



WHO / UNICEF

Baby Friendly Hospital Initiative

Part Three

Self –Appraisal Questionnaire

- **General Data Sheet**
- **Self-Appraisal Questionnaire**

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Using the Self-Appraisal Questionnaire to Assess Policies and Practices

This Self-Appraisal Questionnaire was developed originally for use by hospitals and other maternity facilities, to evaluate how their current practices measure up to the Ten Steps to Successful Breastfeeding elaborated in the 1989 WHO/UNICEF Joint Statement, *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. The questionnaire has since been modified to adapt it to New Zealand circumstances following UNICEF's encouragement of BFHI national initiatives which incorporate local experience.

Any hospital or health care facility that is interested in becoming Baby Friendly should appraise its current practices in relation to the Ten Steps to Successful Breastfeeding and the Code. The following checklist permits a hospital or health care facility to make a quick initial appraisal or review of its practices in support of breastfeeding. Completion of this self-assessment form is the first stage of the process, but does not qualify the facility for designation as a Baby Friendly Hospital. Outside assessment is invited by the facility when its staff considers themselves ready for Baby Friendly designation. An external team will assess the facility, complete standardised summary sheets, and submit these to the New Zealand Breastfeeding Authority (NZBA). The assessors' report serves as the basis on which the NZBA Board decides whether or not the assessed facility is designated as Baby Friendly and should receive a Baby Friendly Hospital Initiative Certificate. Every facility that receives the BFHI Certificate will be required to complete a yearly self assessment (See BFHI Annual Survey Part 7) and return this to the NZBA. Every 3 years the facility is required to undertake an external reassessment to ensure that its practices continue to represent high global standards. If the facility does not meet the NZBA Criteria at assessment, the facility will be required to apply once again when they have met the standards outlined in the Self-Appraisal Questionnaire.

Reassessment Notification

It is the responsibility of the New Zealand Breastfeeding Authority to contact accredited Baby Friendly facilities 6 months prior to the expiration date of their designation as a Baby Friendly facility. Facilities are required to confirm a date for reassessment, prior to the expiration of their designation as a Baby Friendly facility. If a facility is not scheduled for reassessment within 3 months following the expiration date, it will be deemed to be in breach of its obligations as a Baby Friendly service. The NZBA will require the facility to remove their designation certificate and refrain from using any reference to the facility being accredited as a Baby Friendly service.

If this situation occurs, the NZBA, in conjunction with facility management and staff, will develop an action plan to work towards reaccreditation.

Analysing the Self-Appraisal Results

Under ideal circumstances, most of the questions will be answered "yes".

If a facility finds that many of its answers to this self-assessment are "yes", we

1. we advise that staff study the NZBA Criteria to learn more about the Aotearoa New Zealand standards, which are based on the international standards.

2. they may then take further steps towards being designated as a Baby Friendly Hospital and receiving the BFHI Certificate these steps are outlined in Part 1 of this document.

Numerous negative answers will suggest divergence from the Ten Steps to Successful Breastfeeding, the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions and the principles of the Treaty of Waitangi.

A facility with many “no” answers on the Self-Appraisal Questionnaire, or where 75% of babies are not exclusively breastfed from birth to discharge, may want to develop an action plan. The aim can be to eliminate practices that hinder initiation of exclusive breastfeeding and to expand those that enhance it. Such facilities may wish to ask for assistance with education or breastfeeding policy development from the NZBA.

Action

Facilities are encouraged to establish a written breastfeeding policy covering all Ten Steps to Successful Breastfeeding, the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions, and obligations under the Treaty of Waitangi before seeking assessment and designation as Baby Friendly. They also will need to have, in advance of assessment, a written curriculum for any education in lactation management provided for staff caring for mothers and babies. An outline of the content covered in antenatal breastfeeding education will also be required if this section is provided. Existence of such written documents provides evidence of ongoing institutional commitment to breastfeeding and ensures against variations in practice with changes in staffing.

