



**WHO / UNICEF**

# **Baby Friendly Hospital Initiative**

**Part Seven**

**BFHI Annual Self Appraisal Questionnaire**

**BFHI Annual Self Appraisal Questionnaire**

Please complete this questionnaire and forward all documentation to: [info@nzba.co.nz](mailto:info@nzba.co.nz)

**Date:** .....

**Facility Name:** .....

**Address:** .....  
.....

**Telephone:** .....

**Name of the Manager of Maternity Service:** .....

**Telephone:** .....

**Email:** .....

**Name of the Manager of Neonatal Services:** .....

**Telephone:** .....

**Email:** .....

**Name of Person/s Responsible for BFHI:** .....

**Telephone:** .....

**Email address:** .....

**Type of Service**    DHB Facility                Community Trust                Private   

**Type of Facility**    Tertiary                                Secondary                        Primary   

**Services Provided Within the Facility**

Antenatal Classes                                                Neonatal Intensive Care Unit   

Antenatal Clinic                                                  Special Care Baby Unit           

Antenatal Beds                                                    Facility LMC Services             

Birthing Suite Primary                                           Self-employed LMC               

Birthing Suite Secondary           

Birthing Suite Tertiary              

Postnatal Beds                       

**Total Bed Capacity:** .....

..... in labour and birth area  
 ..... in the postnatal service  
 ..... in the special care baby unit/neonatal unit  
 ..... in antenatal service  
 ..... in other areas for mothers and children

**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 Special care rate .....%

**Breastfeeding Statistics and Ethnicity:**

The Ministry of Health is committed to improving the disparity seen between the breastfeeding rates of Maori, Pacific Island and European women. The lower rate of exclusive breastfeeding/any breastfeeding noted in the first two groups, more particularly in Maori, is of concern for the future health our nation.

To ensure strategies, currently being put in place, are having a positive effect on the percentage of babies from these groups being breastfed, the New Zealand Breastfeeding Authority are required to obtain the ethnic breakdown of the breastfeeding statistics, at discharge, from facilities.

Ideally the data would show annual statistics however until yearly figures can be obtained please complete the table with the maximum number of months possible.

**In the past year (enter dates from data available) there were \_\_\_\_\_ discharges from the facility.**

*Enter the ethnicity data associated with each group for the breastfeeding definitions, on discharge, in the table below.*

	No. of babies exclusively B/F	No. fully Breastfeeding	No. Partially Breastfeeding	No. Artificially Feeding
<b>NZ European</b>				
<b>NZ Maori</b>				
<b>Pacific Islander</b>				
<b>Other</b>				
<b>TOTAL</b>				

**1. Exclusive Breastfeeding Rates required for BFHI purposes:**

**The exclusive breastfeeding rate, for BFHI purposes only, is obtained from:**

- The numbers of those infants birthed in the facility and those who transfer in that are exclusively breastfed.
- Number of those exclusively breastfeed at discharge

Please complete the following Tables A & B1 and B2 (if applicable)  
 The exclusive breastfeeding rates on discharge for the past 12 months:

**Table A: Births at the facility**

Year Month													Total Numbers
Numbers of:													
Mother/infant pairs discharged from the facility													
Exclusive breastfeeding at discharge													
Fully breastfeeding at discharge													
Partial breastfeeding at discharge													
Artificial feeding at discharge													
Total													

**Table B1 & B2: Transfers-in to the facility**

(NB. We need the breastfeeding data for infants transferred to the facility on admission and also at discharge.)

The facility has transfers in Yes  No

If “Yes” then please complete the tables below:

**Table B1 Transfers-in: Breastfeeding Definition On Admission**

Month													Total numbers
Numbers transferred into the Unit													
Mother/infant pairs													
Exclusive breastfeeding													
Fully breastfeeding													
Partial breastfeeding													
Artificial feeding													
Total													

**Table B2 Transfers-in: Breastfeeding Definition at Discharge**

Month													Total numbers
Numbers on discharge from the Unit													
Mother/infant pairs													
Exclusive breastfeeding													
Fully breastfeeding													
Partial breastfeeding													
Artificial feeding													
Total													

The facility’s exclusive breastfeeding rate should not be affected by those infants who arrive that are not exclusively breastfed.

**For example:**

Births:

20 births in the facility in a month and of these 18 were discharged exclusively breastfeeding

Transfers in:

50 transfers in

40 arrived exclusively breastfed and 39 were exclusively breastfed at discharge

Total sample number:

20 + 40 = 60

Numbers exclusively breastfed at discharge:

18 + 39 = 57

Percentage of infant exclusively breastfed: 57/60 X 100 = 95%

**How was the Baby Feeding Data Obtained?**

From records  OR percentages are an estimate  provided by .....

