



BABY FRIENDLY HOSPITAL INITIATIVE

2020

Part 3A: Background Information BFHI Audit

About This Document

The Baby Friendly Hospital Initiative (BFHI) is part of the Baby Friendly Aotearoa Programme. The BFHI criteria for Aotearoa New Zealand are based on the *UNICEF/WHO Baby Friendly Hospital Initiative: Revised and Updated 2018*. The global assessment tool forms the basis of the audit and accreditation procedure for all countries. In New Zealand amendments and clarifications to the accreditation documents have been made and the format of the documents differ.

The BFHI documents for New Zealand are presented in **three sections**:

Section One: General Information

Part 1: Background and Baby Friendly Implementation in Aotearoa New Zealand

Part 2: Criteria/standards

Section Two: BFHI Service Provider Information

Part 3A: Background Information for BFHI Audit

Part 3B: Pre-Audit Questionnaire

Part 4: Breastfeeding Resources for Aotearoa New Zealand

Part 5: Self-Assessment Tool

Part 6: Audit Questions Outline

This is Part 3A: Background Information for BFHI Audit

Section Three: Auditor Information (Secured)

Guide for External Auditors (only available via protected password to NZBA auditors) -

Throughout the various parts in the document there are research findings to support the BFHI programme. All reference articles used can be found in Part 4: Breastfeeding Resources for Aotearoa New Zealand.

The intent in Aotearoa New Zealand is to encourage consistent evidence-based, culturally-appropriate infant feeding practices at all maternity facilities and where initiation of breastfeeding occurs acknowledging:

- Te Tiriti o Waitangi (the Treaty of Waitangi) is an integral part of BFHI in Aotearoa New Zealand;
- New Zealand has a unique system where women choose their Lead Maternity Carer (LMC) for their antenatal, birth and postnatal care. The auditing tool was developed to assess the maternity service and staff employed by the maternity service;
- self-employed LMCs utilising maternity facilities also have a key role in practising in line with BFHI principles and promoting these in the community;
- informed consent is an important part of the BFHI process;
- consultation with tangata whenua, community service providers and consumers is mandatory in the development of breastfeeding policies.



The New Zealand Ministry of Health requires all maternity services in New Zealand to attain, and then maintain Baby Friendly Hospital Accreditation. These documents have been accepted as the New Zealand BFHI accreditation criteria, adapted from the International BFHI documents.

NZBA has undertaken extensive consultation, to ensure this document reflects Te Tiriti o Waitangi, meets New Zealand legislation and works with the context of our unique maternity system.

NZBA's focus and systems are being adapted to reflect this consultation process.

Thank you to everyone who has contributed to the development and revision of this document.

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Instructions for Use

Use this Part 3A alongside your pre-audit questionnaire in Part 3B.

- Part 3A is not required by the NZBA.
- This information is for your use, to assist you with the completion of Part 3B: Pre-Audit Questionnaire
- Part 3A includes templates that you may find useful for BFHI documentation.
- On the following table is all the information we require you to either send us six weeks prior to the audit or have ready for us on the day of the audit.
- It would be appreciated that the Site Documentation and Signed Maternal Consent Forms could be provided as soon as an audit date has been confirmed.

