SECTION 3:
HOSPITAL SELF-APPRAISAL
AND MONITORING

REVIEW DRAFT  December 2004

Original BFHI Self-Appraisal Tool developed 1992
The original BFHI Self-Appraisal Tool was prepared by the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), with assistance from Wellstart International.

Dr. Ann Brownlee 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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## TABLE OF CONTENTS

3.1. THE HOSPITAL SELF-APPRAISAL TOOL .................................................. 1

- Using the Hospital Self-Appraisal Tool to Assess Policies and Practices ........ 1
- Analysing the Self-Appraisal Results .......................................................... 1
- Action .......................................................................................................... 2
- The Self Appraisal Questionnaire .............................................................. 3

3.2 GUIDELINES AND TOOLS FOR MONITORING BFHI ............................ 22
BABY-FRIENDLY HOSPITAL INITIATIVE

SECTION 3
Hospital Self-Appraisal and Monitoring
3.1. The Hospital Self-Appraisal Tool

REVIEW DRAFT December 2004
Original BFHI Self-Appraisal Tool developed 1992
3.1. The Hospital Self-Appraisal Tool

Using the Hospital Self-Appraisal Tool to Assess Policies and Practices

Any hospital or health facility that is interested in becoming Baby-friendly should, as a first step, appraise its current practices with regards 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 some 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 closely they comply with the International Code of Marketing of Breast-milk Substitutes and well they support HIV positive women and their infants.

The checklist that follows will permit 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-assessment form 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 and for the Code and HIV and Infant Feeding are reproduced right below the respective sections in the Self-Appraisal Tool. The Self-Appraisal Tool includes two Annexes: Annex 1, a checklist to assist in appraisal the hospital’s breastfeeding or infant feeding policy and Annex 2, a list of the main points in the International Code of Marketing and the role of administrator and staff in upholding it.

Nationally determined criteria and local experience may encourage addition of other relevant queries to this global tool. Whatever practices are seen by a facility to discourage breastfeeding may be considered during the process of self-appraisal.

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, if it has not already. It is best if this data collection process be 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 3.2: The BFHI Monitoring Process.

Analysing the Self-Appraisal Results

Under ideal circumstances, most of the questions in this tool will be answered “yes.” Numerous negative answers will suggest divergence from the recommendations of the WHO/UNICEF Joint Statement and its Ten Steps to Successful Breastfeeding.

If a hospital finds that many of its answers to this self-appraisal are “yes,” they will wish to study The Global Criteria to learn more details of the international standards. It is helpful for the hospital to do some informal testing of staff and mothers, using the criteria mentioned for the various steps, to determine if they are close to meeting the required standards. They may then wish to consider taking further steps toward being designated as a Baby-friendly Hospital and receiving the Global Award plaque. This involves use of the Global Hospital Assessment Tool, by an assessor external to the facility. An external assessment should be arranged in consultation with the national authority responsible for BFHI.

A hospital with many “no” answers on the Self-Appraisal Tool or where exclusive breastfeeding from birth is not yet given to most of babies may want to develop an action plan. The aim can be to eliminate practices that hinder initiation of exclusive breastfeeding and to expand those that enhance it. Such hospitals may wish to ask for assistance with training or hospital policy development, from their national BFHI authority.
**Action**

Results of the self-appraisal should be shared with the National Authority. Training may be arranged in the country or could be facilitated by senior professionals who have attended an international training-of-trainers course in lactation management. In many settings, it has been found valuable to develop various cadres of specialists who can give help with breastfeeding, both in health care facilities and at the community level. Through village health workers 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.

Hospitals are encouraged to establish a written breastfeeding policy covering all *Ten Steps to Successful Breastfeeding* and compliance with the *International Code*, before seeking assessment and designation as Baby-friendly. They also will need to have, in advance of assessment, a written curriculum for any training in lactation management given to hospital staff caring for mothers and babies. A third written document is an outline of the content to be covered in antenatal health education about breastfeeding. Existence of such written documents provides evidence of on-going institutional commitment to breastfeeding and ensures against variations in practice with changes in staffing.

Consultation with the relevant local authority and the UNICEF country office can provide more information on policies and training which will contribute to increasing the Baby Friendliness of health facilities.
The Self Appraisal Questionnaire

Hospital Data

1. Hospital name and address:

2. The hospital is: 
   - [ ] solely a maternity hospital
   - [ ] a general hospital
   - [ ] a teaching hospital
   - [ ] a government hospital
   - [ ] a privately run hospital
   [Tick all that apply.]

