

BABY-FRIENDLY HOSPITAL INITIATIVE

Revised, Updated and Expanded
for Integrated Care

SECTION 4

HOSPITAL SELF-APPRAISAL AND MONITORING



Preliminary Version for Country Implementation

January 2006

Original BFHI guidelines developed 1992



The development of the original Self-Appraisal Tool was a collaborative effort among staff at the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and Wellstart International.

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*.

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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 Zisovka, Macedonia; and Elizabeth Horman, Germany, as well as Mwate Chintu, LINKAGES Project; and Carmen Casanovas, WPRO. 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.

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**Preface for the 2005/6 BFHI materials:
Revised, Updated and Expanded for Integrated Care
Preliminary Version for Country Implementation**

Since the Baby-friendly Hospital Initiative (BFHI) was launched by UNICEF and WHO in 1991-1992, the Initiative has grown, with more than 19,600 hospitals having been designated in 152 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 Genevieve Becker of *BEST Services* taking the lead on revision of the course and Ann Brownlee, University of California/San Diego, spearheading the revision of the assessment tools. 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 current BFHI package¹ 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 Breastmilk 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 with handouts and PowerPoint Slides. Two alternative session plans and materials for use in settings with high HIV prevalence have been included.

¹ Sections 1 through 4 are available on the UNICEF Internet at http://www.unicef.org/nutrition/index_24850.html, or by searching the UNICEF Internet site: <http://www.unicef.org> or the WHO Internet at www.who.int/nutrition

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 Reassessment², which provides guidelines and tools for external assessors to use to 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
- 5.2 Hospital External Assessment Tool
- 5.3 Guidelines and Tool for External Reassessment

² 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 reassessment

SECTION 4.1

HOSPITAL SELF-APPRAISAL AND MONITORING

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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 resolution, how well they support HIV-positive women and their infants, and whether they provide mother-friendly care.

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 *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, HIV and infant feeding, and Mother-friendly care 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, and
- Annex 4, acceptable medical reasons for supplementation.

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 toward 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 breastmilk 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.

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.

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

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 and feeding of the non-breastfeeding infant,
- an outline of the content covered in antenatal health education on these topics.

If HIV and infant feeding and mother-friendly care criteria are being covered in the assessment, documents related to staff training and antenatal education on these topics should also be developed.

Also needed for the assessment are:

- proof of purchase of infant formula and various related supplies,
- 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 set to the team leader before the assessment.

The Self Appraisal Questionnaire

Hospital data sheet

Hospital name and address: _____

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

<input type="checkbox"/> a maternity hospital	<input type="checkbox"/> a government hospital
<input type="checkbox"/> a general hospital	<input type="checkbox"/> a privately run hospital
<input type="checkbox"/> a teaching hospital	<input type="checkbox"/> other (specify:)

Name and title of hospital director or administrator: _____

Telephone or extension: _____ E-mail address: _____

Name and title of the head/director of maternity services: _____

Telephone or extension: _____ E-mail address: _____

Name and title of the head/director of antenatal services/clinic: _____

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 unit: _____ Average daily census: _____

Name of head/director(s) of this unit: _____

Name of unit: _____ Average daily census: _____

Name of head/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: _____

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

No antenatal clinic run by the hospital

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

The following staff has direct responsibility for assisting women with breastfeeding (BF), feeding breast-milk substitutes (BMS), or providing counselling on HIV & infant feeding):

[Tick all that apply.]

	BF	BMS	HIV		BF	BMS	HIV
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paediatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obstetricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCBU/NICU nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding counsellors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lay/peer counsellors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other staff (specify):			
Lactation consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Recent data: (last calendar year _____)

Total births in the last year: _____ of which:

____% were by C. Sec without general anaesthesia

____% were by C. Sec with general anaesthesia

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

Total number of full-term babies discharged from the hospital last year: _____ of which:

____% were exclusively breastfed (or fed expressed breast milk) from birth to discharge

____% received at least one feed other than breastmilk (formula, water or other fluids) in the hospital because of documented medical reason or mothers' informed choice

____% received at least one feed other than breastmilk without any documented reason or mothers' informed choice

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

The hospital data above indicates that at least 75% of the full-term babies delivered in the past year were exclusively breastfed or fed expressed breastmilk from birth to discharge,

or,

if they received any feeds other than breastmilk this was because of documented medical reasons or mothers' informed choices:

Yes No

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: _____%

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?	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Does the policy protect breastfeeding by prohibiting all promotion breastmilk substitutes, feeding bottles, and teats?	<input type="checkbox"/>	<input type="checkbox"/>
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 others, as well as free gifts for the staff and hospital?	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Is the breastfeeding/infant feeding policy available so all staff who take care of mothers and babies can refer to it?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Is the summary of the policy posted in language(s) and written with wording most commonly understood by mothers and staff?	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Is there a mechanism for evaluating the effectiveness of the policy?	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Are all policies or protocols related to breastfeeding and infant feeding in line with current evidence-based standards?	<input type="checkbox"/>	<input type="checkbox"/>

Note: See "Annex 1: Hospital Breastfeeding/Infant Feeding Policy Checklist" for a useful tool to use in assessing the hospital policy.