Audit Information Required

Audit Element	Information Required <u>Six Weeks</u> Prior to Audit	Information Required to be Available On-Site During Audit
Step One	<input type="checkbox"/> Breastfeeding Policy	<input type="checkbox"/> evidence and information outlining the consultation process <input type="checkbox"/> consultation list that represents service staff, Māori, Pacific and consumer groups, as well as any other ethnic groups representing over 5% of the clientele accessing the service <input type="checkbox"/> consultation correspondence received to date <input type="checkbox"/> list of the areas where the policy (or summary) is displayed
Step Two	<input type="checkbox"/> list of all staff, i.e. those who have any contact with pregnant women, mothers, and/or babies This list must include the staff members. Please use Level 3 Staff Education Chart page 73 in the complete document online <input type="checkbox"/> evidence of ongoing in-service training within the last three or four years, depending on length of time between assessments as approved by NZBA.	<input type="checkbox"/> staff training schedule (within six months of commencing their role) <input type="checkbox"/> Breastfeeding Policy orientation process and notification when updates /reviews occur
Step Three	<input type="checkbox"/> antenatal education programme Begin to send consent forms as soon as you receive confirmation of audit dates.	<input type="checkbox"/> antenatal handouts /leaflets <input type="checkbox"/> signed mothers' consent forms [See page 71 in complete document online for details].
Step Four	Begin to send consent forms as soon as you receive confirmation of audit dates.	<input type="checkbox"/> signed mothers' consent forms [See page 71 in complete document online for details].
Step Five		<input type="checkbox"/> information/handouts given to new mothers.
Step Six		<input type="checkbox"/> E.g. Supplementation Policy (if applicable).
Step Seven		<input type="checkbox"/> E.g. handouts or online information about safe sleeping practices
Step Eight		<input type="checkbox"/> E.g. cue cards.

Audit Element	Information Required <u>Six Weeks</u> Prior to Audit	Information Required to be Available On-Site During Audit
Step Nine		<input type="checkbox"/> E.g. Nipple Shield Policy
Step Ten		<input type="checkbox"/> handouts created by the service that are given to mothers prior to discharge <input type="checkbox"/> follow-up support system in place at the service <input type="checkbox"/> list of the locations where the information on the support groups is displayed <input type="checkbox"/> current support groups available to postnatal women in the community and how this information is communicated to postnatal women
Implementation of The Code		<input type="checkbox"/> The Code Compliance Policy (if a separate policy) <input type="checkbox"/> evidence that formula is purchased at wholesale or no less than 80% of the retail price <input type="checkbox"/> infant formula usage records including documented evidence showing brand rotation <input type="checkbox"/> all supporting policies/documentation relating to WHO Code Compliance <input type="checkbox"/> the policy on the visitation of formula company representatives
Te Tiriti O Waitangi	<input type="checkbox"/> outline of the cultural education and contact details for the educator <input type="checkbox"/> list of key contacts for the Māori Health Unit, Māori health providers, community organisations, kaumatua support	<input type="checkbox"/> a copy of the summary of the Breastfeeding Policy in Māori <input type="checkbox"/> documentation of consultation undertaken with Māori on the Breastfeeding Policy <input type="checkbox"/> copies of the cultural policies, supporting documentation and Māori Health Plan
Standards of Care for Non-Breastfeeding Mothers	<input type="checkbox"/> artificial feeding policy	<input type="checkbox"/> signed mothers' consent forms <input type="checkbox"/> information/handouts given to non-breastfeeding mothers <input type="checkbox"/> all supporting policies/documentation relating to the Standards of Care for the non-breastfeeding mother
Site Documentation	<ul style="list-style-type: none"> map/layout of service site and parking, any security details and the availability of internet for online auditing tool (to be sent once audit date is confirmed). 	

Consent Forms

Consent forms can be submitted **as soon as the service has a confirmed audit date**. This ensures that interviews will be completed by six weeks before the audit begins.

INFORMED CONSENTS FOR ANTENATAL WOMEN

These interviews are applicable if the service meets *Section A* under the standards for *Step Three (Part 2: Criteria/standards*, page 33 in complete document online)

See page 69 in the complete document online for the number of consents required.

INFORMED CONSENTS FOR POSTNATAL WOMEN

The ideal women to be interviewed are those who have birthed assisted by a core midwife or if the core midwife was involved in putting the baby skin-to-skin and assisted in the initiation of the first breastfeed.

See page 69 in the complete document online for the number of consents required.

Breastfeeding Data Collection

NZBA requires services to record breastfeeding data using the online tool. Information and instructions are provided to key people. Contact NZBA if you have any questions regarding data collection.

Data must be kept up-to-date and completed for the calendar year by year end on 31 December.

Data is collected as per Level 2 ethnic codes. The infant's ethnicity is determined by the parent(s). Systems should not default to that of the mother. Where no ethnicity is provided by the parent(s), it should be recorded as "not stated".

