# BABY-FRIENDLY HOSPITAL INITIATIVE

Revised Updated and Expanded
for Integrated Care

## SECTION 4

## HOSPITAL SELF-APPRAISAL AND MONITORING

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# Acknowledgements

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Ann Brownlee, currently Clinical Professor at University of California, San Diego (abrownlee@ucsd.edu), prepared this revision of the BFHI Self-Appraisal and Monitoring tools for UNICEF and WHO, as a consultant of *BEST Services*.

Acknowledgement is given to all the BFHI assessors, health professionals, and field workers, who, through their diligence and caring, have implemented and improved the Baby-friendly Hospital Initiative through the years, and thus contributed to the content of these revised guidelines and tools.

Many BFHI national co-coordinators and their colleagues around the world responded to the initial User Needs survey. Colleagues from many countries also generously shared various BFHI self-appraisal and assessment tools developed at country level.

Thorough and thoughtful reviews of drafts of the revised *Global Criteria, Self-Appraisal Tool, External Hospital Assessment Tool, Monitoring and Reassessment Tools,* and/or computer data entry and analysis tool were provided by BFHI experts from the various UNICEF and WHO regions, including Rufaro C. Madzima, Zimbabwe; Ngozi Niepuome, Nigeria; Dikolotu Morewane, Botswana; Meena Sobsamai, Thailand; Azza Abul-fadl, Egypt; Sangeeta Saxena, India; Marina Rea, Brazil; Veronica Valdes, Chile; Elizabeth Zisovska, Macedonia; Elizabeth Horman, Germany; and Laura Haiek, Canada; as well as Mwate Chintu, LINKAGES Project. Rae Davies, Linda J. Smith, Roberta Scaer and other colleagues with expertise on birthing and breastfeeding provided extensive assistance with development of the new “mother-friendly care” component.

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The assessment materials were field tested in Ireland and Zimbabwe. In Ireland, support was provided by the Irish Network of Health Promoting Hospitals as the coordinating body for BFHI in Ireland, members of the National BFHI Advisory Committee and the assessment team, and staff of University College Hospital, Galway, which served as the field test site. In Zimbabwe, support was provided by the UNICEF and WHO Country Offices, the Ministry of Health and Child Welfare, the assessment team, and staff of Rusape General Hospital, which served as the field-test site.

These multi-country and multi-organizational contributions were invaluable in helping to fashion a set of tools and guidelines designed to address the current needs of countries and their mothers and babies, facing a wide range of challenges in many differing situations.

# Preface for the 2009 BFHI materials: Revised, Updated and Expanded for Integrated Care

Since the Baby-friendly Hospital Initiative (BFHI) was launched by UNICEF and WHO in 1991-1992, the Initiative has grown, with more than 20,000 hospitals having been designated in 156 countries around the world over the last 15 years. During this time, a number of regional meetings offered guidance and provided opportunities for networking and feedback from dedicated country professionals involved in implementing BFHI. Two of the most recent were held in Spain, for the European region, and Botswana, for the Eastern and Southern African region. Both meetings offered recommendations for updating the Global Criteria, related assessment tools, as well as the "18-hour course", in light of experience with BFHI since the Initiative began, the guidance provided by the new Global Strategy for Infant and Young Child Feeding, and the challenges posed by the HIV pandemic. The importance of addressing "mother-friendly care" within the Initiative was raised by a number of groups as well.

As a result of the interest and strong request for updating the BFHI package, UNICEF, in close coordination with WHO, undertook the revision of the materials in 2004-2005, with various people assisting in the process (Genevieve Becker, Ann Brownlee, Miriam Labbok, David Clark, and Randa Saadeh). The process included an extensive "user survey" with colleagues from many countries responding. Once the revised course and tools were drafted they were reviewed by experts worldwide and then field-tested in industrialized and developing country settings. The full first draft of the materials was posted on the UNICEF and WHO websites as the "Preliminary Version for Country Implementation" in 2006. After more than a year's trial, presentations in a series of regional multi-country workshops, and feedback from dedicated users, UNICEF and WHO[1] met with the co-authors above[2] and resolved the final technical issues that had been raised. The final version was completed in late 2007. It is expected to update these materials no later than 2018.

The revised BFHI package includes:

Section 1: Background and Implementation, which provides guidance on the revised processes and expansion options at the country, health facility, and community level, recognizing that the Initiative has expanded and must be mainstreamed to some extent for sustainability, and includes:

1.1 Country Level Implementation
1.2 Hospital Level Implementation
1.3 The Global Criteria for BFHI
1.4 Compliance with the International Code of Marketing of Breast-milk Substitutes
1.5 Baby-Friendly Expansion and Integration Options
1.6 Resources, References and Websites

Section 2: Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers was adapted from WHO course "Promoting breast-feeding in health facilities: A short course for administrators and policy-makers". This can be used to orient hospital decisions-makers (directors, administrators, key managers, etc.) and policy-makers to the Initiative and the positive impacts it can have and to gain their commitment to promoting and sustaining "Baby-friendly". There is a Course Guide and eight Session Plans

[1] Moazzem Hossain, UNICEF NY, played a key role in organizing the multi-country workshops, launching the use of the revised materials. He, Randa Saadeh and Carmen Casanovas of WHO worked together with the co-authors to resolve the final technical issues.
[2] Miriam Labbok is currently Professor and Director, Center for Infant and Young Child Feeding and Care, Department. of Maternal and Child, University of North Carolina School of Public Health.

with handouts and PowerPoint Slides. Two alternative session plans and materials for use in settings with high HIV prevalence have been included.

Section 3: Breastfeeding Promotion and Support in a Baby-Friendly Hospital, a 20-hour course for maternity staff, which can be used by facilities to strengthen the knowledge and skills of their staff towards successful implementation of the Ten Steps to Successful Breastfeeding. This section includes:

3.1 Guidelines for Course Facilitators including a Course Planning Checklist
3.2 Outlines of Course Sessions
3.3 PowerPoint Slides for the Course

Section 4: Hospital Self-Appraisal and Monitoring, which provides tools that can be used by managers and staff initially, to help determine whether their facilities are ready to apply for external assessment, and, once their facilities are designated Baby-Friendly, to monitor continued adherence to the Ten Steps. This section includes:

4.1 Hospital Self-Appraisal Tool
4.2 Guidelines and Tool for Monitoring

Section 5: External Assessment and Reassessment, which provides guidelines and tools for external assessors to use both initially, to assess whether hospitals meet the Global Criteria and thus fully comply with the Ten Steps, and then to reassess, on a regular basis, whether they continue to maintain the required standards. This section includes:

5.1 Guide for Assessors, including PowerPoint slides for assessor training
5.2 Hospital External Assessment Tool
5.3 Guidelines and Tool for External Reassessment
5.4 The BFHI Assessment Computer Tool

Sections 1 through 4 are available on the UNICEF website at http://www.unicef.org/nutrition/index_24850.html or by searching the UNICEF website at http://www.unicef.org/ and, on the WHO website at http://www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html or by searching the WHO website at www.who.int/nutrition.

Section 5: External Assessment and Reassessment, is not available for general distribution. It is only provided to the national authorities for BFHI who provide it to the assessors who are conducting the BFHI assessments and reassessments. A computer tool for tallying, scoring and presenting the results is also available for national authorities and assessors. Section 5 can be obtained, on request, from the country or regional offices or headquarters of UNICEF and WHO, Nutrition Sections.

# SECTION 4:
# HOSPITAL SELF-APPRAISAL AND MONITORING

# 4.1. THE HOSPITAL SELF-APPRAISAL TOOL

## Using the hospital self-appraisal tool to assess policies and practices

Any hospital or health facility with maternity services that is interested in becoming Baby-friendly should - as a first step - appraise its current practices with regard to the *Ten Steps to Successful Breastfeeding*. This *Self-Appraisal Tool* has been developed for use by hospitals, maternity facilities, and other health facilities to evaluate how their current practices measure up to the *Ten Steps*, and how they practice other recommendations of the 1989 WHO/UNICEF Joint Statement titled *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. It also assists facilities in determining how well they comply with the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant World Health Assembly resolutions, whether they provide mother-friendly care , and how well they support HIV-positive women and their infants.

In many cases, it is useful if the hospital decision-makers and policy-maker attend an orientation to the goals and objectives of the Baby-friendly Hospital Initiative (BFHI), before the self appraisal. An orientation session can be developed, using Session 3: "The Baby-friendly Hospital Initiative", in *Section 2: Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers* and/or Session 15 "Making your hospital baby-friendly" in *Section 3: Breastfeeding promotion and support in a Baby-friendly Hospital: A course for maternity staff*, along with a review of the *Self-appraisal tool* and *Global Criteria for BFHI* discussed in the following pages.

The *Self-appraisal tool* that follows will permit the director and heads of relevant units in a hospital or other health facility giving maternity care to make an initial appraisal or review of its practices in support of breastfeeding. Completion of this initial self-appraisal checklist is the first stage of the process, but does not in itself qualify the hospital for designation as Baby-friendly.

The *Global Criteria*, which guide the external assessment of whether the hospital qualifies as Baby-friendly, should also be reviewed by staff when reflecting upon the effectiveness of their breastfeeding programme. For ease of reference, the *Global Criteria* for each of the Steps, for the Code, mother-friendly care and HIV and infant feeding are reproduced with the respective sections in the *Self-appraisal tool.* The *Self-appraisal tool* also includes four Annexes:

- Annex 1, a checklist to assist in appraising the hospital's breastfeeding or infant feeding policy.
- Annex 2, a list of the main points in the *International Code of Marketing* and the role of administrator and staff in upholding it.
- Annex 3, a set of recommendations for HIV and infant feeding.
- Annex 4, acceptable medical reasons for the use of breast-milk substitutes.

Nationally determined criteria and local experience may cause national and institutional authorities responsible for BFHI to consider the addition of other relevant queries to this global self appraisal tool. Whatever practices are seen by a facility to discourage breastfeeding may be considered during the process of self-appraisal.

If it does not do so already, it is important that the hospital consider adding the collection of statistics on feeding and implementation of the Ten Steps into its maternity record-keeping system, preferably integrated into whatever information gathering system is already in place. If the hospital needs guidance on how to gather this data and possible forms to use, responsible staff can refer to the sample data-gathering tools available in this document in *Section 4.2: Guidelines and tools for monitoring BFHI.*

## Analysing the Self-Appraisal Results

Under ideal circumstances, most of the questions in this tool will be answered as "yes". Numerous negative answers will suggest divergence from the recommendations of the *WHO/UNICEF Joint Statement* and its *Ten Steps to successful breastfeeding*. In addition to answering the questions in the *Self appraisal*, the hospital could consider doing some informal testing of staff and mothers, using the *Global Criteria* listed for the various steps as a guide, to determine if they meet the required standards.

When a facility can answer most of the questions with "yes", it may then wish to take further steps towards being designated as a Baby-friendly Hospital. In some countries, a pre-assessment visit is the next step, with a local consultant visiting the health facility and working with managers and staff to make sure the facility is ready for assessment.

Then a visit by an external assessment team is arranged, in consultation with the national BFHI coordination group. The external assessors will use the *Hospital external assessment tool* to determine if the hospital meets the criteria for "Baby-friendly" designation.

A hospital with many "no" answers on the *Self-appraisal tool* or where exclusive breastfeeding or breast-milk feeding from birth to discharge is not yet the norm for at least 75%[3] of newborns delivered in the maternity facility may want to develop an action plan. The aim is to eliminate practices that hinder initiation of exclusive breastfeeding and to expand those that enhance it.

## Action

Results of the self-appraisal should be shared with the national BFHI coordination group. If improvements in knowledge and practices are needed before arranging for an external assessment, training may be arranged for the facility staff, facilitated by senior professionals who have attended a national or international training-of-trainers course in lactation management and/or have received national or international certification as lactation consultants.

In many settings, it has been found valuable to develop various cadres of specialists who can provide help with breastfeeding, both in health care facilities and at the community level. Through community-based health workers (village health workers, traditional birth attendants, etc.) and mother support groups, mothers can be reached with education and support in their home settings, a vital service wherever exclusive and sustained breastfeeding have become uncommon.

It is useful if a "breastfeeding support" or BFHI committee or team is organized at the health facility at the time of the self-appraisal, if this has not been done earlier. This committee or team can be charged with coordination of all activities regarding the implementation and monitoring of BFHI, including monitoring compliance with the *Code of Marketing*. The committee can serve as leader and coordinator for all further activities, including arranging for training, if needed, further self-appraisal, external assessment, self-monitoring, and reassessment. Members should include professionals of various disciplines (for example, physicians such as neonatologists, paediatricians, obstetricians, nurses, midwives, nutritionists, social workers, etc.) with some members in key management or leadership positions.

[3] As mentioned elsewhere, if mothers are not breastfeeding for justified medical reasons, including by mothers who are HIV-positive, they can be counted as part of the 75%.

The facility can consult with the relevant local authority and the UNICEF and WHO country offices, which may be able to provide more information on policies and training, which can contribute to increasing the Baby-friendliness of health facilities.

## Preparing for the external assessment

Before seeking assessment and designation as Baby-friendly hospitals are encouraged to develop:

- a written breastfeeding/infant feeding policy covering all *Ten Steps to successful breastfeeding* and compliance with the *Code*, as well as HIV and infant feeding, if included in the criteria,
- a written policy addressing mother-friendly care, if included in the criteria,
- a written curriculum for training given to hospital staff caring for mothers and babies on breastfeeding management, feeding of the non-breastfeeding infant, and mother-friendly care, and
- an outline of the content covered in antenatal health education on these topics.

If HIV and infant feeding criteria are being covered in the assessment, documents related to staff training and antenatal education on this topic should also be developed.

Also needed for the assessment are:

- proof of purchase of infant formula and various related supplies, and
- a list of the staff members who care for mothers and/or babies and the numbers of hours of training they have received on required topics.

The external assessment teams may request that these documents be assembled and sent to the team leader before the assessment.

# The Self Appraisal Questionnaire

## Hospital data sheet

**General information on hospital and senior staff:**

Hospital name and address: _____

Name and title of hospital director or administrator: _____
Telephone or extension: _____ E-mail address: _____

The hospital is: *[tick all that apply]*

- ☐ a maternity hospital
- ☐ a general hospital
- ☐ a teaching hospital
- ☐ a tertiary hospital
- ☐ a government hospital
- ☐ a privately run hospital
- ☐ other (specify:) _____

Total number of hospital beds: ____ Total number of hospital employees: ____

**Information on antenatal services:**

Hospital has antenatal services (either on or off site): ☐Yes ☐No
(if *"No"*, skip all but the last question in this section)

Name and title of the director of antenatal services/clinic: _____
Telephone or extension: _____ E-mail address: _____

What percentage of mothers delivering at the hospital attends the hospital's antenatal clinic? ___%

Does the hospital hold antenatal clinics at other sites outside the hospital? ☐Yes ☐No
*[if "Yes"]* Please describe when and where they are held: _____
_____

Are there beds designated for high-risk pregnancy cases? ☐Yes ☐No *[if "Yes"]*
How many?____

What percentage of women arrives for delivery without antenatal care? _____% ☐ Don't know

**Information on labour and delivery services:**

Name and title of the director of labour and delivery services: _____
Telephone or extension: _____ E-mail address: _____

**Information on maternity and related services:**

Name and title of the director of maternity services: _____
Telephone or extension: _____ E-mail address: _____

Number of postpartum maternity beds: _____

Average daily number of mothers with full term babies in the postpartum unit(s): _____

Does the facility have unit(s) for infants needing special care (LBW, premature, ill, etc.)?
☐Yes ☐No
*[if "Yes"]* Name of first unit: _____ Average daily census: _____
Name of director(s) of this unit: _____
Name of additional unit: _____ Average daily census: ____
Name of director(s) of this unit: _____

Are there areas in the maternity wards designated as well baby observation areas? ☐Yes ☐No
*[If "Yes"]* Average daily census of each area: _____
Name of head/director(s) of these areas: _____

**Staff responsible for breastfeeding/infant feeding**

The following staff has direct responsibility for assisting women with breastfeeding (BF), feeding breast-milk substitutes (BMS), or providing counselling on HIV and infant feeding): *[tick all that apply]*

| | BF | BMS | HIV | | BF | BMS | HIV |
|---|---|---|---|---|---|---|---|
| Nurses | ☐ | ☐ | ☐ | Paediatricians | ☐ | ☐ | ☐ |
| Midwives | ☐ | ☐ | ☐ | Obstetricians | ☐ | ☐ | ☐ |
| SCBU/NICU nurses | ☐ | ☐ | ☐ | Infant feeding counsellors | ☐ | ☐ | ☐ |
| Dieticians | ☐ | ☐ | ☐ | Lay/peer counsellors | ☐ | ☐ | ☐ |
| Nutritionists | ☐ | ☐ | ☐ | Other staff (specify): | | | |
| Lactation consultants | ☐ | ☐ | ☐ | _____ | ☐ | ☐ | ☐General |
| physicians | ☐ | ☐ | ☐ | _____ | ☐ | ☐ | ☐ |

*[use information for completing I.C. 10, 13 and 17]*

Are there breastfeeding and/or HIV and infant feeding committee(s) in the hospital? ☐Yes ☐No
*[if "Yes"]* Please describe: _____

_____

Is there a BFHI coordinator at the hospital? ☐Yes ☐No (if "*Yes*", name:) _____

**Statistics on births:**

Total births in the last year: _____ of which:

____% were by C-section without general anaesthesia

____% were by C-section with general anaesthesia

____% infants were admitted to the SCBU/NICU or similar units

**Statistics on infant feeding:**

Total number of babies discharged from the hospital last year: ____ of which:

____% were exclusively breastfed (or fed human milk) from birth to discharge.

____% received at least one feed other than breast milk (formula, water or other fluids) in the hospital because of documented medical reason. (if a mother knew she was HIV positive and made an informed decision to replacement feed, this can be considered a medical reason).

