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The Baby-friendly Hospital Initiative

*Monitoring and reassessment:
Tools to sustain progress*



World Health Organization



United Nations
Children's Fund



Wellstart International



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The Baby-friendly Hospital Initiative

Monitoring and reassessment:

Tools to sustain progress

Prepared by the

**World Health Organization
and
Wellstart International**

*Monitoring and Reassessing
Baby-friendly Hospitals*

Acknowledgments

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Table of contents

Section I: Guide for monitoring and reassessing Baby-friendly Hospitals

Section II: Baby-friendly Hospital Initiative monitoring tool

Section III: Baby-friendly Hospital Initiative reassessment tool

Section IV: Computerized reporting system for BFHI monitoring

Section I:

Guide for

monitoring and reassessing

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Table of contents

1. Introduction	1
2. Purpose of the Monitoring Tool and Reassessment Tool	2
Purpose of the Guide and Tools	2
Differences between monitoring and reassessment	2
3. Description of the Tools	3
Contents of the Tools	3
Description of the Tools and their use	4
4. Guidelines for monitoring and reassessment	8
Preparing for the monitoring or reassessment process	8
Implementing the monitoring or reassessment process in hospitals	14
5. Using the results	18
Using the results in hospitals	18
Using the results at national level	18
Using a scoring system for reassessment and what level should be considered as “passing”	19
Recognizing or rewarding hospitals that have “passed”	19
Deciding about hospitals that do not “pass”	20
Integrating BFHI monitoring into a “quality of care” system	20
6. Conclusion	20
Questionnaire	21
Annexes	25
1. Monitoring and reassessment process	27
2. Form for selecting sample of postpartum mothers	29

1. Introduction

Since its launch in 1991, the Baby-friendly Hospital Initiative (BFHI) has captured the imagination and earned the support of politicians and health professionals alike. In a remarkably short time, the BFHI has mobilized national leaders, NGOs, the news media, mothers and the public at large.

By the end of 1998, the number of hospitals designated "baby-friendly" had reached more than 16,000 (compared to about 4,300 in 1995, 8,000 in 1996 and 13,000 in 1997). Important progress has been made thanks to the joint partnership of many actors including governments, NGOs and health institutions, together with national bodies and international organizations. With this steady progress, national authorities have reiterated their commitments to the key operational targets of the Innocenti Declaration: appointment of a national breastfeeding coordinator, establishment of a multi-sectoral national committee, implementation of the International Code of Marketing of Breast-milk Substitutes, adoption of maternity protection legislation, and making maternity services baby-friendly.

With such high numbers of hospitals designated baby-friendly, countries have expressed the need for monitoring and reassessment tools to sustain their baby-friendly hospitals and to improve on progress already achieved.

WHO, in close cooperation with Wellstart International, its collaborating centre on breastfeeding, began responding to this demand in 1997 by developing a set of monitoring/reassessment tools. Many partners were involved in its preparation (see acknowledgments), and UNICEF's office for the European Region was especially supportive of the process. The tools were field-tested in Brazil, Egypt, Nicaragua and Poland, which provided valuable feedback for finalizing the tools and enabled participating countries to launch or further develop their own BFHI monitoring and reassessment process.

The tools are designed to foster involvement of hospital management and staff in problem identification and planning for sustaining or improving implementation of the Ten Steps. This strategy should contribute to long-term sustainability of BFHI and help ensure its credibility.

The monitoring and reassessment tools are:

- Prototypes that can be adapted to meet country needs.
- Based on the "global criteria" for assessment of the "Ten steps to successful breastfeeding".
- Easy to use for assessors familiar with the BFHI assessment process and easy to teach to new assessors.
- Flexible, so that tools can be added or deleted and a system devised for use either internally by a hospital for on-going self-monitoring, or externally for periodic monitoring and reassessment.
- Easy to use in a short time, if desired. For example, the monitoring or reassessment process can be completed in just one day.

- Focused on guiding the hospital through a complete monitoring or reassessment process, which includes data gathering, presentation of results, and planning by the hospital management and staff for any needed changes.

2. Purpose of the Monitoring Tool and Reassessment Tool

Purpose of the Guide and Tools

The *Guide for monitoring and reassessing Baby-friendly Hospitals*, the *Monitoring tool*, and the *Reassessment tool* have been developed for adaptation and use by countries that want to implement a BFHI monitoring or reassessment process. As mentioned in the introduction, UNICEF and WHO encourage countries to develop systems for monitoring and/or reassessing hospitals that have been designated baby-friendly, as a strategy for maintaining the standards they have achieved. No set monitoring or reassessment system is required, although countries are urged to use tools that measure continued adherence to the Global Criteria for BFHI and that are based on observation, document reviews and interviews with the mothers themselves, rather than relying on “self-reporting” by hospital management.

Many national BFHI authorities and hospitals have requested that UNICEF and WHO provide examples of tools that could be used for monitoring or reassessment. This *Guide* and the *Monitoring Tool* and *Reassessment Tool* that accompany it have been prepared in response to these requests. UNICEF has also prepared guidelines and sample tools that may be helpful. The strategies and tools provided are not in any way required, but are simply meant to be reviewed, adapted if desired, and used as appropriate.

Differences between monitoring and reassessment

Monitoring can be described as a dynamic system for data collection and review that provides information on key indicators related to implementation of the *Ten Steps* in baby-friendly hospitals. The monitoring process can be organized by the hospitals themselves or at a higher level of the system. It can be relatively inexpensive, if the monitors are either from the hospitals or already on staff within the health care system. The monitoring process should measure both the breastfeeding support provided by the hospitals and the mothers’ current infant feeding practices. Hospital management and staff should use the results to identify areas needing improvement and then develop a plan of action to make needed changes. Monitoring should be conducted periodically, for example, every six months or every year, and results compared over time.

Reassessment can be described as “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other baby-friendly criteria. It is usually planned and scheduled by the national BFHI authority for the purpose of evaluating on-going compliance with the Global Criteria and includes a reassessment visit by an outside team. It is often more comprehensive in scope than monitoring and usually involves the need for

additional resources. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every two to three years. Results are usually sent by the assessors to the national BFHI authority which, in turn, informs the hospitals of the results. The use of the results may vary but, at minimum, they should help both the national authority and the hospitals themselves identify areas where improvements are needed.

A country may decide to implement either a system for monitoring or reassessment, or both. The reassessment tool would be the only one used for reassessment, but a country could use the monitoring tool as part of the process of preparing for reassessment. A flow chart is included in Annex 1 to illustrate the major differences between the two systems and how they might fit together, if desired.

3. Description of the Tools

The tools are presented as two complete sets, one for monitoring and one for reassessment, so they are ready to use “as is”, or with adaptation. Some of the same tools for data collection are found in each set of tools, but there are some differences, since the purposes of monitoring and reassessment vary, as described above. Both sets of tools have data summary and reporting forms, as well as sample action plans. The contents of each of the two sets of tools are listed below. The use of components of the tools that are new or somewhat different than in the original BFHI assessment package are also described.

Contents of the Tools

The *Baby-friendly Hospital Initiative monitoring tool* includes the following set of data collection instruments:

- I. Infant feeding forms
 - I.A. Infant feeding record
 - I.B. Summary infant feeding report
- II. Staff training forms
 - II.A. Staff training record
 - II.B. Summary staff training report
- III. Review and observation form
- IV. Interview with mother
- V. Interview with staff member (optional)
- VI. Follow-up interview with mother (optional)

Guide for monitoring and reassessing Baby-friendly Hospitals

The *Baby-friendly Hospital Initiative reassessment tool* includes the following set of data collection instruments:

- I. Summary infant feeding report
- II. Summary staff training report
- III. Review and observation form
- IV. Interview with mother
- V. Interview with staff member
- VI. Interview with pregnant woman
- VII. Interview with mother of baby in special care

In addition, both the *Monitoring tool* and the *Reassessment tool* include:

- Data summary and reporting forms
 - Summary of data collected
 - Report on results
- Action plans
 - Action plan (with timeline)
 - Action plan (without timeline)

The **BFHI monitoring tool** also has a:

- Computerized reporting system for monitoring

Description of the Tools and their use

Data collection instruments

The *Monitoring tool* includes two new records which can be used for on-going data collection: the *Infant feeding record* and the *Staff training record*.

The *Infant feeding record* is a sample form which can be used by hospitals to keep a record of key data related to infant feeding practices for mother/baby pairs delivering in their maternity services. The record is meant to be updated daily. One line of the record is to be used for each baby. If the baby (and mother) stay for more than one day following delivery, the record can be updated. For example, the baby may be fully rooming-in the first day but be separated for more than an hour the second day for a procedure, and this change would be recorded when it happens. The columns labelled "Any problems" and "Action taken" have been included to provide a simple way for staff to note any infant feeding problems and to record what was done to solve them. Guidelines for filling in the Infant feeding record are provided on the reverse side of the record.

Guide for monitoring and reassessing Baby-friendly Hospitals

The *Staff training record* is a sample form which can be used by hospitals to keep a record of staff members that care for mothers and babies and what basic and refresher training they have received on breastfeeding management. One row should be used for each staff member. The rows are wide enough for data to be entered over time. For example, data on several training experiences for a staff member can be entered under the training section. The record can be kept in pencil for easy updating. If the staff member is transferred from the unit or resigns, the name can be crossed out.

The *Summary infant feeding report* can be used to summarize data from the *Infant feeding record*, thereby providing management and staff with an overview of key indicators related to infant feeding support and practices. The percentages should be calculated only for babies that have been *discharged* during the monitoring period.

The *Summary staff training report* can be used to summarize the data from the *Staff training record*; it provides a quick way to calculate what proportion of the staff is currently up-to-date with required breastfeeding management training and whether necessary refresher training has taken place or is scheduled.

If a system for collecting data on infant feeding practices and staff training is already in place, existing data can simply be entered in the summary reports. If the hospital does not yet collect data on infant feeding practices and determines that, due to limited staff time or resources, it would not be possible to do so on a regular basis, the hospital might decide to assign someone to record the data over a limited period — for two weeks or a month, for example — to provide a sample of practices over time.

The results from both forms are integrated into the reporting system for the *Monitoring tool*. The data on staff training are reported under “Step 2”. The data on infant feeding are reported as “Item 13”, and can provide management a way to cross-check the results of the interviews with mothers.

The *Monitoring tool* includes four additional data collection tools, the *Review and observation form*, *Interview with mother*, *Interview with staff member* and *Follow-up interview with mother*.

The *Interview with staff member* has been designated as “optional” for the monitoring process. It is possible to obtain the basic data needed for measuring current achievements on the *Ten Steps* using just the *Summary staff training report*, the *Review and observation form* and the *Interview with mother*. However, if possible, it is strongly recommended that the *Interview with staff member* be included. If staff members are aware that the monitoring process is under way and that they may be interviewed and tested on their current knowledge and skills related to the *Ten Steps*, this sends them a message that breastfeeding support is important and encourages both management and staff to make sure that their knowledge and skills in this area remain strong.

The *Follow-up interview with mother*, also optional, is a new tool which has been developed to help hospitals monitor how well mothers are doing in continuing optimal breastfeeding practices (exclusive breastfeeding and no use of bottles) once they are discharged. If the mothers' practices remain poor, hospital management will need to rethink their strategies related to *Step 10*. What sample the hospital uses for these interviews will depend on the system of follow-up in place in each hospital. In some cases, the hospitals may consider involving MCH centres or community health centres in collecting the data, if these centres provide the follow-up care after birth. It is important that the data collected using these interviews be from mothers of babies under six months of age and of the same age group. (For more details on selecting the sample for this interview, see the discussion on sampling below).

The **Reassessment tool** includes the *Summary infant feeding report* and the *Summary staff training report*. These forms are presented to provide a place for summarizing the data on these two topics, either from the two records described above if they are used in the monitoring process, or from other data sources. The results from the *Summary infant feeding report* are *not* included in the scoring system for reassessment, as this type of data was recorded in the *Hospital data sheet* in the original BFHI assessment tool but *not* used in the scoring. The results from the *Summary staff training report* are included in the scoring system since this same type of data was gathered in the original BFHI assessments during the *Interview with senior nursing officer on maternity duty* and was included in the scoring for Step 2.

The **Reassessment tool** includes five additional data collection tools, the *Review and observation form*, *Interview with mother*, *Interview with staff member*, *Interview with pregnant woman* and *Interview with mother of baby in special care*. These tools are all shorter or condensed versions of the tools that were used in the original BFHI assessment package and are necessary for collecting data on the key Global Criteria for each step. The reassessment process focuses on primary data gathered from the mothers themselves, rather than secondary data from supervisory staff, in order to streamline the data collection process. The *Follow-up interview with mother* that was presented in the **Monitoring tool** is not included in the **Reassessment tool**. These data are not required for measuring the *Global Criteria* and it may be difficult to find a large enough sample of mothers with babies in the same age group during the limited time available for a reassessment visit.

Data summary and reporting forms

The *Summary of data collected*, which is included in both the **Monitoring tool** and the **Reassessment tool**, is tailored to collect data from the various forms and interviews. The aim is to guide monitors or assessors in preparing a data summary by "step" with scores in percentage form for the key components of each step as well as for each step as a whole. Results related to free and low-cost breast-milk substitutes and samples are summarized as "Item 11" in both tools. In the **Monitoring tool** the results from the *Follow-up interview with mother* are presented as "Item 12" and the data from the *Infant feeding report* are

presented as “Item 13”. These results are not included in the *Reassessment tool* since they were not measured in the original BFHI assessment.

The *Report on results* in both tools provides a format for presenting the results from each of the *Ten Steps* and the additional items in percentages, and for displaying the score both for the components of each step (or item) and the overall score for each step. A “Comments and suggestions” section is reserved for observations from monitors or assessors on components of the step where the hospital is doing well and on components where improvement is needed. At the bottom of the sheet for each step (and item) is a blank bar graph, which monitor(s) or assessor(s) can complete manually to indicate the percentages achieved for each component and step (or item) as a whole. This is a good visual means to illustrate how the hospital is doing and provides immediate feedback to management and staff during the monitoring process or reassessment visit. In the *Monitoring tool* there are additional summary sheets for reporting progress on the *Ten Steps* and other items, and for showing overall scores in bar graph form. Although these sheets are optional, they could be helpful for managers who wish to post summaries of overall results as a way of providing feedback from the monitoring process to their staff.

Action plans

Sample *Action plans* are provided both in the *Monitoring tool* and *Reassessment tool*. These forms can be used by the hospital management and staff to prepare draft *Action plans* to address areas needing improvement. Two versions of the plans have been provided, one with and one without timeline. More guidance concerning the action planning process is given below in the section on “Guidelines for monitoring and reassessment”.

Computerized reporting system for monitoring

A computerized system for reporting results has been prepared for use with the **Monitoring tool**. It includes a *Data entry form* where the percentages for the various components of each of the steps and items can be entered from the *Summary of data collected*. The computer programme automatically calculates the overall scores for each step and item, prepares a *Report on results* that summarizes the individual results for each step and item in table and bar-graph form, and generates a *Summary report* that presents the overall percentage score for each step/item in bar-graph form. The only data that need to be entered manually are the percentage scores from the *Summary of data collected*, the hospital name, date, and whatever narrative is desired in the “Comments and suggestions” boxes. The system is set up to record and display the data for four separate monitoring periods.

This computerized reporting system has been prepared using the *Excel* programme, which is part of the *Microsoft Office* package, available in many countries. Use of this computerized system for reporting is, of course, optional. If desired, the presentation can be prepared manually first and, if *Excel* is available for preparing the final version of the report, the results can easily be entered into the *Data entry form*. The diskette with the reporting system is

included in this package and instructions on how to use the computerized reporting system and a sample print-out are included as Section IV of this document. If this computerized system is widely used for monitoring and judged helpful, consideration will be given to preparing a similar computerized reporting system for use during reassessment.

4. Guidelines for monitoring and reassessment

Preparing for the monitoring or reassessment process

■ Assigning responsibilities

In cases of “self-monitoring”, preparations will be the responsibility of hospital management and staff, for example the breastfeeding coordinator. Where there is a national monitoring system, preparations will most likely be undertaken by the national BFHI authority or ministry of health. Tasks will include:

- Developing the monitoring strategy
- Reviewing the monitoring tools, selecting and adapting them, if necessary, and preparing copies of the tools needed for the monitoring process
- Selecting monitors and providing any necessary orientation or training
- Scheduling the monitoring process

Preparations for the **reassessment process** should be the combined responsibility of the national BFHI authority and staff members responsible for BFHI (for example, within the ministry of health and/or from UNICEF). Management tasks that need to be assigned include:

- Developing the reassessment strategy
- Reviewing the assessment tools, selecting and adapting them, if necessary, and preparing copies of the tools needed for the process
- Identifying and engaging the assessors and arranging for their training
- Selecting hospitals for reassessment
- Scheduling reassessments at hospitals and asking the hospitals to prepare needed documents and information for the visits

■ Developing monitoring and reassessment strategies

The monitoring strategy, as mentioned earlier, can consist of a self-monitoring process, with hospitals either initiating monitoring on a voluntary basis or using the self-monitoring process encouraged or required by the national BFHI authority. It can also be part of a national monitoring strategy, with BFHI monitoring scheduled systematically by the national BFHI authority and monitoring teams that may include some external members. A critical goal when developing the monitoring strategy should be for the system to be cost-effective and sustainable, taking account of available resources. One approach to consider would be to identify supervisors at the regional, provincial or district level already responsible for monitoring infant feeding and other

MCH-related practices within health facilities and to train them as lead monitors. They could then do BFHI-related monitoring at the health facilities within their jurisdiction, as one of their ongoing job responsibilities, while at the same time training staff at the various facilities to assist with the process.