HEALTHY, FULL-TERM INFANT DEFINITION

For the BFHI audit, a 'healthy, full-term infant' is defined as: A baby born between 37.0 and 41.6 weeks of gestation, with no adverse health conditions and that is feeding well, responsive, and alert to stimuli as clinically indicated.

Site Visit Requirements

The service should arrange the following elements for when the audit team are on-site.

STAFF INTERVIEWS

Refer to page 69 in the complete document online for the numbers required.

Staff interviews will preferably be face-to-face and will be carried out by random selection.

All levels of staff available with the service will be interviewed. A selection of non-clinical staff/anaesthetist staff (Level One), medical staff (Level Two) and clinical staff (Level Three) will be interviewed.

Contacts for the DHB Maternity Management/Māori Health Unit/Cultural Advisor are required and, if appropriate, these staff should be included in the interview schedule as provided.

FILE AUDIT

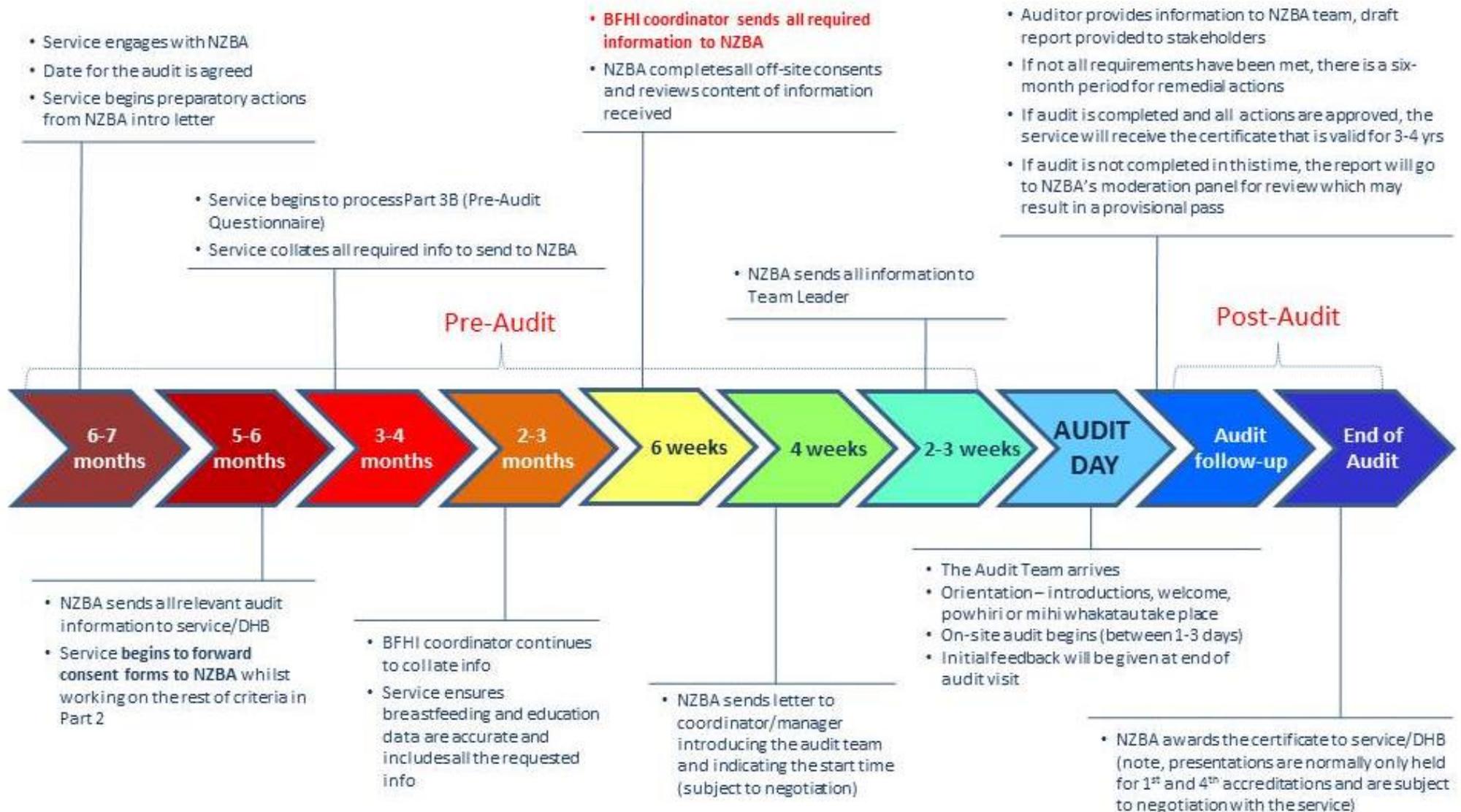
A number of clinical notes will be required for audit review; these will be both mother and baby notes randomly selected at the time of the visit. Neonatal notes must also be available for the auditors' requirements. Numbers will be indicated in the introductory letter sent prior to the audit.