Once a facility wishes to invite assessment, they need to submit a BFHI Assessment Request form and a completed copy of Part 3:

Contact details:

New Zealand Breastfeeding Authority (NZBA)

Unit 1, First Floor
16 Sheffield Crescent
P O Box 20-454
Bishopdale
Christchurch 8543
Phone: 03 3572 072
Fax: 03 3572 074
Email: info@nzba.co.nz

Baby Friendly Hospital Initiative Assessment Request Form

Facility name:

(This name will be used on the BFHI Certificate once accredited)

Address:

Phone No:

Fax No:

Name of Person making the Booking:

Contact Details:

Phone:

Fax:

Email:

Usual hours / days of work (i.e. best times for contacting)

Name of BFHI Coordinator / Liaison person:

Contact Details:

Phone:

Fax:

Email:

Usual hours / days of work (i.e. best times for contacting)

Finance Department address:

Address:

Date suitable for a preassessment visit:

Date when the facility plans to be ready for the assessment:

Please note: Cancellation of an audit after the dates have been confirmed with the NZBA will incur additional costs.

Person to be contact by the BFHI assessment team on arrival at the facility:

Any parking considerations, i.e. where can assessors park, is there a fee:

Any recommendations for suitable accommodation for the assessment team near the facility:

Mihi:

If you plan to give the BFHI assessment team an official welcome / Mihi Whakatau, please contact NZBA and inform us of your plans:

Upon completion of this form and Part 3 from the BFHI documents, please return to:

NZBA

Unit 1, First Floor

16 Sheffield Crescent

P O Box 20-454

Bishopdale

Christchurch 8543

Phone: 03 3572 072

Fax: 03 3572 074

Email: info@nzba.co.nz

You will be contacted to finalise a date for the preassessment visit, and then again later to agree upon the assessment team and other details of the assessment.

General Data Sheet

(to be completed prior to assessment or reassessment visit)

Date:

Facility name:

(This name will be used on the BFHI Certificate once accredited)

Address:

Name of Manager of Maternity and Neonatal Services:

Name:

Phone:

Email:

Address:

Name of BFHI Coordinator / Liaison person:

Contact Details:

Phone:

Email:

Name of Person/s responsible for the:

Facility

Postnatal Service

Antenatal Service

Birthing Suite

Neonatal Service

Facility liaison / contact person for BFHI Assessment team:

Name:

Phone:

Email:

Total Bed Capacity

_____	In antenatal service
_____	In labour and birth area
_____	In the postnatal service
_____	In the special care baby unit / neonatal unit

Total Births	_____	during the last 12 months from	_____	to	_____
_____	were by Caesarean		Caesarean rate		%
_____	were low birth weight babies (<2500grams)		LBW rate		%
_____	were admitted to special care units / NICU		Special Care / NICU rate		%

Breastfeeding Data

Primary Units

Infant feeding data from records or staff report at discharge of mothers from the maternity facility:

The standard required is at least 75% of infants are exclusively breastfed at discharge

The facility needs to have results that are consistently over 75% per month. Occasionally there may be one month that does not meet the standard. The NZBA requires data for one full year to verify this.

The breastfeeding rates for primary units are taken **from the births** at the facility as well **as the transfers in**.

Primary units need to complete tables A, B1 and B2:

The breastfeeding data needs to include information on:

1. births in the facility (Table A); and
2. infants transferred in (Tables B1 & B2)

The exclusive breastfeeding rate is obtained from:

- the number of those infants born in the facility and those who at the time of transfer are exclusively breastfed.
- the number of those exclusively breastfed at discharge.

Note: If you require further explanation on breastfeeding data or record keeping, please contact the NZBA

Table A: Feeding records at discharge for those infants who birthed at the facility in the last year

(Please note we require the actual numbers rather than percentages)

Month													Total Numbers
Births													
No. mother / infant pairs													
No. exclusively breastfeeding													
No. fully breastfeeding													
No. partial breastfeeding													
No. artificial feeding													

Transfers-in (Tables B1 and B2)

(The data for these infants, is required on admission and also at discharge)

For the BFHI audit, the facility's exclusive breastfeeding rate is also assessed using the data below. The facilities exclusive breastfeeding rate at discharge, should not be affected by those infants who arrive at the facility, having already received a breastmilk substitute.

This data reflects the facility's protection and support of breastfeeding.

Table B1:

Feeding records at admission for those infants who transferred to the facility in the last year

Month													Total Numbers
No. mother / infant pairs													
No. exclusively breastfeeding													
No. fully breastfeeding													
No. partial breastfeeding													
No. artificial feeding													

Table B2:

Feeding records at discharge for those infants who transferred to the facility in the last year

Month													Total Numbers
No. mother / infant pairs													
No. exclusively breastfeeding													
No. fully breastfeeding													
No. partial breastfeeding													
No. artificial feeding													

How was the Infant Feeding Data Obtained?