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 is available so that all staff who takes 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 antenatal care, labour and delivery areas, maternity wards and rooms, all infant care areas, including well baby observation areas (if there are any), and any infant special care 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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Does the training cover all Ten Steps to Successful Breastfeeding and The International Code of Marketing of Breast-milk Substitutes?	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Is training for clinical staff at least 20 hours in total, including a minimum of 3 hours of supervised clinical experience?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Has the healthcare facility arranged for specialized training in lactation management of specific staff members?	<input type="checkbox"/>	<input type="checkbox"/>

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 infants, 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, either at the hospital or prior to arrival that covers 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. 3 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 breastmilk

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

- at least 70% confirm that they have received orientation and/or training concerning 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? *	<input type="checkbox"/>	<input type="checkbox"/>
3.2 If yes, are the pregnant women who receive antenatal services informed about the importance and management of breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Do antenatal records indicate whether breastfeeding has been discussed with pregnant women?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Does the healthcare facility take into account a woman's intention to breastfeed when deciding on the use of a sedative, an analgesic, or an anaesthetic, (if any) during labour and delivery?	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Are staff facility aware of the effects of such medications on breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>

* *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, the head of maternity or antenatal services reports that at least 80% of the pregnant women who are provided antenatal care receive information about breastfeeding.

A written description of the minimum content of the antenatal education is available. The antenatal discussion covers the importance of breastfeeding, the importance early skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24 hour basis, feeding on demand or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, 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 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 and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.

	YES	NO
4.1 Are babies who have been delivered vaginally or by caesarean section <u>without</u> general anaesthesia placed in skin-to-skin contact with their mothers immediately after birth and their mothers encouraged to continue this contact for at least an hour?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Are babies who have been delivered by caesarean section <u>with</u> 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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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 for at least an hour, unless there were medically justifiable reasons for delayed contact.
- 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.

(The baby should not be forced to breastfeed but, rather, supported to do so when ready.)

(Note: Mothers may have difficulty estimating time immediately following birth. If time and length of skin-to-skin contact following birth is listed in the mothers' charts, this can be used as a cross-check.)

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 hold skin-to-skin within five minutes after birth for at least 60 minutes, 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 the next time they fed them or within six hours of delivery?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Are staff members or counsellors who have specialized training in breastfeeding and lactation management available full-time to advise mothers during their stay in healthcare facilities and in preparation for discharge?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Are breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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 were accurate and complete, and the mothers were 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 can describe to whom to refer mothers for this advice.
- at least 80% report that they teach mothers how to hand expression and can describe or demonstrate an acceptable technique for this, or can describe to whom to refer mothers for this advice.
- at least 80% can describe how non-breastfeeding mothers can be assisted to safely prepare their feeds, or to whom they can be referred for this advice.

Out of the randomly selected mothers (including caesarean):

- at least 80% of those who are breastfeeding report that nursing staff offered further assistance with breastfeeding the next time they fed their babies or within six hours of birth (or of when they were able to respond).
- at least 80% of those who are breastfeeding are able to demonstrate or describe correct positioning, attachment and suckling
- 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 breastmilk 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 breastmilk 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 breastmilk 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 breastmilk, 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 breastfed (or exclusively fed expressed breastmilk) from birth to discharge or, if not, that there were acceptable medical reasons or fully informed choices?	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Are babies breastfed, receiving no food or drink other than breast milk, unless there were acceptable medical reasons or fully informed choices?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Are all clinical protocols or standards related to breastfeeding and infant feeding in line with BFHI standards and evidence-based guidelines?	<input type="checkbox"/>	<input type="checkbox"/>

Global Criteria - Step Six

Hospital data indicate that at least 75% of the full-term 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 or fully informed choices.

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 breastmilk or there are acceptable medical reasons or informed choices for receiving something else.

At least 80% of the randomly selected clinical staff members can describe two types of information that should be discussed with mothers who indicate they are considering feeding breast milk substitutes

At least 80% of the randomly selected mothers report that their babies had received only breast milk or, if they had received anything else, it was either for acceptable medical reasons, described by the staff, or as a result of fully informed choices.

Continued on next page

Global Criteria - Step Six

Continued from previous page

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Do mothers and infants remain together (rooming-in or bedding-in) 24 hours a day, unless separation is fully justified?	<input type="checkbox"/>	<input type="checkbox"/>

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 rooming-in or, if not, have justifiable reasons for not being together.

At least 80% of the randomly selected mothers report that their babies have stayed with them in their rooms/beds since they were born, or, if not, there were justifiable reasons.

STEP 8. Encourage breastfeeding on demand.

	YES	NO
8.1 Are mothers taught how to recognize the cues that indicate when their babies are hungry?	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Are mothers encouraged to feed their babies as often and for as long as the babies want?	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Are breastfeeding mothers advised that, if their babies sleep too long they should wake their babies and try to breastfeed, and that if their breasts become overfull they should also try to breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>

Global Criteria - Step Eight

Out of the randomly 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 babies being cared for without any bottle feeds?	<input type="checkbox"/>	<input type="checkbox"/>
9.2 Have mothers been given information by the staff about the risks associated with feeding milk or other liquids with bottles and teats?	<input type="checkbox"/>	<input type="checkbox"/>
9.3 Are babies being cared for without using pacifiers?	<input type="checkbox"/>	<input type="checkbox"/>

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.

At least 80% of the randomly selected breastfeeding mothers report that, to the best of their knowledge, their infants have not been fed using bottles with artificial teats (nipples).

At least 80% of the randomly selected mothers report that, to the best of their knowledge, 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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
10.5 Is printed material made available to mothers before discharge, if appropriate and feasible, on where to get follow-up support?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
10.7 Does the facility allow breastfeeding/infant feeding counselling by trained mother-support group counsellors in its maternity services?	<input type="checkbox"/>	<input type="checkbox"/>

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 this same staff member 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 breastmilk substitutes, purchasing them for the wholesale price or more?	<input type="checkbox"/>	<input type="checkbox"/>
Code.2 Is all promotion for breastmilk substitutes, bottles, teats, or pacifiers absent from the facility, with no materials displayed or distributed to pregnant women or mothers?	<input type="checkbox"/>	<input type="checkbox"/>
Code.3 Are employees of manufacturers or distributors of breastmilk substitutes, bottles, teats, or pacifiers prohibited from any contact with pregnant women or mothers?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Code.5 Are all infant formula cans and prepared bottles kept out of view?	<input type="checkbox"/>	<input type="checkbox"/>
Code 6 Does the hospital refrain from giving pregnant women, mothers and their families any marketing materials, samples or gift packs that include breastmilk substitutes, bottles/teats, pacifiers or other equipment or coupons?	<input type="checkbox"/>	<input type="checkbox"/>
Code.7 Do staff members understand why it is important not to give any free samples or promotional materials from formula companies to mothers?	<input type="checkbox"/>	<input type="checkbox"/>

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 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.