The reassessment strategy should include external assessors, since the reassessment results will be used to judge whether hospitals still adequately implement all *Ten Steps*. As countries and their national BFHI authorities develop reassessment strategies, they should also consider how to design cost-effective systems. For example, the number of assessor team members should be kept to the minimum needed, and consideration should be given to using assessors already within the system. In addition, the frequency of reassessments should be planned so the schedule can be maintained over time consistent with budgetary constraints. (Selection of monitors, assessors and hospitals is discussed below in the section on implementing the monitoring and reassessment process.)

- **Reviewing, selecting and adapting the data collection tools, summary, and reporting system**

The *Monitoring tool* and *Reassessment tool* can be adapted to meet particular hospital or country needs. It is probably best, however, to start by implementing either a monitoring or reassessment system (rather than both) and to use the tools as they are (at least at the start), after any necessary translation. If feasible, it would be best to schedule a pilot or field test of the tools and then, if necessary, make any adjustments before orienting or training monitors or assessors.

If a country wishes to adapt either *Tool*, it can be done by adding or deleting entire forms or interview schedules, or changing items within the forms or interview schedules themselves. However, it is important to note that when changes are made to the forms or interviews, corresponding adjustments will need to be made to the *Summary of data collected* and the *Report on results*. In addition to adjusting numbering, the notations in the right-hand margins of the interviews that indicate where the data should be recorded in the *Summary*, and the notations in the margins of the *Summary* that show where the data come from in the interviews or forms, may also need to be adjusted.

- **Deciding on sample sizes for the various interviews**

A detailed description of "Sampling" is presented in the *Guide for External Assessors* (page 8) in the original *BFHI External Assessors Manual*. It describes various methods of drawing random samples and how to avoid typical biases, as well as how to select a representative number of various types of staff.

The numbers of mothers and staff that are selected for interview are flexible, depending on time and resources available, the size of the hospital, and other factors.

If **monitoring** is done internally, it may be possible for the monitors to interview mothers over a period of time (for example, a week or a month), and thus have the possibility of interviewing larger numbers. A total of thirty (30) mother interviews is recommended, and thus 30 boxes are included on the *Summary* sections where data from the mother interviews is recorded. If the monitoring is being conducted over a shorter time period (for example, a day or a day and a half), it may not be feasible to interview this many mothers. At least 10 mothers should be interviewed in these circumstances. It is important that the mothers be interviewed *as close to discharge as possible*, that they or their babies do not have medical problems that interfere with infant feeding. The proportion of mothers with vaginal and c-section deliveries interviewed could be the same as the proportions of those types of deliveries reported for the hospital for the last year. A form to assist in recording and selecting mothers for the sample is provided in Annex 2.

A minimum of ten (10) staff interviews is suggested, and thus 10 boxes are included for summarizing this data.

Deciding how to locate and sample mothers for the *Follow-up interview* is important and will depend on what system for follow-up care each hospital or health system has in place. As mentioned earlier, it is essential that all the mothers sampled have babies under six months of age and from the same age group (one month or four months, for example). Depending on what is feasible within a particular health care system, mothers could be interviewed during visits to the immunization clinic, postpartum check-up, clinic for infants of a specific age group, or even through telephone calls. Mailout questionnaires could be considered as well, but this may not be practical if literacy rates are low. Experience shows that return rates on mailed questionnaires are often low, increasing the potential for biased data. Thirty (30) boxes are provided for recording the data from this interview in the *Summary*, but sample size may depend on how many mothers with infants of a particular age can be easily located.

For the **reassessment process**, smaller sample sizes are usually more feasible, as the reassessment interviews must often be done in one day if assessors come from outside the local area. The minimum numbers recommended are: 10 mothers (rather than 15 in the original assessment), 5 pregnant women, 10 staff members, and 5 mothers of babies in special care. Again, sample size is flexible, with larger samples recommended whenever feasible. As with the monitoring process, mothers interviewed should be as close to discharge as possible. It is recommended that the proportion of vaginal and c-section mothers selected for the sample be the same as the proportions of these types of deliveries reported for the hospital for the last year. Pregnant women should be at least 32 weeks gestation as in the original BFHI assessment.

■ **Selecting monitors or assessors**

When **BFHI monitoring** is being organized at a hospital one of the first decisions that must be made is whether the monitoring process will be completely internal, that is, conducted entirely by the hospital itself, or whether monitors from outside the hospital will also participate.

In either case, criteria for their selection should include:

- Solid knowledge and skills related to breastfeeding management
- Knowledge and skill in using evaluation techniques
- An understanding of the purpose and approach of the BFHI
- Sufficient seniority to ensure respect by the management and staff of the hospital being monitored

If it has been decided that the monitoring process will be carried out by staff internal to the hospital, hospital managers may want to select the hospital's "breastfeeding coordinator", if there is one, or someone else quite knowledgeable about infant feeding, to lead the process. However, if it appears likely that using staff from the maternity services may lead to a bias in the results, consideration can be given to selecting monitors from outside the unit. It is important, however, that the monitors have enough knowledge and skills related to breastfeeding management to accurately judge how the hospital is performing in this area.

In certain circumstances, it may be desirable to include some monitors from outside the hospital, or even a fully external team. This may be the case, for example, if the hospital has no staff skilled enough to serve as internal monitors or if there is a real concern, at least initially, that staff from the hospital itself would not be objective. Once hospital staff realize that the monitoring process has been implemented to facilitate self-improvement rather than to judge or penalize the staff in any way, it may be easier to get objective results while using staff members from the maternity service itself.

The number of monitors selected will depend on the size of the maternity service, how many interviews will be conducted as part of the monitoring process, and availability of individuals with the necessary skills to serve as monitors. It is probably wise to keep the number of monitors to a minimum, as it will then be easier to coordinate collection and reporting of data, as well as to keep costs low.

When a **BFHI reassessment** is being conducted, it is probably best that the assessor(s) be external, that is from outside the hospital, since a judgement will be made concerning whether the hospital still meets the *Global Criteria* for baby-friendly status. The criteria for assessors should be similar to those listed above for monitors. Initially, it is probably best if experienced BFHI assessors serve as the lead assessors for the reassessment

process. Gradually, additional individuals can be recruited from baby-friendly hospitals, first serving as junior assessors and learning on the job during reassessments.

The number of assessors on the reassessment team should also be kept to a minimum because of cost implications. It may be possible to complete the reassessment with only one or two assessors. A decision on the number of assessors will depend on the amount of data to be gathered (e.g. how many types and numbers of interviews will be conducted), the size and complexity of the hospital and its maternity services and whether it is more cost-effective to conduct the reassessment in a shorter period of time with two assessors, or to take longer with just one assessor.

■ **Training of monitors or assessors**

Assessors that will take part in **BFHI reassessments** should receive a minimum of one day of training in data gathering, analysis and reporting techniques, as well as in the action planning process that is part of the reassessment strategy. The training session could be similar to that used for the original assessment training. It should include:

- A description of the entire reassessment process
- A review of the interview schedules and observation and review forms
- Practice in sampling, data entry, analysis and reporting

Many of the trainees may already have had experience as BFHI assessors, which will be helpful; but the reassessment process has some differences, especially in the method of data analysis and reporting, which should be highlighted. In addition, it is important to clearly describe how the action planning process should be implemented so that hospital management and staff themselves begin to take responsibility for identifying and making needed improvements.

In addition to the formal training, the second phase of training, as in the earlier BFHI assessment training, should be training on the job.

It will be useful to train monitors that will be involved in **BFHI monitoring** to cover the same topics as those described for the reassessment training above. It may be difficult to organize formal training of this type if the hospital is implementing a self-monitoring process and financial support for training the monitors is limited or unavailable. One approach would be to explore whether the national BFHI authority, UNICEF or WHO, for example, could support at least one training session for senior monitors, with each hospital that will participate in self-monitoring sending its senior monitor for training. The senior monitors at each hospital could then train the other monitors that will work as part of the internal monitoring teams. If there is no way to organize group training for the monitors, hospitals may need to train their own monitors, using this *Guide* as a self-instructional tool.

■ **Selecting hospitals for monitoring or reassessment**

The **BFHI monitoring process** may be organized at the national level by the BFHI authority. In other cases the hospital itself may decide, independently, to initiate self-monitoring. If the monitoring process is being organized at the national level, all baby-friendly hospitals may be required, or encouraged, to participate. If the national BFHI authority is planning to train senior monitors as part of the process, the number of hospitals selected for the first round of monitoring will depend on how many monitors can be trained. Criteria for selecting hospitals to be monitored could be similar to those suggested below for reassessment.

The **BFHI reassessment process** will almost always be organized at the national level by the BFHI authority. Unless a country instituted a system of reassessment soon after the initial assessment process began, there may be a substantial number of hospitals that need to have their Baby-friendly status reviewed. If all hospitals cannot not be reassessed as quickly as the national authority would like, it may be necessary to establish selection criteria. For example:

- Length of time since the hospital was initially awarded “baby-friendly” status, or since the hospital was last reassessed.
- Level of interest in being reassessed and in participating in a true action planning process.
- Whether the hospital is known, or believed, to have serious problems in maintaining baby-friendly practices.
- The size of the hospital and its importance in setting standards. Thus, for example, it may be wise to reassess large teaching hospitals first, since they may have the greatest impact, given their large number of deliveries and the model they provide for the numerous medical and nursing students rotating through their maternity services.
- Whether there has been substantial turnover of management and/or staff. If so, reassessment may help determine whether new staff are fully implementing the *Ten Steps*.

Some countries may decide to select hospitals for reassessment on a random basis, so that selection will be viewed as impartial as possible. In some countries hospitals have been notified that reassessments will begin and that hospitals will be selected randomly and notified just a few days before the reassessments will take place. This type of selection system may encourage all hospitals to work towards maintaining their baby-friendly standards so that they are ready for reassessment, if and when selected.

- **Notifying selected hospitals**

Hospitals that will be **reassessed** should be notified in advance in writing and provided information on what the reassessment process entails. Hospitals need to be given some advance notice so that managers will be available and staff alerted to the fact that the reassessment team will be on site. However, to discourage preparations made just to ensure that a service passes on a given reassessment day, it is best if hospitals are not notified too far ahead.

Hospitals can be encouraged to use the *Monitoring tool*, or a similar instrument, as a self-assessment tool to help managers and staff determine if they still meet the *Global Criteria* for all *Ten Steps*, or whether they need to schedule additional training or make other changes to improve their standards before reassessment is scheduled.

Implementing the monitoring or reassessment process in hospitals

- **Deciding how much time to plan for the process**

As mentioned above, the information called for in the *Infant feeding and Staff training records* (sections I and II of the *Monitoring tool*) should be collected over time by hospital staff.

If the **monitoring system** uses only internal monitors, the data called for in the *Review and observation form* and the various interview schedules may be collected over a period of days or even weeks. The process of tallying the results, presenting them, and facilitating development of an action plan may take four to six hours.

If **monitoring or reassessment** will take place during a visit that includes some external monitors or assessors, the process may take from one to two days. It is likely that one and a half or two days will be needed for hospitals that have many problems to resolve or have managers and staff with limited experience and skills in problem-solving and action planning. For these hospitals the second part of the process (discussion of results, work with staff to develop solutions to problems identified, and action planning) is likely to take longer — and hence extra time should be allotted.

If financial constraints make it difficult to pay for a visit of more than one day, a possible solution would be to organize all the data collection and reporting for that day and ask the hospital managers and staff to prepare the *Action plan* on their own and send a copy within a short time to the BFHI authority. This is not ideal, since it is useful if the monitors or assessors can assist the hospital in the planning process.

■ **Briefing of hospital management and staff**

An important step in both **monitoring** and **reassessment** is the briefing of hospital management and staff, so that all personnel involved know what is happening and why. For both monitoring and reassessment, the hospital managers involved in planning for the process should schedule a meeting to brief staff concerning what will be involved and why it is important. If the process involves the visit of an external team, hospital managers should also plan to introduce the team to staff before they start their work, either through a general staff meeting or by accompanying them on a tour of the units that will participate, making key introductions as they go.

■ **Collecting data**

As mentioned earlier, the **monitoring process** should include on-going gathering of data on infant feeding practices and staff training and interviews, reviews and observations, which can either be scheduled over several days or weeks, or be conducted at a specific time. Data-collection tasks can be divided among the monitors in whatever way is most appropriate.

The **reassessment process** usually takes place during a visit of one or two days. If there is more than one assessor, data-collection tasks can be divided in whatever way is most appropriate.

(For guidelines on selecting the samples for the various interviews see the earlier discussion on sampling.)

■ **Summarizing the results and preparing the report**

When all data have been gathered, the monitors or assessors should come together to enter the data from the various interview schedules and forms into the *Summary of data collected*. The notations in the right-hand margins of all the data-collection forms and interviews indicate where each piece of data should be inserted in the *Summary*. Once all the data are inserted in the *Summary*, the percentages achieved on the various components of each step, as well as the percentage for the step as a whole, can be easily calculated, following the guidelines provided. For example, the overall total for Step 1 is calculated, as indicated in the *Summary*, by adding the percentages on 1a and 1b and dividing by two.

Once all the data have been entered into the *Summary* and the results for the components and overall score for each step have been calculated, the results can be recorded in the *Report on results*. The section for reporting on each step includes a section for listing the percentage score on each component and on the step as a whole, a section for "Comments and suggestions" including achievements and improvements needed, and a blank bar graph, where the results can be shown visually by drawing in

bars that correspond to the percentages attained on each component and step. As indicated earlier, a computerized reporting system has also been developed, using the *Excel* programme, for reporting on the results from the monitoring process. A description of how to use the system is provided in Section IV along with a diskette and a sample printout of the computerized report.

■ **Reporting on the results to management and staff**

The results should be reported in a meeting which includes the key hospital management (director and key medical and nursing managers and supervisors) and as many staff members that care for mothers and infants as possible, unless hospital managers decide they would like to receive feedback first before passing on the results to the rest of the staff themselves.

The highest ranking member of the monitoring or reassessment team (or the external team member) should make the presentation which should include commentary on the hospital's achievements as well as possible areas for improvement. After the oral presentation on each step, the presenter can show the audience the bar graphs that indicate the percentages obtained on the various components of the step, if any, and on the step as a whole. As appropriate, the presenter should take care both to congratulate the staff for good breastfeeding support for mothers and babies and to encourage them, in a positive way, to think of strategies for making necessary improvements. The team should listen carefully to feedback from hospital staff, and, if valid reasons are presented, they should make appropriate adjustments to the scoring.

In the case of **reassessment**, final word on whether the hospital has passed or failed should *not* be given during this initial report to management and staff. In many countries the national BFHI authority will want to make the final determination of whether the hospital has passed or not and only then will send the hospital director written notification of the results.

■ **Facilitating the development of an action plan**

For both the **monitoring** and **reassessment** process, action planning is key to a strategy for "sustainability" that emphasizes the responsibility of the hospital management and staff themselves for maintaining baby-friendly standards and working actively on needed improvements. It is important that hospital managers themselves propose the activities to be included in the *Action plan*, although the monitors or assessors can also make suggestions. Action planning is difficult in a large group. Thus, it should be undertaken with a small group of key managers and staff appointed by and, if possible, including the hospital director.

If the hospital is engaged in an internal **monitoring** process, time can be set aside to prepare the *Action plan*, either directly after the results are reported, or soon after. If an external team is conducting a **reassessment**, it is best if at least the first draft is

prepared while the reassessment team is still available on site to provide technical assistance. If the staff has difficulty thinking of what activities to include, the reassessment team can review with them the results just presented. Activities should be identified to address improvements for any components of the steps where achievement is not close to a hundred percent. In addition, the staff can be encouraged to include any other activities that they feel would be important to maintaining or improving “baby-friendliness” in general.