From records OR percentages are an estimate provided by _____

Breastfeeding Definitions

Exclusive breastfeeding: The infant has never, to the mother’s knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.

* Prescribed as per the Medicines Act 1981

Fully breastfeeding: The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

Partial breastfeeding: The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

Artificial feeding: The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

Please list below the ethnic groups served by your facility and the approximate proportion of the client population each would represent:

(Percentage from the year’s statistics. Please note that these need to be current and add up to 100%)

_____	%
_____	%
_____	%
_____	%
_____	%
_____	%
_____	%

Total 100%

Breastfeeding Data

Secondary and Tertiary Units

Infant feeding data from records or staff reports at discharge of mothers from the maternity facility:

The standard required is at least 75% of infants are exclusively breastfed at discharge

The facility needs to have results that are consistently over 75% per month. Occasionally there may be one month that does not meet the standard. The NZBA requires data for one full year to verify this.

Table A

Feeding records at discharge for those infants who birthed at the facility in the last year:

(Please note we require the actual numbers rather than percentages)

Month													Total Numbers
Births													
No. mother / infant pairs													
No. exclusively breastfeeding													
No. fully breastfeeding													
No. partial breastfeeding													
No. artificial feeding													

How Was the infant feeding data obtained?

From records OR percentages are an estimate provided by _____

Breastfeeding Definitions

Exclusive breastfeeding: The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.

* Prescribed as per the Medicines Act 1981

Fully breastfeeding: The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

Partial breastfeeding: The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

Artificial feeding: The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

Please list below the ethnic groups served by your facility and the approximate proportion of the client population each would represent:

(Percentage from the year's statistics. Please note these need to be current and add up to 100%)

	%
	%
	%
	%
	%
	%
Total 100%	

NOTE:

This provides a guide as to what:

A facility's ethnicity data provides a guide as to:

- which groups need to be consulted in the breastfeeding policy development, i.e. groups that comprise of 5% or more must be consulted
- the languages the Ten Steps to Successful Breastfeeding should be available in
- consultation with local Māori is essential in all cases

Note: When the facility is being assessed, we will endeavour to interview women to reflect ethnicity mix.

Local community organisations / providers / groups:

Name	Consulted		
	Yes	No	N/A
Independent LMCs			
• Midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Obstetricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• General Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name	Consulted		
	Yes	No	N/A
Well Child Providers			
• Plunket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tamaraki Ora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• General Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pacific Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: please specify _____

Name	Consulted		
	Yes	No	N/A
Community Groups / Organisations			
• Māori Health Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• La Leche League	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Parents Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Breastfeeding Network Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: please specify _____

Other groups consulted:

Please list local breastfeeding support / groups e.g. phone line, mothers groups:

Name	Contact person	Contact number
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Interviews

The BFHI assessment team will need to interview women who have accessed your service. We want to interview women who have birthed at the facility or who have accessed your antenatal service (education, clinic or inpatient service) irrespective of their manner of feeding.

Interview Numbers

Guidelines for the numbers of staff and mothers to be audited

The following are guidelines and may be altered subject to prior negotiation with the NZBA.

Tertiary Facilities

There will be interviews with the:

- the senior management of the: antenatal service; birthing suite, postnatal wards, neonatal unit,
- approximately 20 - 30 staff from within the facility, 10 - 30 pregnant women, 15 - 45 breastfeeding mothers of well babies, and 5 - 10 mothers with infants in the neonatal unit and non-breastfeeding mothers (if available).

Secondary Facilities

There will be interviews with the:

- the senior management of the: antenatal service; birthing suite, postnatal wards, special care baby unit
- approximately 10 - 20 staff from within the facility, 10 – 20 pregnant women, 15 – 30 breastfeeding mothers of well babies, and 5 -10 mothers with infants in the special care baby unit and non-breastfeeding mothers (if available)

Primary Facilities

There will be interviews with the:

- the senior management of the: antenatal service; birthing suite, postnatal ward(s)
- Ideally 10 staff from within the facility, 10 pregnant women, 15 breastfeeding mothers and non-breastfeeding mothers (if available)

If the facility has a low number of births the NZBA recommends that they ask mothers in each category, who have used the facility recently, to complete an informed consent form.