Infant formula cans and prepared bottles are kept out of view.

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.

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
HIV.3 Are pregnant women informed about the importance of testing and counselling for HIV?	<input type="checkbox"/>	<input type="checkbox"/>
HIV.4 Does staff receive training on: <ul style="list-style-type: none"> ▪ the risks of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention, ▪ the importance of testing and counselling for HIV, and ▪ how to provide support to women who are HIV- positive to make fully informed feeding choices and implement them safely? 	<input type="checkbox"/>	<input type="checkbox"/>
HIV.5 Does the staff take care to maintain confidentiality and privacy of pregnant women and mothers who are HIV-positive?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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 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:

- basic facts of the risks of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention
- importance of testing and counselling for HIV
- local availability of feeding options
- facilities/provision for counselling HIV positive women on advantages and disadvantages of different feeding options; assisting them in 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
- the dangers of mixed feeding
- 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 a HIV-positive mother needs to consider when deciding how to feed her baby.

Mother-friendly care (optional)

Note: The national authorities will determine whether or not maternity services should be assessed on whether they meet the criteria related to mother-friendly care. (See Section 4.1 "Assessors Guide", p. 4, for discussion.)

	YES	NO
MF.1 Do hospital policies require mother-friendly labour and birthing practices, 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?	<input type="checkbox"/>	<input type="checkbox"/>
Allowing women to drink and eat light foods during labour, if desired?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
MF.2 Has the staff received orientation or training on mother-friendly labour and birthing policies and procedures such as those described above?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
MF.4 Once they are in labour, are their companions made welcome and encouraged to provide the support the mothers want?	<input type="checkbox"/>	<input type="checkbox"/>
MF.5 Are women given advice <u>during antenatal care</u> (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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
MF.7 Are women informed <u>during antenatal care</u> (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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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

Global Criteria – Mother-friendly care (optional)

Note: A decision will be made by the national BFHI coordination group and other appropriate national decision-makers as to whether the criteria related to mother-friendly care will be included in the BFHI assessment.

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

Summary

	YES	NO
Does your hospital fully implement all 10 STEPS for protecting, promoting, and supporting breastfeeding? (If “No”) List questions for each of the 10 Steps where answers were “No”:	<input type="checkbox"/>	<input type="checkbox"/>
Does your hospital fully comply with the Code of Marketing of Breast-milk Substitutes ? (If “No”) List questions concerning the Code where answers were “No”:	<input type="checkbox"/>	<input type="checkbox"/>
Does your hospital provide adequate support for HIV -positive women and their infants (if required)? (If “No”) List questions concerning HIV where answers were “No”:	<input type="checkbox"/>	<input type="checkbox"/>
Does your hospital provide mother-friendly care (if required)? (If “No”) List questions concerning mother-friendly care where answers were “No”	<input type="checkbox"/>	<input type="checkbox"/>
If the answers to any of these questions in the “Self Appraisal” are “no”, what improvements are needed?		
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.	<input type="checkbox"/>	<input type="checkbox"/>
	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.	<input type="checkbox"/>	<input type="checkbox"/>
Step 2:	Training for all clinical staff (according to position) includes: Breastfeeding and lactation management (20 hours minimum or covering all essential topics, including 3 hours of clinical practice).	<input type="checkbox"/>	<input type="checkbox"/>
	Feeding the infant who is not breastfed.	<input type="checkbox"/>	<input type="checkbox"/>
	The role of the facility and its staff in upholding the International Code of Marketing and subsequent WHA resolutions.	<input type="checkbox"/>	<input type="checkbox"/>
	New staff members are trained within 6 months of appointment.	<input type="checkbox"/>	<input type="checkbox"/>
Step 3:	All pregnant women are informed of: Basic breastfeeding management and care practices.	<input type="checkbox"/>	<input type="checkbox"/>
	The risks of giving supplements to their babies during the first six months.	<input type="checkbox"/>	<input type="checkbox"/>
Step 4:	All mothers and babies receive: Skin-to-skin contact immediately after birth for at least 60 minutes.	<input type="checkbox"/>	<input type="checkbox"/>
	Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed.	<input type="checkbox"/>	<input type="checkbox"/>
Step 5:	All mothers are taught hand expression (or given leaflet and referral for help).	<input type="checkbox"/>	<input type="checkbox"/>
	All breastfeeding mothers are taught positioning and attachment.	<input type="checkbox"/>	<input type="checkbox"/>
	All mothers who have decided not to breastfeeding are: Informed about risks and management of various feeding options and helped to decide what is suitable in their circumstances	<input type="checkbox"/>	<input type="checkbox"/>
	Taught to prepare their feedings of choice and asked to demonstrate what they have learned.	<input type="checkbox"/>	<input type="checkbox"/>
	Mothers of babies in special care units are: Offered help to initiate lactation offered help to start their breastmilk coming and to keep up the supply within 6 hours of their babies' births.	<input type="checkbox"/>	<input type="checkbox"/>
	Shown how to express their breastmilk by hand and told they need to breastfeed or express at least 6-8 times in 24 hours to keep up their supply.	<input type="checkbox"/>	<input type="checkbox"/>
	Given information on risks and benefits of various feeding options and how to care for their breasts if they are not planning to breastfeed.	<input type="checkbox"/>	<input type="checkbox"/>
Step 6:	Supplements/replacement feeds are given to babies only: If medically indicated	<input type="checkbox"/>	<input type="checkbox"/>
	If mothers have made a "fully informed choices" after counselling on various options and the risks and benefits of each.	<input type="checkbox"/>	<input type="checkbox"/>
	Reasons for supplements are documented	<input type="checkbox"/>	<input type="checkbox"/>