3. Name and title of hospital director or administrator:
   Telephone or extension: ____________________________ E-mail address: ____________________________

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

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

6. Number of maternity beds (postpartum):

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

8. Does the hospital have a special care baby unit (SCBU) or neonatal intensive care unit (NICU)?
   - [ ] Yes
   - [ ] No
   [If yes:] Average daily census: ______ Name of director: ____________________________

9. Are there rooms on the maternity wards designated as well baby nurseries?
   - [ ] Yes
   - [ ] No
   [If yes:] Average daily census: ______ Name of director: ____________________________

10. What percentage of mothers attend the hospital’s antenatal clinic? ______%

11. Does the hospital hold antenatal clinics at other sites outside the hospital?
    - [ ] Yes
    - [ ] No
    [If yes:] Please describe when and where they are held:

12. The following staff has direct responsibility for assisting women with breastfeeding (BF), feeding breastmilk substitutes (BMS), or providing counselling on HIV/AIDS (HIV): [Tick all that apply.]

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>BF</th>
<th>BMS</th>
<th>HIV</th>
<th>BF</th>
<th>BMS</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
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<td>Midwives</td>
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<td>SCBU/NICU nurses</td>
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<td>Nutritionists</td>
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<tr>
<td>Lactation consultants</td>
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<tr>
<td>Other staff (specify:)</td>
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</tr>
</tbody>
</table>

13. Are there breastfeeding and/or infant feeding/PMTCT committee(s) in the hospital?
    - [ ] Yes
    - [ ] No
    [If yes:] Please describe:

Recent Data (last calendar year)

14. Total births in the last calendar year: _______ of which:
    - ______% were by Caesarean Section
    - ______% were admitted to the SCBU/NICU
    - ______% were to mothers who did not receive antenatal care in this facility

15. Total number of babies discharged from the hospital in the last calendar year: _____ of which:
    - ______% started breastfeeding
    - ______% were breastfeeding at discharge
    - ______% were exclusively breastfed from birth (or exclusively fed expressed breastmilk)
    - ______% received at least one feed of formula, water or other fluids in the hospital
    - ______% received at least one feed of formula, water or other fluids in the hospital because of documented medical reason or mothers’ informed choice

16. Percentage of pregnant women who received voluntary testing and counselling for HIV: ______%
    Percentage of mothers who were known to be HIV positive at the time of babies’ births: ______%

Are the data: [ ] from records? [ ] an estimate? Please describe sources: ____________________________

1 It is strongly recommended that the health facility gather data on items 14-16 in their records. Section 3.2 of the BFHI materials provides examples of strategies for monitoring data related to The Ten Steps.

BFHI Section 3: Hospital Self-Appraisal and Monitoring 3
STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

1.1 Does the health facility have a written policy for protecting, promoting, and supporting breastfeeding that addresses all 10 steps to successful breastfeeding in maternity services? Yes ☐ No ☐

1.2 Does the policy protect breastfeeding by prohibiting all promotion of and group instruction on using breastmilk substitutes, feeding bottles, and teats? Yes ☐ No ☐

1.3 Does the policy prohibit distribution of samples gift packs with breastmilk substitutes and supplies or promotional materials for these products to pregnant women and others, as well as free gifts for the staff and hospital? Yes ☐ No ☐

1.4 Does the policy mandate support for HIV positive women to make informed choices about feeding their infants? Yes ☐ No ☐

1.5 Is the breastfeeding policy available so all staff who take care of mothers and babies can refer to it? Yes ☐ No ☐

1.6 Is the breastfeeding policy or the 10 steps posted or displayed in all areas of the health facility, which serve mothers, infants, and/or children? Yes ☐ No ☐

1.7 Is the breastfeeding policy or the 10 steps displayed in language(s) and written with wording most commonly understood by mothers and staff? Yes ☐ No ☐

1.8 Are any policies or protocols related to breastfeeding and infant feeding in line with current evidence-based standards? Yes ☐ No ☐

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

The 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 Code of Marketing of Breast-milk Substitutes. It also mandates support for any mothers who have made fully informed choices not to breastfeed. It addresses HIV and infant feeding and support for women who are HIV positive and their babies.

The policy is available so that all staff that takes care of mothers and babies can refer to it. The policy or The Ten Steps are visibly posted in all areas of the health care facility which serve pregnant women, mothers, infants, and/or children, particularly in the antenatal care, labour and delivery areas, maternity wards and rooms, all infant care areas, including the well baby nursery (if there is one), the infant special care unit, and paediatric unit, and administrative areas. They are displayed in the language(s) and written with wording most commonly understood by mothers and staff.

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

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2 Evidence-based policies and clinical protocols are available from The Academy of Breastfeeding Medicine. They include “Guidelines for Glucose Monitoring and Treatment of Hypoglycemia in Breastfed Neonates”, “Guidelines for Hospital Discharge of the Breastfeeding Term Newborn and Mother”, “Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate”, “Mastitis”, “Peripartum Breastfeeding Management for the Healthy Mother and Infant at Term”, and “Guideline on Co-Sleeping and Breastfeeding”

3 Evidence-based guidelines and clinical protocols are available from The Academy of Breastfeeding Medicine. They include “Guidelines for Glucose Monitoring and Treatment of Hypoglycemia in Breastfed Neonates”, “Guidelines for Hospital Discharge of the Breastfeeding Term Newborn and Mother”, “Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate”, “Mastitis”, “Peripartum Breastfeeding Management for the Healthy Mother and Infant at Term”, and “Guideline on Co-Sleeping and Breastfeeding”.