Mother Interviews

The NZBA require a minimum of 15 to 20 informed consents in each category for pregnant and post-natal vaginal deliveries and 10 caesarean deliveries (if applicable). These forms need to be provided to the assessment team at the beginning of the assessment. This helps prevent unnecessary time wasted if there are inadequate numbers of women in the facility at the time of assessment.

If the facility has a low number of births NZBA recommend that they ask mothers in each category, who have used the facility recently, to complete an informed consent form.

For example:

If a facility has only 10 births a month. This facility needs to ask all women at least 2 to 3 months prior to the assessment to complete an informed consent form.

Informed Consent Form for women who have accessed the maternity facility service

Date:

Dear

Thank you for choosing to stay with us at.....

We are in the process of applying for Baby Friendly Hospital status and will have the NZ Breastfeeding Authority assessors auditing our unit in As part of the process the assessors will need to speak with several women during the audit. You may be approached during your stay at the facility and asked, if you agree to answer several questions related to assistance you have had with feeding.

If there are insufficient numbers of women in the unit at the time of the audit visit, the assessors may need to make telephone contact with women who have previously stayed in the unit or who are attending the antenatal clinic.

If you are agreeable to the assessors contacting you, would you please complete the appropriate box below:

Name: _____
 Phone Number: _____
 Mobile Phone: _____
 Ethnicity: NZ European Māori Pacific Other: _____
 Signature: _____
 Date: _____
Please tick the boxes which are true for you
 I used the facility antenatal service
 I used the facility postnatal service
 I birthed in this facility
 I was transferred to the facility after I gave birth
 My baby is due to be born: (if applicable) _____
 Infants Birth Date: (if applicable) _____
 I had a facility LMC I had an Independent LMC

The information given will be kept confidential to the assessors only.
 This would not take up much of your valuable time but would be of great benefit to our unit.

Thank you for your co-operation.

Yours sincerely

Midwife in Charge

Office Use Only:	Breastfeeding <input type="checkbox"/>	Caesarean Delivery <input type="checkbox"/>
	Private LMC <input type="checkbox"/>	Vaginal Delivery <input type="checkbox"/>

Health Care Facility Self-Assessment Questionnaire

(please tick the appropriate response)

Step 1

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

- 1.1 Does the health care facility have an explicit written policy for protecting, promoting and supporting breastfeeding that addresses all Ten Steps to Successful Breastfeeding? Yes No
- 1.2 Does this policy comply with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions? Yes No
- 1.3 Are the principles of the Treaty of Waitangi (protection, participation and partnership) incorporated in the policy? Yes No
- 1.4 Does the breastfeeding policy align with the DHB cultural policies and plans e.g. Māori Health Plan, Māori Health Policy, models of care for Māori patients, cultural safety? Yes No
- 1.5 Have Māori women, midwives, Māori health units, kaumatua and local iwi been involved in the development of this policy? Yes No
- 1.6 Have facility staff, LMCs, local health providers and other service providers been involved in the development of this policy? Yes No
- 1.7 Have Pacific peoples and other significant ethnic groups been involved in the development of this policy?
If not, why not? Yes No
- 1.8 Have local consumer organisations been involved in the development of this policy? Yes No
- 1.9 Can you provide documentation of the above consultations showing the process and feedback obtained? Yes No
- 1.10 In order to protect breastfeeding does the policy prohibit all promotion of, and group instruction for using infant formula, feeding bottles and teats? Yes No

- 1.11 Does the policy explicitly prohibit the acceptance of free and low cost supplies of infant formula? Yes No
- 1.12 Are all policies or protocols related to breastfeeding in line with current evidence – based practice? Yes No
- 1.13 Is the breastfeeding policy available so that all staff who take care of mothers and babies can refer to it? Yes No
- 1.14 Is the breastfeeding policy available to mothers and a summary displayed in all areas of the health care facility which serve mothers and babies, i.e. antenatal service area, birthing suite, postnatal wards, special care baby unit, and neonatal intensive care unit? Yes No
- 1.15 Is the summary of the breastfeeding policy displayed in English and Māori, and is it available in languages of other local significant ethnic groups? Yes No
- 1.16 Is there a mechanism for evaluating the effectiveness of the policy? Yes No
- 1.17 Is the breastfeeding policy and other associated protocols, reviewed at least every 3 years? Yes No
- 1.18 Are all staff orientated to the breastfeeding policy and aware of where it is located? Yes No