Step 7:	All mothers and babies room-in together, including at night.	<input type="checkbox"/>	<input type="checkbox"/>
	Separations are only for justifiable reasons with written documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Step 8:	Mothers are taught how to recognize the signs that their babies are hungry and that they are satisfied.	<input type="checkbox"/>	<input type="checkbox"/>
	No restrictions are placed on the frequency or duration of breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>
Step 9:	Babies are not fed using bottles and teats.	<input type="checkbox"/>	<input type="checkbox"/>
	Mothers are taught about the risks of using feeding bottles	<input type="checkbox"/>	<input type="checkbox"/>
	Babies are not given pacifiers or dummies.	<input type="checkbox"/>	<input type="checkbox"/>
Step 10:	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).	<input type="checkbox"/>	<input type="checkbox"/>
	The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant feeding support.	<input type="checkbox"/>	<input type="checkbox"/>
	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).	<input type="checkbox"/>	<input type="checkbox"/>
The Code:	The policy prohibits promotion of breast milk substitutes	<input type="checkbox"/>	<input type="checkbox"/>
	The policy prohibits promotion of bottles, teats, and pacifiers or dummies	<input type="checkbox"/>	<input type="checkbox"/>
	The policy prohibits acceptance of 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
	Staff providing support to HIV-positive women receive training on HIV and infant feeding	<input type="checkbox"/>	<input type="checkbox"/>
Mother-friendly care**	Policies require mother-friendly practices including: Encouraging women to have constant labour and birthing companions of their choice	<input type="checkbox"/>	<input type="checkbox"/>
	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	<input type="checkbox"/>	<input type="checkbox"/>
	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	<input type="checkbox"/>	<input type="checkbox"/>
	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	<input type="checkbox"/>	<input type="checkbox"/>

* 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.

** The **mother-friendly content** in the policy is optional, again depending on a national decision concerning whether or not to include mother-friendly criteria.

Annex 2⁴: The International Code of Marketing of Breast-milk Substitutes

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 breastmilk should not be permitted in the facility.
- Pregnant women should not receive materials that promote artificial feeding.
- Feeding with breastmilk substitutes should be demonstrated by health workers only, and only to pregnant women, mothers, or family members who need to use them.
- Breastmilk 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 breastmilk 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 recommendations⁵

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

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: Acceptable medical reasons for supplementation (DRAFT)

Exclusive breastfeeding is the norm. In a small number of situations there may be a medical indication for supplementing breastmilk or for not using breastmilk at all. It is useful to distinguish between:

- infants who cannot be fed at the breast but for whom breastmilk remains the food of choice;
- infants who may need other nutrition in addition to breastmilk;
- infants who should not receive breastmilk, or any other milk, including the usual breastmilk substitutes and need a specialised formula;
- infants for whom breastmilk is not available;
- maternal conditions that affect breastfeeding recommendations.

Infants who cannot be fed at the breast but for whom breastmilk remains the food of choice may include infants who are very weak, have sucking difficulties or oral abnormalities, or are separated from their mother who is providing expressed milk. These infants may be fed expressed milk by tube, cup, or spoon.

Infants who may need other nutrition in addition to breastmilk may include very low birth weight or very preterm infants, i.e., those born less than 1500 g or 32 weeks gestational age; infants who are at risk of hypoglycaemia because of medical problems, when sufficient breastmilk is not immediately available; infants who are dehydrated or malnourished when breastmilk alone cannot restore the deficiencies. These infants require an individualised feeding plan, and breastmilk should be used to the extent possible. Efforts should be made to sustain maternal milk production by encouraging expression of milk. Milk from tested milk donors may also be used. Hind milk is high in calories and particularly valuable for low birth weight infants.

Infants who should not receive breast milk, or any other milk, including the usual breastmilk substitutes may include infants with certain rare metabolic conditions such as galactosemia who may need feeding with a galactose free special formula or phenylketonuria where some breastfeeding may be possible, partly replaced with phenylalanine free formula.

Infants for whom breastmilk is not available may include when the mother had died, or is away from the baby and not able to provide expressed breastmilk. Breastfeeding by another woman may be possible; or the need for a breastmilk substitute may be only partial or temporary. There are a very few maternal medical conditions where breastfeeding is not recommended.

Maternal conditions that may affect breastfeeding recommendations include where the mother is physically weak, is taking medications, or has an infectious illness.

- A weak mother may be assisted to position her baby so her baby can breastfeed.
- A mother with a fever needs sufficient fluids.

Maternal medication

If mother is taking a small number of medications such as anti-metabolites, radioactive iodine, or some anti-thyroid medications, breastfeeding should stop during therapy.

Some medications may cause drowsiness or other side effects in the infant. Check medications with the WHO list, and where possible choose a medication that is safer and monitor the infant for side effects, while breastfeeding continues.

Maternal addiction

Even in situations of tobacco, alcohol and drug use, breastfeeding remains the feeding method of choice for the majority of infants. If mother is an intravenous drug user, breastfeeding is not indicated.

HIV-infected mothers

When replacement feeding is acceptable, feasible, affordable, sustainable and safe, (AFASS) avoidance of all breastfeeding by HIV-infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life, and should then be discontinued as soon as the specified conditions are met. Mixed feeding (breastfeeding and giving replacement feeds at the same time), is not recommended.