AUDIT SECURITY

To ensure the audit is conducted under optimal security, the following is required:

- a lockable secure room for auditors that is either within the maternity unit or in close proximity to the ward, with fixed phone access where telephone or staff interviews can be performed in private; and
- security swipe cards for access to hospital and maternity departments (where applicable).

Timeline for Services/DHB BFHI Audit Preparation



Interviews

Maternity and Neonatal Services

The BFHI audit team will interview women who have used your service. These will be women who have birthed at the service or who have accessed the antenatal services through primary care, breastfeeding classes, antenatal classes or handover of care during pregnancy irrespective of their manner of feeding.

Interview Numbers

The following are guidelines for the numbers of staff and mothers to be audited and may be altered subject to prior negotiation with NZBA.

Service Level	Primary	Secondary	Secondary/Tertiary
Interviews to be conducted	<ul style="list-style-type: none"> senior management of the: <ul style="list-style-type: none"> antenatal service birthing suite <i>and</i> postnatal wards Parent Educator - antenatal classes (if applicable) 	<ul style="list-style-type: none"> senior management of the: <ul style="list-style-type: none"> antenatal service birthing suite postnatal wards <i>and</i> neonatal unit parent educator BFHI educator/coordinator 	<ul style="list-style-type: none"> senior management of the: <ul style="list-style-type: none"> antenatal service birthing suite postnatal wards <i>and</i> neonatal unit parent educator BFHI educator/coordinator
Minimum numbers of interviews	<ul style="list-style-type: none"> 10 staff from within the service, 5-10 pregnant women 5-15 breastfeeding mothers of healthy, full-term infants, and 1 non-breastfeeding mother (if available) 	<ul style="list-style-type: none"> 15 staff from within the service, Levels 1-4, include at least one anaesthetist 5-10 pregnant women 15-20 breastfeeding mothers of healthy, full-term infants 1-5 mothers with infants in the neonatal unit, and, 1 non-breastfeeding mother (if available) 	<ul style="list-style-type: none"> 20 staff from within the service, Levels 1-4, include at least one anaesthetist 10-20 pregnant women 15-30 breastfeeding mothers of healthy, full-term infants 5-10 mothers with infants in the neonatal unit, and, 1-2 non-breastfeeding mothers (if available)

Mother Interviews

NZBA require completed informed consent forms **only** for those mothers who will be contacted once discharged from the service.

You can start sending the consents to NZBA from the time that you become aware of the audit date, but no later than six weeks prior to the actual audit unless requested otherwise.

Babies need to be less than six weeks old when mothers are interviewed.

Mothers will complete an online survey sent to them via email; if there is no email available, will complete a telephone survey. **For this reason, we must have their email address (if applicable) and phone number.**

The BFHI audit is evaluating the care afforded to pregnant women and mothers and babies by service staff. It is important that the majority of interviews are from mothers that have used your core services.

An example of a consent form is on the next page. Add your service logo to this template as you wish.

Dear _____,

Thank you for choosing to stay with us at _____.

We are applying for Baby Friendly Hospital Accreditation and will have the New Zealand Breastfeeding Alliance (NZBA) Audit Team visiting our service in _____. As part of the accreditation process, the NZBA Team has asked for the opportunity to contact women who have used our service. You will receive an online survey via email (takes about 10 minutes) asking about your experiences at our service.