Step 2

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

- 2.1 Are all staff aware of the advantages of exclusive breastfeeding and acquainted with the facility breastfeeding policy and services to protect, promote and support breastfeeding? Yes No
- 2.2 Are all staff of the maternity facility who have contact with women and babies orientated to the breastfeeding policy on their arrival? Yes No
- 2.3 Is education on breastfeeding and lactation management scheduled for all staff, caring for women and babies, within 6 months of their appointment? Yes No
- 2.4 Does the education cover?
- (a) the Ten Steps to Successful Breastfeeding? Yes No
- (b) the health workers responsibilities under the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant resolutions? Yes No

- 2.5 (a) Do the education records for the **midwifery and nursing staff** confirm that at least 80% have completed 18 hours on breastfeeding and lactation management and a minimum of 3 hours of supervised clinical experience in the past five years? Yes No
- (b) Is the basic education for **medical staff** on breastfeeding and lactation management in the last 2 years at least 4 hours in total? Yes No
- (c) Is the basic education for **ancillary staff** on breastfeeding and lactation management in the last 3 years at least 3 hours in total? Yes No
- 2.6 Does the basic and ongoing education for **midwifery and nursing staff** include breastfeeding for Māori women, and reflect input of iwi, kaumatua or other relevant Māori groups / community organisations? Yes No
- 2.7 (a) Do you have up-to-date records of **midwifery & nursing staff** education including employee starting dates, breastfeeding education hours and the content of each employee's education? Yes No
- (b) Do you have up-to-date records of **medical staff** education including employee starting dates, breastfeeding education hours in the last 2 years and the content of each employee's education? Yes No
- (c) Do you have up-to-date records of **ancillary staff** education including employee starting dates, breastfeeding education hours in the last 3 years and the content of each employee's education? Yes No
- 2.8 (a) Is there ongoing in-service education for **midwifery & nursing Staff** on breastfeeding, for a minimum of 4 hours annually which includes one hour of clinical supervision? Yes No
- (b) Is there ongoing in-service education for **medical staff** on breastfeeding for a minimum of 2 hours annually? Yes No
- (c) Is there ongoing in-service education for **ancillary / support staff** on breastfeeding for a minimum of 1 hour annually? Yes No
- 2.9 Is access to appropriate ongoing education available for your lactation specialist? Yes No
- N/a
[As no LC on Staff]
- 2.10 Is there a copy of curricula / course outlines for all staff education? Yes No

Step 3

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

Does the facility provide staff to support an antenatal care clinic? Yes No

Does the facility provide staff to support antenatal patients? Yes No

Does the facility provide staff to support antenatal / childbirth education classes? Yes No

Does the facility have antenatal inpatient beds available? Yes No

Does the facility provide staff to support core LMC Care Yes No

If you answer 'yes' to at least one of the above, then answer the following questions.

If you answer 'no' to all 5 questions above, this step is not applicable to your service.

3.1 Are most pregnant women attending these antenatal services informed about, and given written material on, the benefits and management of breastfeeding? This must include all topics outlined in Part 2, Step 3 of the NZBA Documents for Aotearoa New Zealand including: Yes No

- the facility breastfeeding policy
- the importance of exclusive breastfeeding for the first 6 months.
- the benefits of breastfeeding
- the importance of early skin-to-skin contact
- early initiation of breastfeeding
- rooming-in on a 24 hour basis including safe sleeping
- cue-based or baby-led feeding
- frequent feeding to help ensure enough breastmilk
- good positioning and attachment of the baby at the breast
- the implications of using pacifiers, teats and bottles on the establishment of breastfeeding
- breastfeeding support services in the community
- the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

3.2 Do antenatal records indicate whether breastfeeding has been discussed with the pregnant woman? Yes No

3.3 Is a pregnant woman's antenatal record available at the time of birth? Yes No

3.4 Are pregnant women protected from verbal, visual or written promotion of, and group instruction for, artificial feeding? Yes No

3.5 Are pregnant women attending antenatal and birthing services informed of the effects of sedatives, analgesics and anaesthetics used in labour on both the newborn child and the initiation of breastfeeding? Yes No

- 3.6 Are staff familiar with the effects of such medications and drugs on breastfeeding? Yes No
- 3.7 Are all pregnant women asked about previous breastfeeding experience and breastfeeding knowledge? Yes No
- 3.8 Does a pregnant woman who has never breastfed, or who has previously encountered problems with breastfeeding, receive special attention and support from the staff of the health care facility? Yes No
- 3.9 Are all pregnant women informed of breastfeeding support groups / services in the community? Yes No
- 3.10 Do records indicate that information provided is ethnically and culturally appropriate and relevant to specific needs? Yes No

Step 4

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

This Step is now interpreted as:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.