____% received at least one feed other than breast milk without any documented medical reason.

*[Note: the total percentages listed above should equal 100%]*

The hospital data above indicates that at least 75% of the babies delivered in the past year were exclusively breastfed or fed human milk from birth to discharge, or, if they received any feeds other than human milk this was because of documented medical reasons:
*[Note: add the percentages in categories one and two to calculate this percentage]*

☐Yes ☐No

6.1

**Statistics on HIV/AIDS:**

Percentage of pregnant women who received testing and counselling for HIV: _____%

Percentage of mothers who were known to be HIV-positive at the time of babies' births: _____%

**Data sources:**

Please describe sources for the above data: _____

_____

_____

## STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

| | YES | NO |
|---|---|---|
| 1.1 Does the health facility have a written breastfeeding/infant feeding policy that addresses all 10 Steps to Successful Breastfeeding in maternity services and support for HIV-positive mothers? | ☐ | ☐ |
| 1.2 Does the policy protect breastfeeding by prohibiting all promotion of breast-milk substitutes, feeding bottles, and teats? | ☐ | ☐ |
| 1.3 Does the policy prohibit distribution of gift packs with commercial samples and supplies or promotional materials for these products to pregnant women and mothers? | ☐ | ☐ |
| 1.4 Is the breastfeeding/infant feeding policy available so all staff who take care of mothers and babies can refer to it? | ☐ | ☐ |
| 1.5 Is a summary of the breastfeeding/infant feeding policy, including issues related to the 10 Steps, The International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions, and support for HIV-positive mothers posted or displayed in all areas of the health facility which serve mothers, infants, and/or children? | ☐ | ☐ |
| 1.6 Is the summary of the policy posted in language(s) and written with wording most commonly understood by mothers and staff? | ☐ | ☐ |
| 1.7 Is there a mechanism for evaluating the effectiveness of the policy? | ☐ | ☐ |
| 1.8 Are all policies or protocols related to breastfeeding and infant feeding in line with current evidence-based standards? | ☐ | ☐ |

*Note: See "Annex 1: Hospital Breastfeeding/Infant Feeding Policy Checklist" for a useful tool to use in assessing the hospital policy. Tools for auditing or evaluating the policy should be developed at health system or hospital level.*

### Global Criteria - Step One

The health facility has a written breastfeeding or infant feeding policy that addresses all 10 Steps and protects breastfeeding by adhering to the International Code of Marketing of Breast-milk Substitutes. It also requires that HIV-positive mothers receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations. The policy should include guidance for how each of the "Ten Steps" and other components should be implemented (see Section 4.1, Annex 1 for suggestions).

The policy is available so that all staff members who take care of mothers and babies can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, the Code and subsequent WHA Resolutions, and support for HIV-positive mothers, are visibly posted in all areas of the health care facility which serve pregnant women, mothers, infants, and/or children. These areas include the labour and delivery areas, antenatal care in-patient wards and clinic/consultation rooms, post partum wards and clinic/consultation rooms, all infant care areas, including well baby observation areas (if there are any), and any special care baby units. The summaries are displayed in the language(s) and written with wording most commonly understood by mothers and staff.

## STEP 2. Train all health care staff in skills necessary to implement the policy.

| | YES | NO |
|---|---|---|
| 2.1 Are all staff members caring for pregnant women, mothers, and infants oriented to the breastfeeding/infant feeding policy of the hospital when they start work? | ☐ | ☐ |
| 2.2 Are staff members who care for pregnant women, mothers and babies both aware of the importance of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding? | ☐ | ☐ |
| 2.3 Do staff members caring for pregnant women, mothers and infants (or all staff members, if they are often rotated into positions with these responsibilities) receive training on breastfeeding promotion and support within six months of commencing work, unless they have received sufficient training elsewhere? | ☐ | ☐ |
| 2.4 Does the training cover all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breast-milk Substitutes? | ☐ | ☐ |
| 2.5 Is training for clinical staff at least 20 hours in total, including a minimum of 3 hours of supervised clinical experience? | ☐ | ☐ |
| 2.6 Is training for non-clinical staff sufficient, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants? | ☐ | ☐ |
| 2.6 Is training also provided either for all or designated staff caring for women and infants on feeding infants who are not breastfed and supporting mothers who have made this choice? | ☐ | ☐ |
| 2.7 Are clinical staff members who care for pregnant women, mothers, and infants able to answer simple questions on breastfeeding promotion and support and care for non-breastfeeding mothers? | ☐ | ☐ |
| 2.8 Are non-clinical staff such as care attendants, social workers, and clerical, housekeeping and catering staff able to answer simple questions about breastfeeding and how to provide support for mothers on feeding their babies? | ☐ | ☐ |
| 2.9 Has the healthcare facility arranged for specialized training in lactation management of specific staff members? | ☐ | ☐ |

*The Global Criteria for Step 2 are on the next page.*

### Global Criteria - Step Two

The head of maternity services reports that all health care staff members who have any contact with pregnant women, mothers, and/or babies, have received orientation on the breastfeeding/infant feeding policy. The orientation that is provided is sufficient.

A copy of the curricula or course session outlines for training in breastfeeding promotion and support for various types of staff is available for review, and a training schedule for new employees is available.

Documentation of training indicates that 80% or more of the clinical staff members who have contact with mothers and/or infants and have been on the staff 6 months or more have received training at the hospital, prior to arrival. or through well-supervised self study or on-line courses that cover all 10 Steps, and the Code and subsequent WHA resolutions. It is likely that at least 20 hours of targeted training will be needed to develop the knowledge and skills necessary to adequately support mothers. At least three hours of supervised clinical experience are required.

Documentation of training also indicates that non-clinical staff members have received training that is adequate, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants.

Training on how to provide support for non-breastfeeding mothers is also provided to staff. A copy of the course session outlines for training on supporting non-breastfeeding mothers is also available for review. The training covers key topics such as:

- the risks and benefits of various feeding options;
- helping the mother choose what is acceptable, feasible, affordable, sustainable and safe (AFASS) in her circumstances;
- the safe and hygienic preparation, feeding and storage of breast-milk substitutes;
- how to teach the preparation of various feeding options; and
- how to minimize the likelihood that breastfeeding mothers will be influenced to use formula.

The type and percentage of staff receiving this training is adequate, given the facility's needs.

Out of the randomly selected clinical staff members*:

- At least 80% confirm that they have received the described training or, if they have been working in the maternity services less than 6 months, have, at minimum, received orientation on the policy and their roles in implementing it.
- At least 80% are able to answer 4 out of 5 questions on breastfeeding support and promotion correctly.
- At least 80% can describe two issues that should be discussed with a pregnant woman if she indicates that she is considering giving her baby something other than breast milk.

Out of the randomly selected non-clinical staff members**:

- At least 70% confirm that they have received orientation and/or training concerning the promotion and support of breastfeeding since they started working at the facility.
- At least 70% are able to describe at least one reason why breastfeeding is important.
- At least 70% are able to mention one possible practice in maternity services that would support breastfeeding.
- At least 70% are able to mention at least one thing they can do to support women so they can feed their babies well.

* *These include staff members providing clinical care for pregnant women, mothers and their babies.*

** *These include staff members providing non-clinical care for pregnant women, mother and their babies or having contact with them in some aspect of their work.*

## STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

| | YES | NO |
|---|---|---|
| 3.1 Does the hospital include an antenatal clinic or satellite antenatal clinics or in-patient antenatal wards? * | ☐ | ☐ |
| 3.2 If yes, are the pregnant women who receive antenatal services informed about the importance and management of breastfeeding? | ☐ | ☐ |
| 3.3 Do antenatal records indicate whether breastfeeding has been discussed with pregnant women? | ☐ | ☐ |
| 3.4 Does antenatal education, including both that provided orally and in written form, cover key topics related to the importance and management of breastfeeding? | ☐ | ☐ |
| 3.5. Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding? | ☐ | ☐ |
| 3.6. Are the pregnant women who receive antenatal services able to describe the risks of giving supplements while breastfeeding in the first six months? | ☐ | ☐ |
| 3.7 Are the pregnant women who receive antenatal services able to describe the importance of early skin-to-skin contact between mothers and babies and rooming-in? | ☐ | ☐ |
| 3.8 Is a mother's antenatal record available at the time of delivery? | ☐ | ☐ |

**Note: If the hospital has no antenatal services or satellite antenatal clinics, questions related to Step 3 and the Global Criteria do not apply and can be skipped.*

### Global Criteria - Step Three

If the hospital has an affiliated antenatal clinic or in-patient antenatal ward:

A written description of the minimum content of the breastfeeding information and any printed materials provided to all pregnant women is available.

The antenatal discussion covers the importance of breastfeeding, the importance of immediate and sustained skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, feeding on cue or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and the fact that breastfeeding continues to be important after 6 months when other foods are given.

Out of the randomly selected pregnant women in their third trimester who have come for at least two antenatal visits:

- At least 70% confirm that a staff member has talked with them individually or offered a group talk that includes information on breastfeeding.
- At least 70% are able to adequately describe what was discussed about two of the following topics: importance of skin-to-skin contact, rooming-in, and risks of supplements while breastfeeding in the first 6 months.

## STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.

This Step is now interpreted as:

**Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.**

| | YES | NO |
|---|---|---|
| 4.1 Are babies who have been delivered vaginally or by caesarean section without general anaesthesia placed in skin-to-skin contact with their mothers immediately after birth and their mothers encouraged to continue this contact for an hour or more? | ☐ | ☐ |
| 4.2 Are babies who have been delivered by caesarean section with general anaesthesia placed in skin-to-skin contact with their mothers as soon as the mothers are responsive and alert, and the same procedures followed? | ☐ | ☐ |
| 4.3 Are all mothers helped, during this time, to recognize the signs that their babies are ready to breastfeed and offered help, if needed? | ☐ | ☐ |
| 4.4 Are the mothers with babies in special care encouraged to hold their babies, with skin-to-skin contact, unless there is a justifiable reason not to do so? | ☐ | ☐ |

### Global Criteria - Step Four

Out of the randomly selected mothers with vaginal births or caesarean sections without general anaesthesia in the maternity wards:

- At least 80% confirm that their babies were placed in skin-to-skin contact with them immediately or within five minutes after birth and that this contact continued without separation for an hour or more, unless there were medically justifiable reasons.
  *(Note: It is preferable that babies remain skin-to-skin even longer than an hour, if feasible, as they may take longer than 60 minutes to be ready to breastfeed)*
- At least 80% also confirm that they were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help, if needed. *(Note: The baby should not be forced to breastfeed but, rather, supported to do so when ready. If desired, the staff can assist the mother with placing her baby so he or she can move to her breast and latch when ready)*

If any of the randomly selected mothers have had caesarean deliveries with general anaesthesia, at least 50% should report that their babies were placed in skin-to-skin contact with them as soon as the mothers were responsive and alert, with the same procedures followed.

At least 80% of the randomly selected mothers with babies in special care report that they have had a chance to hold their babies skin-to-skin or, if not, the staff could provide justifiable reasons why they could not.

Observations of vaginal deliveries, if necessary to confirm adherence to Step 4, show that in at least 75% of the cases babies are placed with their mothers and held skin-to-skin within five minutes after birth for at least 60 minutes without separation, and that the mothers are shown how to recognize the signs that their babies are ready to breastfeed and offered help, or there are justified reasons for not following these procedures (optional).

## STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

| | YES | NO |
|---|---|---|
| 5.1 Does staff offer all breastfeeding mothers further assistance with breastfeeding their babies within six hours of delivery? | ☐ | ☐ |
| 5.2 Can staff describe the types of information and demonstrate the skills they provide both to mothers who are breastfeeding and those who are not, to assist them in successfully feeding their babies? | ☐ | ☐ |
| 5.3 Are staff members or counsellors who have specialized training in breast-feeding and lactation management available full-time to advise mothers during their stay in healthcare facilities and in preparation for discharge? | ☐ | ☐ |
| 5.4 Does the staff offer advice on other feeding options and breast care to mothers with babies in special care who have decided not to breastfeed? | ☐ | ☐ |
| 5.5 Are breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding? | ☐ | ☐ |
| 5.6 Are breastfeeding mothers shown how to hand express their milk or given information on expression and advised of where they can get help, should they need it? | ☐ | ☐ |
| 5.7 Do mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support from the staff of the healthcare facility, both in the antenatal and postpartum periods? | ☐ | ☐ |
| 5.8 Are mothers who have decided not to breastfeed shown individually how to prepare and give their babies feeds and asked to prepare feeds themselves, after being shown how? | ☐ | ☐ |
| 5.9 Are mothers with babies in special care who are planning to breastfeed helped within 6 hours of birth to establish and maintain lactation by frequent expression of milk and told how often they should do this? | ☐ | ☐ |

*The Global Criteria for Step 5 are on the next page.*

### Global Criteria - Step Five

The head of maternity services reports that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support both in the antenatal and postpartum periods.

Observations of staff demonstrating how to safely prepare and feed breast-milk substitutes confirm that in 75% of the cases, the demonstrations are accurate and complete, and the mothers are asked to give "return demonstrations".

Out of the randomly selected clinical staff members:

- At least 80% report that they teach mothers how to position and attach their babies for breastfeeding and are able to describe or demonstrate correct techniques for both, or, if not, can describe to whom they refer mothers on their shifts for this advice.
- At least 80% report that they teach mothers how to hand express and can describe or demonstrate an acceptable technique for this, or, if not, can describe to whom they refer mothers on their shifts for this advice.
- At least 80% can describe how non-breastfeeding mothers can be assisted to safely prepare their feeds, or can describe to whom they refer mothers on their shifts for this advice.

Out of the randomly selected mothers (including Caesarean):

- At least 80% of those who are breastfeeding report that someone on the staff offered further assistance with breastfeeding within six hours of birth.
- At least 80% of those who are breastfeeding report that someone on the staff offered them help with positioning and attaching their babies for breastfeeding.
- At least 80% of those who are breastfeeding are able to demonstrate or describe correct positioning of their babies for breastfeeding.
- At least 80% of those who are breastfeeding are able to describe what signs would indicate that their babies are attached and suckling well.
- At least 80% of those who are breastfeeding report that they were shown how to express their milk by hand or given written information and told where they could get help if needed.
- At least 80% of the mothers who have decided not to breastfeed report that they have been offered help in preparing and giving their babies feeds, can describe the advice they were given, and have been asked to prepare feeds themselves, after being shown how.

Out of the randomly selected mothers with babies in special care:

- At least 80% of those who are breastfeeding or intending to do so report that they have been offered help to start their breast milk coming and to keep up the supply within 6 hours of their babies' births.
- At least 80% of those breastfeeding or intending to do so report that they have been shown how to express their breast milk by hand.
- At least 80% of those breastfeeding or intending to do so can adequately describe and demonstrate how they were shown to express their breast milk by hand.
- At least 80% of those breastfeeding or intending to do so report that they have been told they need to breastfeed or express their milk 6 times or more every 24 hours to keep up the supply.

## STEP 6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

| | YES | NO |
|---|---|---|
| 6.1 Does hospital data indicate that at least 75% of the full-term babies discharged in the last year have been exclusively breastfeed (or exclusively fed expressed breast milk) from birth to discharge or, if not, that there were acceptable medical reasons? | ☐ | ☐ |
| 6.2 Are babies breastfed, receiving no food or drink other than breast milk, unless there were acceptable medical reasons or fully informed choices? | ☐ | ☐ |
| 6.3 Does the facility take care not to display or distribute any materials that recommend feeding breast-milk substitutes, scheduled feeds, or other inappropriate practices? | ☐ | ☐ |
| 6.4 Do mothers who have decided not to breastfeed report that the staff discussed with them the various feeding options, and helped them to decide what was suitable in their situations? | ☐ | ☐ |
| 6.5 Does the facility have adequate space and the necessary equipment and supplies for giving demonstrations of how to prepare formula and other feeding options away from breastfeeding mothers? | ☐ | ☐ |
| 6.6 Are all clinical protocols or standards related to breastfeeding and infant feeding in line with BFHI standards and evidence-based guidelines? | ☐ | ☐ |

### Global Criteria - Step Six

Hospital data indicate that at least 75% of the babies delivered in the last year have been exclusively breastfed or exclusively fed expressed breast milk from birth to discharge or, if not, that there were documented medical reasons.

Review of all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence-based guidelines.

No materials that recommend feeding breast milk substitutes, scheduled feeds or other inappropriate practices are distributed to mothers.

The hospital has an adequate facility/space and the necessary equipment for giving demonstrations of how to prepare formula and other feeding options away from breastfeeding mothers.

Observations in the postpartum wards/rooms and any well baby observation areas show that at least 80% of the babies are being fed only breast milk or there are acceptable medical reasons for receiving something else.

At least 80% of the randomly selected mothers report that their babies had received only breast milk or expressed or banked human milk or, if they had received anything else, it was for acceptable medical reasons, described by the staff.

At least 80 % of the randomly selected mothers who have decided not to breastfeed report that the staff discussed with them the various feeding options and helped them to decide what was suitable in their situations.

At least 80% of the randomly selected mothers with babies in special care who have decided not to breastfeed report that staff has talked with them about risks and benefits of various feeding options.

## STEP 7. Practice rooming-in - allow mothers and infants to remain together – 24 hours a day.

| | YES | NO |
|---|---|---|
| 7.1 Do the mother and baby stay together and/or start rooming-in immediately after birth? | ☐ | ☐ |
| 7.2 Do mothers who have had Caesarean sections or other procedures with general anaesthesia stay together with their babies and/or start rooming in as soon as they are able to respond to their babies' needs? | ☐ | ☐ |
| 7.3 Do mothers and infants remain together (rooming-in or bedding-in) 24 hours a day, unless separation is fully justified? | ☐ | ☐ |

**Global Criteria - Step Seven**

Observations in the postpartum wards and any well-baby observation areas and discussions with mothers and staff confirm that at least 80% of the mothers and babies are together or, if not, have justifiable reasons for being separated.

At least 80% of the randomly selected mothers report that their babies have been in the same room with them without separation, or, if not, there were justifiable reasons.

## STEP 8. Encourage breastfeeding on demand.

| | YES | NO |
|---|---|---|
| 8.1 Are breastfeeding mothers taught how to recognize the cues that indicate when their babies are hungry? | ☐ | ☐ |
| 8.2 Are breastfeeding mothers encouraged to feed their babies as often and for as long as the babies want? | ☐ | ☐ |
| 8.3 Are breastfeeding mothers advised that if their breasts become overfull they should also try to breastfeed? | ☐ | ☐ |

**Global Criteria - Step Eight**

Out of the randomly breastfeeding selected mothers:

- At least 80% report that they have been told how to recognize when their babies are hungry and can describe at least two feeding cues.
- At least 80% report that they have been advised to feed their babies as often and for as long as the babies want or something similar.

## STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

| | YES | NO |
|---|---|---|
| 9.1 Are breastfeeding babies being cared for without any bottle feeds? | ☐ | ☐ |
| 9.2 Have mothers been given information by the staff about the risks associated with feeding milk or other liquids with bottles and teats? | ☐ | ☐ |
| 9.3 Are breastfeeding babies being cared for without using pacifiers? | ☐ | ☐ |

### Global Criteria - Step Nine

Observations in the postpartum wards/rooms and any well baby observation areas indicate that at least 80% of the breastfeeding babies observed are not using bottles or teats or, if they are, their mothers have been informed of the risks.

Out of the randomly selected breastfeeding mothers:

- At least 80% report that, as far as they know, their infants have not been fed using bottles with artificial teats (nipples).
- At least 80% report that, as far as they know, their infants have not sucked on pacifiers.

## STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

| | YES | NO |
|---|---|---|
| 10.1 Do staff discuss plans with mothers who are close to discharge for how they will feed their babies after return home? | ☐ | ☐ |
| 10.2 Does the hospital have a system of follow-up support for mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls? | ☐ | ☐ |
| 10.3 Does the facility foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their babies? | ☐ | ☐ |
| 10.4 Are mothers referred for help with feeding to the facility's system of follow-up support and to mother support groups, peer counsellors, and other community health services such as primary health care or MCH centres, if these are available? | ☐ | ☐ |
| 10.5 Is printed material made available to mothers before discharge, if appropriate and feasible, on where to get follow-up support? | ☐ | ☐ |
| 10.6 Are mothers encouraged to see a health care worker or skilled breastfeeding support person in the community soon after discharge (preferably 2-4 days after birth and again the second week) who can assess how they are doing in feeding their babies and give any support needed? | ☐ | ☐ |
| 10.7 Does the facility allow breastfeeding/infant feeding counselling by trained mother-support group counsellors in its maternity services? | ☐ | ☐ |

### Global Criteria - Step Ten

The head/director of maternity services reports that:

- Mothers are given information on where they can get support if they need help with feeding their babies after returning home, and the head/director can also mention at least one source of information.
- The facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and can describe at least one way this is done.
- The staff encourages mothers and their babies to be seen soon after discharge (preferably 2-4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed and can describe an appropriate referral system and adequate timing for the visits.

A review of documents indicates that printed information is distributed to mothers before discharge, if appropriate, on how and where mothers can find help on feeding their infants after returning home and includes information on at least one type of help available.

Out of the randomly selected mothers at least 80% report that they have been given information on how to get help from the facility or how to contact support groups, peer counsellors or other community health services if they have questions about feeding their babies after return home and can describe at least one type of help that is available.

## Compliance with the International Code of Marketing of Breast-milk Substitutes

| | YES | NO |
|---|---|---|
| Code.1 Does the healthcare facility refuse free or low-cost supplies of breast-milk substitutes, purchasing them for the wholesale price or more? | ☐ | ☐ |
| Code.2 Is all promotion for breast-milk substitutes, bottles, teats, or pacifiers absent from the facility, with no materials displayed or distributed to pregnant women or mothers? | ☐ | ☐ |
| Code.3 Are employees of manufacturers or distributors of breast-milk substitutes, bottles, teats, or pacifiers prohibited from any contact with pregnant women or mothers? | ☐ | ☐ |
| Code.4 Does the hospital refuse free gifts, non-scientific literature, materials or equipment, money or support for in-service education or events from manufacturers or distributors of products within the scope of the Code? | ☐ | ☐ |
| Code.5 Does the hospital keep infant formula cans and pre-prepared bottles of formula out of view unless in use? | ☐ | ☐ |
| Code 6 Does the hospital refrain from giving pregnant women, mothers and their families any marketing materials, samples or gift packs that include breast-milk substitutes, bottles/teats, pacifiers or other equipment or coupons? | ☐ | ☐ |
| Code.7 Do staff members understand why it is important not to give any free samples or promotional materials from formula companies to mothers? | ☐ | ☐ |

*The Global Criteria for Code Compliance are on the following page.*

## Global Criteria – Code compliance

The head/director of maternity services reports that:

- No employees of manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers have any direct or indirect contact with pregnant women or mothers.
- The hospital does not receive free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers.
- No pregnant women, mothers or their families are given marketing materials or samples or gift packs by the facility that include breast-milk substitutes, bottles/teats, pacifiers, other infant feeding equipment or coupons.

A review of the breastfeeding or infant feeding policy indicates that it uphold the Code and subsequent WHA resolutions by prohibiting:

- the display of posters or other materials provided by manufacturers or distributors of breast-milk substitutes, bottles, teats and dummies or any other materials that promote the use of these products;
- any direct or indirect contact between employees of these manufacturers or distributors and pregnant women or mothers in the facility;
- distribution of samples or gift packs with breast-milk substitutes, bottles or teats or of marketing materials for these products to pregnant women or mothers or members of their families;
- acceptance of free gifts (including food), literature, materials or equipment, money or support for in-service education or events from these manufacturers or distributors by the hospital;
- demonstrations of preparation of infant formula for anyone that does not need them; and
- acceptance of free or low cost breast-milk substitutes or supplies.

A review of records and receipts indicates that any breast-milk substitutes, including special formulas and other supplies, are purchased by the health care facility for the wholesale price or more.

Observations in the antenatal and maternity services and other areas where nutritionists and dieticians work indicate that no materials that promote breast-milk substitutes, bottles, teats or dummies, or other designated products as per national laws, are displayed or distributed to mothers, pregnant women, or staff.

Observations indicate that the hospital keeps infant formula cans and pre-prepared bottles of formula out of view unless in use.

At least 80% of the randomly selected clinical staff members can give two reasons why it is important not to give free samples from formula companies to mothers.

## Mother-friendly care

*Note: These criteria should be required only after health facilities have trained their staff on policies and practices related to mother-friendly care (see Section 5.1 "Assessors Guide", p. 5, for discussion)*

| | YES | NO |
|---|---|---|
| MF.1 Do hospital policies require mother-friendly labour and birthing practices and procedures, including: | | |
| Encouraging women to have companions of their choice to provide constant or continuous physical and/or emotional support during labour and birth, if desired? | ☐ | ☐ |
| Allowing women to drink and eat light foods during labour, if desired? | ☐ | ☐ |
| Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women? | ☐ | ☐ |
| Encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother? | ☐ | ☐ |
| Care that avoids invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, caesarean sections unless specifically required for a complication and the reason is explained to the mother? | ☐ | ☐ |
| MF.2 Has the staff received orientation or training on mother-friendly labour and birthing policies and procedures such as those described above? | ☐ | ☐ |
| MF.3 Are women informed during antenatal care (if provided by the facility) that women may have companions of their choice during labour and birth to provide continuous physical and/or emotional support, if they desire? | ☐ | ☐ |
| MF.4 Once they are in labour, are their companions made welcome and encouraged to provide the support the mothers want? | ☐ | ☐ |
| MF.5 Are women given advice during antenatal care (if provided by the facility) about ways to use non-drug comfort measures to deal with pain during labour and what is better for mothers and babies? | ☐ | ☐ |
| MF.6 Are women told that it is better for mothers and babies if medications can be avoided or minimized, unless specifically required for a complication? | ☐ | ☐ |
| MF.7 Are women informed during antenatal care (if provided by the facility) that they can move around during labour and assume positions of their choice while giving birth, unless a restriction is specifically required due to a complication? | ☐ | ☐ |
| MF.8 Are women encouraged, in practice, to walk and move around during labour, if desired, and assume whatever positions they want while giving birth, unless a restriction is specifically required due to a complication? | ☐ | ☐ |

*The Global Criteria for mother-friendly care are on the following page.*

### Global Criteria – Mother-friendly care

*Note: These criteria should be required only after health facilities have trained their staff on policies and practices related to mother-friendly care.*

A review of the hospital policies indicates that they require mother-friendly labour and birthing practices and procedures including:

- Encouraging women to have companions of their choice to provide continuous physical and/or emotional support during labour and birth, if desired.
- Allowing women to drink and eat light foods during labour, if desired.
- Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women.
- Encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother.
- Care that does not involve invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, or caesarean sections unless specifically required for a complication and the reason is explained to the mother.

Out of the randomly selected clinical staff members:

- At least 80% are able to describe at least two recommended practices and procedures that can help a mother be more comfortable and in control during labour and birth.
- At least 80% are able to list at least three labour or birth procedures that should not be used routinely, but only if required due to complications.
- At least 80% are able to describe at least two labour and birthing practices and procedures that make it more likely that breastfeeding will get off to a good start.

Out of the randomly selected pregnant women:

- At least 70% report that the staff has told them women can have companions of their choice with them throughout labour and birth and at least one reason it could be helpful.
- At least 70% report that they were told at least one thing by the staff about ways to deal with pain and be more comfortable during labour, and what is better for mothers, babies and breastfeeding.

## **HIV and infant feeding** (optional)

*Note: The national BFHI coordination group and/or other appropriate national decision-makers will determine whether or not maternity services should be assessed on whether they provide support related to HIV and infant feeding. See BFHI Section 1.2 for suggested guidelines for making this decision.*

| | **YES** | **NO** |
|---|---|---|
| HIV.1 Does the breastfeeding/infant feeding policy require support for HIV positive women to assist them in making informed choices about feeding their infants? | ☐ | ☐ |
| HIV.2 Are pregnant women told about the ways a woman who is HIV positive can pass the HIV infection to her baby, including during breastfeeding? | ☐ | ☐ |
| HIV.3 Are pregnant women informed about the importance of testing and counselling for HIV? | ☐ | ☐ |
| HIV.4 Does staff receive training on:<br>▪ the risks of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention,<br>▪ the importance of testing and counselling for HIV, and<br>▪ how to provide support to women who are HIV- positive to make fully informed feeding choices and implement them safely? | ☐ | ☐ |
| HIV.5 Does the staff take care to maintain confidentiality and privacy of pregnant women and mothers who are HIV-positive? | ☐ | ☐ |
| HIV.6 Are printed materials available that are free from marketing content on how to implement various feeding options and distributed to mothers, depending on their feeding choices, before discharge? | ☐ | ☐ |
| HIV.7 Are mothers who are HIV-positive or concerned that they are at risk informed about and/or referred to community support services for HIV testing and infant feeding counselling? | ☐ | ☐ |

### **Global Criteria – HIV and infant feeding** (optional)

The head/director of maternity services reports that:

- The hospital has policies and procedures that seem adequate concerning providing or referring pregnant women for testing and counselling for HIV, counselling women concerning PMTCT of HIV, providing individual, private counselling for pregnant women and mothers who are HIV positive on infant feeding options, and insuring confidentiality.
- Mothers who are HIV positive or concerned that they are at risk are referred to community support services for HIV testing and infant feeding counselling, if they exist.

A review of the infant feeding policy indicates that it requires that HIV-positive mothers receive counselling, including information about the risks and benefits of various infant feeding options and specific guidance in selecting the options for their situations, supporting them in their choices.

*continued on next page*

**Global Criteria – HIV and infant feeding**

*(continued from previous page)*

A review of the curriculum on HIV and infant feeding and training records indicates that training is provided for appropriate staff and is sufficient, given the percentage of HIV positive women and the staff needed to provide support for pregnant women and mothers related to HIV and infant feeding. The training covers basic facts on:

- The risks of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention.
- The importance of testing and counselling for HIV.
- Local availability of feeding options.
- The dangers of mixed feeding for HIV transmission.
- Facilities/provision for counselling HIV positive women on advantages and disadvantages of different feeding options; assisting them in exclusive breastfeeding or formula feeding (note: may involve referrals to infant feeding counsellors).
- How to assist HIV positive mothers who have decided to breastfeed; including how to transition to replacement feeds at the appropriate time.
- How to minimize the likelihood that a mother whose status is unknown or HIV negative will be influenced to replacement feed.

A review of the antenatal information indicates that it covers the important topics on this issue (these include the routes by which HIV-infected women can pass the infection to their infants, the approximate proportion of infants that will (and will not) be infected by breastfeeding; the importance of counselling and testing for HIV and where to get it; and the importance of HIV positive women making informed infant feeding choices and where they can get the needed counselling).

A review of documents indicates that printed material is available, if appropriate, on how to implement various feeding options and is distributed to or discussed with HIV positive mothers before discharge. It includes information on how to exclusively replacement feed, how to exclusively breastfeed, how to stop breastfeeding when appropriate, and the dangers of mixed feeding.

Out of the randomly selected clinical staff members:

- At least 80% can describe at least one measure that can be taken to maintain confidentiality and privacy of HIV positive pregnant women and mothers.
- At least 80% are able to mention at least two policies or procedures that help prevent transmission of HIV from an HIV positive mother to her infant during feeding within the first six months.
- At least 80% are able to describe two issues that should be discussed when counselling an HIV positive mother who is deciding how to feed her baby.

Out of the randomly selected pregnant women who are in their third trimester and have had at least two antenatal visits or are in the antenatal in-patient unit:

- At least 70% report that a staff member has talked with them or given a talk about HIV/AIDS and pregnancy.
- At least 70% report that the staff has told them that a woman who is HIV-positive can pass the HIV infection to her baby.
- At least 70% can describe at least one thing the staff told them about why testing and counselling for HIV is important for pregnant women..
- At least 70% can describe at least one thing the staff told them about what women who do not know their HIV status should consider when deciding how to feed their babies.

## Summary

| | YES | NO |
|---|---|---|
| Does your hospital fully implement all **10 STEPS** for protecting, promoting, and supporting breastfeeding?<br>(if "No") List questions for each of the 10 Steps where answers were "No": | ☐ | ☐ |
| Does your hospital fully comply with the **Code of Marketing of Breast-milk Substitutes**?<br>(if "No") List questions concerning the Code where answers were "No": | ☐ | ☐ |
| Does your hospital provide **mother-friendly care**?<br>(if "No") List questions concerning mother-friendly care where answers were "No" | ☐ | ☐ |
| Does your hospital provide adequate support related to **HIV-and infant feeding** (if required)?<br>(if "No") List questions concerning HIV and infant feeding where answers were "No": | ☐ | ☐ |
| If the answers to any of these questions in the "Self Appraisal" are "no", what improvements are needed?<br><br>If improvements are needed, would you like some help? If yes, please describe: | | |

This form is provided to facilitate the process of hospital self-appraisal. The hospital or health facility is encouraged to study the Global Criteria as well. If it believes it is ready and wishes to request a pre-assessment visit or an external assessment to determine whether it meets the global criteria for Baby-friendly designation, the completed form may be submitted in support of the application to the relevant national health authority for BFHI.

If this form indicates a need for substantial improvements in practice, hospitals are encouraged to spend several months in readjusting routines, retraining staff, and establishing new patterns of care. The self-appraisal process may then be repeated. Experience shows that major changes can be made in three to four months with adequate training. In-facility or in-country training is easier to arrange than external training, reaches more people, and is therefore encouraged.

*Note: List the contact information and address to which the form and request for pre-assessment visit or external assessment should be sent.*

# Annexes to Section 4.1

## Annex 1: Hospital breastfeeding/infant feeding policy checklist

*(Note: A hospital policy does not have to have the exact wording or points as in this checklist, but should cover most or all of these key issues. Care should be taken that the policy is not too long. Shorter policies (3 to 5 pages) have been shown to be more effective as longer ones often go unread).*

| The policy should clearly cover the following points: | | YES | NO |
|---|---|---|---|
| Step 1: | The policy is routinely communicated to all (new) staff. | ☐ | ☐ |
| | A summary of the policy that addresses the Ten Steps and support for non-breastfeeding mothers is displayed in all appropriate areas in languages and with wording staff and mothers can easily understand. | ☐ | ☐ |
| Step 2: | Training for all clinical staff (according to position) includes:<br>Breastfeeding and lactation management (20 hours minimum or covering all essential topics, including at least 3 hours of clinical practice). | ☐ | ☐ |
| | Feeding the infant who is not breastfed. | ☐ | ☐ |
| | The role of the facility and its staff in upholding the International Code of Marketing and subsequent WHA resolutions. | ☐ | ☐ |
| | New staff members are trained within 6 months of appointment. | ☐ | ☐ |
| Step 3: | All pregnant women are informed of:<br>Basic breastfeeding management and care practices. | ☐ | ☐ |
| | The risks of giving supplements to their babies during the first six months. | ☐ | ☐ |
| Step 4: | All mothers and babies receive:<br>Skin-to-skin contact immediately after birth for at least 60 minutes. | ☐ | ☐ |
| | Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed. | ☐ | ☐ |
| Step 5: | All breastfeeding mothers are offered further help with breastfeeding within 6 hours of birth. | ☐ | ☐ |
| | All breastfeeding mothers are taught positioning and attachment. | ☐ | ☐ |
| | All mothers are taught hand expression (or given leaflet and referral for help). | ☐ | ☐ |
| | All mothers who have decided not to breastfeeding are:<br>Informed about risks and management of various feeding options and helped to decide what is suitable in their circumstances. | ☐ | ☐ |
| | Taught to prepare their feedings of choice and asked to demonstrate what they have learned. | ☐ | ☐ |
| | Mothers of babies in special care units are:<br>Offered help to initiate lactation offered help to start their breast milk coming and to keep up the supply within 6 hours of their babies' births. | ☐ | ☐ |
| | Shown how to express their breast milk by hand and told they need to breastfeed or express at least 6-8 times in 24 hours to keep up their supply. | ☐ | ☐ |
| | Given information on risks and benefits of various feeding options and how to care for their breasts if they are not planning to breastfeed. | ☐ | ☐ |
| Step 6: | Supplements/replacement feeds are given to babies only:<br>If medically indicated. | ☐ | ☐ |
| | If mothers have made "fully informed choices" after counselling on various options and the risks and benefits of each. | ☐ | ☐ |

| | | | |
|---|---|---|---|
| | Reasons for supplements are documented. | ☐ | ☐ |
| Step 7: | All mothers and babies room-in together, including at night. | ☐ | ☐ |
| | Separations are only for justifiable reasons with written documentation. | ☐ | ☐ |
| Step 8: | Breastfeeding mothers are taught how to recognize the signs that their babies are hungry and that they are satisfied. | ☐ | ☐ |
| | No restrictions are placed on the frequency or duration of breastfeeding. | ☐ | ☐ |
| Step 9: | Breastfeeding babies are not fed using bottles and teats. | ☐ | ☐ |
| | Mothers are taught about the risks of using feeding bottles. | ☐ | ☐ |
| | Breastfeeding babies are not given pacifiers or dummies. | ☐ | ☐ |
| Step10: | Information is provided on where to access help and support with breastfeeding/ infant feeding after return home, including at least one source (such as from the hospital, community health services, support groups or peer counsellors). | ☐ | ☐ |
| | The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant feeding support. | ☐ | ☐ |
| | Mothers are provided with information about how to get help with feeding their infants soon after discharge (preferably 2-4 days after discharge and again the following week). | ☐ | ☐ |
| The Code: | The policy prohibits promotion of breast milk substitutes. | ☐ | ☐ |
| | The policy prohibits promotion of bottles, teats, and pacifiers or dummies. | ☐ | ☐ |
| | The policy prohibits the distribution of samples or gift packs with breast-milk substitutes, bottles or teats or of marketing materials for these products to pregnant women or mothers or members of their families. | ☐ | ☐ |
| Mother friendly care: | Policies require mother-friendly practices including:<br>Encouraging women to have constant labour and birthing companions of their choice. | ☐ | ☐ |
| | Encouraging women to walk and move about during labour, if desired, and to assume the positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother. | ☐ | ☐ |
| | Not using invasive procedures such as rupture of membranes, episiotomies, acceleration or induction of labour, caesarean sections or instrumental deliveries, unless specifically required for a complication and the reason is explained to the mother. | ☐ | ☐ |
| | Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women. | ☐ | ☐ |
| HIV* | All HIV-positive mothers receive counselling, including information about the risks and benefits of various infant feeding options and specific guidance in selecting what is best in their circumstances. | ☐ | ☐ |
| | Staff providing support to HIV-positive women receive training on HIV and infant feeding. | ☐ | ☐ |

* The **HIV-related content** in the policy should be assessed only if national authorities have made the decision that the BFHI assessment should include HIV criteria.