We would like to invite you to participate in the accreditation process by sharing your experiences with the NZBA Team. If you agree to complete the online survey please complete the appropriate boxes below. We can assure you that any information you provide will be strictly confidential to the NZBA Team.

Thank you for your assistance.

Name: _____.

Phone number: _____.

Email address if applicable (please write clearly): _____.

Signature: _____ **Date:** _____.

*Please tick the boxes below that are **true** for you.*

I used the antenatal service

I used the postnatal service

I delivered in this service/facility.

I was transferred to the service/ facility after I gave birth.

I am breastfeeding my baby

I have given formula to my baby

My baby is due to be born on: (if applicable) _____

Infant's Date of Birth: (if applicable) _____

Orientation to the Breastfeeding Policy

All staff commencing work in the maternity service must receive orientation to the Breastfeeding Policy.

The orientation mechanism and subsequent training records are to be made available on request. It is an expectation that service staff are re-orientated to the Breastfeeding Policy three-yearly in-line with policy review procedures.

Orientation to the policy must ensure that the staff member has read and understood the service's commitment to the Ten Steps to Successful Breastfeeding, International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions, and compliance to Te Tiriti of Waitangi.

NEW EMPLOYEES

These staff must have had orientation to the service's Breastfeeding Policy and if in a clinical role or having any contact with pregnant women or postnatal women, should have been enrolled in the next available education session applicable to their assessed education level.

Criteria for all levels of staff can be found in Part 2.

Staff Classifications

Anaesthetists	<p>These are classified as staff who regularly* work with women during labour and birth.</p> <p><i>*Note: Regular involvement is deemed to be those working in Obstetric Care, at least one shift every month.</i></p>
Level One - Awareness	<p>These are classified as staff, who are employed by the service in a non-clinical or a limited clinical role, and who are in regular contact with pregnant women, mothers and their babies, e.g. cleaning staff, reception staff, , phlebotomists, etc.</p> <p>General theatre staff, PACU (Post Anaesthetic Care Unit) staff require only one hour every three years if they are not directly involved with breastfeeding support. If they are directly assisting with breastfeeding and feeding advice then they will be required to be educated to Level 3 status.</p> <p>Staff who have direct input with feeding and or breastfeeding support will be required to complete the Level 3 education.</p>
Level Two - Generalist:	<p>These are classified as staff who have contact with the mother/baby dyad and, who have a limited clinical role, but are able to refer to an on-site Level Three specialist for breastfeeding assistance. Generalist does not include midwifery, nursing or support staff who have direct contact with the antenatal/postnatal women.</p>
Level Three - Specialist:	<p>These are classified as clinical staff who are working in the maternity service. These may include midwives, nursing and in some cases support staff who work in a clinical capacity with mothers and their babies.</p> <p><i>Note: There needs to be at least one staff member available, on site, for mothers during their stay in the service with this level of training.</i></p>
Level Four: Expert	<p>These are classified as staff who have specialist expertise in infant and young child feeding. It is expected that these staff would be an International Board Certified Lactation Consultant (IBCLC). This person would be employed by the service, not only in a clinical role, but also to educate staff at all levels.</p>
New Employees:	<p>This applies to staff working in the maternity service who have been employed in the past six months.</p>

Staff Education and Training Records

On the following pages are templates that you may wish to use to record staff education. We recommend that services use the Staff Education Charts as shown for all levels, and create an Excel spreadsheet for your staff education using the headings to simplify your record keeping.

Overleaf is an example of the types of headings that can be put into a spreadsheet for Level Three staff which can be adapted for other levels. This is also provided as a hard copy for the Record of Learning for smaller practices.

