access to nearby gender-segregated latrines, with access for persons with reduced mobility				
8.	Handwashing instructions and key handwashing times are displayed near the handwashing facility and near the baby changing facility and any food preparation areas, in all site-appropriate languages				
9.	A separate space for infant formula provision and demonstration is available in a designated area outside the baby friendly				

	space that is accessible for caregivers, if needed				
10.	A space for Complementary Feeding (CF) that encompasses all forms of CF communication (preparation, demonstration, counselling, provision) is available				
11.	Safe drinking water and clean cups are available in the space				
12.	IEC materials are displayed/available in the Baby Friendly Space, in all site-appropriate languages and using context-appropriate visuals				
Storage of supplies					
13.	The BFS contains all needed supplies as per recommended list of equipment/supplies				
14.	Supplies are properly stored in a dry and clean location				
15.	Food items and feeding and preparation supplies for CF are carefully secured, clean, dry, free of chemical and pest contaminants and protected from extreme temperatures				
16.	Food items stock are managed on a FEFO basis (First Expired First Out)				
Activities					
17.	Beneficiaries are greeted and treated with respect				
18.	There is at least one staff who speaks the caregivers' language or one translator available at any time				
19.	The team are aware of all relevant referral pathways and services available for PLW and infants under 2 (eg. protection, birth registration, vaccination, etc)				
20.	All activities are conducted in line with key international guidance <i>Note: List any non-compliance observed and why in the comments</i>				
21.	Changing tables, baby baths and other baby contact surfaces are disinfected after each use				
22.	Safe waste disposal is practiced for all types of waste items (nappies, disposable cups, etc)				

Other observations and recommendations:

Observation	Recommendation



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