BFHI Section 3: Hospital Self-Appraisal and Monitoring 4
STEP 2. Train all health care staff in skills necessary to implement this policy.

2.1 Are all staff aware of the importance of breastfeeding and acquainted with the facility’s policy and services to protect, promote, and support breastfeeding? ☐ Yes ☐ No

2.2 Are all staff caring for women and infants oriented to the breastfeeding or infant feeding policy of the hospital before they commence work? ☐ Yes ☐ No

2.3 Is training on breastfeeding and lactation management given to all staff caring for women and infants within six months of their arrival? ☐ Yes ☐ No

2.4 Does the training cover all the “Ten Steps to Successful Breastfeeding” and the protection of breastfeeding? ☐ Yes ☐ No

2.5 Is the training on breastfeeding and lactation management at least 20 hours in total, including a minimum of 3 hours of supervised clinical experience? ☐ Yes ☐ No

2.6 Are staff members who care for women and infants able to answer simple questions on breastfeeding management? ☐ Yes ☐ No

2.7 Can these same staff members describe where they can refer mothers and where they can seek additional guidance themselves, if needed, on breastfeeding and infant feeding problems? ☐ Yes ☐ No

2.8 Do non-clinical staff such as care attendants, clerical staff, and housekeeping and catering staff, also receive orientation on the breastfeeding/infant feeding policy, why breastfeeding is important, and what is done to support women so they can feed their babies well? ☐ Yes ☐ No

2.9 Is training also provided either for all staff caring for women and infants or for designated infant feeding counsellors on feeding the infant who is not breastfed and adequately supporting mothers who have made this choice? ☐ Yes ☐ No

The Global Criteria - Step Two

The head of maternity services reports that all health care staff members who have any contact with mothers, and/or infants, have received orientation on the breastfeeding policy and is able to describe how this orientation is given.

A copy of the curricula or course session outlines for training in breastfeeding and lactation management for various types of staff is available for review and a training schedule for new employees exists. The training is at least 20 hours in total, including a minimum of three hours of supervised clinical experience, and covers all 10 steps.

A copy of the course session outlines for training on supporting non-breastfeeding mothers in making fully informed choices and preparing safe feeds is available for review and a training schedule for staff responsible for providing this support exists. The training covers key topics such as the risks and benefits of feeding choices, how to help a mother determine how to feed her baby safely in her own situation, and how to support the mother in her feeding choice. The basic information on supporting the non-breastfeeding mother should be integrated into the training on breastfeeding and lactation management.

Out of the randomly selected maternity staff members:
- at least 80% confirm that they have received the described training or, if they have been on the maternity ward less than 6 months, have received orientation on the policy and their roles in implementing it, and at least 80% are able to answer 4 out of 5 questions on breastfeeding management correctly.
- At least 70% can identify where they can refer mothers and where they can seek additional guidance themselves, if needed, on breastfeeding and infant feeding problems.

Out of the randomly selected non-clinical staff members:
- at least 70% confirm that they are aware that the hospital has a breastfeeding policy,
- at least 70% report that they have received information on the types of things that are done in the facility to support women so they can feed their babies well, and
- at least 70% are able to describe two reasons breastfeeding is important.
STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

3.1 Does the hospital include an antenatal care clinic, satellite antenatal clinics or an antenatal inpatient ward?* .......................................................... □ Yes □ No

3.2 If yes, are most pregnant women receiving antenatal services informed about the benefits and management of breastfeeding? .......................................................... □ Yes □ No

3.3 Does antenatal education, either that provided orally or in written form, cover key topics related to the importance and management of breastfeeding? .......................................................... □ Yes □ No

3.4 Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding? .......................................................... □ Yes □ No

3.5 Are the pregnant women who receive antenatal education able to describe why breastfeeding is important and how to deal with simple breastfeeding management problems? ....................... □ Yes □ No

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

The Global Criteria - Step Three

If the hospital has an affiliated antenatal clinic or antenatal ward, 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, or appropriate senior staff members are asked to prepare it. The antenatal discussion covers the benefits of breastfeeding, the importance of various practices that support the establishment of breastfeeding, the importance of exclusive breastfeeding for the first 6 months with continued breastfeeding for 24 months or beyond and introduction of appropriate complementary foods. Written materials (if used) inform mothers about what support on feeding their babies is available to them and how to access this support. The materials provided are effective and accurate.