## Annex 2: The International Code of Marketing of Breast-milk Substitutes[4]

### Summary of the main points

- No advertising of breast-milk substitutes and other products to the public
- No donations of breast-milk substitutes and supplies to maternity hospitals
- No free samples to mothers
- No promotion in the health services
- No company personnel to advise mothers
- No gifts or personal samples to health workers
- No use of space, equipment or educational materials sponsored or produced by companies when teaching mothers about infant feeding
- No pictures of infants or other pictures idealizing artificial feeding on the labels of the products
- Information to health workers should be scientific and factual
- Information on artificial feeding, including labels, should explain the benefits of exclusive breastfeeding and the costs and dangers associated with artificial feeding
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

### The role of administrators and staff in upholding the Code

- Free or low-cost supplies of breast-milk substitutes should not be accepted in health care facilities.
- Breast-milk substitutes should be purchased by the health care facility in the same way as other foods and medicines, for at least wholesale price. Promotional material for infant foods or drinks other than breast milk should not be permitted in the facility.
- Pregnant women should not receive materials that promote artificial feeding.
- Feeding with breast-milk substitutes should be demonstrated by health workers only, and only to pregnant women, mothers, or family members who need to use them.
- Breast-milk substitutes in the health facility should be kept out of the sight of pregnant women and mothers.
- The health facility should not allow sample gift packs with breast-milk substitutes or related supplies that interfere with breastfeeding to be distributed to pregnant women or mothers.
- Financial or material inducements to promote products within the scope of the Code should not be accepted by health workers or their families.
- Manufacturers and distributors of products within the scope of the Code should disclose to the institution any contributions made to health workers such as fellowships, study tours, research grants, conferences, or the like. Similar disclosures should be made by the recipient.

[4] Adapted from *Promoting breastfeeding in health facilities: A short course for administrators and policy-makers.* World Health Organization and Wellstart International, Geneva, Switzerland, revised as Section 2 of this BFHI series.

## Annex 3: HIV and infant feeding recommendations[5]

| Situation | Guidelines for health workers |
|---|---|
| Mother's HIV status is unknown | – Encourage that she obtain HIV testing and counselling<br>– Promote optimal feeding practices (exclusive breastfeeding for first 6 months, introduction of appropriate complementary foods at about 6 months, and continued breastfeeding to 24 months and beyond)<br>– Counsel the mother and her partner on how to avoid exposure to HIV |
| Mother's HIV status is negative | – Promote exclusive breastfeeding as safest infant feeding method (exclusive breastfeeding for the first 6 months, introduction of appropriate complementary foods at about 6 months, and continued breastfeeding to 24 months and beyond)<br>– Counsel the mother and her partner on how to avoid exposure to HIV |
| Mother's HIV status is positive | – Provide access to anti-retroviral drugs to prevent mother-to-child-transmission, according to country guidelines<br>– Provide counselling for the mother on the risks and benefits of infant-feeding options, including the acceptability, feasibility, affordability, sustainability and safety of the options<br>– Assist the mother to choose the most appropriate infant-feeding option, according to her own situation, or refer her for guidance<br>– Provide counselling for the mother on infant feeding after early cessation, or refer her for guidance<br>– Refer the mother to family planning and childcare services, as appropriate<br>– Refer the mother for long-term health care, including ARVs where available and appropriate |
| Mother is HIV-positive and chooses to breastfeed | – Explain the need to exclusively breastfeed for the first six months with cessation when replacement feeding is acceptable, feasible, affordable, sustainable and safe<br>– Support the mother in planning and carrying out a safe transition from exclusive breastfeeding to exclusive replacement feeding<br>– Prevent and treat breast conditions of mothers. Treat thrush in infants<br>– Insure that mother knows where to seek skilled care if any problems |
| Mother is HIV-positive and chooses another breast milk option | – Provide support to the mother to carry out her option as safely as possible |
| Mother is HIV-positive and chooses replacement feeding | – Provide the mother with the skills to carry out her choice<br>– Teach the mother replacement feeding skills, including cup-feeding and hygienic preparation and storage, away from breastfeeding mothers |

[5] Table adapted from Annex 10, page 137 of the WHO/Linkages document, *Infant and Young Child Feeding: A Tool for Assessing National Practices, Policies and Programmes*, World Health Organization, Geneva, 2003. (website: http://www.who.int/child-adolescent-health/publications/NUTRITION/IYCF_AT.htm)

**Annex 4:**

WHO/NMH/NHD/09.01
WHO/FCH/CAH/09.01

# Acceptable medical reasons for use of breast-milk substitutes

World Health Organization

unicef

## *Preface*

A list of acceptable medical reasons for supplementation was originally developed by WHO and UNICEF as an annex to the Baby-friendly Hospital Initiative (BFHI) package of tools in 1992.

WHO and UNICEF agreed to update the list of medical reasons given that new scientific evidence had emerged since 1992, and that the BFHI package of tools was also being updated. The process was led by the departments of Child and Adolescent Health and Development (CAH) and Nutrition for Health and Development (NHD). In 2005, an updated draft list was shared with reviewers of the BFHI materials, and in September 2007 WHO invited a group of experts from a variety of fields and all WHO Regions to participate in a virtual network to review the draft list. The draft list was shared with all the experts who agreed to participate. Subsequent drafts were prepared based on three inter-related processes: a) several rounds of comments made by experts; b) a compilation of current and relevant WHO technical reviews and guidelines (see list of references); and c) comments from other WHO departments (Making Pregnancy Safer, Mental Health and Substance Abuse, and Essential Medicines) in general and for specific issues or queries raised by experts.

Technical reviews or guidelines were not available from WHO for a limited number of topics. In those cases, evidence was identified in consultation with the corresponding WHO department or the external experts in the specific area. In particular, the following additional evidence sources were used:
-*The Drugs and Lactation Database* (LactMed) hosted by the United States National Library of Medicine, which is a peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed.
-*The National Clinical Guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn*, review done by the New South Wales Department of Health, Australia, 2006.

The resulting final list was shared with external and internal reviewers for their agreement and is presented in this document.

The list of acceptable medical reasons for temporary or long-term use of breast-milk substitutes is made available both as an independent tool for health professionals working with mothers and newborn infants, and as part of the BFHI package. It is expected to be updated by 2012.

### *Acknowledgments*

This list was developed by the WHO Departments of Child and Adolescent Health and Development and Nutrition for Health and Development, in close collaboration with UNICEF and the WHO Departments of Making Pregnancy Safer, Essential Medicines and Mental Health and Substance Abuse. The following experts provided key contributions for the updated list: Philip Anderson, Colin Binns, Riccardo Davanzo, Ros Escott, Carol Kolar, Ruth Lawrence, Lida Lhotska, Audrey Naylor, Jairo Osorno, Marina Rea, Felicity Savage, María Asunción Silvestre, Tereza Toma, Fernando Vallone, Nancy Wight, Anthony Williams and Elizabeta Zisovska. They completed a declaration of interest and none identified a conflicting interest.

## *Introduction*

Almost all mothers can breastfeed successfully, which includes initiating breastfeeding within the first hour of life, breastfeeding exclusively for the first 6 months and continuing breastfeeding (along with giving appropriate complementary foods) up to 2 years of age or beyond.

Exclusive breastfeeding in the first six months of life is particularly beneficial for mothers and infants.

Positive effects of breastfeeding on the health of infants and mothers are observed in all settings. Breastfeeding reduces the risk of acute infections such as diarrhoea, pneumonia, ear infection, *Haemophilus influenza*, meningitis and urinary tract infection (1). It also protects against chronic conditions in the future such as type I diabetes, ulcerative colitis, and Crohn's disease. Breastfeeding during infancy is associated with lower mean blood pressure and total serum cholesterol, and with lower prevalence of type-2 diabetes, overweight and obesity during adolescence and adult life (2). Breastfeeding delays the return of a woman's fertility and reduces the risks of post-partum haemorrhage, pre-menopausal breast cancer and ovarian cancer (3).

Nevertheless, a small number of health conditions of the infant or the mother may justify recommending that she does not breastfeed temporarily or permanently (4). These conditions, which concern very few mothers and their infants, are listed below together with some health conditions of the mother that, although serious, are not medical reasons for using breast-milk substitutes.

Whenever stopping breastfeeding is considered, the benefits of breastfeeding should be weighed against the risks posed by the presence of the specific conditions listed.

## INFANT CONDITIONS

### Infants who should not receive breast milk or any other milk except specialized formula

- Infants with classic galactosemia: a special galactose-free formula is needed.
- Infants with maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed.
- Infants with phenylketonuria: a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring).

### Infants for whom breast milk remains the best feeding option but who may need other food in addition to breast milk for a limited period

- Infants born weighing less than 1500 g (very low birth weight).
- Infants born at less than 32 weeks of gestation (very preterm).
- Newborn infants who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand (such as those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress, those who are ill and those whose mothers are diabetic (5) if their blood sugar fails to respond to optimal breastfeeding or breast-milk feeding.

# MATERNAL CONDITIONS

*Mothers who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.*

## Maternal conditions that may justify permanent avoidance of breastfeeding

- HIV infection[6]: if replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) (6). Otherwise, exclusive breastfeeding for the first six months is recommended.

## *Maternal conditions that may justify temporary avoidance of breastfeeding*

- Severe illness that prevents a mother from caring for her infant, for example sepsis.
- Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved.
- Maternal medication:
  - sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available (7);
  - radioactive iodine-131 is better avoided given that safer alternatives are available - a mother can resume breastfeeding about two months after receiving this substance;
  - excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided;
  - cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.

## Maternal conditions during which breastfeeding can still continue, although health problems may be of concern

- Breast abscess: breastfeeding should continue on the unaffected breast; feeding from the affected breast can resume once treatment has started (8).
- Hepatitis B: infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter (9).
- Hepatitis C.
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition(8).
- Tuberculosis: mother and baby should be managed according to national tuberculosis guidelines (10).
- Substance use[7] (11):
  - maternal use of nicotine, alcohol, ecstasy, amphetamines, cocaine and related stimulants has been demonstrated to have harmful effects on breastfed babies;
  - alcohol, opioids, benzodiazepines and cannabis can cause sedation in both the mother and the baby.

  Mothers should be encouraged not to use these substances, and given opportunities and support to abstain.

[6] The most appropriate infant feeding option for an HIV-infected mother depends on her and her infant's individual circumstances, including her health status, but should take consideration of the health services available and the counselling and support she is likely to receive. Exclusive breastfeeding is recommended for the first six months of life unless replacement feeding is AFASS. When replacement feeding is AFASS, avoidance of all breastfeeding by HIV-infected women is recommended. Mixed feeding in the first 6 months of life (that is, breastfeeding while also giving other fluids, formula or foods) should always be avoided by HIV-infected mothers.

[7] Mothers who choose not to cease their use of these substances or who are unable to do so should seek individual advice on the risks and benefits of breastfeeding depending on their individual circumstances. For mothers who use these substances in short episodes, consideration may be given to avoiding breastfeeding temporarily during this time.

## *References*

(1) *Technical updates of the guidelines on Integrated Management of Childhood Illness (IMCI). Evidence and recommendations for further adaptations.* Geneva, World Health Organization, 2005.

(2) *Evidence on the long-term effects of breastfeeding: systematic reviews and meta-analyses.* Geneva, World Health Organization, 2007.

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(4) Resolution WHA39.28. Infant and Young Child Feeding. In: *Thirty-ninth World Health Assembly, Geneva, 5–16 May 1986. Volume 1. Resolutions and records. Final.* Geneva, World Health Organization, 1986 (WHA39/1986/REC/1), Annex 6:122–135.

*(5) Hypoglycaemia of the newborn: review of the literature.* Geneva, World Health Organization, 1997 (WHO/CHD/97.1; http://whqlibdoc.who.int/hq/1997/WHO_CHD_97.1.pdf, accessed 24 June 2008).

(6) *HIV and infant feeding: update based on the technical consultation held on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Infants, Geneva, 25–27 October 2006.* Geneva, World Health Organization, 2007 (http://whqlibdoc.who.int/publications/2007/9789241595964_eng.pdf, accessed 23 June 2008).

(7) *Breastfeeding and maternal medication: recommendations for drugs in the Eleventh WHO Model List of Essential Drugs.* Geneva, World Health Organization, 2003.

(8) *Mastitis: causes and management.* Geneva, World Health Organization, 2000 (WHO/FCH/CAH/00.13; http://whqlibdoc.who.int/hq/2000/WHO_FCH_CAH_00.13.pdf, accessed 24 June 2008).

(9) *Hepatitis B and breastfeeding*. Geneva, World Health Organization, 1996. (Update No. 22).

(10) *Breastfeeding and Maternal tuberculosis*. Geneva, World Health Organization, 1998 (Update No. 23).

(11) *Background papers to the national clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn.* Commissioned by the Ministerial Council on Drug Strategy under the Cost Shared Funding Model. NSW Department of Health, North Sydney, Australia, 2006. http://www.health.nsw.gov.au/pubs/2006/bkg_pregnancy.html

Further information on maternal medication and breastfeeding is available at the following United States National Library of Medicine (NLM) website:
http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT

***For further information, please contact:***

Department of Nutrition for Health and Development
E-mail: nutrition@who.int
Web: www.who.int/nutrition

Department of Child and Adolescent Health and Development
E-mail: cah@who.int
Web: www.who.int/child_adolescent_health

Address: 20 Avenue Appia, 1211 Geneva 27, Switzerland

# 4.2 GUIDELINES AND TOOLS FOR MONITORING BABY-FRIENDLY HOSPITALS[8]



[8] This set of guidelines and tools for monitoring includes material both from the original Part VII of the UNICEF BFHI documents and from the WHO/Wellstart document, *BFHI Monitoring and Reassessment: Tools to Sustain Progress*. Geneva, Switzerland, 1999 (WHO/NHD/99.2).

# Guide to Developing a National Process for BFHI Monitoring

## Background[9]

Between the launching of the Baby-friendly Hospital Initiative (BFHI) and 2007more than 20,000 facilities worldwide had been officially assessed and designated as "baby-friendly". This major achievement is contributing to increases in breastfeeding and decreases in morbidity and mortality in every region. This is the world's first major initiative for breastfeeding to cut across all regional, linguistic, economic and political boundaries. By a conservative estimate, over a million health workers have received in-service training through BFHI, using WHO/UNICEF materials available in all UN languages and many national languages.

Every woman who gives birth has the potential resource of breast milk for her child. Rich or poor, highly educated or illiterate, every mother has in her control and in her own household the very best food for her infant. Through the BFHI, means have been found to empower women everywhere to make use of this resource, fulfilling their right to breastfeed for their own and their children's health. Few other interventions return such high dividends in health, self-reliance and child development, and almost none at such low cost.

At the same time, Baby-friendly practices ensure that women who do not breastfeed also receive support for the feeding options they have chosen with full, unbiased information, free of commercial pressures, and the early continuous contact that promotes good bonding.

Maintaining the momentum of this global initiative is among the actions stressed in the *WHO/UNICEF Global Strategy for Infant and Young Child Feeding* that was endorsed by the World Health Assembly and UNICEF in 2002. The *Global Strategy* reaffirms the relevance and urgency of the operational targets of the *Innocenti Declaration*, including implementation of the *Ten Steps to Successful Breastfeeding* and full application of the *International Code of Marketing of Breast-milk Substitutes* and its subsequent resolutions, stressing that BFHI should continue to be implemented, and that designated health facilities be monitored and reassessed on an on-going basis. Keeping those that have already been designated as Baby-friendly up to the same high standards of quality is critical if BFHI is to have a sustained impact.

## Rationale for Monitoring and Reassessment

### *Maintaining the global standards*

These guidelines respond to requests from the national authorities responsible for BFHI that have noted tendencies of health facilities to backslide somewhat, and even to revert to old patterns of maternity care, and have requested UNICEF offices for guidance on how to maintain the Baby-Friendly standards.

Reasons for deterioration vary. New administrators unfamiliar with BFHI may be assigned, staff turnover may be high with new arrivals not yet trained, or families may demand the former familiar patterns of care and gifts of formula. Commercial influences may have intensified, with new marketing approaches. Practices can also shift and erode due to ordinary human inconsistencies. Whatever the cause, slippage in practices can occur despite the best intentions of administrators, the dedicated work of many staff members, and the continued existence on paper of exemplary BFHI policies.