**2. Ethnicity of Clients**

The cultures which are represented by around 5% of the women birthing at your facility (as indicated in your recent ethnicity data) are:

NZ European

NZ Maori

Asian

Pacific Islander

Other (please list)

.....

**3. Step 1: Breastfeeding Policy**

Please affirm the current status of your Breastfeeding Policy by ticking any box applicable.

The review date remains current:

The Policy is currently under review:

Consultation for updating the Policy is currently being undertaken:

All new staff receive orientation to the Breastfeeding Policy:

The Policy (or summary of the Policy) is displayed in all areas:

The Policy is displayed in English, Maori & languages appropriate to your cultural diversity:

All documentation of consultation, changes to policies/guidelines, related to the Breastfeeding Policy, is retained and available for review:

**4. Step 2 : Staff Education**

How many hours of ongoing staff education has been offered, for the designations below, over the past twelve months?

Midwifery/nursing staff .....hrs  
Medical staff .....hrs  
Ancillary staff .....hrs

Are all education programmes, records of attendance and education data records available?  
Yes  No

Does the facility meet the breastfeeding education requirements, in line with the BFHI criteria, for all newly employed staff members?  
Yes  No

### 5. Step 3: Antenatal services

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 core LMC Care  
Yes  No

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

*If the answer is 'no' to all five questions above, this Step is not applicable to the facility.*

Antenatal information covers:

- The facility breastfeeding policy Yes  No
- The importance of exclusive breastfeeding for the first 6 months Yes  No
- The benefits of breastfeeding Yes  No
- The effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding Yes  No
- The importance of early skin-to-skin contact Yes  No
- Early initiation of breastfeeding Yes  No
- Rooming-in on a 24 hour basis including safe sleeping Yes  No
- Cue-based or baby-led feeding Yes  No
- Frequent feeding to help ensure enough breastmilk Yes  No
- Optimal positioning and attachment of baby at the breast Yes  No
- Risks of giving water, formula or other supplements to a baby in the first 6 months  
Yes  No
- The implications of using pacifiers, teats and bottles on the establishment of breastfeeding Yes  No
- Breastfeeding support services in the community Yes  No

All handouts comply with the International Code of Marketing of Breastmilk Substitutes? Yes  No

There is no group discussion about breastmilk substitutes? Yes  No

**6. Step 4: Initiation of Breastfeeding (skin-to-skin contact)**

An audit of a minimum of 5 postnatal mothers on the post natal ward confirms a minimum of 80% continuing compliance by the facility to Step 4.

**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.** Yes  No

**7. Step 5: Mothers shown how to breastfeed**

- An audit of at least 5 postnatal breastfeeding mothers confirms they:
- have been shown how position/attach their baby's to the breast
  - have been shown how to/given information about hand expressing their breastmilk
  - have had a discussion with staff about storing of expressed breastmilk
  - are aware of staff availability to assist with breastfeeding 24 hours a day as required
  - know what to do if their breasts are uncomfortably full and their baby is asleep

**8. Step 6 : No food or drink other than breast milk unless *medically* indicated**

An audit of breastfed babies within the ward, at this time, confirms nothing other than breastmilk has been given to them unless medically indicated. (80% compliance)

Number of babies reviewed: .....

Number of babies exclusively breastfeeding: .....

Of those babies who have required anything other than breastmilk please identify the reason this was offered.

Comments:  
.....  
.....  
.....  
.....

**9. Step 7: Rooming-in**

An audit of the mothers presently in the postnatal ward, confirm they have had their baby's with them 24 hours a day since birth. Yes  No

Reason(s) given for separation:

.....  
.....  
.....

**10. Step 8: Cue-based feeding**

An audit of breastfeeding mothers, present in the postnatal ward, confirms that there have been no restrictions placed on the frequency or length of time their baby's breastfeed.

This audit also confirms the mothers can:

- recognize their baby's cues for feeding
- recognize their baby is feeding effectively

Comments:

.....  
.....  
.....

**11. Step 9: No bottles, teats or pacifiers are given to breastfeeding babies**

Where a breastfeeding baby, within your postnatal ward, requires anything other than breastmilk this is offered to the baby by which method(s)?

Comments:

.....  
.....  
.....

**12. Step 10: Community breastfeeding support**

An audit of the breastfeeding mothers, in your ward, confirms they are aware of appropriate breastfeeding support groups in the community and are able to name at least two of these groups. Yes  No

Comments:

.....  
.....  
.....  
.....

