

The Self Appraisal Questionnaire

Hospital data sheet

General information on hospital and senior staff:

Hospital name and address: _____

Name and title of hospital director or administrator: _____

Telephone or extension: _____ E-mail address: _____

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

<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:)
<input type="checkbox"/> a tertiary hospital	_____

Total number of hospital beds: _____ Total number of hospital employees: _____

Information on antenatal services:

Hospital has antenatal services (either on or off site): Yes No

(if "No", skip all but the last question in this section)

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

Telephone or extension: _____ E-mail address: _____

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

Does the hospital hold antenatal clinics at other sites outside the hospital? Yes No

[if "Yes"] Please describe when and where they are held: _____

Are there beds designated for high-risk pregnancy cases? Yes No *[if "Yes":]*

How many? _____

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

Information on labour and delivery services:

Name and title of the director of labour and delivery services: _____

Telephone or extension: _____ E-mail address: _____

Information on maternity and related services:

Name and title of the director of maternity services: _____

Telephone or extension: _____ E-mail address: _____

Number of postpartum maternity beds: _____

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

Does the facility have unit(s) for infants needing special care (LBW, premature, ill, etc.)?

Yes No

[if "Yes"] Name of first unit: _____ Average daily census: _____

Name of director(s) of this unit: _____

Name of additional unit: _____ Average daily census: _____

Name of director(s) of this unit: _____

Are there areas in the maternity wards designated as well baby observation areas? Yes No

[if "Yes"] Average daily census of each area: _____

Name of head/director(s) of these areas: _____

Staff responsible for breastfeeding/infant feeding

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

[tick all that apply]

	BF	BMS	HIV		BF	BMS	HIV
Nurses	<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"/>
Dieticians	<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"/>

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

Are there breastfeeding and/or HIV and infant feeding committee(s) in the hospital? Yes No

[if "Yes"] Please describe: _____

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

Statistics on births:

Total births in the last year: _____ of which:

_____ % were by C-section without general anaesthesia.

_____ % were by C-section with general anaesthesia.

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

Statistics on infant feeding:

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

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

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

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

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

The hospital data above indicates that at least 75% of the babies delivered in the past year were exclusively breastfed or fed human milk from birth to discharge, or, if they received any feeds other than human milk this was because of documented medical reasons:

[Note: add the percentages in categories one and two to calculate this percentage]

Yes No

6.1

Statistics on HIV/AIDS:

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

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

Data sources:

Please describe sources for the above data: _____

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

	YES	NO
1.1 Does the health facility have a written breastfeeding/infant feeding policy that addresses all 10 Steps to Successful Breastfeeding in maternity services and support for HIV-positive mothers?	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Does the policy protect breastfeeding by prohibiting all promotion of breast-milk 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 mothers?	<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. Tools for auditing or evaluating the policy should be developed at health system or hospital level.

Global Criteria - Step One

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

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

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

	YES	NO
2.1 Are all staff members caring for pregnant women, mothers, and infants oriented to the breastfeeding/infant feeding policy of the hospital when they start work?	<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 babies, have received orientation on the breastfeeding/infant feeding policy. The orientation that is provided is sufficient.

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

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

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

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

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

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

Out of the randomly selected clinical staff members*:

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

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

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

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

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

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

	YES	NO
3.1 Does the hospital include an antenatal clinic or satellite antenatal clinics or in-patient antenatal wards? *	<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?	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Is a mother's antenatal record available at the time of delivery?	<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 or in-patient antenatal ward:

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

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

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

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

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

This Step is now interpreted as:

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

	YES	NO
4.1 Are babies who have been delivered vaginally or by caesarean section <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 an hour or more?	<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 without separation for an hour or more, unless there were medically justifiable reasons.
(Note: It is preferable that babies remain skin-to-skin even longer than an hour, if feasible, as they may take longer than 60 minutes to be ready to breastfeed)
- At least 80% also confirm that they were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help, if needed.
(Note: The baby should not be forced to breastfeed but, rather, supported to do so when ready. If desired, the staff can assist the mother with placing her baby so he or she can move to her breast and latch when ready)

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

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

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

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

	YES	NO
5.1 Does staff offer all breastfeeding mothers further assistance with breastfeeding their babies within six hours of delivery?	<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 breast-feeding 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 are accurate and complete, and the mothers are asked to give “return demonstrations”.

Out of the randomly selected clinical staff members:

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

Out of the randomly selected mothers (including Caesarean):

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

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

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

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

	YES	NO
6.1 Does hospital data indicate that at least 75% of the full-term babies discharged in the last year have been exclusively breastfed (or exclusively fed expressed breast milk) from birth to discharge or, if not, that there were acceptable medical reasons?	<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 babies delivered in the last year have been exclusively breastfed or exclusively fed expressed breast milk from birth to discharge or, if not, that there were documented medical reasons.

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

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

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

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

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

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

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

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

	YES	NO
7.1 Do the mother and baby stay together and/or start rooming-in immediately after birth?	<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 together or, if not, have justifiable reasons for being separated.

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

STEP 8. Encourage breastfeeding on demand.

	YES	NO
8.1 Are breastfeeding mothers taught how to recognize the cues that indicate when their babies are hungry?	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Are breastfeeding 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 breasts become overfull they should also try to breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>

Global Criteria - Step Eight

Out of the randomly breastfeeding selected mothers:

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

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

	YES	NO
9.1 Are breastfeeding babies being cared for without any bottle feeds?	<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 breastfeeding 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.

Out of the randomly selected breastfeeding mothers:

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

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

	YES	NO
10.1 Do staff discuss plans with mothers who are close to discharge for how they will feed their babies after return home?	<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 can describe at least one way this is done.
- The staff encourages mothers and their babies to be seen soon after discharge (preferably 2-4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed and can describe an appropriate referral system and adequate timing for the visits.

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

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

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

	YES	NO
Code.1 Does the healthcare facility refuse free or low-cost supplies of breast-milk substitutes, purchasing them for the wholesale price or more?	<input type="checkbox"/>	<input type="checkbox"/>
Code.2 Is all promotion for breast-milk substitutes, bottles, teats, or pacifiers absent from the facility, with no materials displayed or distributed to pregnant women or mothers?	<input type="checkbox"/>	<input type="checkbox"/>
Code.3 Are employees of manufacturers or distributors of breast-milk substitutes, bottles, teats, or pacifiers prohibited from any contact with pregnant women or mothers?	<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 Does the hospital keep infant formula cans and pre-prepared bottles of formula out of view unless in use?	<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 breast-milk 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"/>

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

Global Criteria – Code compliance

The head/director of maternity services reports that:

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

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

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

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

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

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

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

Mother-friendly care

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

	YES	NO
MF.1 Do hospital policies require mother-friendly labour and birthing practices and procedures, including:		
Encouraging women to have companions of their choice to provide constant or continuous physical and/or emotional support during labour and birth, if desired?	<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

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

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

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

Out of the randomly selected clinical staff members:

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

Out of the randomly selected pregnant women:

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

HIV and infant feeding (optional)

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

	YES	NO
HIV.1 Does the breastfeeding/infant feeding policy require support for HIV positive women to assist them in making informed choices about feeding their infants?	<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 staff and is sufficient, given the percentage of HIV positive women and the staff needed to provide support for pregnant women and mothers related to HIV and infant feeding. The training covers basic facts on:

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

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

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

Out of the randomly selected clinical staff members:

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

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

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