Out of the randomly selected pregnant women of 32 weeks or more gestation who are using the hospital antenatal service:

- at least 80% confirm that a staff member has talked with them about feeding their babies
- at least 70% are able to describe two things that they were told about why exclusive breastfeeding is important
- at least 70% confirm that at least two topics related to breastfeeding management had been discussed with them, and
- at least 50% are able to adequately describe what was discussed about two of these topics.

* Note: If the health facility has no antenatal services or satellite antenatal clinics, the criteria related to Step 3 do not apply.
STEP4. Help mothers initiate breastfeeding within a half-hour of birth. 
This Step is now interpreted as: 

Give the baby to the mother to hold skin-to-skin immediately after birth for at least an hour and encourage her to breastfeed when her baby is ready.

4.1 Are mothers given their babies, to hold skin-to-skin, immediately after birth and allowed to remain with them for at least an hour? ................................................................. □ Yes □ No

4.2 Are mothers who have had Caesarean deliveries with general anaesthesia given their babies, to hold skin-to-skin, as soon as they are able to respond to their babies? ................................................................. □ Yes □ No

4.3 Are all mothers encouraged, during this time, to look for signs for when their babies are ready to breastfeed and offered help, if needed? .................................................................................. □ Yes □ No

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 medical reason not to do so? ........................................................................ □ Yes □ No

4.5 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? .......................................................... □ Yes □ No

4.6 Are staff familiar with the effects of such medicaments on breastfeeding? ................................................ □ Yes □ No

The Global Criteria - Step Four

Out of the randomly selected mothers in the maternity ward at least 80% confirm that they were given their babies to hold skin-to-skin immediately after birth, for at least an hour, unless they requested otherwise. They 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 with the process, if needed. If any mothers have had Caesarean deliveries with general anaesthesia, 80% should report that they were given their babies to hold skin-to-skin as soon as they were able to respond, with the same procedures followed.

Observations in the delivery room, when possible, confirm that in at least 75% of the cases mothers are given their babies to hold skin-to-skin, immediately after birth, for at least 60 minutes, that they are encouraged to look for signs for when their babies were ready to breastfeed, and offered help with the process, if needed.

Out of randomly selected mothers with babies in special care, of those that are stable at least 80% 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.
### STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

| Question |
|-----------------|-----------|
| 5.1 Does nursing staff offer all mothers further assistance with breastfeeding within six hours of delivery? | [ ] Yes [ ] No |
| 5.2 Are breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding? | [ ] Yes [ ] No |
| 5.3 Are mothers shown how to hand express their milk and/or given information on expression and/or advised of where they can get help, should they need it? | [ ] Yes [ ] No |
| 5.4 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? | [ ] Yes [ ] No |
| 5.5 Do mothers who have decided not to breastfeed report that the staff discussed with them the risks and benefits of various feeding options, either in the hospital after their deliveries or antenatally? | [ ] Yes [ ] No |
| 5.6 Do mothers who have decided not to breastfeed receive advice on how to dry up their milk naturally? | [ ] Yes [ ] No |
| 5.7 Are mothers who have decided not to breastfeed shown how to prepare and give their babies feeds and asked prepare a feed themselves, after being shown how? | [ ] Yes [ ] No |
| 5.8 Are mothers with babies in special care helped within 6 hours of birth to establish and maintain lactation by frequent expression of milk and told how often they should do this? | [ ] Yes [ ] No |
| 5.9 Can maternity 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? | [ ] Yes [ ] No |

### The Global Criteria - Step Five

Out of the randomly selected postpartum mothers (including caesarean):
- at least 80% report that nursing staff offered further assistance with breastfeeding within six hours of delivery
- at least 80% of those who are breastfeeding are able to demonstrate correct positioning/attachment
- at least 80% report that they were shown how to hand express their milk or given written information on expression and/or advised where they could get help, should they need it
- at least 80% of the mothers who have decided not to breastfeed report that the staff discussed with them the risks and benefits of various feeding options, either in the hospital after their deliveries or antenatally, and that they were offered help with drying up their milk naturally and with preparing their babies’ feeds and could describe appropriate advice.

Out of the randomly selected mothers with babies in special care:
- at least 80% report that they have been offered to help start their breastmilk coming and to keep up the supply within 6 hours of their babies’ births
- at least 80% of those breastfeeding or planning to do so report that they were shown how to express their breastmilk by hand, and 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.

(Continued on next page)
The Global Criteria - Step Five (continued)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 80% report that they teach mothers positioning/attachment and, out of those that do, 80% are able to demonstrate correct techniques</td>
<td></td>
</tr>
<tr>
<td>At least 80% report that they teach mothers how to express breastmilk by hand and, out of those that do, 80% can describe an acceptable technique for this</td>
<td></td>
</tr>
<tr>
<td>At least 80% can describe two types of information that should be discussed with mothers who indicate they are considering formula feeding</td>
<td></td>
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<tr>
<td>At least 80% can describe how non-breastfeeding mothers can be assisted to prepare replacement feeds in a safe manner or to whom they can be referred for this advice, and what they can do to suppress lactation naturally.</td>
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</tbody>
</table>

Out of the randomly selected non-clinical staff members, at least 70% can describe at least one thing they have been told that they can do in the maternity services to provide support to women so they can feed their babies well.