[9] The first two sections of this Guide are identical to the same sections in the "Guidelines and Tools for BFHI Reassessment" to ensure that the same information about the rationale for both monitoring and reassessment and their varying purposes is provided in both documents.

To maintain the credibility of the BFHI, monitoring and reassessment is periodically needed. How to do this in a positive spirit without creating an enormous burden on central authorities is a challenge. A mixture of random checks and directed checks may be helpful.

***Specific purposes of monitoring and reassessment***

There are three common purposes:

- To support and motivate facility staff to maintain baby-friendly practices.
- To verify whether mothers' experiences at the facility are helping them to breastfeed.
- To identify if the facility is doing poorly on any of the Ten Steps and thus whether needs to do further work to make needed improvements.

A fourth purpose relates to national measures to end free and low-cost supplies of breast-milk substitutes, feeding bottles and teats:

- To verify if governments and other responsible organizations are implementing and enforcing the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions.

Monitoring and reassessment, however, each has a different focus.

***Monitoring*** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. It can be relatively inexpensive, if the monitors are either from the hospitals or already employed within the health care system. Data should be collected either on an on-going basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices. Hospital management and staff should use the results to identify areas needing improvement and then develop plans of action to make needed changes. The monitoring results and plan of action should be shared with the national authority responsible for BFHI, including whatever BFHI coordination group is in place. Plans for making any improvements indicated can be discussed as well as any technical guidance or support needed from the national level.

When possible, monitoring of adherence of selected *Global Criteria* should be integrated into a broader system of hospital auditing or quality assurance (see discussion later in this document).

***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other baby-friendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. The outside team can be from the same area or region, to reduce costs. Reassessment is often more comprehensive than monitoring and usually involves the need for additional resources, even if reassessment teams are fielded locally. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

Countries may decide to implement either a system for monitoring or reassessment or both. If feasible, it is recommended that both be implemented, as they have different purposes.

Strategies for monitoring are discussed in the material that follows. Some tools that may be used for monitoring are then presented in the annexes to this Section 4.2. Strategies and a tool for reassessment are presented in Section 5.3 of the BFHI document set, after the assessment tools. Section 5.3 should be only available to UNICEF Offices, national authorities responsible for BFHI, and the assessors involved in reassessments. The tool used for reassessment should not be available to the hospitals themselves or their staff, as this would give hospitals unfair advantage if they knew exactly how they would be tested.

However, some countries may decide that the most efficient and cost-effective way to maintain BFHI standards would be to develop an on-going internal monitoring system, rather than using any external (and therefore more expensive) reassessment process. If so, these countries may wish to use the reassessment tool presented in Section 5.3 for monitoring and can make it available to the hospitals for monitoring purposes (care should be taken to minimize the possibility that this tool, used for external reassessment in other countries, will not get distributed to hospitals elsewhere, thus jeopardizing the integrity of the external assessment process).

## Strategies for Monitoring

***How can the facility itself maintain standards?***

Ideally, practices that promote and support breastfeeding should be routinely verified. It is suggested that administrators find some means of ongoing self-appraisal by the facility, perhaps through a BFHI or infant feeding committee with representation of all levels of care. A request for monitoring reports from the national authority could serve as an incentive for maintaining standards. Reports could be requested on an annual basis by the national authority from the committee responsible for BFHI at each facility, specifying degree of implementation of all 10 Steps, the absence of free and low-cost supplies, provision of mother-friendly care, and compliance with criteria related to HIV and infant feeding, if these are being monitored.

***Internal monitoring approaches***

**Self-Appraisal Tool:** Consistent use of the *Hospital Self-Appraisal Tool* (found in Section 4.1 of the BFHI documents) can be integrated into any periodic review of care practices and provide early notice of any deterioration in practice.

**Chart review:** Periodic review of patient charts might reveal any tendency to slip back to old patterns of care such as limited skin-to-skin contact, separation of mother and newborn, or use of pacifiers and bottles. The review should also cover women who are not breastfeeding to ensure that a double standard of care has not developed. For example, mothers who are not breastfeeding nevertheless need continuous skin-to-skin contact with their newborns, rooming in, and protection from commercial influences.

**Review of "mother or baby cards" or "passports":** In some countries it may be feasible to have key information regarding immediate skin-to-skin contact, the first breastfeed, and whether the baby receives any other liquids or foods before discharge included in the mother or baby card or "passport". If included, this would help emphasize the fundamental importance of these practices and comprise a standard record from which data on these indicators could be collected.

**Review of hospital infant feeding policies:** It is useful, periodically, to perform an audit of the hospital's infant feeding policies, both to make sure that they are in line with the revised BFHI global criteria related to Step 1 and the Code of Marketing requirements that apply to hospitals, as well as to determine whether these policies are being followed. Labour and

delivery policies should be reviewed as well, to assess if they address the criteria for mother-friendly care.

**Review of training materials and records:** In many settings staff turnover is quite common and the knowledge and skills of those remaining tends to deteriorate over time as well. Thus it is essential for health facilities to have an on-going system for training new staff and providing needed refresher courses for those still on the job. A good monitoring system should review both the current training curricula and recent staff training records to assure that the knowledge and skills needed are maintained.

**Review of receipted invoices:** By reviewing records of use, purchase and full payment, administrators can assure themselves that no free or low-cost supplies of infant feeding products, including breast-milk substitutes, bottles and teats, are entering their hospitals.[10]

**Micro-planning.** Groups of staff can perform their own Triple A process: *assessment* and *analysis* of the BFH implementation, leading to decisions on appropriate *actions*. Staff involved should include members of the hospital's breastfeeding or infant feeding committee and representatives of any affiliated MCH clinics. Staff with the closest contact with mothers and infants may be best placed to suggest possible improvements.

### *Learning from mothers' experiences*

Feedback from a random sample of mothers might also be used to establish what the current practices are:

**Oral discharge questions for mothers.** Selected questions may be asked of mothers when they are being discharged by someone who did not provide care for the mothers and is not associated in the mothers' minds with the maternity services. The interviewer could be either from outside the facility or from a department or unit other than the maternity services.

**Written discharge questions for mothers.** Where many mothers are well schooled, they can be given brief forms at discharge to fill out before leaving, depositing them in a box designed for that purpose. Alternatively they can be asked to fill them out as soon as they arrive home, sending them back in self-addressed envelopes, but this may not be feasible in some countries, and if the forms are not completed and turned in before the mother departs, the response rate is likely to be much lower.

**MCH Clinic questions for individual mothers.** At any MCH clinic in the area served by the hospital a few randomly selected women each month can be asked about their experience in the maternity service. Their first postpartum visit to the clinic would be perhaps the best time. Written answers can also be collected in clinics, where appropriate, given educational levels.

**MCH Clinic focus groups**. One member of the hospital maternity staff or a person not connected with the maternity facility might go to an MCH clinic and talk with groups of mothers of newborns to learn about any difficulties or doubts regarding breastfeeding. Her report back to her facility could be used to improve the help given before discharge and the system of referral to community support.

Open questions inviting mothers to talk freely about their experiences could include:

- What information on feeding your infant were you given during your pregnancy?
- What information were you given about hospital practices and support for feeding your infant that would be available to you after delivery?

[10] This may be challenging in large hospital systems where purchasing is done by a central purchasing unit outside the hospital, or in facilities where ready-made feeds are used that are available only in hospitals, thus making it hard to compare with the price for feeds given at home (either liquid or powdered formula not in disposable bottles). Creative ways of estimating what is "fair" may need to be devised, possibly in collaboration with the national BFHI coordination group.

- What information were you given related to labour and delivery practices and how they affect breastfeeding?
- What did you learn that was helpful to you during this period?
- How well do you feel you were prepared for breastfeeding before your delivery?
- What was most helpful related to support you received on feeding your infant during your hospital stay?
- What was least helpful?
- How well were your expectations met concerning the support you would receive in the hospital?
- What have you learned since discharge, that you wish you had been told in hospital?
- What would you like other women to learn while in hospital, so that feeding their infants would be easier for them?
- Whom do you talk to or where do you go when you have questions about feeding your baby?

**Data collection during home visits:** In some countries mothers are entitled to postpartum midwifery services or the follow-up system includes "health visitor" visits to mothers in their homes for postpartum and postnatal support. These midwives/health visitors could be asked to collect data, using a brief checklist, with care taken not to add much extra paperwork or time to their visits.

**Paediatric re-admissions:** When infants born at a facility are re-admitted for diarrhoea, respiratory infections, or malnutrition, questions added to the admission history can indicate if the illness is related to lack of information or help with breastfeeding.

Collection, recording and evaluating information are time-consuming and costly in terms of staff time. A baby-friendly hospital needs to calculate that into its monitoring system so it does not become just an extra thankless task for its staff. Carefully planned interviewing of mothers and gathering of statistics could become an ongoing project carried out by nursing, midwifery, medical or doctoral students. In a university affiliated hospital it could become an inter-disciplinary part of the curriculum on statistics, research methods and, of course, breastfeeding.

### Integrating BFHI monitoring into quality assurance or accreditation programs

In the interests of an integrated and cost-effective approach to monitoring compliance with the BFHI standards, it is important to consider the possibilities for integrating BFHI monitoring into hospital programs for auditing or quality assurance and to explore mechanisms for integrating BFHI assessment and/or reassessment into national systems for hospital accreditation.

In situations where hospitals have auditing or quality assurance (QA) systems in place, it is useful to explore whether measurement of some or all of the key BFHI Steps and related criteria can be integrated into the systems. Usually it will be necessary to select a small number of breastfeeding and BFHI-related indicators to be measured, as QA programs often cover a wide range of health indicators. While this will mean that it will not be possible to fully track compliance with the Ten Steps, the advantages are that integration within the auditing or QA system will help insure sustainability of the measurement process.

In countries where national systems for hospital accreditation are in place, it is useful to explore the possibility of adding BFHI related criteria to the list of requirements for facility accreditation. Periodic evaluations to assess whether the hospitals continue to meet standards stimulates the institutions to maintain and improve the quality of the services measured. If the

most essential BFHI criteria can be integrated into the standards mentioned, this will insure periodic assessment of key standards.

## Sample Tools for Monitoring

Over the years since the launching of BFHI in 1991, several monitoring strategies and tools have been developed that may be useful for hospitals to consider. These strategies and tools are presented in the *Annexes* that follow, and are described briefly below. They vary from very simple record-keeping strategies, to a fuller monitoring tool including brief reviews and observations and self-administered questionnaires for mothers. Care needs to be taken to devise simple monitoring systems, with clear assignments for data collection, analysis and use, and sufficient time allotted for those assigned. The strategies and tools featured in the Annexes include:

***Annex 1: Infant feeding records and reports.*** A simple *Infant Feeding Record* can be used to keep track of mothers' experiences in the maternity wards, as a way of monitoring implementation of many of the Ten Steps and mothers' feeding practices. One example of a compact form, with guidelines for data entry and a summary "Infant Feeding Report" for presenting the data, is included in *Annex 1*. This form, which records the inputs for individual infants and their mothers, can be easily adapted, depending on what works best in a particular setting. It covers type of delivery; early skin-to-skin contact and breastfeeding assistance, breastfeeding; supplements or replacement feeds given, why and how; baby's location (rooming-in, nursery, etc.), and any problems related to infant feeding. It also includes a section for recording actions taken to address problems. Keeping a record of this type is the best way to collect information on the key breastfeeding indicators of the maternity facility, without doing special studies.

The information from the records can be periodically (monthly or quarterly) summarized in a *Summary Infant Feeding Report.* The information in this report is useful in tracking how well a baby-friendly health facility continues to adhere to important BFHI-related practices such as early skin-to-skin contact, exclusively breastfeeding except for medical reasons, no bottle-feeding, and rooming-in.

If a system for collecting data on infant feeding practices is already in place, existing data can simply be entered in the summary report. If the health facility does not yet collect data on infant feeding practices and determines that, due to limited staff time or resources, it would not be possible to do so on a regular basis, the facility might decide to assign someone to record the data over a limited period – for two weeks or month or a quarter, for example – to provide a sample of practices over time. It is good, if at all possible, to encourage the facility to incorporate collection of key feeding data into its routine. This data will be helpful for determining what improvements are needed, and will be needed as part of the reassessment reviews.

***Annex 2: Staff training record and report.*** This training record can be used by health facilities to keep an on-going record of clinical staff members who care for mothers and babies and what basic and refresher training they have received on breastfeeding promotion and support, as well as on support for the non-breastfeeding mother. It also provides space for recording what training they have received on mother-friendly care and on HIV and infant feeding , depending on the decision of the national authority responsible for BFHI.

One row should be used for each staff member. The rows are wide enough for data to be entered over time. For example, data on several training experiences for a staff member can be entered under the training section. The record can be kept in pencil for easy updating. If the

staff member is transferred from the unit or resigns, the name can be crossed out. Alternatively, the record can be updated on computer.

The information from the record can be periodically summarized in a *Summary Staff Training Report.* It provides a quick way to calculate what proportion of the staff is currently up-to-date with required training and whether necessary refresher training has taken place.

If a system for collecting data on staff training is already in place, existing data can simply be entered in the summary report. If necessary, the current data collecting system can be improved, entering additional categories or fields and, if feasible, computerizing it.

***Annex 3: BFHI monitoring tool .***

Annex 3 provides both a format for a simple set of record and material reviews and a questionnaire that can be used with mothers at discharge. The reviews focus on:

1) Gathering essential data to determine whether the hospital infant feeding policy is currently in place and being followed and whether it provides needed guidance related to the Ten Steps, and adherence to the Code of Marketing and other criteria.
2) A review of training materials and records to assure that an on-going, effective system is in place for training new staff and providing periodic refresher courses for those still on the job.
3) Examination of receipted invoices and other records related to the purchase of breast-milk substitutes and related supplies to assure that procedures are in compliance with the Code.

These reviews provide a simple mechanism for insuring that the health facility is adhering to Step 1 (policy), Step 2 (training), and the Code.

The use of a questionnaire with mothers just prior to discharge can be a cost-effective strategy for on-going monitoring of whether a hospital is adhering to the remaining Steps (3 through 10) and components related to support for non-breastfeeding mothers, mother-friendly care and HIV and infant feeding.

Mothers can be requested to fill out written questionnaires, if mothers are well enough schooled to complete them. The example presented in the *Annex* includes a description of how the survey can be conducted, a letter to the mothers requesting their participation, and the instrument itself, as well as a system for tallying and presenting the results. It asks mothers, for the most part, to "tick" the answers that apply, and thus is easy to complete and analyse.

If literacy is a challenge, the questionnaire can be used as an interview form, with mothers asked the questions orally at the time of discharge. If interviews are conducted, care should be taken, if at all possible, to select interviewers not associated with the mothers' care or the maternity services, so respondents don't feel pressured to provide a favourable assessment of the care they have received. The monitoring tool also includes a follow-up questionnaire to use with mothers several months after discharge and summary sheets to use after gathering this data.

***Annex 4: Description of the BFHI Reassessment Tool and its possible use for monitoring.***
In some countries a decision may be taken to focus on an internal monitoring system as the sole means for keeping track of the current status of facilities designated baby-friendly. External reassessment is usually a more costly process than internal monitoring, as it involves the displacement and time of external assessors, although they can be from the same area or region, to reduce costs. Internal monitoring, on the other hand, can be conducted by staff within the health facility itself. While external assessment is the best strategy for assuring lack of bias, internal monitoring can provide useful results, if the staff is motivated to give honest feedback.

It is helpful if internal monitors can be identified from departments within the facility un-related to those being assessed, to help insure impartiality. This may be difficult, however, both because of internal politics and because the monitors need to know about breastfeeding to do accurate appraisals.

This annex describes the BFHI reassessment tool that is presented in Section 5.3 of the BFHI documents. It is usually only available to UNICEF officers, the national authorities responsible for BFHI, and assessors who will be involved in reassessment. However, if internal monitoring will be the sole strategy, the UNICEF officer or national authority may decide to make the reassessment tool available for use in the monitoring process.

# Annexes to Section 4.2

# Annex 1. Infant Feeding Record and Report

***Introduction***

The *Infant Feeding Record*[11] is a sample form which can be used by hospitals to keep a record of key data related to infant feeding practices for mother-baby pairs delivering in their maternity services. The record is meant to be updated daily. One line of the record is to be used for each baby. When changes or problems occur, the record can be updated. For example, the baby may be fully rooming-in the first day but be separated for more than an hour the second day for a procedure, and this change would be recorded when it happens. Guidelines for filling in the Infant Feeding Record are provided on the page following and an "Infant Feeding Report" is presented for displaying the data in summary form.

The data can be used to monitor how well the hospital is doing on key BFHI "Steps" such as Step 4 (early initiation), Step 6 (no supplementation), Step 7 (rooming-in), and Step 9 (no teats or pacifiers for breastfeeding babies). The columns labelled "Any problems" and Action taken" have been included to provide a simple way for staff to note any infant feeding problems and to record what was done to solve them. Thus the Record can serve both as a general data-gathering tool and a form for recording problems and actions taken to assist individual mother/baby pairs. The form can be adapted so it is most useful for a particular hospital, given what other monitoring mechanisms are already in place. For example, if problems and actions taken are already recorded in each mother's chart or notes, the columns used for this might be adjusted to record help with positioning and attachment (*Step 5*) and/or whether follow-up information is provided at discharge (*Step 10*).