- 4.1 Are babies who were born vaginally or by caesarean section without general anaesthesia placed in skin-to-skin contact with their mothers within 5 minutes of birth and their mothers encouraged to continue this contact for at least an hour? Yes No
- 4.2 Are babies who were born by caesarean section with general anaesthesia placed in skin-to-skin contact with their mothers as soon as the mothers are responsive and alert, and is the mother encouraged to continue this contact for at least an hour? Yes No
- 4.3 Are all mothers supported, during this time, to recognise the signs that their babies are ready to breastfeed and offered help, if required? Yes No
- 4.4 Are the mothers with babies in special care encouraged to hold their babies, in skin-to-skin contact, unless there is a justifiable reason not to do so? Yes No
- 4.5 Can you provide documentation on the time of commencement of skin-to-skin contact, the duration of this contact and the time of the first breastfeed? Yes No
- 4.6 Do the mothers and babies who birth at your unit meet the criteria for this step, irrespective of their method of feeding? Yes No

Step 5

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

- 5.1 Do staff offer all mothers further assistance with breastfeeding when the baby indicates readiness or within 6 hours of birth? Yes No
- 5.2 Can staff describe the types of information, and demonstrate the skills they provide to mothers who are breastfeeding, to assist them in successfully feeding their babies? Yes No
- 5.3 Are breastfeeding mothers able to demonstrate how to correctly align position and attach their babies for breastfeeding? Yes No
- 8.4 Are mothers advised that, if their breasts become overfull, they should wake the baby and try to breastfeed? Yes No
- 5.5 Are breastfeeding mothers shown how to hand express their milk and given information on expressing and storage of breastmilk? Yes No
- 5.6 Are staff members, or other providers who have specialised training in breastfeeding and lactation management, available full-time to advise mothers (if clinically indicated) during their stay in the facility and in preparation for discharge? Yes No
- 5.7 Do women who have never breastfed, or who have previously encountered problems with breastfeeding, receive special attention and support from the staff of the facility? Yes No
- 5.8 Are mothers, with babies in the neonatal unit, helped to establish and maintain lactation by frequent expressing of milk initiated within 6 hours of birth? Yes No
- 5.9 Are mothers with babies in the neonatal unit, encouraged to breastfeed or express their milk regularly 8 times or more every 24 hours to establish and maintain their supply? Yes No

Step 6

Give newborn infants no food or drink other than breastmilk unless *medically* indicated.

- 6.1 Do staff have a clear understanding of the few acceptable reasons for giving food or drink other than breastmilk to breastfeeding babies? (See Acceptable Medical Reasons, Part 2 of the NZBA Criteria, page 15). Yes No
- 6.2 Do breastfed babies only receive food or drink other than breastmilk when this is medically indicated? Are women given sufficient information to make fully informed decisions? Yes No
- 6.3 Are breastmilk substitutes, including special formulas, which are used in the facility, purchased in the same way as any other foods or medicines? Yes No
- 6.4 Does the facility, and do all health care workers, refuse free or low cost supplies of breastmilk substitutes? Yes No
- 6.5 Does the maternity facility keep records of annual formula usage? Yes No
- 6.6 Is the facility compliant with the ten main points of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions (See Part 1, page 5)? Yes No
- 6.7 Does the facility have a process for informed consent for the use of breastmilk substitutes? Yes No
- 6.8 Are all policies and protocols related to breastfeeding in-line with current best practice? Yes No

Step 7

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

- 7.1 Do mothers remain together with their babies (rooming-in) 24 hours a day? Yes No
- 7.2 Does rooming-in start immediately following birth? Yes No
- 7.3 If separation occurs, is it either medically indicated or at maternal insistence? Yes No

Step 8

Encourage breastfeeding on demand.