The head of maternity services reports that staff members discuss the risks and benefits of various feeding options with mothers who are trying to decide whether to breastfeed or formula feed and that mothers are assisted in making “informed choices”. If mothers decide to feed their babies breastmilk substitutes or replacement feeds they are given individual instruction on how to prepare the feeds.

Observations of staff demonstrating how to prepare breastmilk substitutes confirm that in 80% of the cases, the demonstrations were given individually, were accurate and complete, and the mothers were asked to give “return demonstrations”.

BFHI Section 3: Hospital Self-Appraisal and Monitoring 9
STEP 6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.

6.1 Do staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breastmilk for breastfeeding babies? ...........................
(See acceptable medical reasons, Annex 1: The Global Criteria).

6.2 Are babies exclusively breastfed, receiving no other food or drink (than breastmilk), unless it is medically indicated or the mothers have made fully informed choices not to breastfeed? ..... 

6.3 Does the hospital have adequate space and the necessary equipment and supplies for giving individual demonstrations of how to prepare formula and other feeding options to use, when necessary? ...........................................................

6.4 Does hospital data indicate that a high percentage of babies discharged in the last year have been exclusively breastfed from birth (or exclusively fed expressed breastmilk)? .....................

6.5 Are any clinical protocols or standards related to breastfeeding or infant feeding that are used by the maternity services in line with current evidence-based standards? ..........................

The Global Criteria - Step Six

Out of the randomly selected postpartum mothers, at least 80% report that their babies either received no foods or fluids other than breastmilk or, if they did, received supplements or replacement feeds either for acceptable medical reasons, described by the staff, or fully informed parental choice.

Observations in the postpartum wards/rooms and any well baby nurseries show that in at least 75% of any cases where babies were observed being fed food or drink other than breastmilk or mothers had feeding supplies, there were acceptable medical reasons or informed choices. No educational materials which recommend supplementation with bottles, scheduled feeds or other inappropriate practices are seen displayed or being distributed to mothers. Finally, the hospital is observed to have an adequate facility/space and the necessary equipment and supplies for giving individual demonstrations of how to prepare formula.

Any clinical protocols or standards related to breastfeeding or infant feeding that are used by the maternity services are in line with current evidence-based standards.

[See Annex 1 for list of “Acceptable medical reasons for supplementation or replacement feeding”]
STEP 7. Practice rooming-in -- allow mothers and infants to remain together -- 24 hours a day.

7.1 Do the mother and baby stay together and/or start rooming-in immediately after birth? ...........  □ Yes  □ No

7.2 Do mothers and infants remain together (rooming-in or bedding-in) 24 hours a day, unless separation is by fully informed choice or medically indicated and prescribed? .................................................... □ Yes  □ No

7.3 Does rooming-in start as soon as a caesarean mother can respond to her baby? ........................................... □ Yes  □ No

The Global Criteria - Step Seven

Out of the randomly selected mothers with normal babies, at least 80% report that their babies have stayed with them and/or started rooming or bedding-in with them immediately after birth. Out of those mothers whose babies have roomed in, at least 80% report that their babies have stayed with them in their rooms/beds day and night, or staff caring for them are able to indicate justifiable reasons for separation prescribed in the mothers’ or babies’ charts.

Observations in the postpartum wards and rooms and discussions with mothers and staff confirms that in at least 75% of cases where mothers and babies are not together there are justifiable reasons.

If there is a well-baby nursery, observations and discussions with staff indicate that for at least 75% of the babies, there are acceptable medical reasons prescribed in their charts for why they are not being roomed in with their mothers.
STEP 8. Encourage breastfeeding on demand.

8.1 Are mothers taught how to recognize the signs (cues?) for when their babies are hungry?  ......  ☐ Yes  ☐ No

8.2 Are mothers encouraged to feed their babies as often and for as long as they want?  ..........  ☐ Yes  ☐ No

8.3 Are breastfeeding mothers advised that, if their babies sleep too long or their breasts become overfull, they should wake their babies (if asleep) and try to breastfeed?  .....................  ☐ Yes  ☐ No

The Global Criteria - Step Eight

Out of the randomly selected mothers of normal babies:

- at least 80% report that they have told how to recognize when their babies are hungry and can describe at least two signs
- at least 80% report that they have been advised to feed their babies as often and for as long as they want
- at least 80% of those who are breastfeeding report that, if their babies sleep too long or their breasts become overfull, they have been advised to wake their babies (if asleep) and try to breastfeed.
STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