Other maternal infectious illnesses

Breast abscess - feeding from the affected breast is not recommended but milk should be expressed from the breast. Feeding can be resumed once the abscess has been drained and the mother's treatment with antibiotics has commenced. Breastfeeding should continue on the unaffected breast.

Herpes Simplex Virus Type I (HSV-1) – Women with herpes lesions on their breasts should refrain from breastfeeding until all active lesions on the breast have resolved.

Varicella-zoster – Breastfeeding of a newborn infant is discouraged while the mother is infectious, but should be resumed as soon as the mother becomes non-infectious.

Lyme disease – Breastfeeding may continue during mother's treatment.

HTLV-I (Human T-cell leukaemia virus) - breastfeeding is not encouraged if safe and feasible options (AFASS) for replacement feeding are available.

Maternal conditions of common concern for which breastfeeding is not contraindicated

Hepatitis B: Infected mothers should continue breastfeeding as usual. Infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter.

Tuberculosis: Breastfeeding by the TB-positive mother should be continued as usual. Mother and baby should be managed according to national tuberculosis guidelines.

Mastitis: In general, continued breastfeeding is recommended during antibiotic therapy.

References:

Available from Child and Adolescent Health, WHO, Geneva

<http://www.who.int/child-adolescent-health/publications/pubnutrition.htm>

HIV transmission through breastfeeding. A review of available evidence (2004) ISBN 92 4 159271 4

Breastfeeding and Maternal Medication: Recommendations for Drugs in the UNICEF/WHO Eleventh WHO Model List of Essential Drugs. Geneva: World Health Organization, 2002

4.2 GUIDELINES AND TOOLS FOR MONITORING BABY-FRIENDLY HOSPITALS⁶

Guidelines and Tools for Monitoring Baby-Friendly Hospitals

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⁶ 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/NHHD/99.2).

Guide to Developing a National Process for BFHI Monitoring

Background⁷

Between the launching of the Baby-friendly Hospital Initiative (BFHI) and 2006, almost 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 in 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.

⁷ 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 on staff 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.⁸

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.

⁸ See WHO/Wellstart, *BFHI Monitoring and Reassessment, Tools to Sustain Progress*, 1999, pp. 2-3 for more details. <http://www.who.int/nut/publications.htm>

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. The 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 them 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, and any optional criteria measured, such as those related to HIV and infant feeding and mother-friendly care.

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 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 breastmilk substitutes, bottles and teats, are entering their hospitals.⁹

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?
- 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?

⁹ 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 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 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 or informed choice, 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. If it 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 HIV and infant feeding and mother-friendly care, both optional areas that can be assessed as part of the Initiative, 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: Questionnaire for mothers at discharge. As mentioned in the description of monitoring strategies and tools above, distribution of a written questionnaire for mothers just prior to discharge can be a very cost-effective strategy for on-going monitoring of a hospital's adherence to baby-friendly standards, if mothers are well enough schooled to complete the forms. The example presented in the *Annex* includes a description of how the survey can be used, a letter to the mothers requesting their participation, and the instrument itself. It covers Steps 3 through 10, the distribution of low-cost or free formula and supplies, and education related to HIV and infant feeding and mother-friendly care. It asks mothers, for the most part, to "tick" the answers that apply, and thus is easy to complete and analyse.

If many mothers are not literate, the questionnaire could 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 quite a bit of 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, selecting them on an 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). 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.

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 unrelated 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 for Section 4.2

Annex 1. Infant Feeding Record and Report

Introduction

The *Infant Feeding Record*¹⁰ 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). 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*).

¹⁰ 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: _____ Recorder: _____
 [Record information daily or when changes or problems occur and at discharge. Use additional pages if needed.]

Baby's ID	Date of delivery	Type of delivery 1 = vag 2 = c-sec w/o gen 3 = c-sec w/ gen	Skin-to-skin contact and offer of BF help ¹ 1 = meets criterion 2 = does not meet criterion [See below.]	Breast-feeding 1 = Yes 2 = No	Supplements ^{2/} Replacement feeds ³ What 0 = None 1 = Water 2 = Formula 3 = Home prep 4 = Other (list) Why ⁴	How baby fed 1 = Breast 2 = Bottle 3 = Cup 4 = Other (spec.)	Baby's location 1 = Rooming-in ⁵ 2 = Nursery/obs. Room 3 = Special care unit 4 = Other (list)	Any problems related to positioning or attachment or infant feeding	Actions taken	Date of discharge

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 breastmilk 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, staying together since birth 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 breastmilk 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), staying together since birth 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: <i>(Totals should equal 100%)</i>		
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 <i>(please summarize):</i>		

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
- HIV and infant feeding
- Mother friendly care

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 insure that the needs of these mothers are met. The last two types of training (on HIV and infant feeding and on mother-friendly care) are optional, depending on whether national authorities responsible for BFHI have decided to include these components 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. 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.

In situations where there is high HIV prevalence and authorities have decided to include the HIV and infant feeding component, training on this topic may adequately cover how to provide support for the non-breastfeeding mother. In this type of situation, 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, if a decision has been made to record information on training on HIV and infant feeding and/or mother-friendly care.

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 over and over.

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 & infant feeding training)		
				Dates	Course/Content ¹	Total hours	Dates	Session/Content ¹	Total hours

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 – optional training)

ID/Name (List same as Page 1)	Training on HIV and infant feeding		Training on mother-friendly care practices	
	Dates	Session/Content ¹ Total hours	Dates	Session/Content ¹ Total hours

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, HIV and infant feeding, and mother-friendly care), 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 HIV and infant feeding:		
Training on mother-friendly care practices:		

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 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		_____ %
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		_____ %

Annex 3. Questionnaire or Interview for Mothers at Discharge

Introduction

The questionnaire¹¹ that follows is an example of a form that can be used to receive 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 time), or given to a certain number of mothers to complete each month. 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 be easy for them to complete, as it involves “ticking” responses rather than writing them out. It would not be appropriate, of course, in situations where many women do not read.