- 8.1 As long as the baby is breastfeeding effectively, is a mother encouraged to breastfeed as often and for as long as the baby wants? Yes No
- 8.2 Are mothers advised how to recognise their babies cues for feeding? Yes No
- 8.3 Are mothers given instruction on how to recognise when their babies are breastfeeding effectively? Yes No
- 8.4 If the baby is unwilling to feed are mothers shown how to hand express to soften their overfull breasts? Yes No

Step 9

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

- 9.1 Are babies who are breastfed, cared for without the use of bottles or teats? Yes No
- 9.2 Are babies who are establishing breastfeeding cared for without the use of pacifiers? Yes No
- 9.3 Does the facility have guidelines for the appropriate use of nipple shields? Yes No
- 9.4 Does the facility refuse free or low-cost teats, bottles and pacifiers? Yes No

Step 10

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the health care facility.

- 10.1 Does the facility give education to key family / whānau members so that they can support the breastfeeding mother at home? Yes No
- 10.2 Do facility staff initiate discussion with breastfeeding mothers and give written information on breastfeeding support groups / services and where they are available? Yes No
- 10.3 Does the facility have a system of follow-up support for those breastfeeding mothers for whom they are responsible after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls? Yes No
- 10.4 Does the facility routinely refer those mothers for whom they are responsible to existing well-child / tamariki ora services in their area, including marae-based health clinics and other personally appropriate services? Yes No
- 10.5 Does the facility encourage and facilitate the formation of mother-to-mother or health worker-to-mother support groups / services or other breastfeeding support groups, including those which meet the needs of Māori, and other ethnic groups' needs? Yes No
- 10.6 Does the facility actively support visits by external providers (voluntary or professional) e.g. La Leche League, Māori health providers, lactation consultants, etc who support and provide breastfeeding counselling when mothers request these services in the facility? Yes No

The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA Resolutions

Can the facility confirm that:

1. All supplies of infant formula and all other products within the scope of the Code, are bought at wholesale or no less than 80% of the retail price? Yes No
2. It has a policy on infant formula rotation and how it selects the formula it will consider purchasing? Yes No
3. The amount of formula used in the last year has decreased over time? Yes No
4. Formula purchase records are available? Yes No
5. Is infant formula stored out of sight? Yes No
6. Does the facility have a written policy which identifies who formula company representatives can have contact with in the facility? Yes No
7. Are marketing personnel denied contact with pregnant women, mothers and their families? Yes No
8. Are pregnant women and non-breastfeeding mothers taught individually about formula feeding? Yes No
9. Do all educational materials for pregnant women and mothers, including their labels explain:
 - a) the benefits and superiority of breastfeeding? Yes No
 - b) the social and financial implications of the use of infant formula? Yes No
 - c) the health hazards of unnecessary or improper use of formula? Yes No
10. Does all material used by staff contain only scientific and factual information? Yes No
11. Is this information (8) presented in a way that implies (or creates a belief) that bottle-feeding is equivalent or superior to breastfeeding? Yes No
12. Does this facility advertise or promote products (identified in the scope of the Code) to the general public? Yes No
13. Are formula samples given to mothers, pregnant women or their families? Yes No
14. Are free or subsidised supplies given to health workers? Yes No
15. Are free gifts, materials or money, from infant formula companies, given to health workers or the facility? Yes No
16. Are any samples, other than those to be used for professional evaluation or research, given to health workers? Yes No
17. Is there any promotion of products by health workers or any other Staff in the facility? Yes No
18. Are there any words or pictures displayed in the facility, which idealise the use of products, including pictures of infants on the labels of products? Yes No
19. Are any gift bags or packs given out to mothers by the facility?
If 'yes':
Do these "packs" contain baby and personal care products? Yes No N/A
Does the facility have a policy to ensure that they contain nothing that might interfere with the successful initiation and establishment of breastfeeding, for example, feeding bottles and teats, pacifiers and infant formula? Yes No N/A
20. Is there any infant formula company literature used by this facility for anything but professional education? Yes No

Scope of the Code:

The Code applies to the marketing, and practices related thereto, of the following products:

- Breastmilk substitutes – including infant formula
- Other milk products
- Food and beverages – including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for the use as a partial or total replacement of breastmilk
- Feeding bottles and teats – including consideration of the products' quality and availability, and information concerning their use