9.1 Are babies who have started to breastfeed cared for without any bottle feeds?......................... □ Yes □ No
9.2 Are babies who have started to breastfeed cared for without using pacifiers?.......................... □ Yes □ No
9.3 Have any breastfeeding mothers wanting to use bottles or pacifiers been given information by the staff on the risks associated with their use? ................................................................. □ Yes □ No
9.4 By accepting no free or low-cost feeding bottles, teats, or pacifiers, do the facility and the health workers demonstrate that these should be avoided? ................................................... □ Yes □ No

The Global Criteria - Step Nine

Out of the randomly selected postpartum mothers who are breastfeeding:

- at least 80% report that, to the best of their knowledge, their infants have not been fed using bottles with artificial teats (nipples)
- at least 80% report that, to the best of their knowledge, their infants have not been given pacifiers by the staff
- at least 80% of any of the mothers who report that they or their relatives have given their babies pacifiers report that the staff gave them information on the risks associated with pacifier use.

Observations in the postpartum wards/room and any well baby nurseries indicates that:

- out of any cases where breastfeeding babies were observed using bottles with teats, for at least 75% of these cases there were acceptable medical reasons or informed choices,
- out of any cases where full term breastfeeding babies were observed using pacifiers, for at least 75% of these cases there were informed choices.
STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

10.1 Do staff discuss plans with mothers who are close to discharge for how they'll feed their babies after return home? ☐ Yes ☐ No

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? ☐ Yes ☐ No

10.3 Are mothers referred to mother support groups, peer counsellors and other community health services for help with feeding, if any are available? ☐ Yes ☐ No

10.4 Are mothers given information on where they can be seen by health care staff, preferably within 3 to 4 days after discharge, to assess how they are doing in feeding their babies and give any support needed? ☐ Yes ☐ No

10.5 Is printed material made available to mothers on discharge, if appropriate and feasible, on where to get follow-up support and on exclusive breastfeeding basics and various breastfeeding management issues? ☐ Yes ☐ No

10.6 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? ☐ Yes ☐ No

10.7 Does the facility allow breastfeeding counselling by trained mother-support group counsellors in its maternity services? ☐ Yes ☐ No

The Global Criteria - Step Ten

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 on return home and can describe at least one type of help that is available.

A review of documents indicates that:
- printed information is available, if feasible and appropriate, on how mothers can request help on feeding their infants after return home and is distributed to mothers before discharge
- printed information is also available, if feasible and appropriate, on exclusive breastfeeding basics and various breastfeeding management issues and is distributed to mothers before discharge.

The head of maternity services reports that:
- mothers are given information on how and from whom they can get support if they need help with feeding their babies after return home and can 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 support to mothers on feeding their babies and can describe at least one way this is done.
- the facility encourages mothers and their babies to be seen by health care staff soon after discharge (preferably within 3-4 days) to assess how they are doing on feeding and to give any support needed and can describe an adequate process for this.
Compliance with the International Code of Marketing of Breast-milk Substitutes.

Code.1 Does the healthcare facility refuse free or low-cost supplies of breastmilk substitutes, purchasing them for at least the wholesale price or 80% of the retail price or more?........... □ Yes □ No

Code.2 Is all promotion for breastmilk substitutes, bottles, teats, or dummies absent from the facility, with no materials displayed or distributed to pregnant women or mothers?............. □ Yes □ No

Code.3 Are all infant formula cans and prepared bottles kept out of view?.............................. □ Yes □ No

Code 4 Does the hospital refrain from giving samples or gift packs that include breastmilk substitutes, bottles/teats, pacifiers or other equipment or coupons to pregnant women, mothers and their families? .................................................................................................. □ Yes □ No

Code.5 Do both the maternity and non-clinical staff members understand why it is important not to give any free samples or promotional materials from formula companies to mothers? ... □ Yes □ No

Code.6 Does the hospital refrain from giving mothers bottles or cans of formula, bottles or teats to take home with them, except in circumstances that comply with the International Code? ............................................................................................................ □ Yes □ No

Code.7 Does the hospital refuse free gifts, 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?............................................................. □ Yes □ No

The Global Criteria – Code Compliance

Out of the randomly selected maternity staff members, at least 80% can give two reasons it is important not to give free samples and promotional materials from formula companies to mothers.

A review of records and receipts indicates that any breastmilk substitutes, including special formulas and other supplies, are purchased by the health care facility for the wholesale price or more or at least 80% of the retail price.

Observations in the antenatal and maternity services indicates that no promotional materials for breastmilk substitutes, bottles, teats or dummies, or other designated products as per national laws, are displayed or distributed to mothers, pregnant women, or staff.