In situations where there are many non-literate mothers, 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. Since it is a questionnaire for mothers, it does not cover the policy (Step 1) or staff training (Step 2), but if the hospital does well on all the other steps, it is likely that the policy is being implemented and staff is well trained. In addition, there are questions related to compliance with the International Code of Marketing of Breast-milk Substitutes, and support for non-breastfeeding mothers.

Two questionnaires are provided, one for breastfeeding mothers and one for non-breastfeeding mothers, so that the mother can 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 non-breastfeeders and visa versa.

There are a few additional questions that can be added if the optional modules on HIV and infant feeding and on mother-friendly care are being added to the Initiative. They are now presented at the end, but with instructions concerning where they should be inserted into the questionnaire.

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 bracketed numbers in the far right column to determine to which of the “Ten Steps” or component each question relates.

If desired, a follow-up survey can be planned, contacting the mothers a year later, to determine how they fed their babies on return home, whether they needed and were given any infant feeding support, and, if breastfeeding, how long they breastfed exclusively, and whether they are continuing to breastfeed or, if not, when they stopped. This might not be feasible to do at all hospitals, but could be organized as part of a student’s research project, giving valuable feedback to the hospital.

¹¹ 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*, for use internationally.

Dear mother,

We would be very grateful if you could find the time to answer these questions about the counseling 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 counseling is working, and if mothers are getting the help that they need. We would really appreciate it if you could fill out this questionnaire, so we can find out what is working well and what needs to get better.

Mothers in our maternity facility are receiving this questionnaire. In general you are being asked about your experiences during pregnancy and in the maternity services. Please feel free to add your own comments. The questionnaire is very easy to fill out, as it only involves ticking on various choices. Answering the questionnaire is of course completely voluntary. All forms will be kept confidential and destroyed after the survey is completed. No one at the hospital will 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 on 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 about one year 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. Lots of luck to you and your child!
Best wishes

(Team leader)

Questionnaire for Breastfeeding Mother (# __)

	Hospital: _____ 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 (If none, go to question 4.)	
2.	During these visits did the staff talk with you individually or in a group about how to feed your baby? <input type="checkbox"/> Yes <input type="checkbox"/> No	[3]
3.	Were you given any information on the following topics (Tick if yes) <input type="checkbox"/> The importance of spending time skin-to-skin with your baby immediately after birth? <input type="checkbox"/> The importance of having your baby in your room or bed 24 hours a day? <input type="checkbox"/> The risks of given water, formula or other supplements to your baby in the first six months if you are breastfeeding?	[3]
Questions about the birth and the maternity period		
4.	When was your child born? Date: _____ Approximate time: _____ Weight at birth: _____	
5.	What type of delivery did you have: <input type="checkbox"/> Normal (vaginal) <input type="checkbox"/> Caesarean section without general anaesthesia <input type="checkbox"/> Caesarean section with general anaesthesia <input type="checkbox"/> Other: (describe): _____	
6.	How long after birth did you first hold your baby? <input type="checkbox"/> Immediately <input type="checkbox"/> Within five minutes <input type="checkbox"/> Within half an hour <input type="checkbox"/> Within an hour <input type="checkbox"/> As soon as I was able to respond (after C-section with general anaesthesia) <input type="checkbox"/> Other: (How long after birth?) _____ <input type="checkbox"/> Can't remember <input type="checkbox"/> Have not held yet	[4]
7.	How did you hold your baby, this first time? <input type="checkbox"/> skin-to-skin <input type="checkbox"/> wrapped without much skin contact	[4]
8.	If it took more than five minutes after birth for you to hold your baby, what was the reason? (<input type="checkbox"/> There was not any delay.) <input type="checkbox"/> My baby needed help/observation <input type="checkbox"/> I had been given an anaesthetic <input type="checkbox"/> I didn't want to hold my baby or didn't have the energy <input type="checkbox"/> I wasn't given my baby but do not know why <input type="checkbox"/> Other: _____	[4]
9.	For about how long did you hold your baby this first time? <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 minutes to less than an hour <input type="checkbox"/> An hour or more <input type="checkbox"/> Longer: ___ hours <input type="checkbox"/> Can't remember	[4]