BFHI and the Principles of the Treaty of Waitangi

1. Does the breastfeeding policy align with other DHB cultural policies and plans? Yes No
2. Do the consultation processes include Māori representatives from other groups, inclusive of Māori Health providers and community organisations? Yes No
3. Do staff records indicate 80% of midwifery / nursing staff meet the education requirement for breastfeeding for Māori women, which incorporates the principles of the Treaty of Waitangi as specified in Part 2, Step 2? Yes No
4. Do relationships exist within the District Health Board between the facility and Māori health services, e.g. Māori Health Unit, Cultural Advisor and / or relevant Māori health services? Yes No
5. Do relationships exist with relevant community based Māori health providers and community organisations e.g. Māori Women's Welfare League? Yes No
6. Are whānau recognised as an integral part of the care of the pregnant and breastfeeding mothers care? Yes No
7. Is there access to kaumatua support or Māori health worker or culturally appropriate support if required? Yes No
8. Are processes in place for Māori to participate in the review, development and evaluation of the service? Yes No
9. Are appropriate Māori workforce development pathways identified? Yes No

Standards of Care for the Non-Breastfeeding Mother and Baby

Artificial Feeding Policy

- 1.1 Does the health care facility have an explicit written policy for artificial feeding? Yes No
- 1.2 Are all protocols related to artificial feeding in-line with current evidence-based practice? Yes No
- 1.3 Is the artificial feeding policy available so that all staff who take care of mothers and babies can refer to it? Yes No
- 1.4 Is there a mechanism for evaluating the effectiveness of the policy? Yes No
- 1.5 Is the artificial feeding policy and other associated protocols, reviewed at least every 3 years? Yes No
- 1.6 Is the artificial feeding policy stored away from public display? Yes No
- 1.7 Are all staff orientated to the artificial feeding policy? Yes No

Midwifery / Nursing Staff Education

- 2.1 Are all staff of the maternity facility who have contact with women and babies orientated to the artificial feeding policy on their arrival? Yes No
- 2.2 Is education on artificial feeding scheduled for staff caring for women and babies within 6 months of their employment? Yes No
- 2.3 Is education on how to provide infant feeding support for non-breastfeeding mothers given to all clinical staff who come in contact with mothers and babies? Yes No
- 2.4 Does this education include all standards as specified in page 5, Part 2? Yes No
- 2.5 Are designated staff members available to assist with the education and practical aspects of artificial feeding for the non-breastfeeding mother? Yes No
- 2.6 Do records confirm that at least 80% of midwifery / nursing staff have received the specified information? Yes No

Antenatal Care

- 3.1 Does the antenatal education programme include all standards as specified in Part 2, Page 19? Yes No
- 3.2 Is all information given to these women compliant with the Code? Yes No

Postnatal Care

- 4.1 Are designated staff members available to assist with all practical aspects of artificial feeding to educate the non-breastfeeding mother? Yes No
- 4.2 Can staff describe the information, and skills necessary for mothers who are not breastfeeding so they can successfully feed their babies? Yes No
- 4.3 Are mothers who have decided not to breastfeed, informed individually, how to prepare and give their babies feeds? Yes No
- 4.4 Are mothers who are intending to artificially feed their babies from birth requested to bring in their own breastmilk substitutes, bottles and teats? Yes No
- 4.5 Are all policies and protocols related to infant feeding in-line with current best practice? Yes No
- 4.6 Is written information available for mothers of artificially feeding babies which covers feeding options, safe formula preparation, sterilisation and storage of feeding equipment? Yes No
- 4.7 Are women who are artificially feeding their babies given information on parenting support and well child services in their community? Yes No

Please Note:

Where possible assessors will interview non-breastfeeding mothers. However in New Zealand non-breastfeeding mothers may not be available for interview due to low numbers. Therefore mother interviews will not impact on facility compliance with these standards.

Summary

Does your facility follow all Ten Steps to Successful Breastfeeding and the Code for protecting, promoting and supporting breastfeeding? Yes No

If no, what improvements are needed?

If improvements are needed, would you like some help? Yes No

If yes, please describe

If this form indicates a need for substantial improvements in practice, maternity services are encouraged to spend several months in readjusting routines, re-educating staff, and establishing new patterns of care. The self-appraisal process may then be repeated. Experience shows that major changes can be made in 3 to 4 months with adequate education and support.

Please send the following in with your request for audit and Part 3:

- **the completed Self-Appraisal Questionnaire (Part 3)**
- **an organisational chart for your maternity services**
- **a map of the facility layout**
- **a copy of your breastfeeding policy**
- **a summary of the staff breastfeeding education and education records**

Comments on the format of these forms are invited.