The head of maternity services reports that:
- The hospital has a policy that prohibits the display of posters or other materials provided by manufacturers or distributors of breastmilk substitutes, bottles, teats, or dummies or any other materials that may promote their use
- No employees of manufacturers or distributors of breastmilk substitutes, bottle, teats or dummies have any direct or indirect contact with pregnant women or mothers
- The hospital does not receive free gifts, literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breastmilk substitutes, bottles, teats or dummies
- Neither pregnant women, nor mothers or their families are given samples or gift packs that include breastmilk substitutes, bottles/teats, pacifiers, other equipment or coupons.
HIV and infant feeding

Note: The National Authority responsible for the BFHI will determine whether or not maternity services should be assessed on whether they provide support related to HIV and infant feeding.

HIV.1 Are pregnant women counselled about HIV/AIDS and mother-to-child transmission of HIV?........................................................................................................................... ☐ Yes ☐ No

HIV.2 Are pregnant women counselled about the importance of voluntary testing and counselling for HIV?........................................................................................................................... ☐ Yes ☐ No

HIV.3 Are pregnant women and mothers who are HIV positive counselled about the risks and benefits of various feeding options and helped to make informed feeding choices? ............ ☐ Yes ☐ No

HIV.4 Does the staff receive training on mother-to-child-transmission of HIV and its prevention, voluntary testing and counselling, and how to provide support to women who are HIV positive in safely implementing their feeding choices? ............................................................ ☐ Yes ☐ No

HIV.5 Does the staff take care to maintain confidentiality and privacy of pregnant women and mothers who are HIV positive? ............................................................................................. ☐ Yes ☐ No

HIV.6 Are printed materials available, if appropriate, on how to implement various feeding options and distributed or described to mothers, depending on their feeding choices, before discharge? .............................................................................................................. ☐ Yes ☐ No

The Global Criteria – HIV and Infant Feeding

Out of the randomly selected pregnant women of 32 weeks or more gestation who are using the hospital antenatal service:

- at least 70% report that a staff member has talked with them or given a talk about HIV/AIDS, pregnancy and infant feeding
- at least 70% report that staff talked about how a woman who is HIV positive can pass the HIV infection to her baby and can describe at least two ways
- at least 70% report that they were told about the importance of voluntary testing and counselling for HIV for pregnant women and can describe at least one thing they were told.

Out of the randomly selected maternity staff members:

- at least 70% report that they have received training on PMTCT and HIV and infant feeding
- at least 70% be able to describe measure(s) they take to maintain confidentiality and privacy of HIV positive pregnant women and mothers
- at least 70% are able to describe two policies or procedures that help prevent MTCT of HIV during delivery or after birth
- at least 70% are able to describe two issues that should be discussed with an HIV positive mother trying to decide how to feed her baby
- at least 70% can describe at least two ways to minimise HIV transmission if a mother who is HIV positive decides to breastfeed.

A review of the curriculum on HIV and infant feeding and training records indicates that training is given to appropriate staff on key topics on this issue. In addition, a review of the antenatal information indicates that it covers the important topics on this issue.

A review of documents indicates that printed material is available on how to implement various feeding options and is distributed or described to mothers, depending on their feeding choices, before discharge.

The head of maternity services reports that:

- appropriate staff members are given training on HIV and infant feeding, VCT and PMTCT
- the hospital has adequate policies and procedures concerning various aspects of HIV, VCT and counselling on feeding choices
- pregnant women and mothers/couples who are HIV positive who are trying to decide how to feed their babies are counselled on risks and benefits of various options and assisted to make informed choices.
Summary:

Does your hospital implement all 10 STEPS for promoting, supporting and protecting breastfeeding? ................................................................. ☐ Yes ☐ No

Does your hospital comply with the Code of Marketing of Breast-milk Substitutes? ......... ☐ Yes ☐ No

Does your hospital provide adequate support for HIV positive women and their infants (if required)? ................................................................. ☐ Yes ☐ No

If no, what improvements are needed?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

If improvements are needed, would you like some help? ☐ Yes ☐ No If yes, please describe:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

This form is provided to facilitate a process of hospital self-appraisal. If a hospital or health facility wishes to invite an assessment of 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.
**Annex 1: Hospital Infant Feeding Policy Checklist**

<table>
<thead>
<tr>
<th>The policy:</th>
<th>Prohibits:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prohibits:</strong></td>
<td>Antenatal group demonstrations of the use of infant formula</td>
</tr>
<tr>
<td></td>
<td>Display of posters or other materials provided by manufacturers or distributors of breast-milk substitutes, bottles and teats that promotes their use</td>
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<tr>
<td></td>
<td>Any contact between employees of manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers and pregnant women or mothers</td>
</tr>
<tr>
<td></td>
<td>Distribution of samples or gift packs with breast-milk substitutes, bottles, teats or pacifiers to pregnant women or mothers and members of their families</td>
</tr>
<tr>
<td></td>
<td>Acceptance of free gifts (including food), literature, materials or equipment, money, or support for in-service education or events, from manufacturers or distributors of breast-milk substitutes, bottles, teats or dummies</td>
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</tbody>
</table>