[11] This form is adapted from "I.A. Infant feeding record" in Section II: BFHI Monitoring Tool, of the WHO/Wellstart document, *BFHI: Monitoring and Reassessment: Tools to Sustain Progress*, Geneva, World Health Organization, 1999 (WHO/NHD99.2). http://www.who.int/nut/publications.htm

# Infant Feeding Record

Name of health facility: _____

*[Record information daily or when changes or problems occur and at discharge. Use additional pages if needed]* Recorder: _____

| **Baby's ID** | **Date of delivery** | **Type of delivery**<br>1 = vag<br>2 = C-sec w/o gen<br>3 = C-sec w/ gen | **Skin-to-skin contact and offer of BF help**[1]<br>1 = meets criterion<br>2 = does not meet criterion<br>*[see below.]* | **Breast-feeding**<br>1 = Yes<br>2 = No | **Supplements**[2]**/ Replacement feeds**[3]<br>**What**<br>0 = None<br>1 = Water<br>2 = Formula<br>3 = Home prep<br>4 = Other (list) | **Why**[4] | **How baby fed**<br>1 = Breast<br>2 = Bottle<br>3 = Cup<br>4 = Other (spec.) | **Baby's location**<br>1 = Rooming-in[5]<br>2 = Nursery/obs. Room<br>3 = Special care unit<br>4 = Other (list) | **Any problems related to positioning or attachment or infant feeding** | **Actions taken** | **Date of discharge** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
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1. **Skin-to-skin contact and offer of breastfeeding help:** Mother and baby together skin-to-skin from within 5 minutes of birth or recovery for at least an hour and mother shown how to tell when baby ready for breastfeeding and offered help if needed (unless delay in contact is justified).
2. **Supplements:** Any liquids/foods besides breast milk.
3. **Replacement feeds:** Feeding infants who are receiving no breast milk with a diet that provides the nutrients they need until the age when they can be fully fed on family foods.
4. **Why:** 1. Premature baby, 2. Baby with severe hypoglycaemia, 3. Baby with inborn error of metabolism, 4. Baby with acute water loss (i.e., phototherapy for jaundice), 5. Severe maternal illness, 6. Mother on medication, 7.Mother HIV positive and replacements feeds are AFASS, 8. Mother's fully informed choice, 9. Other (specify):
5. **Definition of rooming-in:** Mother and baby stay in the same room 24 hours a day and not separated unless for justified reason.

## Guidelines for filling in the Infant Feeding Record

The correct filling in and analysis of results of the infant feeding record are very important because the record allows easy and simple monitoring of infant feeding and practices that promote optimal feeding. These guidelines should be used to collect data on infant feeding by staff specifically assigned and trained for this task. One entry should be made for each baby born at the hospital. The record may be needed to be updated, if there are any changes in the baby's status or practices before the baby is discharged.

***Name of health facility:*** Write down the name of the health facility being monitored.

***Recorder(s):*** Write down the name of person(s) assigned to fill in the form.

***Baby's ID:*** Register the chart number assigned to the baby in the service/ward.

***Date of delivery:*** Register day, month and year the baby was born.

***Delivery type:*** Insert (1) for vaginal delivery, (2) for caesarean section without general anaesthesia, or (3) for caesarean section with general anaesthesia.

***Skin-to-skin contact and offer of BF help:*** Record (1) if mother and baby were together skin-to-skin from within 5 minutes of birth (or the mother's recovery from a C-section with general anaesthesia) for at least an hour and the mother shown how to tell when her baby is ready for breastfeeding and offered help if needed, or there were justified reasons for delayed or interrupted contact, or (2) if this criterion was not met.

***Breastfeeding:*** Record a (1) if yes, (2) if no. If mother starts breastfeeding but then stops, make a note of this in this column.

***Supplements:*** Feeding breastfeeding infants other liquids or foods. This is divided into two columns including:

*What?:* Record (1) if the baby received water, (2) if the supplement was formula, (3) home prepared formula, and (4) if the baby received something else, specifying what was given.

*Why?:* Write (1) if the reason is a premature baby (gestational week/weight), (2) if the baby is severely hypoglycaemic, (3) if the baby has an inborn error of metabolism, (4) if the baby has an acute water loss (i.e., photo therapy for jaundice) which cannot be corrected by frequent breastfeeding, (5) if there is severe maternal illness, (6) if the mother is on medication, (7) mother is HIV positive and replacement feeds are acceptable, feasible, affordable, sustainable and safe (AFASS), (8) mother has made fully informed choice, (9) other (specify).

***Replacement feeds:*** Feeding infants who are receiving no breast milk with a diet that provides the nutrients they need until the age when they can be fully fed on family foods. The possible replacement feeds and reasons are the same as listed above under supplements.

***How baby fed:*** Record a (1) if the baby has been breastfed, (2) if the baby received a bottle, (3) if the baby has been fed with a cup, and (4) if the baby has been fed using something else, and specify what.

***Baby's location:*** Write (1) if the baby is rooming-in (mother and baby stay in the same room 24 hours a day (day and night) and not separated unless for justified reason, (2) if the baby is in a nursery or well baby observation area, (3) if the baby is in a special care unit, (4) other (specify the place).

***Any problems related to positioning or attachment or infant feeding:*** Briefly specify the problem(s).

***Actions taken:*** This refers to the how the problem(s) have been addressed and what the results were. Please summarize in a few words.

***Date of discharge:*** Record day, month and year when the baby is discharged from the hospital.

Name of health facility:_____
Period of data collection: _____ to _____
Reporter: _____
Date of report: _____/_____/____
(day/month/year)

## Summary infant feeding report

*Enter the data for the current monitoring period from the "Infant feeding record" and calculate the percentages for the indicators below. If the "Infant feeding record" has not been used but the hospital entered data from some other source, indicate the source.*

| **Type of data** | **Number** | **Percentage** |
|---|---|---|
| Total number of babies discharged in the period of data collection: | | |
| Type of delivery: | | |
| Vaginal | | _____% |
| Caesarean section without general anaesthesia | | _____% |
| Caesarean section with general anaesthesia | | _____% |
| Skin-to-skin contact starting within 5 minutes of birth (or ability to respond) for at least an hour, with offer of breastfeeding help | | _____% |
| Type of feeding: *(Totals should equal 100%)* | | |
| Exclusive breastfeeding (no supplements) | | _____% |
| Mixed feeding (breastfeeding and supplements) | | _____% |
| Replacement feeding (no breastfeeding, other liquids or foods given) | | _____% |
| How babies are fed: | | |
| Breast | | _____% |
| Bottle | | _____% |
| Cup | | _____% |
| Other (please list) | | _____% |
| Babies' location | | |
| Rooming/bedding-in | | _____% |
| Nursery/observation room | | _____% |
| Special care unit | | _____% |
| Other | | _____% |
| Types of problems related to positioning, attachment and/or infant feeding *(please summarize):* | | |

Data sources:
_____
_____

# Annex 2: Staff Training Record and Report

***Introduction***

This form can be used for keeping records of infant feeding-related training for clinical staff members who take care of mothers and/or infants. A record should also be kept of training for non-clinical staff. Since this training will probably not be as extensive, a simpler form can be devised for recording this information, with its format depending on what type of training is given.

The **Staff Training Record** covers four types of training that may be important for facilities participating in the Baby-friendly Hospital Initiative. These include training on:

- Breastfeeding promotion and support
- Supporting the non-breastfeeding mother
- Mother friendly care
- HIV and infant feeding

The new Global Criteria for BFHI requires training on breastfeeding promotion and support for all staff members who care for mothers and babies. They also require training on how to provide support for mothers who are not breastfeeding, with sufficient staff receiving this training to ensure that the needs of these mothers are met. Labour and delivery staff (and those likely to rotate into positions in these units) should receive training related to mother-friendly labour and birthing practices, and other staff should be oriented to these issues. Training on HIV and infant feeding is optional, depending on whether national authorities responsible for BFHI have decided to include this component in the Initiative. The number and types of staff that should receive training on HIV will depend on what staff is needed to meet the needs of HIV positive pregnant women and mothers. Training on HIV and infant feeding may adequately cover how to provide support for the non-breastfeeding mother. If so, the facility may wish to combine the categories related to these two topics.

Two pages are provided for keeping a record on the training individual staff members have received on the four topics listed earlier. The ID and/or name of each staff member can be listed in the first column on the first page. The same ID and/or name would be transferred to the first column of the second page and the record continued for listing information on training on mother-friendly care and HIV and infant feeding. A page entitled **Types and Content of Training related to Infant Feeding** has been included to allow staff keeping training records to list the courses, sessions and training activities that are provided for facility staff, along with the content covered by each of them. If staff members listed in the Staff Training Record receive the types of training listed, the ID number for the course or other activity can simply be listed in the column asking for Course/Content, thus saving the need to list content covered repeatedly.

Finally, a **Summary Clinical Staff Training Report** provides a format that can be used by the facility to present statistics regarding the numbers and percentages of clinical staff that have received various types of training. While all staff caring for mothers and babies should receive training on breastfeeding promotion and support, the types and percentages of staff that should receive training on the other topics, as mentioned earlier, will depend on the facilities' needs.

Name of health facility: _____

Name of data collector: _____

## Staff Training Record

| ID/ Name | Date started working | Position/ Profession | Place of assignment | Training on breastfeeding (BF) promotion and support | | | | Training on support for non-BF mother (may be same as HIV and infant feeding training) | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Dates | Course/Content[1] | Total hours | Hours clinical | Dates | Session/Content [1] | Total hours |
| | | | | | | | | | | |
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*1. List courses, training sessions, and types of on-the-job and clinical training or supervision and their content by number in the table on "Types and Content of Training" and use the numbers as "keys" in the columns for "Content/course" for each type of training.*

Name of health facility: _____

## Staff Training Record *(page 2)*

| ID/Name (List same as page 1) | Training on mother-friendly care practices | | | Training on HIV and infant feeding (optional) | | |
|---|---|---|---|---|---|---|
| | Dates | Session/Content [1] | Total hours | Dates | Session/Content [1] | Total hours |
| | | | | | | |
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*1. List courses, training sessions, and types of on-the-job and clinical training or supervision and their content by number in the table on "Types and Content of Training" and use the numbers as "keys" in the columns for "Content/course" for each type of training.*

## Guidelines for filling in the Clinical Staff Training Record

Instructions for completing this form are as follows:

**Name:** List the names of all clinical staff in the health facility that care for mothers and/or infants (even those that may not have received any training).

**Date started working:** List the date (dd/mm/yyyy) that the staff member started working in the facility in a position in which he/she had responsibility for caring for (or making decisions concerning) mothers and/or infants.

**Position:** List title of position and also profession, if this is not evident from the title. Types of clinical professions that should be included in this list include paediatricians, obstetricians, other physicians (list type), nurses, midwives, nutritionists, dieticians, medical and nursing interns and students (if involved in patient care), care attendants, etc. (the list will vary depending on the country and type of health system).

**Place of assignment:** List place of primary assignment - for example, antenatal in-patient unit, antenatal clinic, labour and delivery unit, postpartum unit or ward, etc.

**Training information:** For each type of training (breastfeeding promotion and support, support for the non-breastfeeding mother, mother-friendly care, and HIV and infant feeding), list the dates any training took place, the content/course, and total hours. For training on breastfeeding promotion and support, both the total hours and the time included in those hours that was devoted to supervised clinical experience should be listed. There may be more than one training listed for each staff member. If no training has been received on particular subjects, leave those sections blank.

**Content/Course:** Training can include formal courses, individual sessions, and on-the-job training or supervised experience. All of these types of training should be listed. In order to simplify the completion of the Training Record, please list the names of courses or sessions that have been given to several staff and their content in the table on “Types and Content of Training…” on the following page, and use the numbers as “keys” to insert in the columns on “Course/Content” in the Training Record.

## Types and Content of Training related to Infant Feeding

*Note: If the facility uses full content of standard WHO/UNICEF courses, it is only necessary to list the course name.*

| ID for training | Course, session or training activity name | Content (topics covered) |
|---|---|---|
| | **Training on breastfeeding promotion and support:** | |
| | | |
| | **Training on support for non- breastfeeding mothers:** | |
| | | |
| | **Training on mother-friendly care practices:** | |
| | | |
| | **Training on HIV and infant feeding:** | |
| | | |

Name of health care facility: _____

## Summary Clinical Staff Training Report

| Type of data | Number | Percentage |
|---|---|---|
| Number of clinical staff that care for mothers and infants | _____ | |
| **Training on breastfeeding (BF) promotion and support** | | |
| Number of clinical staff that have received at least 20 hours of training on BF promotion and support | _____ | |
| Number of staff that have receive at least 3 hours of supervised clinical training, as part of the above training | _____ | |
| Percentage of clinical staff fully trained on BF support and promotion | | _____% |
| **Training on support for the non-breastfeeding (non-BF) mother** | | |
| Number of clinical staff that have received training covering required content on support for the non-BF mother | _____ | |
| Percentage of clinical staff fully trained to provide this support | | _____% |
| **Training on mother-friendly care** | | |
| Number of clinical staff that have received training covering essential content related to mother-friendly care | _____ | |
| Percentage of clinical staff fully trained to provide mother-friendly care and support | | _____% |
| **Training on HIV and infant feeding** | | |
| Number of clinical staff that have received training covering essential content on HIV and infant feeding | _____ | |
| Percentage of clinical staff fully trained to provide support regarding HIV and infant feeding | | _____% |

# Annex 3. BFHI monitoring tool

## *Introduction*

Annex 3 provides a format for a simple set of record and material reviews and a questionnaire that can be used with mothers at discharge. It also includes a "Summary of Results" grid that can be used to tally results for all Ten Steps and other components of the BFHI being implemented by facilities. In addition a follow-up questionnaire is provided to use to collect information on how the babies are being fed several months after returning home.

The reviews focus on:

1) Gathering essential data to determine whether the hospital infant feeding policy is currently in place and being followed and whether it provides needed guidance related to the Ten Steps, adherence to the Code of Marketing of Breast-milk Substitutes, mother-friendly care, and HIV and infant feeding.
2) A review of training materials and records to assure that an on-going, effective system is in place for training new staff and providing periodic refresher courses for those still on the job.
3) An examination of receipted invoices and other records related to the purchase of breast-milk substitutes and related supplies to assure that procedures are in compliance with the Code.

These reviews provide a simple mechanism for insuring that the health facility is adhering to Step 1 (policy), Step 2 (training) and the Code.

The use of a questionnaire with mothers just prior to discharge can be a cost-effective strategy for on-going monitoring of whether a hospital is adhering to the remaining Steps and the components related to support for non-breastfeeding babies, mother-friendly care and HIV and infant feeding.

Mothers can be requested to fill out written questionnaires at the time of discharge if mothers are well enough schooled to complete them. The materials in this Annex include a description of how the survey can be conducted, a letter to the mothers requesting their participation, and the instrument itself, as well as a system for tallying and presenting the results. It asks mothers, for the most part, to "tick" the answers that apply, and thus is easy to complete and analyse.

If literacy is a challenge, the questionnaire can be used as an interview form, with mothers asked the questions orally at the time of discharge. If interviews are conducted, care should be taken, if at all possible, to select interviewers not associated with the mothers' care or the maternity services, so respondents don't feel pressured to provide a favourable assessment of the care they have received.

Since both completing the questionnaires or interviews and analyzing the results takes some time, both for the mothers and the staff involved in the process, it may be useful to consider asking only a certain number or percentage of the mothers to complete the forms, ideally selecting them on a random basis. Another approach would be to collect the information only for a specific time period (such as a two-week or month long period each year). The results can be easily tallied, using the summary sheets provided, which are similar to those used in the assessment tool. It is important to insure that the data is analyzed and reviewed in a timely manner, with results used to guide plans for any improvements needed.

The follow-up questionnaire can be sent to mothers after they have returned home, to determine what type of feeding practices they are currently using and whether they have received any help needed for feeding problems. This short questionnaire uses the "24 hour recall" type questions recommended by WHO and UNICEF. It is recommended that the questionnaires be sent when the babies are at a specific age, such as 3 or 4 months, so the data can be compared across monitoring periods to ascertain trends (the babies should be less than 5 months, so they would be at an age when many would be expected to still be exclusively breastfeeding). Since the return rate for mailed questionnaires is often low and, in some settings, mailing may not be a viable option, the monitoring team might consider contacting mothers by phone (if widely accessible). If a large percentage of mothers return to the facility when their infants reach a specific age for well-baby check-ups or routine care (such as vaccinations), or home visits are scheduled for babies of a similar age (less than five months), this could offer a good opportunity for conducting short interviews, using the questionnaire. It might be

possible for surveyors to visit mothers in their homes specifically to conduct the interviews, but this option could be quite expensive, unless done by volunteers or as a student project.

The results from this follow-up survey can provide useful feedback for the facility on what percentage of the mothers surveyed follow the WHO recommendation to breastfeed exclusively for six months and whether mothers are receiving the support they feel they need. If surveys are done periodically, always measuring the feeding practices of mothers with babies of the same age, the hospital can monitor trends over time. It would be useful to determine if mothers' feeding practices improve if the facility improves its implementation of the Ten Steps and thus its breastfeeding support. If exclusive breastfeeding rates remain low the hospital should explore whether it can do more on Step 10, such as fostering mother support groups and/or providing other facility and community services to assist mothers with breastfeeding their infants after they return home.

## Review of selected records and materials

### Step 1: Policy Review

| | | | |
|---|---|---|---|
| 1.1 | A review of the breastfeeding or infant feeding policy indicates that it covers the following topics adequately:<br>☐ The Ten Steps to Successful Breastfeeding (not only listing the Steps but also giving appropriate policy guidance)<br>☐ The International Code of Marketing of Breast-milk Substitutes and regulations the facility and staff need to follow to comply<br>☐ A requirement that HIV-positive mothers receive counselling, including information about the advantages and disadvantages of various infant feeding options and specific guidance in selecting the options likely to be suitable for their situations, supporting them in their choices | Covers all topics adequately:<br>☐Yes ☐No | 1.1 |
| 1.2 | Observations indicate that the policy is displayed in all appropriate areas of the facility in appropriate languages: | ☐Yes ☐No | 1.2 |
| 1.3 | Discussions with managers and staff indicate that staff is aware of the policy and it is being appropriately implemented: | ☐Yes ☐No | 1.3 |

### Step 2: Review of training materials and records

| | | | |
|---|---|---|---|
| 2.1 | A review of the training curriculum, course outlines and attendance sheets indicates that:<br>☐ At least 80% of the clinical staff members responsible for the care of pregnant women, mothers and infants have been given training of at least 20 hours in length<br>☐ The training includes at least 3 hours of supervised clinical experience | Complies with both criteria:<br>☐Yes ☐No | 2.1 |
| 2.2 | The training curriculum or course outlines cover the following topics adequately:<br>☐ The Ten Steps to Successful Breastfeeding<br>☐ Compliance with the Code<br>☐ Support for the non-breastfeeding mother<br>☐ Mother-friendly care<br>☐ HIV and infant feeding (optional) | Covers all topics adequately:<br>☐Yes ☐No | 2.2 |
| 2.3 | Appropriate refresher training is provided for staff at least every two years. | ☐Yes ☐No | 2.3 |

### Code compliance: Review of records related to purchase of breast-milk substitutes

| | | | |
|---|---|---|---|
| C.1 | Records and receipts indicate that any breast-milk substitutes, including special formulas and other feeding supplies used, are purchased by the health care facility for the wholesale price or more<br><br>– Sources and dates of records and receipts reviewed:<br>_____<br>_____<br>_____ | ☐Yes ☐No<br>☐None used | C.1 |

## Questionnaire or interview for mothers at discharge

***Introduction***

The questionnaire[12] that follows is an example of a form that can be used to gather feedback from mothers concerning their experiences with both antenatal services and in the maternity ward, after delivery.