Infant Feeding Education Hours: Staff who have commenced work at the service in the past six months

Data compiled by:

Service/Hospital:

Date:

Name	Start Date	Level 1, 2 or 3	Date of Policy Orientation	Mandatory education completed	Prior Learning: (Date / Time)					Documentation available (Y/N)	Education since commencing employment	Planned education date set as:	Total number of completed breastfeeding education hours
					The Ten Steps	The Code	Breastfeeding for Māori women	Care of Non-Breastfeeding mother and baby	Clinical Hours				
Lesley Brown	12/10/11	3	13/10/11	Yes 1/3/10	21/4/09	21/4/09	27/5/09	29/09/09	2/10/09(1) 5/10/09(1) 28/2/10(1)	Yes	Policy Orientation Initial Study Day (13/12/11) 6hrs		21 + 6.5

Insert the date, in the columns provided, of each component of education and/or the completed number of hours

Infant Feeding Education Hours: Anaesthetists (80% have received orientation to the Breastfeeding Policy with emphasis on Step Four), and Awareness Level One (80% have completed the equivalent of one hour of education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to three hours in the previous three years).

Data compiled by:

Service/Hospital:

Date:

Name	Start Date	Non-Clinical Staff Dates & Times			Anaesthetists Dates & Times	Documentation available (Y/N)	Planned education date set as:	Total number of completed breastfeeding education hours
		Date of Policy Orientation	The Ten Steps	The Code	Orientation to Breastfeeding Policy			

Insert the date, in the columns provided, of each component of education and/or the completed number of hours

Infant Feeding Education Hours: Generalist Level Two (80% have completed two hours of infant feeding education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to six hours in the previous three years.

Ongoing breastfeeding education must show a minimum of one hour three-yearly which includes a review of the Breastfeeding Policy and any relevant policies relating to infant feeding.

Data compiled by:

Service/Hospital:

Date:

Name	Start Date	Generalist Staff (Dates and Times)				Documentation available (Y/N)	Planned education date set as:	Total number of completed breastfeeding education hours
		Orientation to Breastfeeding Policy	Effect of Medications given during labour and birth	The Ten Steps	The Code			

Insert the date, in the columns provided, of each component of education and/or the completed number of hours

Infant Feeding Education Hours: Specialist Level Three (80% have completed the mandatory requirement of 21 hours and following this, ongoing education equates to four hours of infant feeding education annually. This includes a minimum of one hour supervised clinical education annually and a 30 minute Breastfeeding for Māori Women session in the last three to four years.

Data compiled by:

Service/Hospital:

Date:

Name	Start Date	Specialist Staff: Dates & Times								Documentation available (Y/N)	Planned education date set as:	Total number of completed breastfeeding education hours
		Orientation to Breastfeeding Policy	The Ten Steps	The Code	Breastfeeding for Māori Women	Orientation to the Artificial Feeding Policy & the Care of the Non-breastfeeding mother & baby	The effect of Medications on breastfeeding	Clinical Tuition	Other related breastfeeding sessions			

Insert the date, in the columns provided, of each component of education and/or the completed number of hours

Infant Feeding Education Hours: Expert Level Four (On employment has received Orientation to the Breastfeeding Policy and Artificial Feeding Policy, has attended a one hour Breastfeeding for Māori Women session, peer review is encouraged to confirm clinical competence, is supported by the service to attain adequate CERPs for IBCLC recertification).

Data compiled by:

Service/Hospital:

Date:

Name	Start Date	Expert Staff Dates and Times									Documentation available (Y/N)	Estimated number of CERP's gained since IBLCEI
		Review of or Orientation to Breastfeeding Policy	Review of or Orientation to the Artificial Feeding Policy & the Care of the Non-breastfeeding mother & baby	Breastfeeding for Māori Women	Clinical Peer Review	Lactation Sessions prepared (hours)	Lactation Sessions Attended	L CERP's earned	E CERP's earned	R CERP's earned		

Insert the date, in the columns provided, of each component of education and/or the completed number of hours

Staff Education Chart (2017 – 2020*) (example)

Name	Start Date	Title	Orientation to Breastfeeding & Artificial Policies				Month & Year 21 hrs completed	Infant feeding Study Days: 12 hours over three years*			Clinical Education 3 hours over three years*			Breastfeeding for Māori Women 30min over three years*			Completed	
			Review	2017	2018	2019		2020	2017	2018	2019	2017	2018	2019	2017	2018		2019

Where a service has been placed on a four yearly cycle, the grouping must cover the four-yearly education.