**13. Compliance with the International WHO Code**

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?  Yes  No
 

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

#### 14. BFHI and the Principles of the Treaty of Waitangi

**Can you verify that:**

1. The breastfeeding policy aligns with other DHB cultural policies and plans e.g. Māori Health Plan, Māori Health Policy, models of care for Māori patients, cultural safety? Yes  No
2. Consultation processes include Māori representatives from other groups inclusive of Māori health providers and community organisations? Yes  No
3. Staff education records indicate 80% of midwifery / nursing staff meet the requirements for breastfeeding for Māori women, which incorporates the principles of the Treaty of Waitangi as specified in Part 2, Step 2? Yes  No
4. Relationships exist within the District Health Board between the facility and the Māori health services, e.g. Māori Health Unit, Cultural Advisor and / or relevant Māori health services? Yes  No
5. Relationships exist with relevant community based Māori health providers and community organisations e.g. Māori Women's Welfare League? Yes  No
6. Whānau are recognised as an integral part of the pregnant and breastfeeding mother's care? Yes  No
7. Processes are in place for Māori to participate in the review, development and evaluation of the service? Yes  No
8. Māori workforce development pathways are identified and appropriate to the facility demographics, if applicable? Yes  No  N/A
9. There is access to kaumatua support, a Māori health worker or other culturally appropriate support if required? Yes  No

**15. Review of the Artificial Feeding Policy**

Is there an artificial feeding policy, which ensures appropriate support is afforded to the mother who has decided to feed her baby infant formula? Yes  No

Does this policy include:

- the risks of formula feeding Yes  No
- the benefits of skin-to-skin contact Yes  No
- safe preparation of infant formula Yes  No
- safe handling and feeding of formula and sterilization of equipment Yes  No
- cue-based feeding Yes  No

- rooming-in 24 hrs a day and safe sleeping Yes  No
- referral to parenting / well child services Yes  No
- a minimum 3 yearly review date Yes  No
- A review of the artificial feeding policy indicates that it addresses The Code? Yes  No
- The Artificial Feeding Policy is not on public display? Yes  No

## 16. Care of the non-breastfeeding mother and baby

Do women who have decided to feed their baby with infant formula:

1. Receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations? Yes  No
2. Receive antenatal education which covers the following topics
  - the risks associated with feeding a baby a breastmilk substitute Yes  No
  - the importance of skin-to-skin contact Yes  No
  - the importance of rooming-in 24 hours a day Yes  No
  - cue-based feeding including safe sleeping practice Yes  No
  - parenting and well child services Yes  No
3. Receive post natal care which includes:
  - skin-to-skin contact, as described in Part 2, Step 4 Yes  No
  - rooming-in, as described in Part 2, Step 7 Yes  No
  - information on the care of full and uncomfortable breasts Yes  No
  - teaching of the preparation and feeding of artificial baby milk on an individual basis Yes  No

An audit of non-breastfeeding mothers (if available) confirms all aspects of the above question (3) is occurring. *(see attached audit tool)*

Does the Midwifery/Nursing Staff Education include:

- orientation to the artificial feeding policy Yes  No
- the risks of formula feeding Yes  No
- how to provide support for non-breastfeeding mothers Yes  No
- the safe preparation, handling & feeding of formula Yes  No
- the care of formula feeding equipment Yes  No
- The importance of skin-to-skin contact and rooming-in 24 hours a day, irrespective of method of feeding Yes  No
- parenting and well child services available on discharge Yes  No
- updates to ensure competency is maintained Yes  No

Is there one or more designated staff member(s) assigned to the role of educating the non-breastfeeding mother with the practical aspects of artificial feeding on a one-to-one basis, if required? Yes  No



### Audit of BFHI Standards of Care

On the following pages is a short survey to assist in the evaluation of the BFHI standards of care in your facility.

The forms are designed to use in the interview process of twelve breastfeeding mothers, and three non-breastfeeding mothers.

Each small square may be used to enter either a time (for example: 1hr) or a ✓ or X representing each mothers answer.

An example of answers from interviews with twelve women:

1. How soon after birth were you given your baby to hold? (Time in Minutes)

2. Was this skin-to-skin? Y/N

Once all of these interviews have been recorded the percentages can be gleaned from the results and placed into the tally sheet at the end of the survey.

While not all aspects of the Ten Steps have been included in this survey you will be able to ascertain from the feedback which areas of care, if any, need improvement.