Use of this questionnaire can be considered either for entire countries or for specific maternity facilities. It is a very useful tool for on-going monitoring. Mothers can be asked to fill out the questionnaires before they leave the hospital, placing them in envelopes and sealing them, so their responses will be confidential. The questionnaires can be distributed during one specific period (for example, during two weeks or a month, depending the census), or given to a certain number of mothers to complete each month, selecting them on a random basis. The "Summary of Results" table has space for recording the data from 30 respondents. This would be the minimum number recommended. If it is feasible to do more, additional sheets can be used..

The questionnaire, if it can be filled out by the mothers themselves, is quite cost-effective because it does not involve staff time in interviewing mothers. If the mothers can read, it should easy for them to complete, as it involves "ticking" responses rather than writing them out. It would not be appropriate, of course, in situations were many women have a low level of literacy. In situations where literacy is poor, the questionnaire can be used as an interview schedule, with the questions posed orally. If this approach is used, care should be taken, if at all feasible, to ensure that interviewers have not provided care for the women being surveyed and are not associated with the maternity services in a way that might influence mothers' responses.

There are questions related to each of Steps 3 -10 and to compliance with the International Code of Marketing of Breast-milk Substitutes, mother-friendly birthing practices, and support for non-breastfeeding mothers, with optional questions on HIV and infant feeding. Since the questionnaire is for mothers, it does not cover the policy (Step 1) or staff training (Step 2), These Steps are assessed by the brief "Review of Selected Records and Materials" presented earlier.

Two questionnaires are provided, one for breastfeeding mothers and one for non-breastfeeding mothers, with the mothers asked to choose whichever is appropriate. This eliminates the confusion of too many "skip patterns", as breastfeeding mothers would need to be asked to skip questions for those who are not breastfeeding and visa versa. If feasible, the staff distributing the questionnaires or conducting the interviews can ask the mother if she is breastfeeding at all and then give her or use the appropriate questionnaire.

There are two items related to HIV and infant feeding in Question 3. If the BFHI program does not cover this component, these two items can be deleted along with the Summary for "HIV and infant feeding".

If the results are to be analysed at the hospital, the last page (with the name and address of the mother) can be kept separate so it is seen only by the staff who will do later follow-up. The staff or researchers helping with the process can tally the results for each Step and component, using the "Summary of Results" table. The bracketed numbers in the far right column of the questionnaire indicate where the responses should be recorded. Some of the questions are for both breastfeeding and non-breastfeeding mothers and thus appear in both questionnaires. Other questions are specific for either one or the other. If a particular question is not posed for a specific respondent (for example, if she is NBF and the question is only for BF mothers), the monitors should record her response as "O" (NBF). Any response records as "O" either because the mother didn't answer or it wasn't an appropriate question for her, should not be included in the tally.

If desired, a follow-up survey can be planned, contacting the mothers several months later, to determine how they are currently feeding their babies (using the "24 hour recall") and whether they needed and were given any infant feeding support. A sample questionnaire that can be used for this purpose is included after the discharge questionnaire (see the final paragraph of the introductory section of the monitoring tool, earlier, for more discussion concerning the purpose of the follow-up survey, how to administer it, and how results can be used).

[12] This questionnaire is based on a questionnaire developed and used by the BFHI in Norway. It has been adapted substantially to reflect the new BFHI *Global Criteria*, using questions similar to those in the revised assessment tool.

**Dear mother,**

We would be very grateful if you could find the time to answer these questions about the counselling and support for feeding your baby that you have received at the hospital after the birth of your child.

*(Our country or our hospital)* has been implementing the Baby-friendly Hospital Initiative (BFHI) in the past few years so that our mothers could receive improved help in feeding their babies. All staff members have been offered training to enable them to give consistent and correct information about how to best feed your baby.

It is important to see how the counselling is working and if mothers are getting the help that they need. We would appreciate it if you could fill out this questionnaire, so we can find out what is working well and what needs to get better. Please select either the questionnaire for "breastfeeding mothers" or for "non-breastfeeding mothers", depending on how you are feeding your baby.

The questionnaire is very easy to fill out, as it only involves ticking on various choices. Please feel free to add your own comments. Answering the questionnaire is of course completely voluntary. All forms will be kept confidential. The maternity staff at the hospital will not know what your answers have been.

After you have completed the questionnaire, put your form in the envelope provided, seal it and hand it in at the nurses' station (or the box provided). The unopened envelopes will be sent to the monitoring team. Later on our hospital will be told how it is doing, but in such a way that individual mothers cannot be identified.

We would nonetheless ask you to list your name on a separate page at the end of the questionnaire that will be kept confidential. The reason for this is that after several months our team would like to contact a number of the mothers who answered the questions and find out how they got on with feeding their babies. The last page of the form asks if you would agree to be contacted.

If you should forget to hand in your form or accidentally take it home with you, please send it to:

_____

_____

_____

Thank you for your cooperation. We wish you best of luck to you and your child!

Regards,

*(Team leader)*

## Questionnaire for Breastfeeding Mother (# ___)

| | | |
|---|---|---|
| | Hospital: _____<br>Date questionnaire completed: _____ | |
| **Questions about experiences during pregnancy** | | |
| 1. | How many antenatal visits did you make to this health facility for care before you gave birth? _____ visits ☐ None (*if none, go to question 4.)* | |
| 2. | During these visits did the staff discuss any of the following issues related to your labour and birth: *(tick if yes.)*<br>☐ That you could have companions of your choice with you during labour and birth<br>☐ Alternatives for dealing with pain during labour and what is better for mothers and babies | [MF.1] |
| 3. | During these visits did the staff give you any information on the following topics: *(tick if yes.)*<br>☐ The importance of spending time skin-to-skin with your baby immediately after birth?<br>☐ The importance of having your baby with you in your room or bed 24 hours a day?<br>☐ The risks of giving water, formula or other supplements to your baby in the first six months if you are breastfeeding?<br>☐ Whether a woman who is HIV-positive can pass the HIV infection to her baby?<br>☐ Why testing and counselling for HIV is important for pregnant women? | [3.1]<br><br><br><br>HIV.1<br>HIV.2 |
| **Questions about the birth and the maternity period** | | |
| 4. | Were you encouraged to walk and move about during labour?<br>☐ Yes ☐ No *[if "No"]* Why not: _____<br>_____ | [MF.2] |
| 5. | When was your child born? Date: _____ Approximate time: _____<br>What was your baby's weight at birth:_____ grams or _____ lbs | [Gen.1] |
| 6. | What type of delivery did you have:<br>☐ Normal (vaginal)<br>☐ Caesarean section without general anaesthesia<br>☐ Caesarean section with general anaesthesia<br>☐ Other: (describe): _____ | [Gen.2] |
| 7. | How are you feeding your baby?<br>☐ Breastfeeding exclusively<br>☐ Both breastfeeding and feeding breast-milk substitutes<br>☐ Feeding my baby breast-milk substitutes (not breastfeeding at all)<br>☐ Other: (please describe): _____<br>*Note: If you are breastfeeding or both breastfeeding and feeding breast-milk substitutes, please continue with this questionnaire. If you are not breastfeeding at all, please fill out the other questionnaire for "Non-Breastfeeding Mother".* | [Gen.3] |
| 8. | How long after birth did you first hold your baby?<br>☐ Immediately ☐ Within five minutes ☐ Within half an hour ☐ Within an hour<br>☐ As soon as I was able to respond (after C-section with general anaesthesia)<br>☐ Other: (how long after birth?) _____ ☐ Can't remember ☐ Have not held yet<br>*[if you haven't held your baby yet, go to Q13.]* | [4.1] |

| | | |
|---|---|---|
| 9. | How did you hold your baby, this first time?<br>☐ Skin-to-skin ☐ Wrapped without much skin contact | [4.2] |
| 10. | If it took more than five minutes after birth for you to hold your baby, what was the reason? (☐ There was not any delay.)<br>☐ My baby needed help/observation<br>☐ I had been given anaesthesia and wasn't yet awake<br>☐ I didn't want to hold my baby or didn't have the energy<br>☐ I wasn't given my baby this soon but do not know why<br>☐ Other: _____ | [4.3] |
| 11. | For about how long did you hold your baby this first time?<br>☐ Less than 30 minutes ☐ 30 minutes to less than an hour<br>☐ An hour or more ☐ Longer: ___ hours ☐ Can't remember | [4.4] |
| 12. | During this first time your baby was with you did anyone on the staff encourage you to look for signs your baby was ready to feed and offer you help with breastfeeding?<br>☐ Yes ☐ No | [4.5] |
| 13. | Did the staff offer you any help with breastfeeding since that first time? ☐ Yes ☐ No<br>*[if yes:]* How long after birth was this help offered?<br>☐ Within 6 hours of when your baby was born<br>☐ More than 6 hours after the birth of your baby | [5.1] |
| 14. | Did the staff give you any help with positioning and attaching your baby for breastfeeding before discharge?<br>☐ Yes ☐ No ☐ The staff offered help, but I didn't need it. | [5.2] |
| 15. | a. Did the staff show you or give you information on how you could express your milk by hand? ☐ Yes ☐ No<br>b. Have you tried expressing your milk yourself? ☐ Yes ☐ No<br>If yes, were you able to express your milk? ☐ Yes ☐ Partly ☐ No | [5.3]<br>[5.4] |
| 16. | Where was your baby while you were in the maternity services after giving birth?<br>☐ My baby was always with me both day and night<br>☐ There were times my baby was not with me<br>If your baby was away at all, please describe where, why and for how long:<br>_____<br>_____<br>*[Note: If your baby was cared for away from you during all or part of the night, please mention that in your description above]* | [7.1] |
| 17. | What advice have you been given about how often to feed your baby?<br>☐ No advice given<br>☐ Every time my baby seems hungry (as often as he/she wants)<br>☐ Every hour<br>☐ Every 1-2 hours<br>☐ Every 2-3 hours<br>☐ Other (please tell us): _____ | [8.1] |
| 18. | What advice have you been given about how long your baby should suckle?<br>☐ No advice given<br>☐ For a limited time If so, for how long? _____<br>☐ For as long as my baby wants to<br>☐ Other (please tell us): _____ | [8.2] |

| | | |
|---|---|---|
| 19. | Has your baby been given anything other than breast milk since it was born?<br>☐ Yes ☐ No ☐ Don't know *[if "No" or "Don't know", go to Question 22]*<br>If yes, what was given? *[tick all that apply]*<br>☐ Infant formula<br>☐ Water or sugar water<br>☐ Other fluids (please tell us what):_____<br>☐ Don't know | [6.1] |
| 20. | If yes, why was your baby given the supplement(s)? *[tick all that apply]*<br>☐ I requested it.<br>☐ My doctor or other staff recommended the supplements, but didn't say why.<br>☐ My doctor or other staff recommended the supplements because (please say why):<br>_____<br>☐ Other (please tell us why):_____<br>☐ Don't know<br>☐ No supplements were given | [6.1 |
| 21. | If supplement(s) were given, were they fed by:☐ Bottle with teat or nipple? ☐ Cup?<br>☐ Spoon? ☐ Other:_____<br>☐ Don't know | [9.1] |
| 22. | Has your baby sucked on a pacifier (dummy or soother), as far as you know, while you've been in the maternity unit? ☐ Yes ☐ No<br>☐ Don't know | [9.2] |
| 23. | Have you been given any leaflets or supplies that promote breast-milk substitutes?<br>☐ Yes ☐ No<br>What, if any, of the following have you received:<br>☐ Leaflet from formula company promoting formula feeding or related supplies?<br>☐ A gift or samples to take home, including formula, bottles, or other related supplies?<br>☐ Other (please tell us what):_____ | [Code.2] |
| 24. | Have you been given any suggestions by the staff about how or where to get help, if you have problems with feeding your baby after you return home?<br>☐ Yes ☐ No | [10.1] |
| 25. | *[If "Yes":]* What suggestions have you been given? *[tick all that apply]*<br>– ☐ Get help from the hospital<br>☐ Get help from a health professional<br>– ☐ Call a helpline<br>– ☐ Get help from a mother support group or a peer/lay counsellor<br>☐ Get help from another community service<br>☐ Other (please tell us what):_____ | [10.2] |

**Thank you so much for answering all these questions!**

If there is anything you want to know after filling in this form you can talk to one of the health care staff members about it before you go home. By answering this questionnaire you are contributing to making our maternity services better.

## Questionnaire for Non-Breastfeeding Mother (#___)

| | | |
|---|---|---|
| | Hospital: _____<br>Date questionnaire completed: _____ | |
| **Questions about experiences during pregnancy** | | |
| 1. | How many antenatal visits did you make to this health facility for care before you gave birth? _____ visits ☐ None *[if none, go to question 4]* | |
| 2. | During these visits did the staff discuss any of the following issues related to your labour and birth: *(tick if yes)*<br>☐ That you could have companions of your choice with you during labour and birth<br>☐ Alternatives for dealing with pain during labour and what is better for mothers and babies | [MF.1] |
| 3. | During these visits did the staff give you any information on the following topics: *[tick if yes]*<br>☐ The importance of spending time skin-to-skin with your baby immediately after birth?<br>☐ The importance of having your baby with you in your room or bed 24 hours a day?<br>☐ The fact that a woman who is HIV-positive can pass the HIV infection to her baby?<br>☐ Why testing and counselling for HIV is important for pregnant women? | [3.1]<br>[HIV.1]<br>[HIV.2] |
| **Questions about the birth and the maternity period** | | |
| 4. | Were you encouraged to walk and move about during labour?<br>☐ Yes ☐ No *[if "No"]* Why not: _____<br>_____ | [MF.2] |
| 5. | When was your child born? Date: _____ Approximate time: _____<br>What was your baby's weight at birth:_____ grams or _____ lbs. | [Gen.1] |
| 6. | What type of delivery did you have:<br>☐ Normal (vaginal)<br>☐ Caesarean section without general anaesthesia<br>☐ Caesarean section with general anaesthesia<br>☐ Other: (describe): _____ | [Gen.2] |
| 7. | How are you feeding your baby?<br>☐ Feeding my baby breast-milk substitutes (not breastfeeding at all)<br>☐ Both breastfeeding and feeding breast-milk substitutes<br>☐ Breastfeeding exclusively<br>☐ Other: (please describe): _____<br>*Note: If you are only feeding your baby breast-milk substitutes (not breastfeeding at all), please continue with this questionnaire. If you are breastfeeding at all, please fill out the other questionnaire, for "Breastfeeding Mother".* | [Gen.3] |
| 8. | How long after birth were you able to hold your baby?<br>☐ Immediately ☐ Within five minutes ☐ Within half an hour ☐ Within an hour<br>☐ As soon as I was able to respond (after C-section with general anaesthesia)<br>☐ Other: (how long after birth?) _____ ☐ Can't remember ☐ Have not held yet | [4.1] |

| | | |
|---|---|---|
| 9. | How did you hold your baby, this first time?<br>☐ Skin-to-skin ☐ Wrapped without much skin contact | [4.2] |
| 10. | If it took more than a few minutes before you held your baby after birth, what was the reason? (☐ There was not any delay.)<br>☐ My baby needed help/observation<br>☐ I had been given anaesthesia and wasn't yet awake<br>☐ I didn't want to hold my baby or didn't have the energy<br>☐ I wasn't given my baby this soon, but do not know why<br>☐ Other: _____ | [4.3] |
| 11. | For about how long did you hold your baby this first time?<br>☐ Less than 30 minutes ☐ 30 minutes to less than an hour<br>☐ An hour or more ☐ Longer: ___ hours ☐ Can't remember | [4.4] |
| 12. | During this first time your baby was with you did anyone on the staff offer you help with breastfeeding, just in case you wanted to try?<br>☐ Yes ☐ No<br>☐ Staff didn't ask, as they knew I was not planning to breastfeed | [4.5] |
| 13. | Where was your baby while you were in the maternity services after giving birth?<br>☐ My baby was always with me both day and night<br>☐ There were times my baby was not with me<br>If your baby was away at all, please describe where, why and for how long:<br>_____<br>_____<br>*[Note: If your baby was cared for during all or part of the night away from you, please include that in your description above]* | [7.1] |
| 14. | What has your baby been fed since it was born? *[tick all that apply]*<br>☐ Infant formula<br>☐ Water or sugar water<br>☐ Other fluids (please tell us what):_____<br>☐ Don't know | [6.1] |
| 15. | What is the reason your baby is being fed infant formula, rather than being breastfed? *[tick all that apply]*<br>☐ It was my choice of how I wanted to feed my baby<br>☐ My doctor or other staff recommended I give infant formula but didn't say why<br>☐ My doctor or other staff recommended I give my baby infant formula because (please describe why): _____<br>☐ Other reason (please tell us why):_____ | [6.1] |
| 16. | Did anyone offer to show you how to prepare and give your baby's feeds while you have been at the hospital after delivery?<br>☐ Yes ☐ No<br>If yes, what type of advice were you given? *[tick all that apply]*<br>☐ How to correctly make up my baby's feeds<br>☐ How to give the feeds<br>☐ Practice in making up my baby's feeds<br>☐ How to mix and give feeds safely at home<br>☐ Other advice: _____ | [5.5] |

| | | |
|---|---|---|
| 17. | Have you been given any leaflets or supplies that promote breast-milk-substitutes?<br>☐ Yes ☐ No<br>What, if any, of the following have you received *[tick all that apply]*<br>☐ Leaflet from formula company promoting formula feeding or related supplies<br>☐ A gift or samples to take home, including formula, bottles, or other related supplies<br>☐ Other (please tell us what):_____ | [Code.2] |
| 18. | Have you been given any suggestions by the staff about how or where to get help, if you have problems with feeding your baby after you return home?<br>☐ Yes ☐ No | [10.1] |
| 19. | *[If "Yes"]* What suggestions have you been given? *[tick all that apply]*<br>– ☐ Get help from the hospital<br>☐ Get help from a health professional<br>– ☐ Call a helpline<br>– ☐ Get help from a mother support group or a peer/lay counsellor<br>☐ Get help from another community service<br>☐ Other (please tell us what): _____ | [10.2] |

**Thank you so much for answering all these questions!**

If there is anything you want to know after filling in this form you can talk to one of the health care staff members about it before you go home. By answering this questionnaire you are contributing to making our maternity services better.