10.	<p>Did you receive any offer of help with breastfeeding while you were in the maternity services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>[If yes:] When was this help offered? [Please tick all that apply.]</i></p> <p><input type="checkbox"/> The first time I held my baby after birth</p> <p><input type="checkbox"/> The next time I breastfed my baby or within 6 hours of delivery</p> <p><input type="checkbox"/> More than 6 hours after delivery</p>	[4 & 5]
11.	<p>Did the staff give you any help with positioning and attaching your baby for breastfeeding before discharge?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> The staff offered help, but I didn't need it</p>	[5]
12..	<p>Did the staff show you or give you information on how you could express milk by hand?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you tried expressing milk yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were you able to express your milk? <input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No</p>	[5]
13.	<p>Where was your baby while you were in the maternity services after giving birth?</p> <p><input type="checkbox"/> My baby was always with me both day and night</p> <p><input type="checkbox"/> My baby was sometimes not with me</p> <p>If your baby was sometimes away, please describe where, why and for how long:</p> <p>_____</p> <p>_____</p> <p><i>[Note: If your baby was cared for was cared for during all or part of the night away from you, please include that in your description above.]</i></p>	[7]
14.	<p>What advice have you been given about how often to feed your baby?</p> <p><input type="checkbox"/> No advice given</p> <p><input type="checkbox"/> Every time my baby seems hungry (as often as he/she wants)</p> <p><input type="checkbox"/> Every hour</p> <p><input type="checkbox"/> Every 1-2 hours</p> <p><input type="checkbox"/> Every 2-3 hours</p> <p><input type="checkbox"/> Other (please tell us): _____</p>	[8]
15.	<p>What advice have you been given about how long your baby should suckle?</p> <p><input type="checkbox"/> No advice given</p> <p><input type="checkbox"/> As long as my baby wants to</p> <p><input type="checkbox"/> For a limited time If so, for how long? _____</p> <p><input type="checkbox"/> Other (please tell us): _____</p>	[8]
16.	<p>Has your baby been given anything other than breastmilk since it was born?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <i>[If "no" or "don't know", go to Question 21.]</i></p>	[6]
17.	<p>If yes, what was given? <i>[Tick all that apply:]</i></p> <p><input type="checkbox"/> Infant formula</p> <p><input type="checkbox"/> Water or glucose water</p> <p><input type="checkbox"/> Other fluids (please tell us what): _____</p> <p><input type="checkbox"/> Don't know</p>	[6]

18.	Why was your baby given the supplement(s)? <i>[Tick all that apply:]</i> <input type="checkbox"/> Was not breastfeeding <input type="checkbox"/> Had serious weight loss <input type="checkbox"/> Other (please tell us what): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Baby was "unsettled" <input type="checkbox"/> I requested it	[6]
19.	Were you informed before the supplement was given? <input type="checkbox"/> Yes <input type="checkbox"/> No	[6]
20.	If a supplement was given, was it given by: <input type="checkbox"/> Bottle? <input type="checkbox"/> Cup? <input type="checkbox"/> Spoon? <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know	[9]
21.	Has the staff given your baby a pacifier/dummy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	[9]
22.	Have you chosen to give your baby a pacifier/dummy yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[If "No", go to next question.]</i> <i>(If yes)</i> Did the staff tell you anything about pacifiers and how they can affect your baby's health? <input type="checkbox"/> Yes <input type="checkbox"/> No	[9]
23.	Have you been given any leaflets or supplies that promote breastmilk substitutes? <input type="checkbox"/> Yes <input type="checkbox"/> No What, if any, of the following have you received: <input type="checkbox"/> Leaflet from formula company promoting formula feeding or related supplies? <input type="checkbox"/> A gift or samples to take home, including formula, bottles, or other related supplies? <input type="checkbox"/> Other (please tell us what): _____	[Code]
24.	Have you been given any suggestions about how or where to get help, if you have problems with feeding your baby after you return home? <input type="checkbox"/> Yes <i>[If "Yes":] What suggestions have you been given? [Tick all that apply:]</i> <input type="checkbox"/> Call the hospital (or use a "help line") <input type="checkbox"/> Go to a clinic where help is offered <input type="checkbox"/> Request a home visit <input type="checkbox"/> Contact a mother support group <input type="checkbox"/> Contact a peer counsellor or volunteer <input type="checkbox"/> Use other community health services <input type="checkbox"/> Other (please tell us what): _____	[10]

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 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: _____ 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 <i>[If none, go to question 4.]</i>	
2.	During these visits did the staff talk with you individually or in a group about how to feed your baby? <input type="checkbox"/> Yes <input type="checkbox"/> No	[3]
3.	Were you given any information on the following topics <i>[Tick if yes]</i> <input type="checkbox"/> The importance of spending time skin-to-skin with your baby immediately after birth? <input type="checkbox"/> The importance of having your baby in your room or bed 24 hours a day?	[3]
Questions about the birth and the maternity period		
4.	When was your child born? Date: _____ Approximate time: _____ Weight at birth: _____	
5.	How have you decided to feed your baby? <input type="checkbox"/> Feed my baby breastmilk substitutes (not breastfeeding at all) <input type="checkbox"/> Both breastfeed and feed my baby breast-milk substitutes <input type="checkbox"/> Breastfeed <input type="checkbox"/> Other: (please describe): _____ <i>Note: If you are planning to breastfeed at all, please fill out the other questionnaire, for "Breastfeeding Mothers". If you are not planning to breastfeed at all, please continue.</i>	
6.	What type of delivery did you have: <input type="checkbox"/> Normal (vaginal) <input type="checkbox"/> Caesarean section without general anaesthesia <input type="checkbox"/> Caesarean section with general anaesthesia <input type="checkbox"/> Other: (describe): _____	
7.	How long after birth were you able to hold your baby? <input type="checkbox"/> Immediately <input type="checkbox"/> Within five minutes <input type="checkbox"/> Within half an hour <input type="checkbox"/> Within an hour <input type="checkbox"/> As soon as I was able to respond (after C-section with general anaesthesia) <input type="checkbox"/> Other: (How long after birth?) _____ <input type="checkbox"/> Can't remember <input type="checkbox"/> Have not held yet	[4]
8.	How did you hold your baby, this first time? <input type="checkbox"/> skin-to-skin <input type="checkbox"/> wrapped without much skin contact	[4]
9.	If it took more than a few minutes before you held your baby after birth, what was the reason? (<input type="checkbox"/> There was not any delay.) <input type="checkbox"/> Child needed help/observation <input type="checkbox"/> I had been given an anaesthetic <input type="checkbox"/> I didn't want to hold my baby or didn't have the energy <input type="checkbox"/> I wasn't given my baby but do not know why <input type="checkbox"/> Other: _____	[4]