If, in some countries, it is felt important to keep the roles of assessors and “mentors” or providers of technical assistance separate, the hospital could be asked to prepare the *Action plan* on its own after receiving the official report from the reassessment. However, in countries where there is not a problem of combining the two roles, the hospital can gain from the process of having the assessors act as facilitators for planning.

In the case of **reassessment**, a copy should be made of the completed *Action plan* before departure of the assessors, so that both the reassessment team and hospital management retain a copy. The form on which the results have been summarized should not be left with the hospital, since the reassessment team may need to revise it. It should be finalized by the team and reviewed by the national BFHI authority before it goes back to the hospital with a formal letter announcing the results.

■ **Examples of key activities involved in monitoring and reassessment**

In summary, both **monitoring** and **reassessment** should include the following activities:

- Gathering of data on infant feeding practices and staff training by hospital staff, either using the records provided in the *Monitoring tool*, or summarizing data from hospital statistics
- Orientation and/or training of monitors or assessors
- Meeting of monitors or assessors with the hospital director or director and staff. If some of the monitors or assessors come from outside the hospital, a tour of the relevant units of the hospital and introductions to key staff that will assist with the process should also be arranged.
- Organizational work by the monitoring or reassessment team to review lists of staff and mothers, randomly select those to be interviewed, assign team members various data-gathering tasks, and distribute forms
- Data-gathering, including interviews, observations, and review of documents

- Preparation of the summary of data collected and the report on the results, using the guide for data summary and format for reporting on results provided in the **tools**.
- Presentation of results in a meeting of managers and staff that care for mothers and infants
- A session with a smaller group including the hospital director (if possible) and key staff to discuss improvements needed and to prepare an *Action plan*

5. Using the results

Using the results in hospitals

The results should first be used by monitors or assessors in the hospital, as described above, to provide feedback to the staff on how they are doing in maintaining baby-friendly standards and which areas need improvement. During the action planning process that follows, the scores on the various steps and their components may be helpful in indicating areas where action is needed.

Using the results at national level

Whether and how results are used at national level will depend, to some degree, on whether the process concerns monitoring or reassessment.

If the process is for **monitoring** that has been initiated by the hospital itself, the results may be used just at the hospital level, to provide feedback on how the hospital is doing in terms of the *Ten Steps* and what improvements may be needed. In some countries the monitoring process may be organized at the national level, with a request or requirement that the results be sent to the national BFHI authority. If results are reviewed at national level it is important that they not be used to “punish” hospitals that are doing poorly in any way, as this is likely to discourage hospitals from honest self-monitoring and future reporting. On the other hand, it would be useful if the national BFHI authority could develop a strategy to provide support to hospitals that need help in making needed improvements.

If the process is for **reassessment**, the results should be used by the national BFHI authority to determine whether the hospital should be judged as maintaining its baby-friendly standards. The results can also be reviewed to determine whether and what type of technical assistance might be useful for hospitals that need to improve their breastfeeding-related policies and practices.

Once results are reviewed by the national authority and a decision is made concerning a hospital’s status, an official letter should be prepared and sent to the hospital, together with

a copy of the results, the decision as to whether the hospital has passed or not, and what the next steps should be.

Using a scoring system for reassessment and what level should be considered as “passing”

Both the *Monitoring tool* and *Reassessment tool* have been structured so that they measure the same *Global Criteria* that are used to judge whether a hospital is baby-friendly during the initial BFHI assessment. However, the scoring system, which is similar for each of the tools, has been structured so that rather than simply indicating whether a hospital “passes” or “fails” on each step, it provides a percentage score on the key components for each step (which correspond, to a large degree to the original criteria areas) and a percentage score on each step as a whole. This type of scoring system makes it easy to see how well the hospital is doing and where improvements are needed. The percentages are also useful for comparison purposes, for judging whether the hospital is improving (or backsliding) over time.

In terms of **reassessment**, a decision will need to be made by the national BFHI authority concerning what score is needed on each step for the hospital to be considered to be “passing”. One possibility would be to use 80% as the general cut-off point for passing each step. If a hospital reaches an *average* of at least 80% on *each* of the *Ten Steps*, it could be considered as “passing”, except in cases where the scores on particular components of one or more Steps are very low and improvements in these areas are judged critical to true “baby-friendliness”.

Recognizing or rewarding hospitals that have “passed”

If hospitals have achieved an acceptable score during the **reassessment**, and are thus judged to have maintained their baby-friendly status, some type of recognition should be given of their achievements. Suggestions include:

- Hospitals could receive stickers or small additions to add to their plaques, which would state that they have been reassessed and judged to be still “baby-friendly”, with the year indicated.
- Hospitals that have “passed” the reassessment could be encouraged to hold local BFHI award ceremonies to recognize the recertification of their baby-friendly status. If possible, these could be arranged in conjunction with ceremonies for hospitals in the local areas being awarded “baby-friendly” status for the first time. This could help impress on hospitals newly receiving the BFHI designation that achieving “baby-friendliness” is not just a one-time exercise, but a status that should be continuously maintained for the good of mothers and babies. The hospitals that have been reassessed

could be encouraged to plan publicity for the ceremony and issue invitations strategically so that the award benefits them politically, in addition to attracting new patient/clients.

- Hospitals that “pass” reassessment could be provided some type of incentive, such as materials to use for educating and counseling mothers, if resources permit.

Deciding about hospitals that do not “pass”

A less pleasant but still important issue is to determine what should be done concerning hospitals that are found not to be maintaining baby-friendly standards. The final policy decision concerning what to do about hospitals that do not pass should be made by the national BFHI authority.

All hospitals that do not pass should be encouraged to prepare plans of action for moving quickly to make the improvements needed to upgrade their support for breastfeeding. These hospitals could suggest when they would be ready for another reassessment (or a “second phase” to the first reassessment). If a hospital has “failed” only in a few limited areas, it might be acceptable to test them further only on these points. However, if the hospital is failing in a number of areas, a full reassessment might be best after they have worked to make needed improvements.

Integrating BFHI monitoring into a “quality of care” system

In some countries quality assurance strategies have been developed to help maintain quality of care within hospital systems. Review by outside assessors for accreditation purposes may be required in some cases. It may be useful to investigate whether review and problem-solving in the area of infant feeding practices is part of whatever quality assurance system is in place, and, if not, whether a review of adherence to the *Ten Steps* can be included in the future.

6. Conclusion

The prototype *Monitoring tool* and *Reassessment tool* and the *Guide* that accompanies them have been developed by WHO and Wellstart International as the result of requests from a number of countries for sample tools and guidelines to consider as they develop their own systems for BFHI monitoring or reassessment.

It would be very useful to receive feedback from groups that have used this monitoring and reassessment package concerning their experience and any suggestions for improvement. It would be helpful, for example, to know whether the tools were used without modifications or how they were adapted, what type of monitoring and/or reassessment system was developed and how well it is functioning, how helpful the *Guide* and *Tools* have been, and any changes that would make the package more useful in the future. A short questionnaire is provided on the following page which could be completed and returned to the World Health Organization (see contact point and address in acknowledgment page of this document).

**Monitoring and Reassessment:
tools to sustain progress
Questionnaire**

Feedback from individuals and groups who have utilized these tools will be extremely valuable in tracking progress, evaluating impact and improving the tools and/or the accompanying guide in the future. Please take a few moments and fill out the following questionnaire as often as you like to provide us with this valuable information. Please use one form for each tool used. THANK YOU!

Date completed: _____

Name: _____

Mailing address: _____

Home telephone: _____

Work telephone: _____

Home fax: _____

Work fax: _____

Home e-mail: _____

Work e-mail: _____

Title/Position: _____

Institution: _____

Key responsibilities: _____

Description of person(s) or group(s) who utilized the tool: _____

1. How useful did you find the guide?

- Extremely useful Very useful Useful Somewhat useful Not useful at all

2. What suggestions would you make for improvement? _____

3. Which tool did you use?

- Monitoring Tool Reassessment Tool Both

**Guide for monitoring and reassessing
Baby-friendly Hospitals**

4. How useful did you find the tool?

Monitoring:

- Extremely useful Very useful Useful Somewhat useful Not useful at all

Reassessment:

- Extremely useful Very useful Useful Somewhat useful Not useful at all

5. What suggestions would you make for improvement?

Monitoring:

Reassessment:

6. Did you use the tool 'as is' or adapt it?

- Monitoring: Used 'as is' Adapted (*If adapted, please describe how:)*

- Reassessment: Used 'as is' Adapted (*If adapted, please describe how:)*

7. How useful did you find the computerized reporting system for the Monitoring tool?

- Extremely useful Very useful Useful Somewhat useful Not useful at all Did not use it

8. What suggestions would you make for improvement?

**Guide for monitoring and reassessing
Baby-friendly Hospitals**

9. Would it be useful to have a computerized reporting system to use with the Reassessment tool as well? Yes No

10. Have you developed an ongoing institutional and/or national system for monitoring and/or reassessment? Yes No
If yes, please describe.

11. How helpful were the tool(s), guide and computerized reporting system in developing an institutional and/or national monitoring and/or reassessment system?

Extremely helpful Very helpful Helpful Somewhat helpful Not helpful at all

12. Did you use the action planning process? Yes No

If yes, please describe: _____

13. What did you like the most about the tool, guide and/or computerized reporting system?

14. What did you like least?

15. The tool(s) have resulted in the following (please check all that apply):

<input type="checkbox"/> Increased quality of care	<input type="checkbox"/> Increased level of promotion, protection or support of breastfeeding at hospital level
<input type="checkbox"/> Increased sustainability of the BFHI	<input type="checkbox"/> Increased level of promotion, protection or support of breastfeeding at national level
<input type="checkbox"/> Increased credibility of the BFHI	
<input type="checkbox"/> Increased motivation of staff	

***Guide for monitoring and reassessing
Baby-friendly Hospitals***

16. Please describe any additional changes that have occurred as a result of your utilizing the tool(s) and related materials:

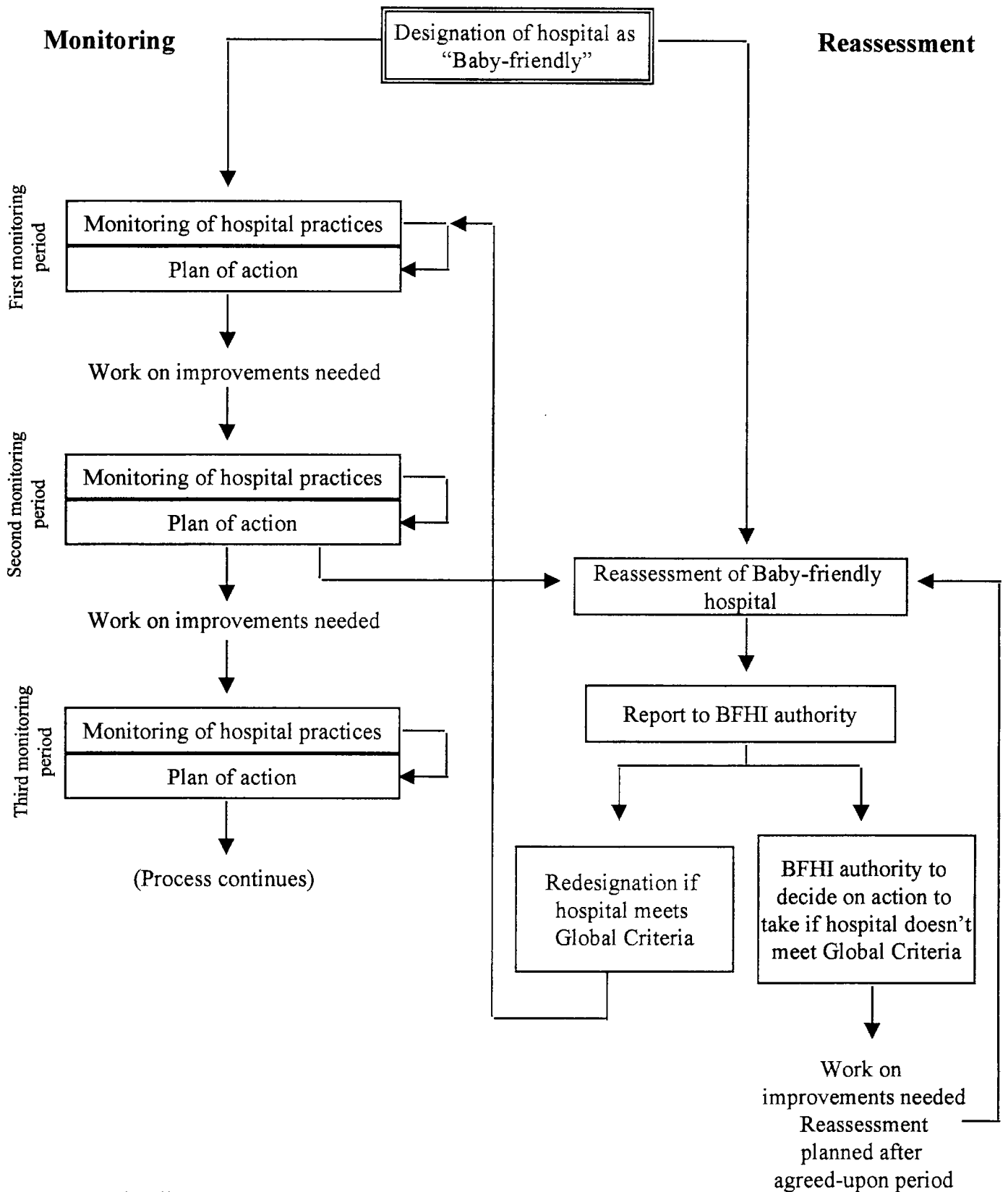
17. Please provide any other examples of how you have utilized the tool(s) and/or how they have helped you:

18. Please provide any other comments, feedback, or suggestions:

Please mail or fax this completed questionnaire to the World Health Organization (see contact point and address in acknowledgment page of this document).

Annexes

Annex 1
Baby-friendly Hospital Initiative
Monitoring & reassessment process



*Guide for monitoring and reassessing
Baby-friendly Hospitals*

Annex 2

Name of hospital: _____
Person providing information: _____
Date: ____/____/____
 dd mm yy

Form for selecting sample of postpartum mothers

Name or ID of mother	Location (Room #)	Date and time of delivery	Type of delivery 1 = Vaginal 2 = C-section	Any problems 1 = Mother (specify) 2 = Baby (specify)	Expected date and time of discharge

Section II:
Baby-friendly Hospital Initiative
Monitoring tool

Prepared by the
World Health Organization
and
Wellstart International

Table of contents

Data collection instruments	1
I. Infant feeding forms:	
I.A. Infant feeding record	3
I.B. Summary infant feeding report	5
II. Staff training forms:	
II.A. Staff training record	7
II.B. Summary staff training report	9
III. Review and observation form	11
IV. Interview with mother.	13
V. Interview with staff member (optional)	17
VI. Follow-up interview with mother (optional)	19
Data summary and reporting forms	21
Summary of data collected	23
Report on results	37
Action plans	61
Action plan (with timeline)	63
Action plan (without timeline)	65

Baby-friendly Hospital Initiative

Monitoring tool:

Data collection instruments

**Baby-friendly Hospital Initiative
Monitoring tool**

I.A. Infant feeding record

Name of health facility: _____

Recorder(s): _____

[Record information the day the baby is born (first 3 columns and at discharge). Use additional pages, as needed.]

Baby's ID	Date of delivery	Delivery type V=Vaginal C=c-section	Time of first breastfeed ¹ 1 = ≤ 1 hour 2 = > 1 hour 3 = not yet	Supplements ²			How baby fed 1 = Breast 2 = Bottle 3 = Other	Baby's location 1 = Rooming-in ⁴ 2 = Nursery 3 = Special care unit 4 = Other (specify)	Any problems related to infant feeding 1 = Mother (specify) 2 = Infant (specify)	Actions taken	Date of discharge	Breast-feeding at discharge? Y = Yes N = No
				Given Y = Yes N = No	What 1 = Water 2 = Formula 3 = Other (specify)	Why ³ [See below.]						

1. **Time of first breastfeed:** From time of birth for vaginal deliveries; and from the time the mother is able to respond to baby for caesarean deliveries
2. **Definition of supplements:** Any liquids/foods besides breast milk
3. **Why:** 1. Premature baby, 2. Baby with severe hypoglycaemia, 3. Baby with inborn error of metabolism, 4. Baby with acute water loss (i.e., phototherapy for jaundice), 5. Severe maternal illness, 6. Mother on medication, 7. Other (specify)
4. **Definition of rooming-in:** Mother and baby stay in the same room 24 hours a day, starting within one hour of birth and not separated for more than one hour at any time

Guidelines for filling in the infant feeding record

The correct filling in and analysis of results of the infant feeding record are very important because this allows easy and simple monitoring of infant feeding, facilitating the promotion of exclusive breastfeeding. These guidelines should be used to collect data on infant feeding in hospital areas where there are mothers and infants, by staff specifically assigned and trained.