**BFHI ANNUAL SELF APPRAISAL QUESTIONNAIRE**

**Hospital:**

**Date:**

**Questions to ask breastfeeding mothers on the postnatal ward (after verbal consent given)**

2. How soon after birth were you given your baby to hold? (Time in Minutes)

2. Was this skin-to-skin? Y/N (If there is a medical reason why this did not occur please insert N/A)

3. How long did the uninterrupted skin-to-skin contact continue? (Time in minutes)

4. Have you been shown how to position and latch your baby to the breast? Y/N

5. Have staff discussed with you how to hand express your breastmilk? Y/N

6. Have staff discussed with you the storage of breastmilk? Y/N

7. Are staff available 24 hours a day to assist you with breastfeeding if required? Y/N

8. Have you been told what to do if your breasts become full and uncomfortable and your baby is asleep? Y/N

9. Has your baby received anything other than breastmilk since birth? Y/N

If 'yes' how was it given, was it given for a medical reason, or at maternal request?

.....  
.....

10. Have you and your baby remained together in the same room, at all times, since arriving in the postnatal ward? Y/N (If 'no' was there an acceptable reason for separation?)

11. What are your baby's cues that show you he wants to be fed? (Correct? Y/N)

Have there been any restrictions placed on your baby's frequency or length of feeding time? (Y/N)

12. Can you tell me how you recognize when your baby is feeding effectively? (Correct? Y/N)

13. Have you been told of breastfeeding support groups in the community? (appropriate to mothers cultural needs) Can you name two support groups in the community? (Correct answer: Y/N)

**Questions to ask the non-breastfeeding mothers on the postnatal ward**  
**(after verbal consent given)**

1. How soon after birth were you given your baby to hold? (Time in Minutes)

2. Was this with skin-to-skin contact? Y/N

3. How long did the uninterrupted skin-to-skin contact continue? (Time in minutes)

4. Have you been told what to do if your breasts become full and uncomfortable? Y/N

5. Have you and your baby remained together in the same room, at all times, since arriving in the postnatal ward? Y/N

6. What are your baby's cues that show you he wants to be fed? (Correct? Y/N)

7. Have you been shown by staff how to prepare formula and feed it to your baby?

Percentage gained for each question:

<b>The Breastfeeding Mother:</b>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
<b>The Non-Breastfeeding Mother:</b>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Please complete this questionnaire and forward all documentation to: [info@nzba.co.nz](mailto:info@nzba.co.nz)



**The New Zealand Breastfeeding Authority**  
**P.O. Box 20-454**  
**Bishopdale**  
**Christchurch 8543**



## NEW ZEALAND BREASTFEEDING AUTHORITY SURVEY

The New Zealand Breastfeeding Authority (NZBA) recognises the importance of good communication between health services, high standard of documentation and quality assessment practices. We would appreciate some feedback to monitor our own standards in these areas.

Could you please complete this questionnaire and forward it to the New Zealand Breastfeeding Authority. It can be sent anonymously and separately from the BFHI Annual Self Appraisal Questionnaire if preferred.

1. Were you aware of the BFHI Annual Self Appraisal tool prior to its arrival for completion?  Yes  No

If 'Yes' could you tell us how you knew about the survey:

BFHI documents  BFHI workshop  BFHI Co-ordinator  Other

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2. Was the information, included with the BFHI Annual Self Appraisal Questionnaire, sufficient to explain the rationale for the self-assessment?  Yes  No

Comments:

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3. Was the audit tool well constructed and 'user-friendly'?  Yes  No

Comments:

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4. The New Zealand Breastfeeding Authority staff have been:

- easy to contact  Yes  No  N/A
- approachable  Yes  No  N/A
- helpful  Yes  No  N/A

Comments:

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5. Written/verbal feedback from the NZBA has been useful?  Yes  No  N/A

Comments:

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6. Where, in the past, have you found the contact details for the New Zealand Breastfeeding Authority?

Documentation  Pamphlets  Website  Links  White Pages  Other

Comments:

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7. Have you visited the New Zealand Breastfeeding Authority website?  Yes  No

Comments:

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8. The resource you would most benefit from receiving would be?

Comments:

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9. Do you have any suggestions about how we can improve our services?  Yes  No

Comments:

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Signature: *(Optional)*.....

Name of Facility: *(Optional)*.....

**Thank you for this feedback on our service.**



Julie Stufkens  
Chief Executive Officer  
New Zealand Breastfeeding Authority  
Unit One, 16 Sheffield Crescent  
P.O. Box 20-454  
Bishopdale  
Christchurch, 8543.  
Phone: (03) 3572 072  
Fax: (03) 3572 074