10.	For about how long did you hold your baby this first time? <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 minutes to less than an hour <input type="checkbox"/> An hour or more <input type="checkbox"/> Longer: ___ hours <input type="checkbox"/> Can't remember	[4]
11.	Did you receive any offer of help with breastfeeding while you were in the maternity services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Staff didn't ask, as they knew I was not planning to breastfeed <i>[If yes:] When was this help offered? [Please tick all that apply.]</i> <input type="checkbox"/> The first time I held my baby after birth	[4]
12.	Where was your baby while you were in the maternity services after giving birth? <input type="checkbox"/> My baby was always with me both day and night <input type="checkbox"/> My baby was sometimes not with me If your baby was sometimes away, please describe where, why and for how long: _____ _____ <i>[Note: If your baby was cared for was cared for during all or part of the night away from you, please include that in your description above.]</i>	[7]
13.	What advice have you been given about how often to feed your baby? <input type="checkbox"/> No advice given <input type="checkbox"/> Every time my baby seems hungry (as often as he/she wants) <input type="checkbox"/> Every hour <input type="checkbox"/> Every 1-2 hours <input type="checkbox"/> Every 2-3 hours <input type="checkbox"/> Other (please tell us): _____	[8]
14.	What advice have you been given about how long your baby should feed? <input type="checkbox"/> No advice given <input type="checkbox"/> As long as my baby wants to <input type="checkbox"/> For a limited time If so, for how long? _____ <input type="checkbox"/> Other (please tell us): _____	[8]
15.	What has your baby been fed since it was born? <i>[Tick all that apply:]</i> <input type="checkbox"/> Infant formula <input type="checkbox"/> Water or glucose water <input type="checkbox"/> Other fluids (please tell us what): _____ <input type="checkbox"/> Breast milk <input type="checkbox"/> Don't know	[6]
16.	How was your baby fed? By: <input type="checkbox"/> Bottle? <input type="checkbox"/> Cup? <input type="checkbox"/> Spoon? <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know	[9]

17.	<p>Since you are <u>not</u> planning to breastfeeding, did anyone offer to show you how to prepare and give your baby's feeds while you have been at the hospital after delivery?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what type of advice were you given? <i>[Tick all that apply.]</i></p> <p><input type="checkbox"/> How to correctly make up my baby's feeds</p> <p><input type="checkbox"/> How to give the feeds</p> <p><input type="checkbox"/> Practice in making up my baby's feeds</p> <p><input type="checkbox"/> How to mix and give feeds safely at home</p> <p><input type="checkbox"/> Other advice: _____</p> <hr/> <p>Was the advice given: <input type="checkbox"/> Individually? <input type="checkbox"/> In a group session?</p>	[5]
18.	<p>Did the staff give your baby a pacifier/dummy? <input type="checkbox"/> Yes <input type="checkbox"/> No ?</p> <p><input type="checkbox"/> Don't know</p>	[9]
19.	<p>Have you chosen to give your baby a pacifier/dummy yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>[If "No", go to next question.]</i></p> <p><i>[If yes]</i> Did the staff tell you anything about pacifiers and how they can affect your baby's health?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	[9]
20.	<p>Have you been given any leaflets or supplies that promote breast-milk-substitutes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What, if any, of the following have you received: <i>[Tick all that apply.]</i></p> <p><input type="checkbox"/> Leaflet from formula company promoting formula feeding or related supplies</p> <p><input type="checkbox"/> A gift or samples to take home, including formula, bottles, or other related supplies</p> <p><input type="checkbox"/> Other (please tell us what): _____</p>	[Code]
21.	<p>Have you been given any suggestions about how or where to get help, if you have problems with feeding your baby after you return home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>[If "Yes":]</i> What suggestions have you been given? <i>[Tick all that apply:]</i></p> <p><input type="checkbox"/> Call the hospital (or use a "help line") <input type="checkbox"/> Go to a clinic where help is offered</p> <p><input type="checkbox"/> Request a home visit <input type="checkbox"/> Contact a mother support group</p> <p><input type="checkbox"/> Contact a peer counsellor or volunteer <input type="checkbox"/> Use other community health services</p> <p><input type="checkbox"/> Other (please tell us what): _____</p>	[10]

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 about it before you go home. By answering this questionnaire you are contributing to making our maternity services better.

(Note: The questions below can be added to both the breastfeeding and non-breastfeeding questionnaire, if the topics will be covered as part of the Initiative.)

HIV and infant feeding <i>If this topic is covered by the Initiative, add the question below to the section about the pregnancy period</i>		
1.	During your antenatal visits, did the staff talk with you about whether a woman who is HIV-positive can pass the HIV infection to her baby? <input type="checkbox"/> Yes <input type="checkbox"/> No	[HIV]
2.	During your antenatal visits, did the staff talk to you about why testing and counselling for HIV is important for pregnant women? <input type="checkbox"/> Yes <input type="checkbox"/> No	[HIV]
3.	During your antenatal visits, did the staff talk with you about what a HIV-positive mother needs to consider when deciding how to feed her baby? <input type="checkbox"/> Yes <input type="checkbox"/> No	[HIV]
Mother-friendly care <i>If this topic is covered by the Initiative, add the question below to the section about the pregnancy period</i>		
4.	Were you given any information on the following topics <i>[Tick if yes]</i> <input type="checkbox"/> Whether you could have companions of your choice with you during labour/birth <input type="checkbox"/> Ways to deal with pain during labour and what is better for mothers and babies	[MF]
<i>[If "mother-friendly care" is included, add the questions below to the to the section about birth]</i>		
5.	Were you allowed to have any companions with you during labour and birth, if desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	[MF]
6.	Were you encouraged to walk and move about during labour? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[If "No"]</i> Why not: _____	[MF]

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 affects breastfeeding later on. We are therefore planning to contact a number of mothers in one year's time 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!

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 4.3 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 and

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.