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

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

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

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

Delivery type: Write **V** if the baby was delivered vaginally and **C** if the baby was delivered by a caesarean section.

Time of first breastfeed: Record a **(1)** if the mother breastfed the baby within one hour of birth for a vaginal delivery, or within one hour of when the mother was able to respond for a c-section; **(2)** if the baby was first breastfed more than one hour after birth or after the mother was able to respond; **(3)** if the baby has not been breastfed yet.

Supplements: This is sub-divided into three columns including: **Given:** Write a **Y** if the infant received any liquids/foods besides breast milk; and **N** if the baby has not received anything else besides breast milk. In this case you don't need to fill the next two columns. **What?:** Record **(1)** if the baby received water, **(2)** if the supplement was formula, and **(3)** if the baby received something else, specifying what was given. **Why?:** Write **(1)** if the reason is a premature baby, **(2)** if the baby is severely hypoglycemic, **(3)** if the baby has an inborn error of metabolism, **(4)** if the baby has an acute water loss (i.e., phototherapy for jaundice), **(5)** if there is severe maternal illness, **(6)** if the mother is on medication, **(7)** if there is another reason, specifying this other reason.

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

Baby's location: Write **(1)** if the baby is rooming-in (mother and baby stay in the same room 24 hours a day, starting within one hour of birth and not separated for more than one hour at any time), **(2)** if the baby is in the nursery, **(3)** if the baby is in the special care unit, and **(4)** if the baby is in any other place, and specify the place.

Any problems related to infant feeding: Write **(1)** if the problem(s) are related to the mother, and specify the problem(s); write **(2)** if the problem(s) are related to the infant, and specify the problem(s).

Actions taken: This refers to the way the problem(s) were or will be solved. Please summarize in a few words.

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

Breastfeeding at discharge: Write a **Y** if the baby is breastfeeding at discharge, and **N** if not.

I.B. Summary infant feeding report

Name of health facility: _____
 Period of data collection: _____ to _____
 Report(s): _____
 Date of report: _____ / _____ / _____
 (dd / mm / yy)

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

	<u>Number</u>	<u>Percentage</u>	
I.B.1. Total number of babies discharged in the period of data collection:	_____		13a (p.35)
I.B.2. Babies delivered by caesarean section:	_____	(_____ %)	
I.B.3. Babies breastfed within one hour or less after birth or within one hour or less after the mother is able to respond (for caesarean section)	_____	(_____ %)	13a (p.35)
I.B.4. Babies breastfeeding at discharge:	_____	(_____ %)	13b (p.35)
I.B.5. Babies exclusively breastfed ¹	_____	(_____ %)	13c (p.35)
I.B.6. Babies bottle-fed ²	_____	(_____ %)	13d (p.35)
I.B.7. Babies rooming-in ³	_____	(_____ %)	13e (p.35)

Source of data: Infant feeding record
 Other (specify:) _____

DEFINITIONS:

- 1. Exclusively breastfed:** Babies that received only breast milk, did not receive any other liquid or food, except small amounts of vitamins, mineral supplements or medicines
- 2. Bottle-fed:** Babies that at any time during the hospital stay received anything (even milk from their own mothers) from a bottle
- 3. Rooming-in:** Mother and baby stay in the same room 24 hours a day, starting within one hour of birth and not separated for more than one hour at any time

II.A. Staff training record

Name of health facility: _____

Recorder(s): _____

[List all staff members that care for mothers and babies. Use additional pages, as needed.]

Staff name	Date started working ¹	Place of assignment	Training in breastfeeding management ²			Date (next) scheduled to receive training
			Date(s) of training	Total # hours	Hours of supervised clinical experience involved	

¹ List date started working in unit or service that cares for mothers and babies.

² Training may include course and in-service (on the job) training.

II.B. Summary staff training report

Name of health facility: _____
Reporter(s): _____

II.B.1. Number of staff members that care for mothers and infants _____ 2a (p.23)

II.B.2. Number of these staff members that have received at least 18 hours of training (including a minimum of 3 hours of supervised clinical experience) _____

II.B.3. Percentage of trained staff members:
_____ (II.B.2) out of _____ (total staff members) = _____ % 2a (p.23)

II.B.4. Number of these staff members that have not been trained but that have been on the staff less than 6 months and are scheduled to be trained within 6 months of joining the staff _____

II.B.5. Percentage of new staff members scheduled for training:
_____ (II.B.4) out of _____ (total staff members) = _____ % 2a (p.23)

II.B.6. Number of staff members that care for mothers and infants and have received, or are scheduled to receive, refresher training on breastfeeding management within two years _____

II.B.7. Percentage of trained staff members that have received, or will receive, refresher training within a two-year period:
_____ (II.B.6) out of _____ (trained staff members) = _____ % 2d (p.24)

Source of data: Staff training record
 Other (specify:) _____

III. Review and observation form

Name of health facility: _____
Name of monitor: _____
Date: _____ / _____ / _____
(dd / mm / yy)

III.1. Breastfeeding policy

III.1.1. The policy is displayed in all required areas:

- Prenatal clinic Yes No Area doesn't exist
- Maternity ward. Yes No
- Nursery Yes No Area doesn't exist
- Infant special-care unit Yes No Area doesn't exist
- Other (*specify*): _____ ... Yes No

Total:

Yes (*If all above are "Yes" or "Area doesn't exist"*)

No (*If some required areas don't have policy displayed*)

1a (p.23)

III.1.2. There are no posters or other materials displayed that promote breast-milk substitutes,

bottles, or pacifiers: No posters or other materials displayed

Some posters or other materials displayed

1b (p.23)

III.2. Prenatal health education

The hospital provides prenatal care for pregnant women

The hospital does *not* provide any prenatal care for pregnant women ...

(*Note: If hospital does not provide any prenatal care, go immediately to section III.3.*)

3 (p.24)

III.2.1. There is a written description of the content and schedule for individual counseling and/or group education sessions on breastfeeding

..... Yes No

3a (p.25)

III.2.2. The sessions cover:

a. The benefits of breastfeeding Yes No

b. The importance of breastfeeding soon after delivery ... Yes No

c. The importance of rooming-in Yes No

d. Positioning and attachment Yes No

e. The importance of feeding on demand Yes No

f. What a mother can do to ensure that she produces enough milk for her baby Yes No

g. The importance of giving the baby only breast milk Yes No

3b (p.25)

III.3. Free and low-cost breast-milk substitutes and samples

(Note: Discuss the items below with whomever is responsible for ordering breast-milk substitutes. List these persons as "sources of data".)

11a (p.33)

- III.3.1. Free or low-cost supplies of breast-milk substitutes
are *not* accepted by the health care facility. Are not accepted
 Are accepted

If accepted, how much? _____

Sources of data: _____

- III.3.2 Breast-milk substitutes, including special formulas,
are purchased by the health care facility for
at least 80% of retail value.. Yes No

11b (p.33)

(If possible, review records and receipts for purchase of breast-milk substitutes and list them as sources of data.)

Sources of data: _____

- III.3.3. The health facility does *not* allow gift packs with
breast-milk substitutes or infant feeding bottles or teats
to be distributed to pregnant women or mothers. Does not allow
 Allows

11c (p.33)

Sources of data: _____

IV. Interview with mother No. _____
(Maternity services interview)

Name of health facility: _____
Name of ward/unit: _____
Name of monitor: _____
Date: _____ / _____ / _____
(dd / mm / yy)

[The interview should be conducted as close to discharge as possible.]

Date of delivery: _____ / _____ / _____ Time: _____ : _____ (am/pm)
dd / mm / yy

Introduction: Good (*morning/afternoon/evening*). My name is *[INSERT YOUR NAME]* and I am working with *[INSERT THE NAME OF THE ORGANIZATION YOU WORK FOR]*. We are interested in learning more about some aspects of your stay here, in particular, about how your baby has been fed and about your interactions with the staff here. Our discussion will take about 5 to 10 minutes of your time. You are free to decide not to answer the questions, if you'd rather not. If you agree to answer the questions, your answers will be confidential and your name will not be used in any way. Your participation would be very helpful in determining how the hospital can best provide support to mothers and babies. May I continue?

IV.1 Was your delivery: Vaginal Caesarean section 4a (p.25),
4b (p.26)

IV.2 How many days old is your baby? _____ days
[If less than a day:] How many hours old is your baby? _____ hours
[Check the answer with data available above]

IV.3 Since your baby was born, has he/she been breastfed at all? ... Yes No
[If not breastfeeding ► IV.7]

IV.4 *[For mothers delivering vaginally:]*
How soon after birth did you breastfeed your baby for the first time?
[For mothers delivering by caesarean:]
How soon after you were able to respond to your baby
did you breastfeed your baby for the first time? _____ minutes _____ hours _____ days 4a (p.25),
4b (p.26)

IV.5 Have you, a staff member, or anybody else given
your baby a pacifier/dummy to suck on? Yes No Don't know 9a (p.31)

IV.6 Have you, a staff member, or anybody else fed
your baby with a bottle? Yes No Don't know 9b (p.31)

IV.14 What advice have you been given by the staff about when you should breastfeed your baby? [Don't read list. Probe if necessary]

Whenever the baby seems hungry (or as often as he/she wants to breastfeed)

Every _____ hours (List number of hours the mother mentions.)

Other (describe): _____

Not given any advice about this

(Note: Correct answer is "Whenever baby seems hungry..." or a similar answer indicating that the mother knows to feed "on demand".)

8b (p.30)

IV.15 Has your baby stayed with you in your room/bed/near your bed at all while you've been in the hospital? Yes

No [► IV.18 or, if mother not breastfeeding, ► end]

7a (p.29)

IV.16 [For mothers delivering vaginally:]
How soon after birth did your baby start staying in your room/bed/near your bed?
[For mothers delivering by caesarean:]
How soon after you were able to respond to your baby did your baby start staying in your room/bed/near your bed? Within one hour
 After more than one hour

If more than one hour, why? _____

Reason is valid: Yes No

7a (p.29)

IV.17 Has your baby been separated from you for more than one hour at any time during your stay? Yes No

[If yes:] Why?

Reason is valid: Yes No

7b (p.29)

(Note: The baby should not be separated from the mother for more than an hour, except if there is a valid reason.)

[If mother not breastfeeding ► end]

IV.18 Have you been given any advice about where to get help if you have problems with breastfeeding after you leave this facility? Yes No[▶End] 10a (p.32)

IV.19 *[If yes]* What advice were you given?
[Do not read. Probe if necessary]

- Call or visit this or another health facility
- Ask for help from a mother-support group
- Ask for help from a community worker
- Other *[Specify:]* _____

10b (p.32)

Advice is appropriate, given local situation Yes No

IV.20 Have you been given any *written* information about where or how to get help if you have problems with breastfeeding after you leave this facility? Yes No 10c (p.32)

END. Thank you very much for your time.

V. Interview with staff member No. _____
(Maternity services interview)

Name of health facility: _____
 Type of ward (postpartum, labor, etc.): _____
 Name of interviewer: _____
 Date: _____ / _____ / _____
 (dd / mm / yy)

Introduction: Good (*morning/afternoon/evening*). My name is *[INSERT YOUR NAME]* and I am working with *[INSERT THE NAME OF THE ORGANIZATION YOU WORK FOR]*. We are interested in learning more about some aspects of the services here, in particular, about how babies are fed. Our discussion will take about 5 to 10 minutes of your time. This is not a test. Our purpose is to try to improve/keep a high quality of service in this maternity. The information you will give me will be kept confidential.

V.1 When did you join the staff of the maternity services? _____, _____
 Day and month Year

[Include in the sample only staff members that have been hired six or more months ago. If the staff member has been on the staff less than six months, thank him or her and terminate the interview.]

V.2 What is your position here in the maternity services?

- Physician Midwife Nurse
 Auxiliary worker, *type:* _____
 Other *[specify:]* _____

V.3 Have you received any training in breastfeeding and lactation management while you have been on the staff of the hospital? Yes No 2b (p.24)
[If Yes:] Duration (in hours) of
 first training _____ second training _____ third training _____

V.4 Have you had some on the job training? Yes No 2b (p.24)
[If Yes:] How many hours was it in total? _____ hours

Now, I'm going to ask you a few questions about breastfeeding. Don't worry if you do not know the answers to some of them, as it is not a test of your knowledge in particular, and your name will be kept confidential.

V.5 Do you teach or show mothers how to position and attach their infants for breastfeeding? Yes No [**> V.7**]

V.6 Could you please:
 demonstrate how you teach positioning and attachment by teaching a mother with a baby on the ward, **or** Positioning:
 show me a mother whose breastfeeding baby is correctly positioned and attached and describe why, **or** Correct
 show me how you would teach a mother, by teaching me in your usual way, using a doll, and describing the key points? Attachment: Correct 5d (p.27)
 Incorrect

[Key Points: Baby's body turned to mother, close, stomach to stomach; mouth wide open, lower lip not folded in; chin touching breast; more of areola below nipple in mouth; rhythmic burst-pause suckling and swallowing]

V.7 Do you show or teach mothers how to express their breast milk by hand? Yes No [**► V.9**]

V.8 Please describe the technique for expressing milk by hand that you teach to mothers: Acceptable
 Not acceptable 5f (p.28)
 Didn't describe

[Key points: Thumb on areola, fingers opposite; press inwards; do not slide fingers on skin; repeat press-release for several minutes; stimulate let-down reflex; rotate around nipple to compress all sinuses]
[Note: It is not expected that staff will demonstrate with a mother.]

V.9 What effects can giving formula or water before the breast milk comes in have on the success of breastfeeding? (Probe if necessary.)
_____ Correct
_____ Incorrect or inadequate
_____ Didn't answer

[Key points: Reduced desire of infant to breastfeed; nipple confusion if given by bottle; increased risk of allergy; may lead to mother feeling inadequate.] Note: Staff member should mention at least two key points for the response to be considered "correct".

V.10 What is the major cause of painful nipples?
_____ Correct
_____ Incorrect
_____ Didn't answer

[Key points: Poor attachment; baby not taking enough of breast into mouth]

V.11 What is the most common cause of insufficient milk?
_____ Correct
_____ Incorrect
_____ Didn't answer

[Key points: Correct if mention one or more of the following: infrequent feeding, improper suckling, poor attachment, using bottles or pacifiers, early supplementation]

Total of correct answers on questions 9-11: _____ 2c (p.24)

END. Thank you very much for taking the time to answer these questions.

VI. Follow-up interview¹
with mother No. _____

Name of health facility: _____
Name of ward/unit: _____
Name of interviewer: _____
Date: _____ / _____ / _____
(dd / mm / yy)

[Before conducting this interview, decide the age range of infants that you are going to consider. All your interviews should be conducted with mother of infants in that age range.]

VI.1. Can you tell me how old your child is today? _____ months
[If possible:] The exact date of birth is: _____ / _____ / _____
dd / mm / yy

[For each child _____ months old ask the respondent:]

VI.2. Since this time yesterday, has (*name*) been breastfed? Yes No 12a (p.34)

VI.3. Since this time yesterday, did (*name*) receive any of the following? *[Read list below:]*

- | | | | |
|--|------------------------------|-----------------------------|------------|
| Plain water | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Sweetened or flavoured water | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Fruit juice | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Tea or infusion | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Infant formula | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Tinned, powdered or fresh milk (cow, goat, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Other liquid | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Solid or semi-solid food | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Oral rehydration salts (ORS) solution | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Vitamins, mineral supplements, medicine | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Other <i>[specify:]</i> _____ .. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 12b (p.34) |

VI.4. Since this time yesterday, did (*name*) drink anything from a bottle with a nipple/teat? Yes No 12c (p.34)

[If Yes:] Please describe: _____

END. Thank you for taking the time to answer these questions.

¹ Adapted from: *Indicators for assessing breastfeeding practices in households. Report of an informal meeting, 11-12 June 1991. Geneva, Switzerland. WHO/CDD/SER/91.14 Revised.*

Baby-friendly Hospital Initiative

Monitoring process:

Data summary and reporting forms

**Monitoring process:
Summary of data collected**

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

1a. Policy displayed

Policy available in all areas serving mothers/infants Yes No [III.1.1.]
- Areas where the policy is not displayed: _____

[Key: "Yes" = 100 %, "No" = 0 %] %

1b. No posters or materials promoting breast-milk substitutes

There are no posters or other materials that promote breast-milk substitutes (BMS), bottles or pacifiers displayed in the facility No posters/materials displayed Some posters/materials displayed [III.1.2.]

[Key: "No posters/materials displayed" = 100 %
"Posters/materials displayed" = 0%] %

Total % for Step 1:

_____ % (1a) + _____ % (1b) ÷ 2 = _____ %

Step 2. Train all health care staff in skills necessary to implement this policy.

2a. Staff receiving 18 hours training (from records)

Number of staff who care for mothers and infants [II.B.1.]