**Separate page (to be kept confidential):**

We would be very grateful if you would write your name and address below. There is a great need for more knowledge about how routines and breastfeeding advice in the maternity period affect breastfeeding later on. We are therefore planning to contact a number of mothers after a few months to ask how you got on with breastfeeding. If you feel it is all right for us to contact you, please fill out the rest of this form:

Your name: _____

Address: _____

_____

Phone number: _____

Date of your baby's birth: _____.

Thank you again!

## BFHI Monitoring: Summary of Results

Health facility name and address: _____

Dates of monitoring period: _____

Monitoring team members: _____

| | | | |
|---|---|---|---|
| **Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.** | | | |
| 1.1 | A review of the breastfeeding or infant feeding policy indicates that it covers the following topics adequately:<br>☐ The Ten Steps to Successful Breastfeeding (not only listing the Steps but also giving appropriate policy guidance)<br>☐ The Code of Marketing of Breast-milk Substitutes and regulations the facility and staff need to follow to comply<br>☐ A requirement that HIV-positive mothers receive counselling, including information about the advantages and disadvantages of various infant feeding options and specific guidance in selecting the options likely to be suitable for their situations, supporting them in their choices | Covers all topics adequately:<br>☐Yes ☐No | 1.1 |
| 1.2 | Observations indicate that the policy is displayed in all appropriate areas of the facility in appropriate languages: | ☐Yes ☐No | 1.2 |
| 1.3 | Discussions with managers and staff indicate that staff is aware of the policy and it is being appropriately implemented: | ☐Yes ☐No | 1.3 |
| **Step 2: Train all health care staff in skills necessary to implement this policy.** | | | |
| 2.1 | A review of the training curriculum, course outlines and attendance sheets indicates that:<br>☐ At least 80% of the clinical staff members responsible for the care of pregnant women, mothers and infants have been given training of at least 20 hours in length, and<br>☐ The training includes at least 3 hours of supervised clinical experience. | Complies with both 3 criteria:<br>☐Yes ☐No | 2.1 |
| 2.2 | The training curriculum or course outlines cover the following topics adequately:<br>☐ The Ten Steps to Successful Breastfeeding ☐ Mother-friendly care<br>☐ The Code of Marketing of Breast-milk Substitutes ☐ HIV and infant feeding (optional)<br>☐ Support for the non-breastfeeding mother | Covers all topics adequately:<br>☐Yes ☐No | 2.2 |
| 2.3 | Appropriate refresher training is provided for staff at least every two years: | ☐Yes ☐No | 2.3 |

| | | | |
|---|---|---|---|
| **General information on mothers responding to the discharge questionnaire** | | | |
| G.1 | The following mothers report that their babies weighed at least 1500 grams (or 3 lbs. 5 oz.) at birth:<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q5 |
| G.2 | The following mothers report that they gave birth vaginally, by Caesarean section without general anaesthesia, or by Caesarean section with general anaesthesia:<br>*[V = vaginal, C-WGA = C-section without general anaesthesia, C-GA = C-section with general anaesthesia, 0 = didn't answer]*<br>_____1 _____2 _____3 _____4 _____5 _____6 _____7 _____8 _____9 _____10<br>_____11 _____12 _____13 _____14 _____15 _____16 _____17 _____18 _____19 _____20<br>_____21 _____22 _____23 _____24 _____25 _____26 _____27 _____28 _____29 _____30 | V: ___ out of ___ : ___%<br>C-WGA: ___ out of ___: ___%<br>C-GA: ___ out of ___: ___% | Q6 |
| G.3 | The following mothers report that they are breastfeeding exclusively, both breastfeeding and feeding breast-milk substitutes (mixed feeding) or feeding breast-milk substitutes and not breastfeeding at all:<br>*[BF = breastfeeding exclusively, MF = mixed feeding, NBF = not breastfeeding, 0 = didn't answer]*<br>_____1 _____2 _____3 _____4 _____5 _____6 _____7 _____8 _____9 _____10<br>_____11 _____12 _____13 _____14 _____15 _____16 _____17 _____18 _____19 _____20<br>_____21 _____22 _____23 _____24 _____25 _____26 _____27 _____28 _____29 _____30 | BF: ___ out of ___ : ___%<br>MF: ___ out of ___: ___%<br>NBF: ___ out of ___: ___% | Q7 |
| **Step 3: Inform all pregnant women about the benefits and management of breastfeeding**. | | | |
| 3.1 | The following mothers report that a staff member gave them information during their antenatal visits on at least two out of the following three key topics – the importance of immediate skin-to-skin contact, 24-hour rooming-in, and the risks of giving water, formula or other supplements in the first 6 months if breastfeeding:<br>*[Y = yes, N = no, 0 = didn't answer or didn't receive antenatal care]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q3 |

**Step 4: Help mother initiate breastfeeding within a half-hour of birth. *This Step is now interpreted as:***
**Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.**

| | | | |
|---|---|---|---|
| 4.1 | The following mothers report that they were able to hold their babies immediately or within five minutes of birth or as soon as they were able to respond (in the case of Caesarean sections with general anaesthesia):<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q8 |
| 4.2 | The following mothers report that they held their babies "skin-to-skin" that first time:<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q9 |
| 4.3 | The following mothers report that there was no delay in holding their babies this first time or, if there was, it was for a justified medical reason (child needed help/observation, mother recovering from anaesthesia, or other valid reason):<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q10 |
| 4.4 | The following mothers report that they held their babies for an hour or more: *[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q11 |
| 4.5 | The following mothers report that during the first time their babies were with them the staff encouraged them to look for signs that their babies were ready to feed and offered help with breastfeeding: *[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q12 |

| **Step 5: Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants** | | | |
|---|---|---|---|
| 5.1 | The following <u>breastfeeding</u> mothers report that the staff helped them with breastfeeding again within 6 hours of delivery: *[Y = yes, N = no, 0 = didn't answer or was NBF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q13 (BF) |
| 5.2 | The following <u>breastfeeding</u> mothers report that the staff gave them help with positioning and attachment before discharge: *[Y = yes, N = no, 0 = didn't answer or was NBF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q14 (BF) |
| 5.3 | The following <u>breastfeeding</u> mothers report that the staff showed or gave them information on how to express milk by hand: *[Y = yes, N = no, 0 = didn't answer or was NBF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q15a (BF) |
| 5.4 | The following <u>breastfeeding</u> mothers report that they had tried expressing milk themselves and were at least partially successful: *[Y = yes, N = no, 0 = didn't answer or was NBF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q15b (BF) |
| 5.5 | The following <u>non-breastfeeding</u> mothers report that someone had offered to how them how to prepare and give their baby's feeds and that they were given at least two types of useful advice: *[Y = yes, N = no, 0 = didn't answer or was BF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q16 (NBF) |

| | | | |
|---|---|---|---|
| **Step 6: Give newborn infants no food or drink other than breast milk, unless *medically* indicated.** | | | |
| 6.1 | The following mothers report that their babies had been given nothing other than breast milk since they were born or, if so, it was for a medically justified reason: *[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q19 & 20 (BF) & Q14 & 15 (NBF) |
| **Step 7: Practice rooming-in – allow mothers and infants to remain together – 24 hours a day** | | | |
| 7.1 | The following mothers report that their babies were always with them both day and night or, if not, it was for a justified reason: *[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q16 (BF) and Q13 (NBF) |
| **Step 8: Encourage breastfeeding on demand** | | | |
| 8.1 | The following <u>breastfeeding</u> mothers report that they had been told to feed their babies whenever they seemed hungry: *[Y = yes, N = no, 0 = didn't answer or NBF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q17 (BF) |
| 8.2 | The following <u>breastfeeding</u> mothers report that they had been told that their babies should suckle for as long as they wanted to: *[Y = yes, N = no, 0 = didn't answer or NBF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q18 (BF) |
| **Step 9: Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.** | | | |
| 9.1 | The following <u>breastfeeding</u> mothers report that their babies were not fed any fluids in bottles with teats, as far as they knew: *[Y = yes (not fed with bottles and teats), N = no, 0 = didn't answer or NBF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q21 (BF) |

| | | | |
|---|---|---|---|
| 9.2 | The following <u>breastfeeding</u> mothers report that their babies had <u>not</u> sucked on a pacifier, as far as they knew:<br>*[Y = yes (had <u>not</u> sucked on a pacifiers, N = no, 0 = didn't answer or NBF]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q22 (BF) |
| **Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.** | | | |
| 10.1 | The following mothers report that they had been given suggestions about where to get help, if they had problems with feeding their babies after returning home: *[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q24 (BF) and Q18 (NBF) |
| 10.2 | The following mothers are able to describe at least one useful appropriate suggestion for getting help with feeding problems on return home that they have been given by the staff: *[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q25 (BF) and Q19 (NBF) |
| **Code compliance** | | | |
| C.1 | A review of records and receipts indicates that any breast-milk substitutes, including special formulas and other feeding supplies, are purchased by the health care facility for the wholesale price or more:<br>☐Yes ☐No ☐ No BMS used | Complies with Code:<br>☐Yes ☐No | C.1 |
| C.2 | The following mothers report that they have <u>never</u> received leaflets from formula companies promoting formula feeding or gifts or samples that include formula, bottles or other related supplies:<br>*[Y = yes (<u>never</u> received), N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q23 (BF) and Q17 (NBF) |

| | | | |
|---|---|---|---|
| **Mother-friendly care** | | | |
| MF.1 | The following mothers report that during their antenatal visits staff told them that they could have companions during labour and birth and what alternatives there were for dealing with pain and what was better for mothers and babies:<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q2 |
| MF.2 | The following mothers report that they were encouraged to walk and move about during labour or that, if not, there was a medical reason:<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q4 |
| **HIV and infant feeding** *[option3wal, to include if covered by the Initiative]* | | | |
| HIV.1 | The following mothers report that during their antenatal visits the staff gave them information on the fact that a woman who is HIV positive can pass the HIV infection to her baby:<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q3 |
| HIV.2 | The following mothers report that during their antenatal visits the staff gave them information on why testing and counselling for HIV is important for pregnant women:<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | Q3 |

## Scoring

For continued compliance with the Ten Steps and other BFHI components, the following responses are the minimum required:

- ☐ **Step 1:** "Yes" for all items
- ☐ **Step 2:** "Yes" for all items
- ☐ **Step 3:** 70%
- ☐ **Step 4:** At least 80% on 3 items and 70% on 2
- ☐ **Step 5:** At least 80% on 3 items and 50% on 2
- ☐ **Step 6:** 80%
- ☐ **Step 7:** 80%
- ☐ **Step 8:** 80% for both items
- ☐ **Step 9:** 80% for both items
- ☐ **Step 10:** 80% for both items
- ☐ **Code compliance:** "Yes" and 80%
- ☐ **Mother-friendly care:** 70% for 1 item and 50% for the other
- ☐ **HIV and infant feeding:** 70% for 1 item and 50% for the other

## Review of Monitoring Results and Recommendations

| | |
|---|---|
| The health facility continues to fully comply with all Ten Steps and other BFHI components: | ☐ **Yes** ☐ **No** |

**Achievements:**

**Improvements required:**

**Improvements suggested:**

**Follow-up Questionnaire for Mother (# ___)**

***Introduction:*** We would appreciate it very much if you would complete this brief follow-up questionnaire about how you have been feeding your baby and what support you have received. Your name will be kept confidential. Your responses will help the maternity staff give the best services possible to mothers and babies in the future.

| | | |
|---|---|---|
| 1. | How old is your baby today? ____ months old<br>What date was your baby born? _____/_____/_____<br>Day Month Year | F.1 |
| 2. | Since this time yesterday, has your baby been breastfed? ☐ Yes No ☐ | F.2 |
| 3. | Since this time yesterday, did your baby receive any of the following:<br>*[please tick all that apply]*<br>☐ Plain water<br>☐ Sweetened or flavoured water<br>☐ Fruit juice<br>☐ Tea or an infusion<br>☐ Infant formula<br>☐ Tinned, powdered or fresh milk (cow, goat, etc.)<br>☐ Other liquid<br>☐ Solid or semi-solid food<br>☐ Oral rehydration salts (ORS) solution<br>☐ Vitamins, mineral supplements, medicine<br>☐ Other (please tell us what):_____<br>_____<br>☐ Don't know | F.3 |
| 4. | *[If you are breastfeeding]* Since this time yesterday, did your baby drink anything from a bottle with a nipple/teat? ☐ Yes ☐ No ☐ Not breastfeeding<br>*[if "Yes"]* Please describe what: _____<br>_____ | F.4 |
| 5. | Have you had any problems with feeding your baby for which help from the hospital, clinic or a support group would have been useful? ☐ Yes ☐ No<br>*[if "Yes"]* Please describe what problems you had:<br>_____<br>Did you get the help that you needed? ☐ Yes ☐ No<br>*[if "Yes"]* Please describe what help you received:<br>_____<br>Who provided you with this help? _____ | F.6 |
| ***Thank you very much for taking the time to answer these questions.*** | | |

## BFHI Monitoring: Summary of Results from Follow-up Questionnaires

Health facility and address: _____

Dates of follow-up: _____

Follow-up team members: _____

| | | | |
|---|---|---|---|
| F.1. | The mothers reported that their babies were the following ages (in months)<br>_____1 _____.2 _____3 _____4 _____5 _____6 _____7 _____8 _____9 _____10<br>_____11 _____12 _____13 _____14 _____15 _____16 _____17 _____18 _____19 _____20<br>_____21 _____22 _____23 _____24 _____25 _____26 _____27 _____28 _____29 _____30 | Average age of babies: _____months | 1. |
| F.2. | The following mothers reported that their babies had been breastfed in the last 24 hours:<br>*[Y = yes, N = no, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | 2. |
| F.3. | The following mothers reported that their babies had received nothing other than breast milk or vitamins, mineral supplements or medicine in the last 24 hours:<br>*[Y = yes, received only breast milk, N = no, had received something other than breast milk, 0 = didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | 3. |
| F.4. | The following <u>breastfeeding</u> mothers reported that their babies had not drunk anything from a bottle with a nipple or teat in the last 24 hours:<br>*[Y = yes, if breastfeeding, had not drunk anything from a bottle with nipple, N = no, if breastfeeding, had drunk something from a bottle with a nipple, 0 = didn't answer or not breastfed in the last 24 hours]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | 4. |

| | | | |
|---|---|---|---|
| F.5 | The following mothers reported that they had had problems with feeding their babies for which help from the hospital, a clinic or support group would have been useful, and they got the help they needed from one of these sources.<br>*[Y = they had problems and got the help needed from the hospital, a clinic or support group,*<br>*N = they had problems but didn't get the help they needed 0 = they didn't have problems or didn't answer]*<br>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10<br>☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20<br>☐ 21 ☐ 22 ☐23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 | Total: ___ out of ___:<br>**___%** | 6.5 |

## Scoring

*Note: The follow-up questionnaire is provided to give health facilities a tool for determining how well the mothers who have delivered in their facilities are doing in feeding their babies on return home. BFHI does not have any criteria that need to be met once mothers and babies are discharged. However, the information gathered can be very useful in helping the facility determine whether improvements are needed in infant feeding practices and the support provided to mothers. If so, the facility should consider how it can strengthen its "Step 10" strategies and/or collaborate with others to provide additional breastfeeding support at community level.*

The following responses are optimal:

- ☐ **Q.1:** The facility sent follow-up questionnaires to babies all approximately the same ages
- ☐ **Q.2:** At least 80% "Yes"
- ☐ **Q.3:** At least 80% received nothing other than breast milk besides vitamins, mineral supplements or medicines
- ☐ **Q.4:** At least 80% of babies who are breastfed have not drunk anything from a bottle with a nipple/teat
- ☐ **Q.5:** At least 80% of mothers who had problems with feeding got the help needed from the facility, a community clinic or a support group.

## Review of Follow-up Results and Recommendations

**Achievements:**

**Improvements recommended and possible strategies:**

## Annex 4: The BFHI Reassessment Tool and its possible use for monitoring

In some countries a decision may be taken to focus on an internal monitoring system as the sole means for keeping track of the current status of facilities designated baby-friendly. External reassessment is usually a more costly process than internal monitoring, as it involves the displacement and time of external assessors. Internal monitoring, on the other hand, can be conducted by staff within the health facility itself. While external assessment is the best strategy for assuring lack of bias, internal monitoring can provide useful results, if the staff is motivated to give honest feedback. It is helpful if internal monitors can be identified from departments within the facility un-related to those being assessed, to help insure impartiality.

Section 5.3 of the BFHI documents discusses various strategies for reassessment and the key steps in the reassessment process. It then presents the "BFHI Hospital Reassessment Tool", which is a condensed version of the BFHI Hospital External Monitoring Tool.

This tool could also be used for monitoring purposes. It is usually only available to UNICEF officers, the national authorities responsible for BFHI, and assessors who will be involved in reassessment. However, if internal monitoring will be the sole strategy, the UNICEF officer or national authority may decide to make the reassessment tool available for use in the monitoring process.

The Baby-friendly Hospital Initiative (BFHI) is a global effort launched by WHO and UNICEF to implement practices that protect, promote and support breastfeeding. It was launched in 1991 in response to the Innocenti Declaration. The global BFHI materials have been revised, updated and expanded for integrated care. The materials reflect new research and experience, reinforce the International Code of Marketing of Breast-milk Substitutes, support mothers who are not breastfeeding, provide modules on HIV and infant feeding and mother-friendly care, and give more guidance for monitoring and reassessment.

The revised package of BFHI materials includes five sections: 1. Background and Implementation, 2. Strengthening and Sustaining the BFHI: A course for decision-makers, 3. Breastfeeding Promotion and Support in a Baby-friendly Hospital: a 20-hour course for maternity staff, 4. Hospital Self-Appraisal and Monitoring, and 5. External Assessment and Reassessment. Sections 1 to 4 are widely available while section 5 is for limited distribution.

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