**Step 1:**
Policy is routinely communicated to all (new) staff
Policy or Ten Steps is displayed in all appropriate areas
Policy or Ten Steps is provided in language and with wording staff and mothers can easily understand

**And ensures:**

**Step 2:**
Training for all staff (according to position), including training on:
- Breastfeeding and lactation management (20 hours minimum, including clinical practice)
- Feeding the infant who is not breastfed
- HIV, VCT, PMTCT and infant feeding (if appropriate)
New staff trained within 6 months of appointment

**Step 3:**
All pregnant women informed of:
- Importance of breastfeeding to mother and baby
- Basic breastfeeding management and care practices
- Basic facts concerning HIV, VCT, PMTCT and infant feeding (if appropriate)

**Step 4:**
All mothers and babies receive:
- Skin-to-skin contact immediately after birth
- Offer of help to initiate breastfeeding when baby is ready

**Step 5:**
All breastfeeding mothers are:
- Taught positioning and attachment
- Taught hand expression (or given leaflet and advice)
All mothers who have decided not to breastfeeding are:
- Taught individually to safely prepare their feedings of choice and asked to demonstrate what they have learned
- Taught how to suppress lactation (dry up their breast milk)
All mothers of babies in special care units are:
- Offered help to initiate lactation
- Advised to express at least 6-8 times in 24 hours if baby is not breastfeeding
<table>
<thead>
<tr>
<th>Step 6:</th>
<th>Supplements/replacement feeds are given to babies only:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If medically indicated</td>
</tr>
<tr>
<td></td>
<td>If mothers has made a “fully informed choice” after counselling on various options and the risks and benefits of each</td>
</tr>
<tr>
<td></td>
<td>Reason for supplements are documented</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 7:</th>
<th>All mothers and babies room-in together, including at night (regardless of HIV status)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Separation is only for medical indication or fully informed choice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 8:</th>
<th>Mothers are taught how to recognize the signs for when their babies are hungry and when they are satisfied.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>No restrictions are placed on the frequency or duration of breastfeeding.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 9:</th>
<th>Breastfeeding babies are not fed using artificial teats</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>[Cup feeding is recommended for babies who are not breastfeeding.]</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding babies are not given pacifiers or dummies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 10:</th>
<th>Information is provided on ways to get help and support with breastfeeding/infant feeding after return home</th>
</tr>
</thead>
<tbody>
<tr>
<td>If/yes:</td>
<td>Information is provided to all women on how to get infant feeding support after return home from:</td>
</tr>
<tr>
<td></td>
<td>The maternity hospital</td>
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<tr>
<td></td>
<td>Community health services</td>
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<td></td>
<td>Mother support groups</td>
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<tr>
<td></td>
<td>Peer/lay counsellors</td>
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<tr>
<td></td>
<td>The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant feeding support</td>
</tr>
<tr>
<td></td>
<td>Mothers are provided with information about how to see a health care worker within 3-7 days to check her baby’s feeding and get any support needed.</td>
</tr>
</tbody>
</table>

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4 Note: Information should be provided on how to get infant feeding support from at least one of these sources, and more, if feasible.
Annex 2

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 free samples to mothers
- No company personnel to advise mothers
- No free samples to mothers
- No promotion in the health services
- No company personnel to advise mothers
- No free samples to mothers
- No gifts or personal samples to health workers
- 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 that on labels, should explain the benefits of 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, including special formulas, should be purchased by the health care facility in the same way as other foods and medicines.
- Promotional material for infant foods or drinks other than breast milk should not be permitted in the facility.
- Pregnant women should not receive materials that promote artificial feeding.
- Feeding with breast-milk substitutes should be demonstrated by health workers only, and only to pregnant women, mothers, or family members who need to use them. Group instruction should be avoided.
- Breast-milk substitutes in the health facility should be kept out of the sight of pregnant women and mothers.
- The health facility should not allow sample gift packs with breast-milk substitutes or related supplies that interfere with breastfeeding to be distributed to pregnant women or mothers.
- Financial or material inducements to promote products within the scope of the Code should not be accepted by health workers or their families.
- Manufacturers and distributors of products within the scope of the Code should disclose to the institution any contributions made to health workers such as fellowships, study tours, research grants, conferences, or the like. Similar disclosures should be made by the recipient.

BABY-FRIENDLY HOSPITAL INITIATIVE

SECTION 3
Hospital Self-Appraisal and Monitoring

3.2. Guidelines and Tools for Monitoring Baby-friendly Hospitals

unicef

World Health Organization

REVIEW DRAFT December 2004
3.2 Guidelines and Tools for Monitoring BFHI
[To be completed once the External Assessment Tool is finalized.]