Percentage of these same staff who have received 18 hours of training (including a minimum of 3 hours of supervised clinical experience) % [II.B.3.]

Percentage of these same staff who have *not* been trained but have been on the staff less than 6 months and are scheduled to be trained within 6 months of joining the staff: % [II.B.5.]

_____ % (Staff trained) +
_____ % (Staff scheduled for training within 6 months of joining) = _____ %

2b. Staff receiving 18 hours training (reported by staff)

Of the randomly selected staff, the following reported that they had received at least 18 hours of training on breastfeeding management:

1 2 3 4 5 6 7 8 9 10

_____ out of _____ (Total staff interviewed) = _____ % [V.3., V.4.]

2c. Staff with correct breastfeeding management knowledge

Of the randomly selected staff, the following were able to answer correctly at least two out of three questions on breastfeeding management:

1 2 3 4 5 6 7 8 9 10

_____ out of _____ (Total staff interviewed) = _____ % [V.9 - 11]

2d. Trained staff scheduled for refresher training

Percentage of trained staff who care for mothers and infants who have received, or are scheduled to receive, refresher training on breastfeeding at least every two years % [II.B.7.]

Total % for Step 2:

_____ % (2a) + _____ % (2b) +
_____ % (2c) + _____ % (2d) ÷ 4 = _____ %

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

The hospital provides some prenatal care for pregnant women
The hospital does *not* provide any prenatal care for pregnant women .
(Note: If hospital does *not* provide any prenatal care, skip this section)

3a. Written description of prenatal education

There is a written description of the prenatal education . . . Yes No [III.2.1.]

[Key: "Yes" = 100 %, "No" = 0%] _____ %

3b. Topics covered

Number of topics covered in prenatal education: [III.2.2.]

Percentage of topics covered in prenatal education: out of 7 = _____ %

Total % for Step 3:

_____ % (3a) + _____ % (3b) ÷ 2 = _____ %

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

4a. Babies breastfed within one hour of birth (vaginal deliveries)

Of the randomly selected mothers with vaginal deliveries, the following reported that they breastfed their babies within one hour of birth¹:

[If the mothers delivered by c-section, circle their numbers and mark them "CS" and do not include them in the totals. If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
- 11 12 13 14 15 16 17 18 19 20
- 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers with vaginal deliveries) = _____ % [IV.1., IV.4.]

¹ Step 4 specifies the period which mothers should be offered help to initiate breastfeeding. The mother interview question concentrates on when breastfeeding actually begins.

4b. Babies breastfed within one hour of mothers being able to respond (caesarean)

Of the randomly selected mothers with caesarean section deliveries, the following reported that they breastfed their babies within one hour of being able to respond:

[If the mothers delivered vaginally, circle their numbers and mark them "VD" and do not include them in the totals. If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers with c-section) = _____% [IV.1, IV.4]

4c. Babies breastfed within one hour (vaginal deliveries and caesarean)

[Enter the data of babies from both vaginal deliveries (4a) and caesarean section (4b) in the boxes that follow:]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers) = _____%

Total % for Step 4: = _____% (4c)

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

5a. Mothers offered help with breastfeeding

Of the randomly selected mothers, the following reported that the staff offered help with breastfeeding since they came to their rooms:

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total mothers interviewed) = _____% [IV.10]

5b. Mothers offered help with positioning/attachment

Of the randomly selected mothers who were breastfeeding, the following reported that they had been offered help with positioning and attachment:
[If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) = _____% [IV.11]

5c. Mothers demonstrating correct positioning/attachment

Of the randomly selected mothers who were breastfeeding, the following were able to demonstrate/describe correct positioning and attachment:
[If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) = _____% [IV.12]

5d. Staff demonstrating correct positioning/attachment

Of the randomly selected health care staff, the following were able to demonstrate, or show and describe, correct positioning and attachment:

- 1 2 3 4 5 6 7 8 9 10

_____ out of _____ (Total staff interviewed) = _____% [V.6]

5e. Mothers taught how to express milk

Of the randomly selected mothers, the following reported that they had been shown, or given information on, how to express their milk:

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total mothers interviewed) = _____% [IV.8, IV.9]

5f. Staff describing an acceptable technique for milk expression

Of the randomly selected health care staff, the following were able to describe an acceptable technique for expressing milk by hand that they teach to mothers:

- 1 2 3 4 5 6 7 8 9 10

_____ out of _____ (Total staff interviewed) = _____% [V.8.]

Total % for Step 5:

_____ % (5a) + _____ % (5b) + _____ % (5c) +
 _____ % (5d) + _____ % (5e) + _____ % (5f) ÷ 6 = _____ %

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

6a. Babies breastfeeding exclusively

Of the randomly selected mothers, the following reported that their babies have received no food or fluid other than breast milk (or vitamins, mineral supplements or medicine) or, if they have, the records show an acceptable medical reason:

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total mothers interviewed) = _____% [IV.7]

Total % for Step 6: _____ %

Step 7. Practise rooming-in — allow mothers and infants to remain together — 24 hours a day.

7a. Babies rooming-in within one hour of birth

Of the randomly selected mothers, the following reported that their babies were rooming-in and that they began staying together within one hour of birth, or in the case of caesarean, within one hour of being able to respond (except for a valid reason):

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total mothers interviewed) = _____ %

[IV.15, IV.16]

7b. Mothers and babies not separated for more than one hour

Of the randomly selected mothers, the following reported that their babies had not been separated from them for more than an hour since they came to their rooms (except for a valid reason):

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total mothers interviewed) = _____ %

[IV.17]

Total % for Step 7:

_____ % (7a) + _____ % (7b) ÷ 2 = _____ %

Step 8. Encourage breastfeeding on demand.

8a. No limitations put on mothers breastfeeding

Of the randomly selected mothers who were breastfeeding, the following reported that no limitations had been put on how often or how long they breastfed:

[If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
- 11 12 13 14 15 16 17 18 19 20
- 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) = _____ % [IV.13]

8b. Mothers advised to breastfeed on demand

Of the randomly selected mothers who were breastfeeding, the following reported that they had been advised to breastfeed their babies whenever they were hungry, or as often as their babies wanted:

[If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
- 11 12 13 14 15 16 17 18 19 20
- 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) = _____ % [IV.14]

Total % for Step 8:

_____ % (8a) + _____ % (8b) ÷ 2 = _____ %

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

9a. Babies not given pacifiers

Of the randomly selected mothers who were breastfeeding, the following reported that their babies had *not* been given pacifiers/dummies to suck on (that is, they answered “No” to question IV.5):

[If the mothers are not breastfeeding, circle their numbers and mark them “NBF” and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) : _____% [IV.5]

9b. Babies not fed with bottles

Of the randomly selected mothers who were breastfeeding, the following reported that their babies had *not* been fed with bottles (that is, they answered “No” to question IV.6):

[If the mothers are not breastfeeding, circle their numbers and mark them “NBF” and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) = _____% [IV.6]

Total % for Step 9:

_____ % (9a) + _____ % (9b) ÷ 2 = _____ %

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

10a. Mothers given advice on where to get help with breastfeeding

Of the randomly selected mothers who were breastfeeding, the following reported that they had been given advice on where to get help if they had problems with breastfeeding after leaving the facility:

[If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) : _____ % [IV.18]

10b. Mothers who could list at least one appropriate way they were advised to get help.

Of the randomly selected mothers who were breastfeeding, the following could list at least one appropriate way they had been advised to get help:

[If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) : _____ % [IV.19]

10c. Mothers receiving written information on where to get help

Of the randomly selected mothers who were breastfeeding, the following reported that they had received written information on where to get help if they had problems with breastfeeding after leaving the facility:

[If the mothers are not breastfeeding, circle their numbers and mark them "NBF" and do not include them in the totals.]

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total BF mothers interviewed) : _____ % [IV.20]

Total for Step 10:

_____ % + (10a) _____ % (10b) + _____ % (10c) ÷ 3 = _____ %

Item 11. Free and low-cost breast-milk substitutes and samples

11a. Free or low-cost breast-milk substitutes *not* accepted

Free or low-cost supplies of breast-milk substitutes
are *not* accepted by the health care facility. Are *not* accepted
 Are accepted [III.3.1.]
[Key: "Are *not* accepted" = 100%, "Are accepted" = 0%] _____ %

11b. Breast-milk substitutes purchased for at least 80% of their retail value

Breast-milk substitutes, including special formulas,
are purchased by the health care facility for at least
80% of their retail value.. Yes No [III.3.2.]
[Key: "Yes" = 100%, "No" = 0%] _____ %

11c. Facility does *not* allow gift packs with breast-milk substitutes and samples

The health facility does *not* allow gift packs with breast-
milk substitutes, bottles or teats to be distributed
to pregnant women or mothers.. Does *not* allow [III.3.3.]
 Allows
[Key: "Does *not* allow" = 100 %, "Allows" = 0%] _____ %

Total BMS:

_____ % (11a) + _____ % (11b) + _____ % (11c) ÷ 3 = _____ %

Item 12. Breastfeeding practices for babies _____ months old

12a. Babies breastfed in last 24 hours

Of the randomly selected mothers, the following reported that their babies had been breastfed at least once in the last 24 hours:

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total mothers interviewed) : _____% [VI.2.]

12b. Babies breastfed exclusively

Of the randomly selected mothers, the following reported that their babies had received nothing other than breast milk or vitamins, mineral supplements, or medicine in the last 24 hours:

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total mothers interviewed) : _____% [VI.3.]

12c. Babies *not* drinking from bottle with a nipple

Of the randomly selected mothers, the following reported that their babies had *not* drunk anything from a bottle with a nipple or teat in the last 24 hours:

- 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30

_____ out of _____ (Total mothers interviewed) : _____% [VI.4.]

Total for 12:

_____ % (12a) + _____ % (12b) + _____ % (12c) ÷ 3 = _____ %

Item 13. Data from records on infant feeding practices.

13a. Babies breastfed within one hour (early initiation)

Number of babies discharged in the period covered by the monitoring process _____ [I.B.1.]

Percentage of those babies breastfed within one hour of birth, or within one hour after the mother was able to respond (for caesarean) _____ % [I.B.3.]

13b. Babies breastfeeding at discharge

Percentage of the same babies breastfeeding at discharge: ... _____ % [I.B.4.]

13c. Babies breastfed exclusively

Percentage of the same babies breastfed exclusively: _____ % [I.B.5.]

13d. Babies not bottle-fed

Percentage of the same babies who received anything from a bottle: _____ %

Percentage of babies who did *not* receive anything from a bottle during their stay in the health facility: 100 % - _____ % = _____ % [I.B.6.]

13e. Babies rooming-in

Percentage of the same babies that were rooming-in during their stay in the health facility: _____ % [I.B.7.]

Total on infant feeding practices:

$$\begin{aligned} & \text{_____ \% (13a) + _____ \% (13b) + _____ \% (13c)} \\ & + \text{_____ \% (13d) + _____ \% (13e) } \div 5 = \text{_____ \%} \end{aligned}$$

Baby-friendly Hospital Initiative

Monitoring process:

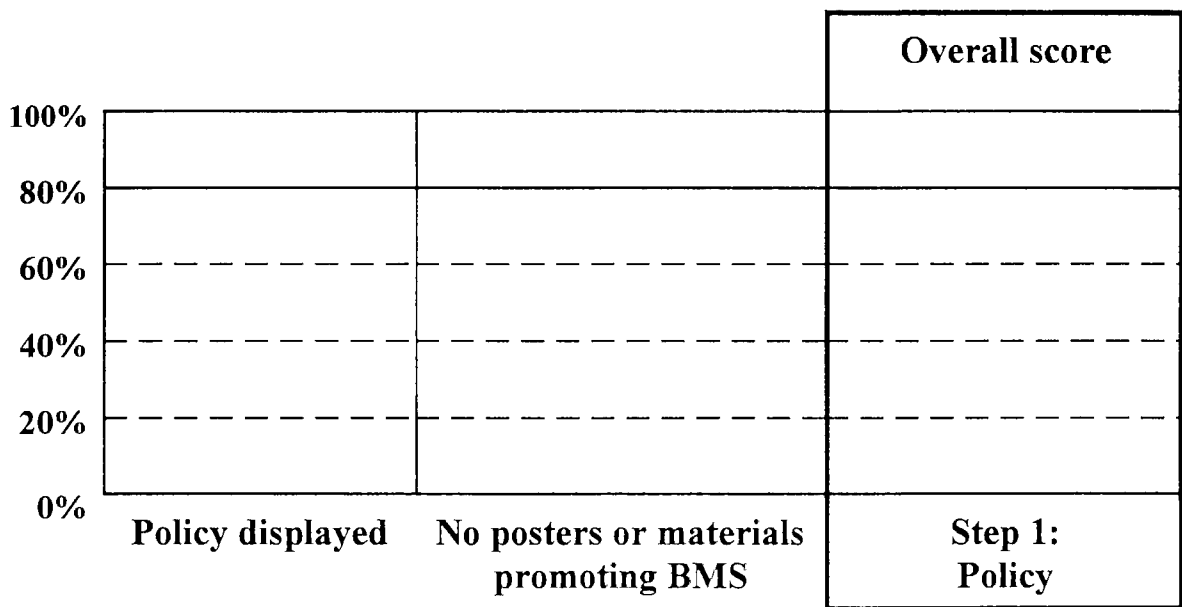
Report on results

Hospital name:	
Address:	
Name(s) of monitor(s):	
Date:	

Report on results

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

Results	
1a. Policy displayed	_____ %
1b. No posters or materials promoting breast-milk substitutes (BMS)	_____ %
Step 1: Policy (overall score)	_____ %
<h3 style="margin: 0;">Comments and suggestions</h3> 	

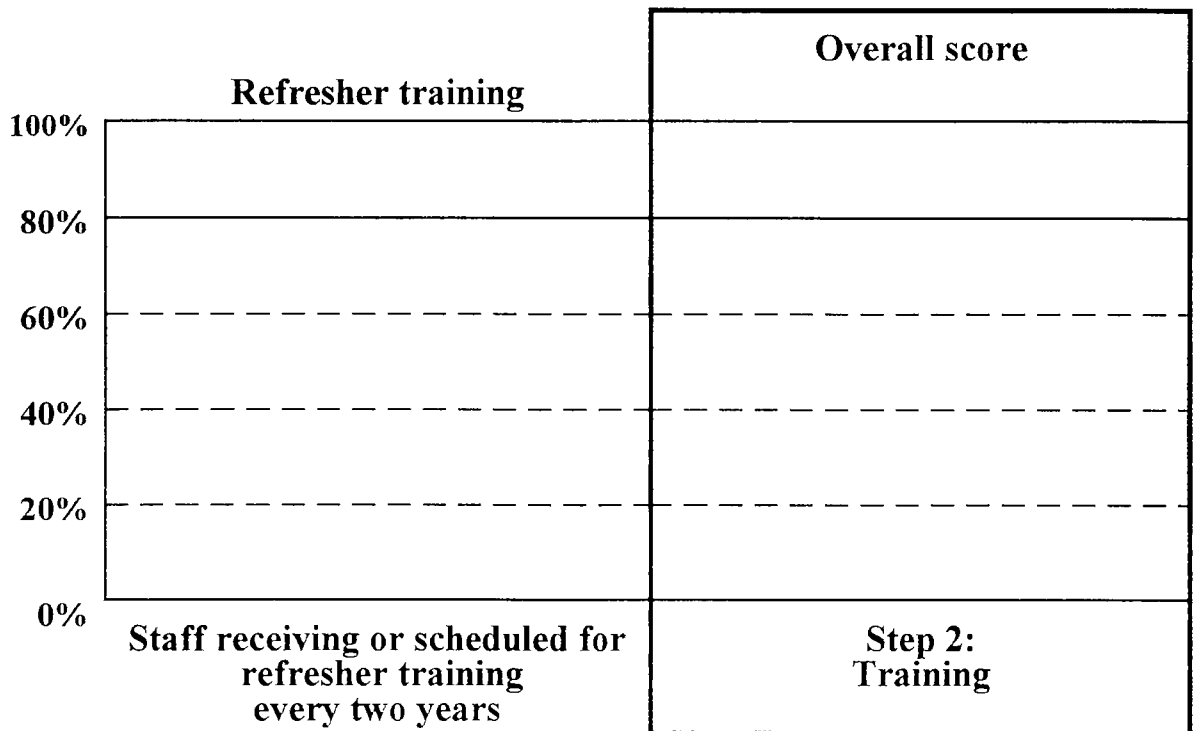
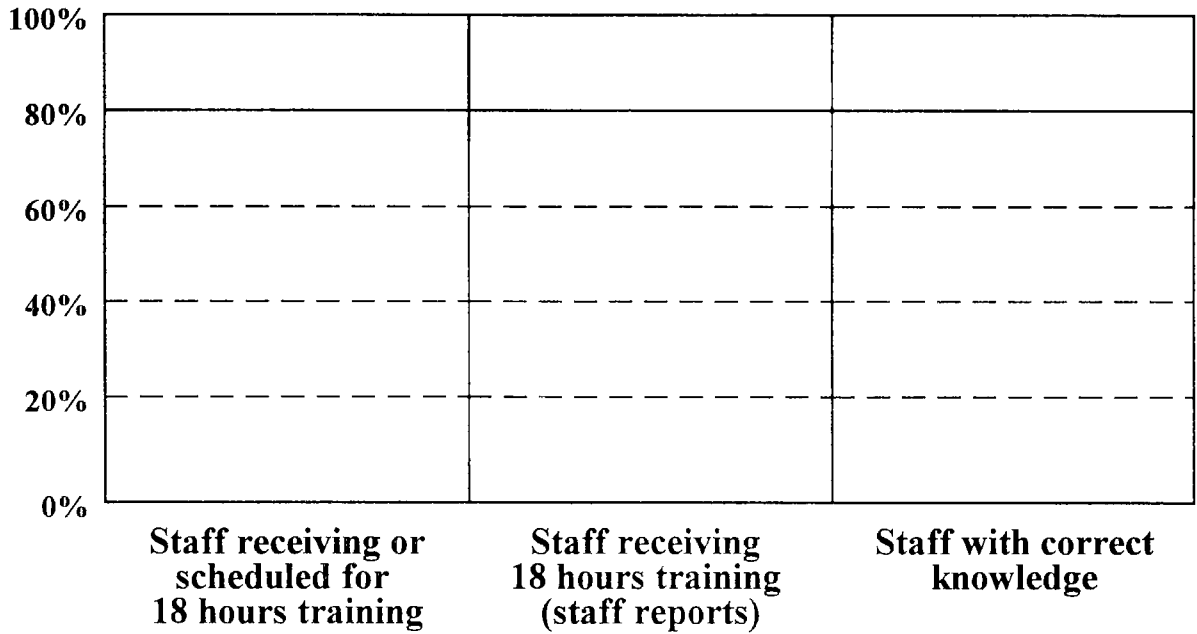


Report on results

Step 2: Train all health care staff in skills necessary to implement this policy.

Results	
2a. Staff receiving 18 hours training	_____ %
2b. Staff receiving 18 hours training (reported by staff)	_____ %
2c. Staff with correct breastfeeding management knowledge	_____ %
2d. Staff receiving refresher training every two years	_____ %
Step 2: Training (overall score)	_____ %
Comments and suggestions	

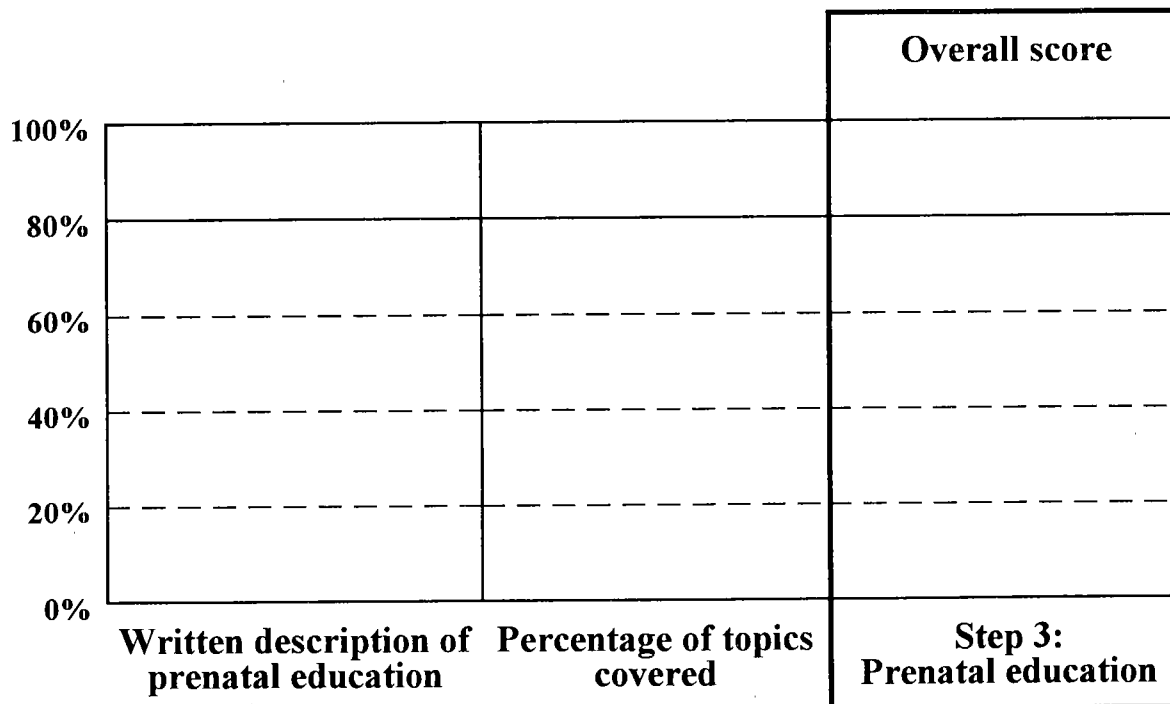
Training of staff



Report on results

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

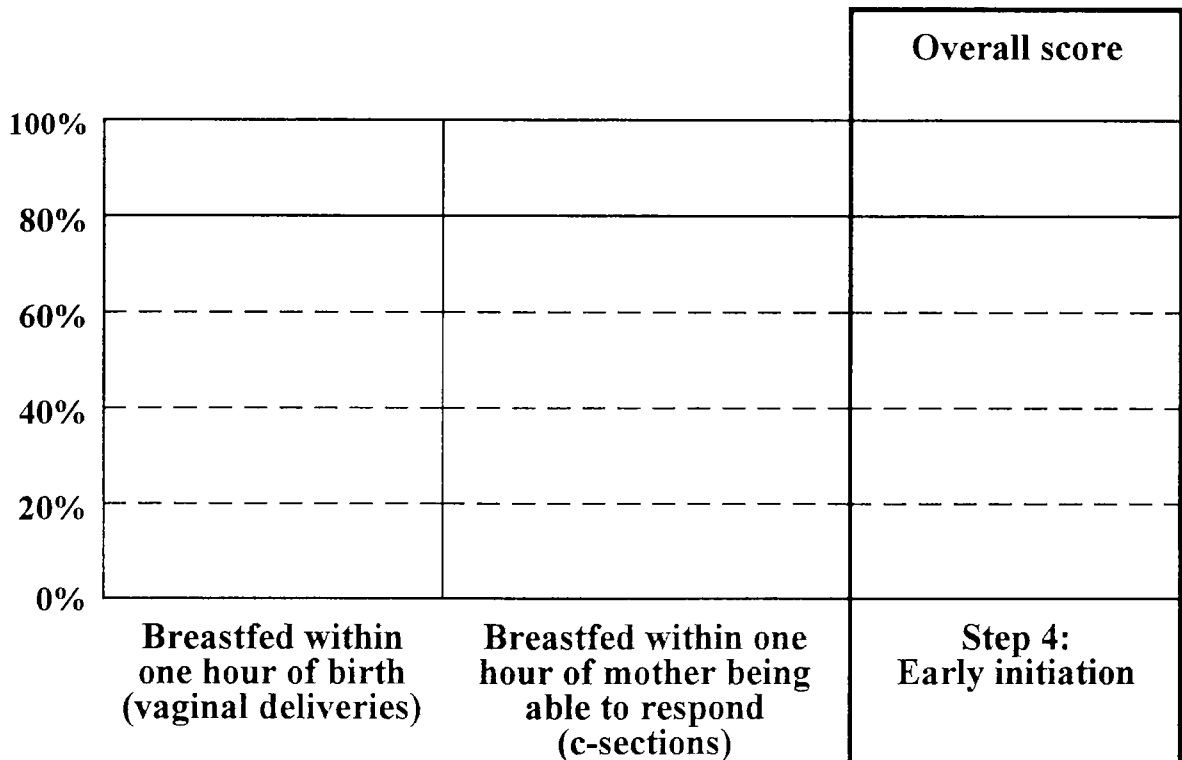
Results	
3a. Written description of prenatal education	_____ %
3b. Percentage of topics covered	_____ %
Step 3: Prenatal education (overall score)	_____ %
Comments and suggestions	



Report on results

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

Results	
4a. Babies breastfed within one hour of birth (vaginal deliveries)	_____ %
4b. Babies breastfed within one hour of mother able to respond (c-sections)	_____ %
Step 4: Early initiation (overall score)	_____ %
Comments and suggestions	

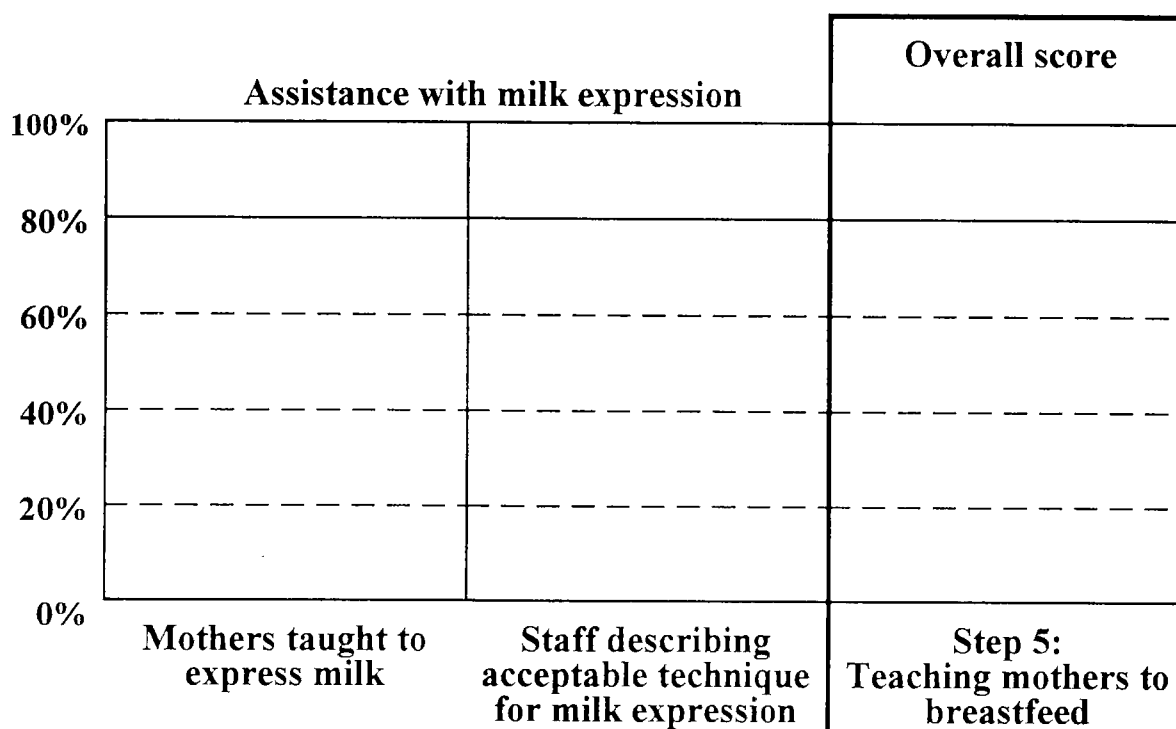
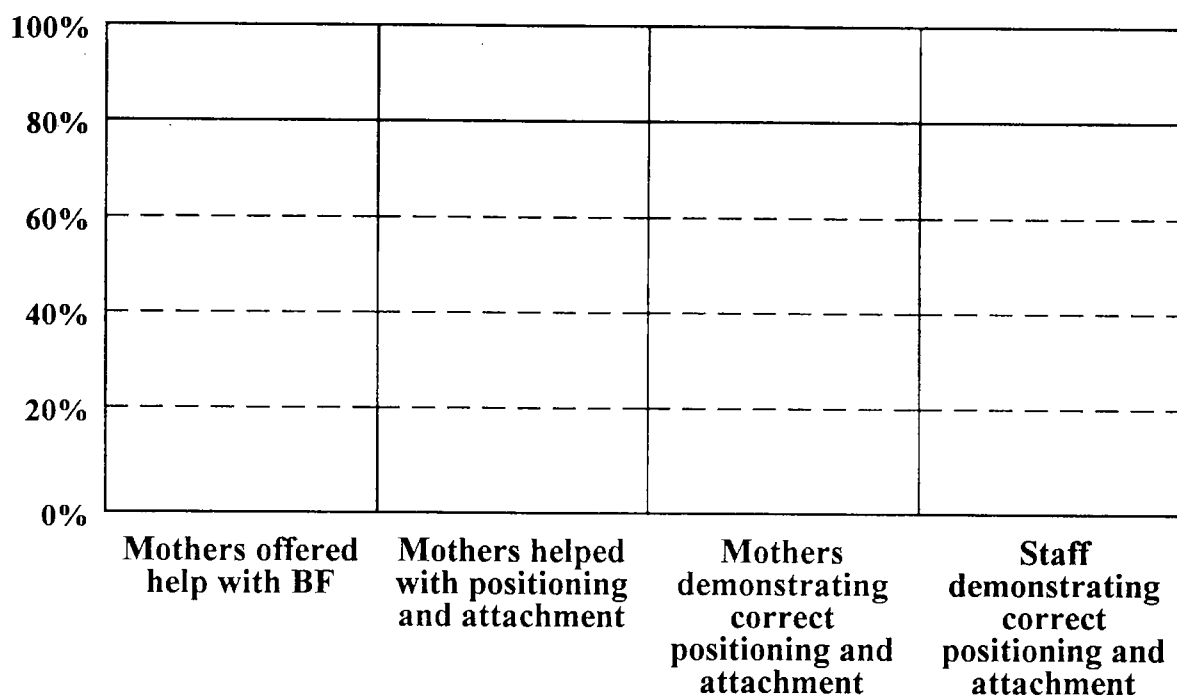


Report on results

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

Results	
Helping mothers to breastfeed	
5a. Mothers offered help with breastfeeding	_____ %
5b. Mothers offered help with positioning/attachment	_____ %
5c. Mothers demonstrating correct positioning/attachment	_____ %
5d. Staff demonstrating correct positioning/attachment	_____ %
Assistance with milk expression	
5e. Mothers taught how to express milk	_____ %
5f. Staff describing acceptable technique for milk expression	_____ %
Step 5: Teaching mothers to breastfeed (overall score)	_____ %
Comments and suggestions	

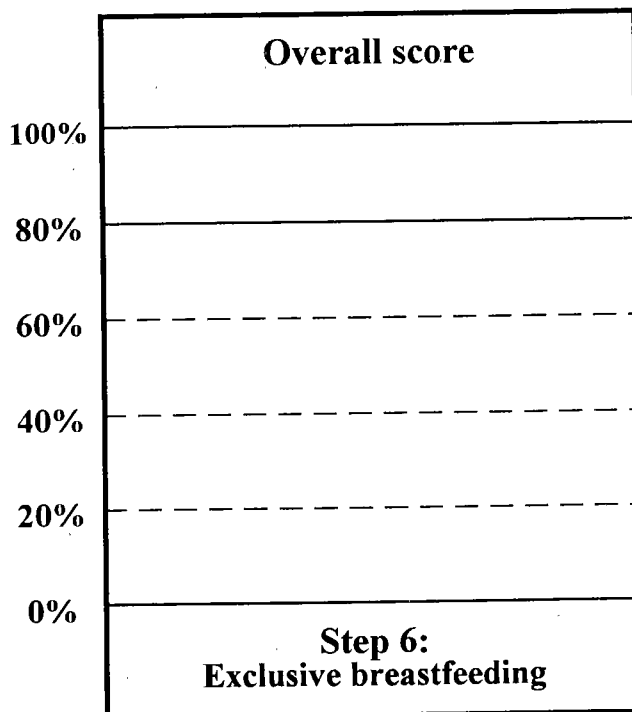
Helping mothers to breastfeed



Report on results

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

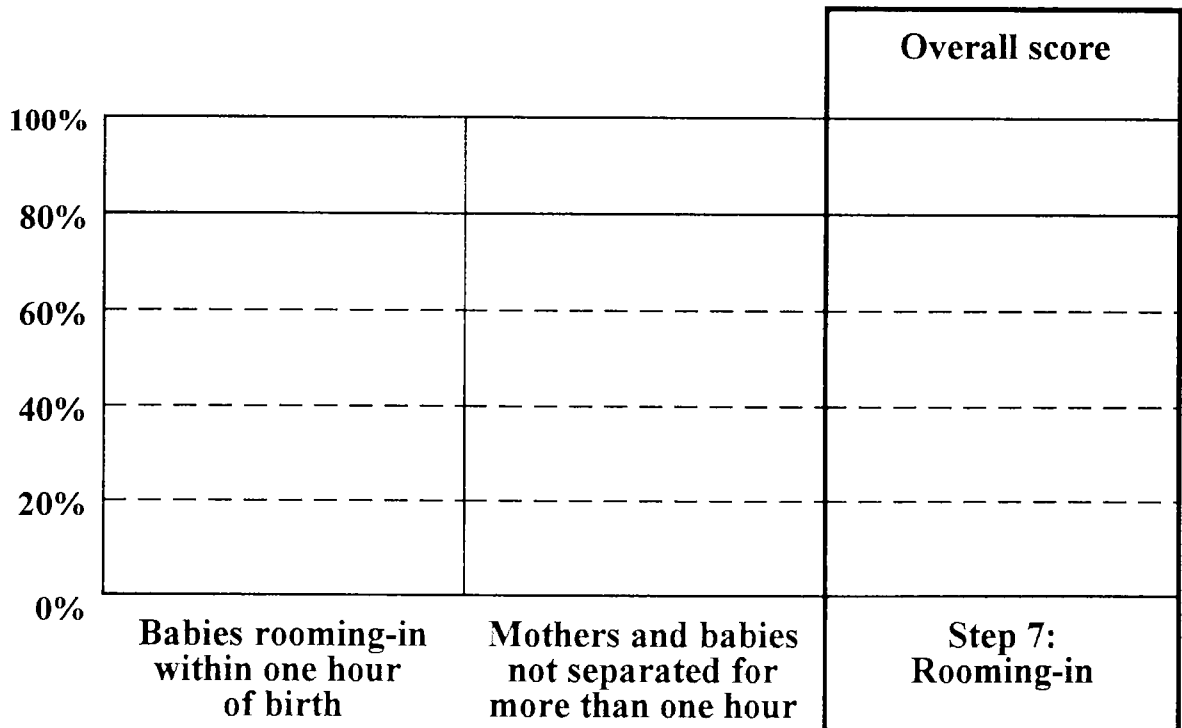
Results	
6a. Babies breastfeeding exclusively	_____ %
Step 6: Exclusive breastfeeding (overall score)	_____ %
Comments and suggestions	



Report on results

Step 7: Practise rooming-in — allow mothers and infants to remain together — 24 hours a day.

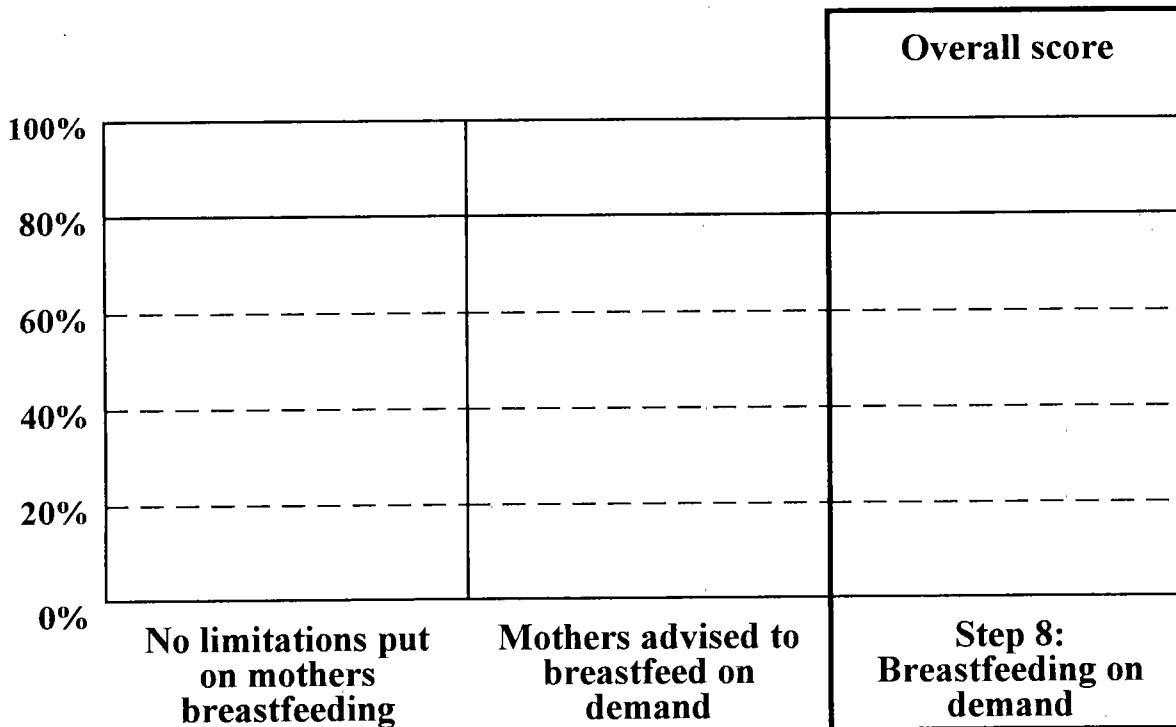
Results	
7a. Babies rooming-in within one hour of birth	_____ %
7b. Mothers and babies not separated for more than an hour	_____ %
Step 7: Rooming-in (overall score)	_____ %
Comments and suggestions	



Report on results

Step 8: Encourage breastfeeding on demand.

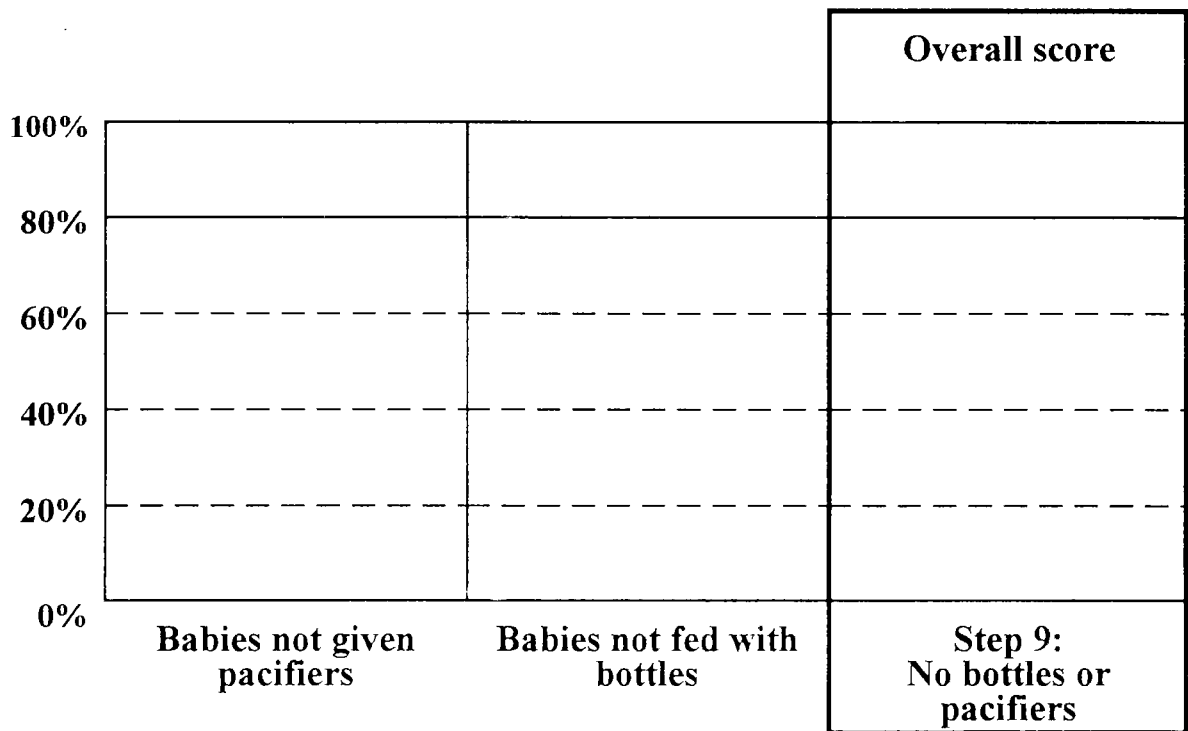
Results	
8a. No limitations put on mothers breastfeeding	_____ %
8b. Mothers advised to breastfeed on demand	_____ %
Step 8: Breastfeeding on demand (overall score)	_____ %
<h3>Comments and suggestions</h3>	



Report on results

Step 9: Give no artificial teats or pacifiers to breastfeeding infants.

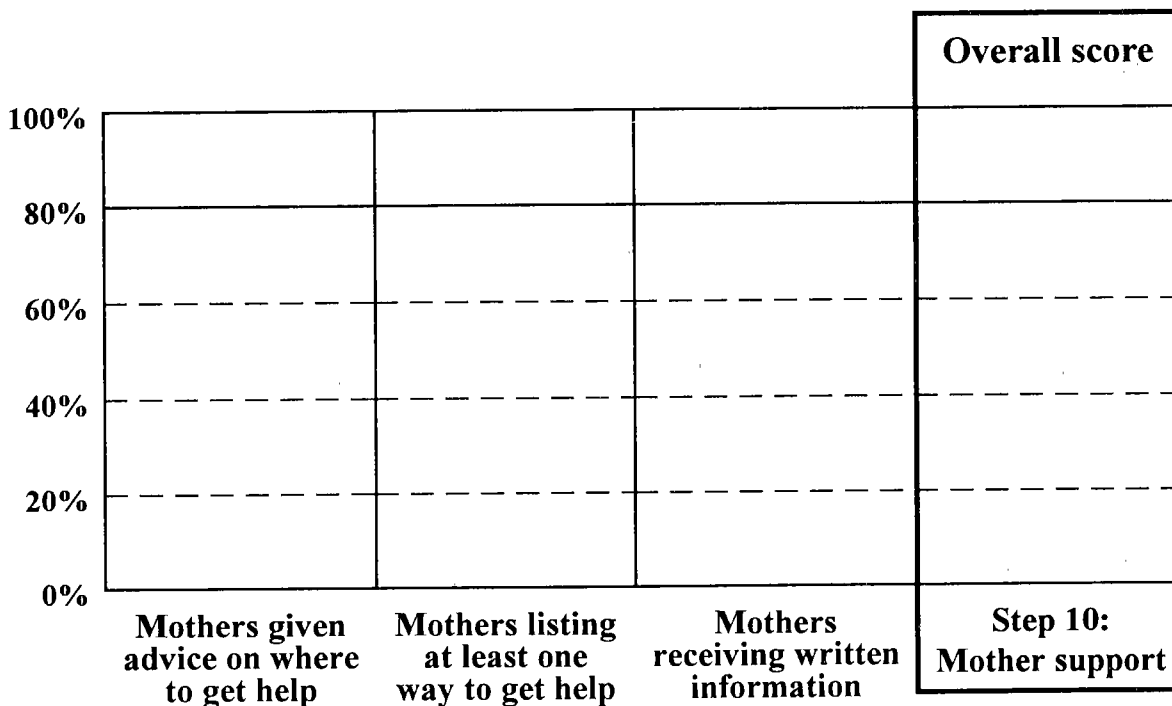
Results		
9a. Babies not given pacifiers	_____	%
9b. Babies not fed with bottles	_____	%
Step 9: No bottles or pacifiers (overall score)	_____	%
<h3>Comments and suggestions</h3>		



Report on results

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

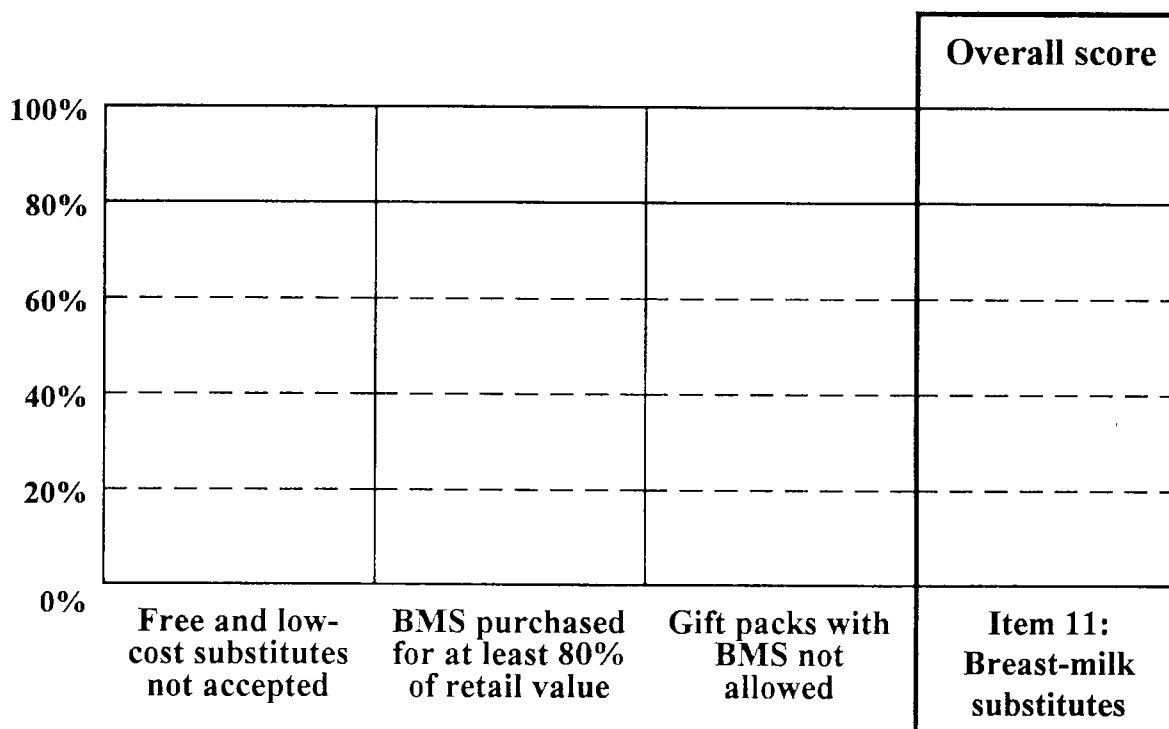
Results	
10a. Mothers given advice on where to get help with breastfeeding	_____ %
10b. Mothers who can list one appropriate way to get help	_____ %
10c. Mothers receiving written information on where to get help	_____ %
Step 10: Mother support (overall score)	_____ %
Comments and suggestions	



Report on results

Item 11: Free and low-cost breast-milk substitutes (BMS) and samples.

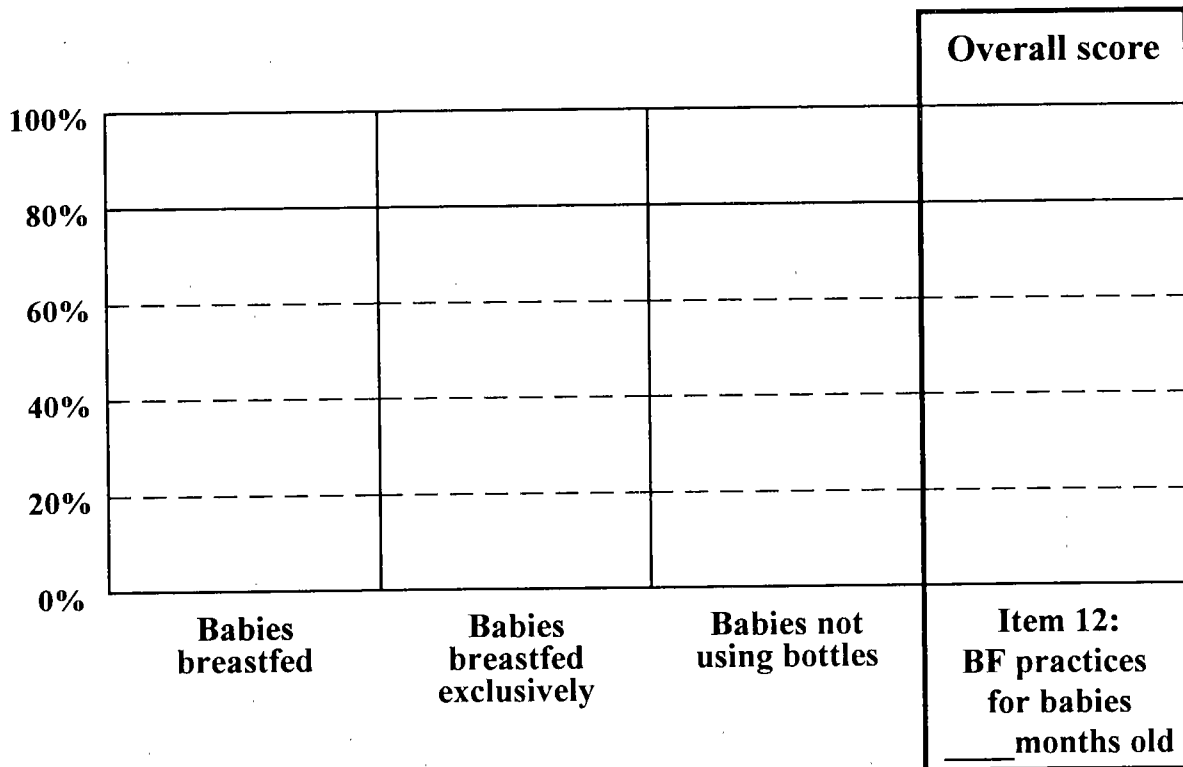
Results	
11a. Free and low-cost supplies of BMS <i>not</i> accepted	_____ %
11b. BMS purchased for at least 80% of retail value	_____ %
11c. Gift packs with BMS <i>not</i> allowed	_____ %
Item 11: Breast-milk substitutes (overall score)	_____ %
<h3>Comments and suggestions</h3>	



Report on results

Item 12: Follow-up on breastfeeding after discharge.

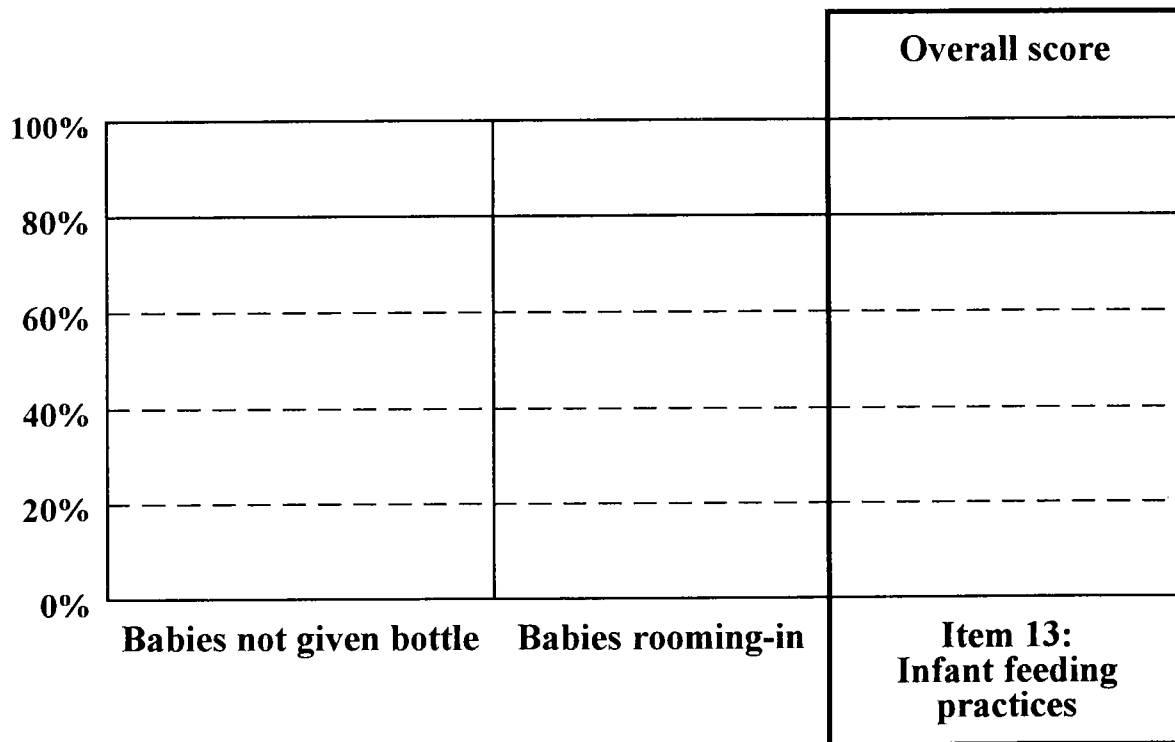
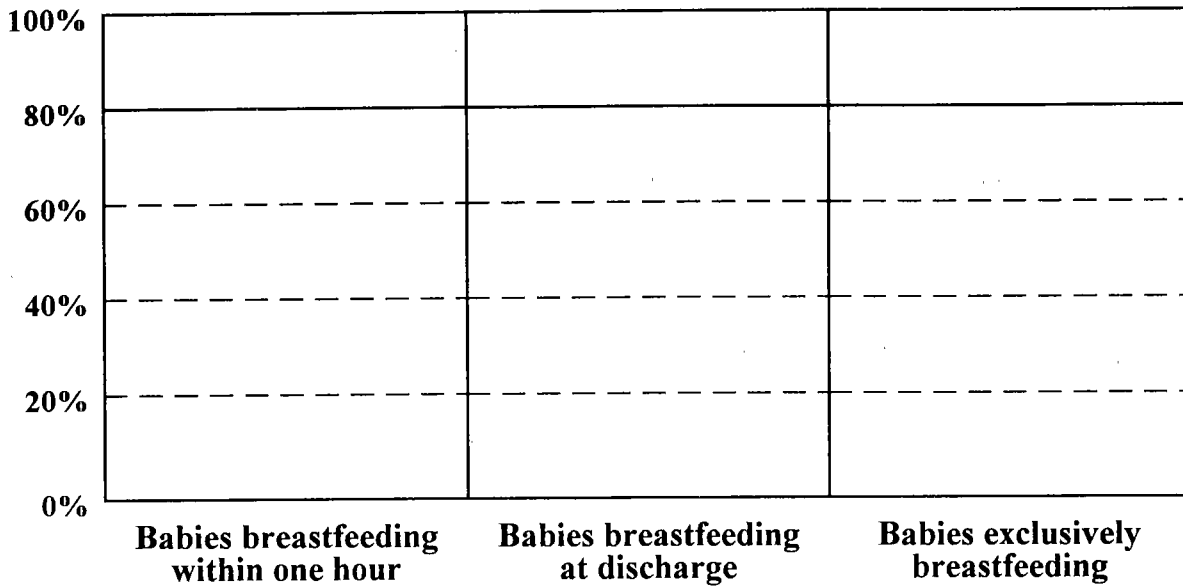
Results	
12a. Babies breastfed in the last 24 hours	_____ %
12b. Babies breastfed exclusively in the last 24 hours	_____ %
12c. Babies not drinking from bottle with nipple in the last 24 hours	_____ %
Item 12: BF practices for babies ____ months old (overall score)	_____ %
Comments and suggestions	



Report on results

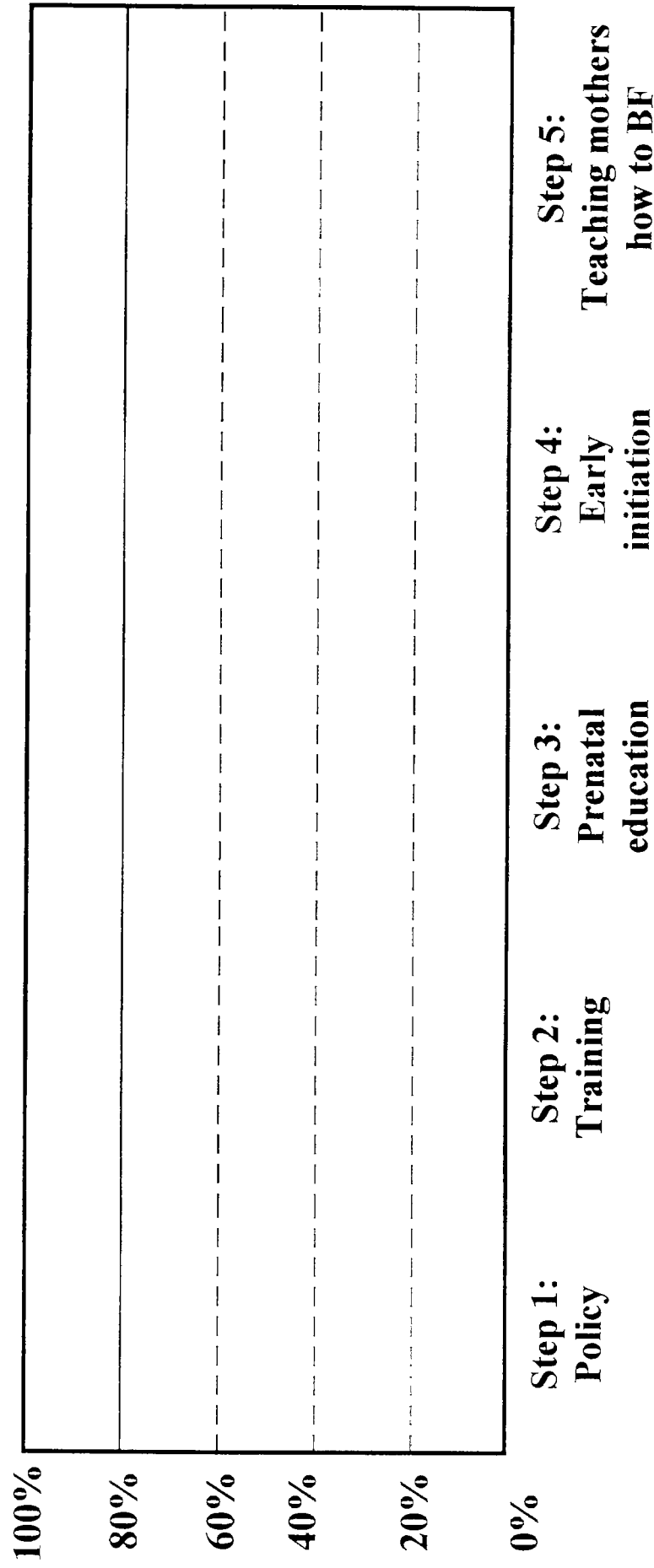
Item 13: Data from records on infant feeding practices.

Results	
13a. Babies breastfeeding within an hour (early initiation)	_____ %
13b. Babies breastfeeding at discharge	_____ %
13c. Babies exclusively breastfed	_____ %
13d. Babies not given bottle	_____ %
13e. Babies rooming-in	_____ %
Item 13: Infant feeding practices (overall score)	_____ %
Comments and suggestions	

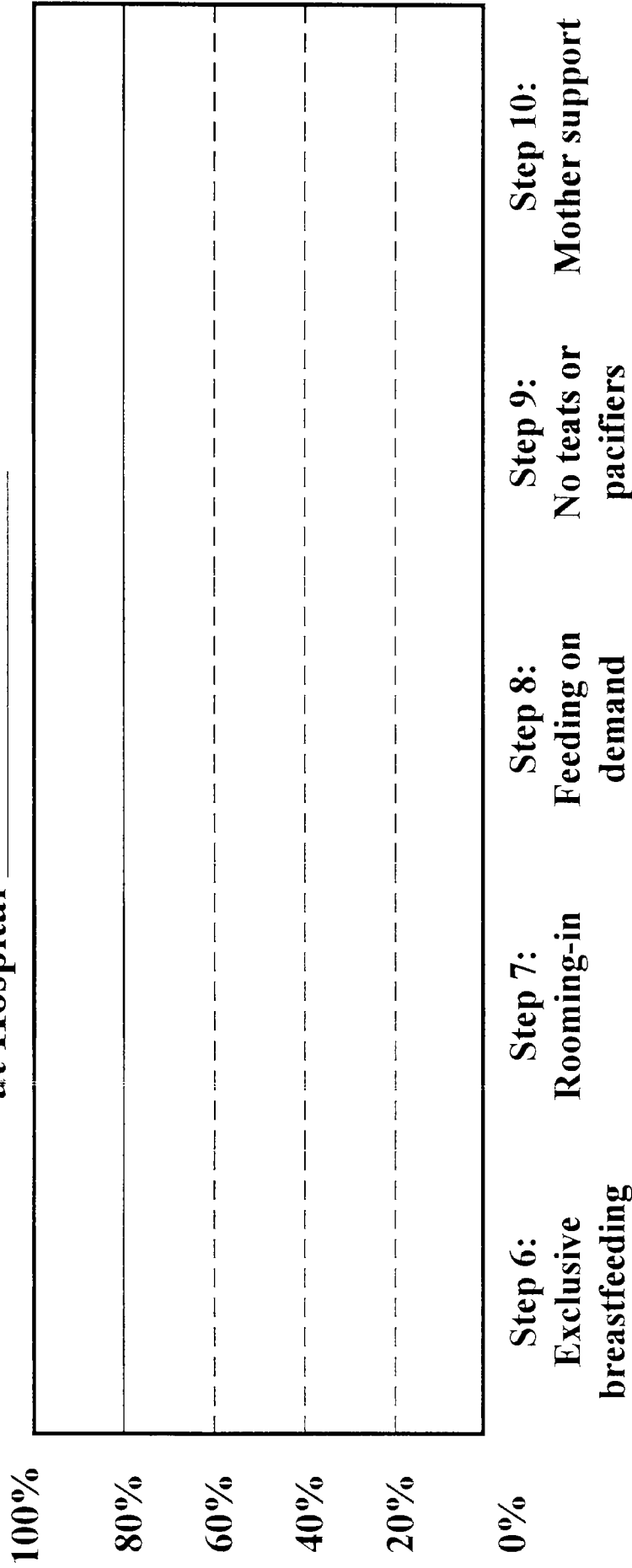


*Baby-friendly Hospital Initiative
Monitoring tool*

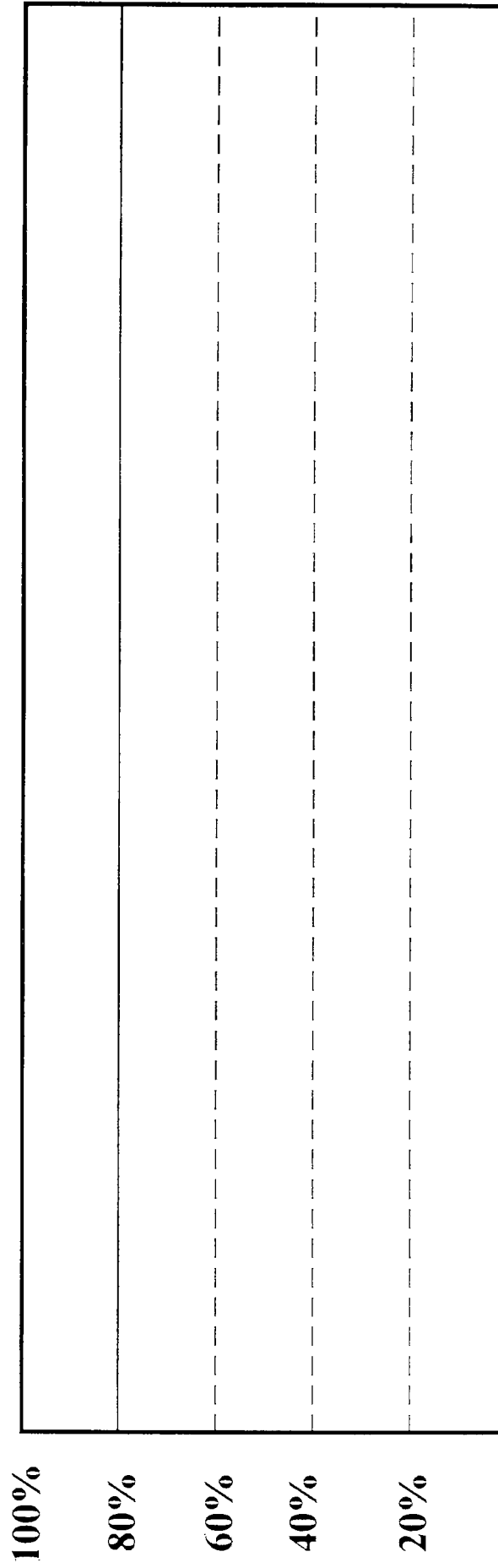
**Summary of progress on
“The ten steps to successful breastfeeding”
at Hospital _____**



**Summary of Progress on
“The ten steps to successful breastfeeding”
at Hospital _____**



**Summary of progress on
Use of BMS, follow-up and infant feeding practices
at Hospital _____**



Baby-friendly Hospital Initiative

Monitoring process:

Action plans

**Baby-friendly Hospital Initiative
Monitoring tool**

Name of hospital: _____

Date: _____ / _____ / _____

Key contact for plan: _____

Action plan

Action	Step(s) ¹	Timeline (in months)												Person(s) responsible	Results expected				
		1	2	3	4	5	6	7	8	9	10	11	12						

¹List which of the “Ten Steps” of BFHI the action helps to improve. Each action may be related to one or more of the steps. [Use additional pages if necessary]

*Baby-friendly Hospital Initiative
Monitoring tool*

Name of hospital: _____
Date: ____/____/____
Key contact for plan: _____

Action plan

Action	Step(s) ¹	Timing	Person(s) responsible	Results expected

¹ List which of the "Ten Steps" of BFHI the action helps to improve. Each action may be related to one or more of the steps. [Use additional pages if necessary]

