



BABY FRIENDLY HOSPITAL INITIATIVE

2020

Part 3B: Pre-Audit Questionnaire

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 Services for Baby Friendly Hospital Initiative Audit

Part 3B: Pre-Audit Questionnaire

Part 4: Breastfeeding Resources for Aotearoa New Zealand

Part 5: Self-Assessment Tool

Part 6: Audit Questions Outline

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.

***This is Part 3B:
Pre-Audit Questionnaire***



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.

| | | | | | | | |
|--|---------------------------|----------|-----------|---------|-----|---------|-------|
| Maternity Service: <i>(Official name for the BFHI Certificate)</i> | | | | | | | |
| Address: | Telephone Number: Fax: | | | | | | |
| Type of Service: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Tertiary</td> <td style="text-align: center;">Secondary</td> <td style="text-align: center;">Primary</td> </tr> <tr> <td style="text-align: center;">DHB</td> <td style="text-align: center;">Private</td> <td style="text-align: center;">Trust</td> </tr> </table> | | Tertiary | Secondary | Primary | DHB | Private | Trust |
| Tertiary | Secondary | Primary | | | | | |
| DHB | Private | Trust | | | | | |
| Maternity Areas | Number of Beds | | | | | | |
| In Antenatal Service | _____ | | | | | | |
| In Labour and Birthing Area | _____ | | | | | | |
| In Postnatal Service | _____ | | | | | | |
| In Special Care Baby Unit/ Neonatal Unit | _____ | | | | | | |
| Total Capacity | _____ | | | | | | |

| Position | Name of person | Contact Details | | |
|-------------------------------------|----------------|-----------------|-------|------|
| | | Email | Phone | Cell |
| Manager Maternity | | | | |
| Manager Neonatal | | | | |
| BFHI Coordinator/Liaison | | | | |
| BFHI Second Contact (if applicable) | | | | |
| Medical Director | | | | |
| Anaesthetist/s | | | | |
| Director of Midwifery | | | | |

| Service | Name of person/s responsible | Contact Details | | |
|---|------------------------------|-----------------|-------|------|
| | | Email | Phone | Cell |
| Postnatal Service | | | | |
| Antenatal Service | | | | |
| Birthing Suite | | | | |
| Neonatal Service | | | | |
| BFHI Education | | | | |
| Quality Service | | | | |
| Māori, Pacific Peoples or CALD Services | | | | |

| Number of Births | | % of births | |
|-----------------------------|-----------------|-------------|-----------------------------|
| Designation of Staff | Core LMC | _____. | Core LMC rate _____% |
| | Independent LMC | _____. | Independent LMC rate _____% |
| | Specialist | _____. | Specialist rate _____% |
| | Other | _____. | Other rate _____% |

The Ten Steps to Successful Breastfeeding

STEP 1A: THE CODE

| Comply fully with the International Code of Marketing of Breastmilk Substitutes and subsequent, relevant World Health Assembly Resolutions. (<i>Hereafter referred to as "The Code"</i>) | | |
|---|--|---|
| Criteria | | Comments |
| 1A.1 Are all products, within the scope of <i>The Code</i> : <ul style="list-style-type: none"> • bought at wholesale or not less than 80% of the retail price? • kept out of view of pregnant women, mothers and their families? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.2 How often is the infant formula brand rotated by the service? | | 3 monthly <input type="checkbox"/> Yearly <input type="checkbox"/> 6 monthly <input type="checkbox"/> Other <input type="checkbox"/> |
| 1A.3 Does the service have a written policy on Code Compliance which identifies the person who formula representatives must contact? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.4 Does the service ensure that marketing personnel are denied contact with pregnant women, mothers and their families? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.5 Is there a process in place to ensure that the service and staff refuse free gifts, non-scientific literature, materials or equipment, money or support for in-service education or events from manufacturers or distributors of products within the scope of <i>The Code</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | Comments |
|---|--|----------|
| 1A.6 Are pregnant women who plan not to breastfeed and non-breastfeeding women taught about formula feeding on an individual basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.7 Do education materials for pregnant women explain: <ul style="list-style-type: none"> • the importance of breastfeeding? • the social and financial implications of the use of infant formulas? • the health implications of unnecessary or improper use of formula? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.8 Do all materials used by staff contain only scientific and factual information, free of company logos and other branding, and is this information presented in a way that implies (or creates a belief) that bottle-feeding is not equivalent or superior to breastfeeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.9 Can the service confirm that there are no words / pictures displayed in the service that idealise the use of products, including pictures of infants on the labels of products? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.10 Can the service confirm that products which are promoted or advertised by the service or staff to the general public do not contravene <i>The Code</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.11 Does the service provide any free gifts, e.g. gift bags, magazines? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.12 Are formula samples given to mothers, pregnant women or their families? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | | Comments |
|--------------|--|--|----------|
| 1A.13 | Do staff understand why it is important not to give any free samples or promotional materials from formula companies to mothers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.14 | Are there processes in place to ensure that no free or subsidised supplies are given to health workers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.15 | Are samples given to health workers only used for professional evaluation or research? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.16 | Does the service refrain from giving pregnant women, mothers and their families any marketing materials, samples or gift bags, that contain products that could interfere with the successful initiation and establishment of breastfeeding, for example, feeding bottles, teats, pacifiers or infant formula? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.17 | As part of the education programme, are staff able to explain two elements of the <i>International Code of Marketing of Breastmilk Substitutes</i> and its impact on their practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.18 | Does the service only use infant formula company literature for professional education? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1A.19 | Does the internal mother satisfaction survey confirm that pregnant women have received neither group instruction nor any written promotional material on the use of infant formula? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STEP 1B: BREASTFEEDING POLICY

| Have a written breastfeeding policy that is routinely communicated to staff and parents. | | |
|--|---|--|
| Criteria | | Comments |
| 1B.1 | What is the review date for the Policy? | |
| 1B.2 | <p>Consultation occurred in the development of the Policy as per Page 23 in the complete document online.</p> <p>Note: <i>If a service is using a DHB-issued Breastfeeding Policy local consultation must also occur.</i></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1B.3 | Does the Breastfeeding Policy cover all of <i>The Ten Steps to Successful Breastfeeding</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1B.4 | <p>Does the Policy or supporting documentation contain the key points of the <i>International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions</i> to:</p> <ul style="list-style-type: none"> • Prohibit the acceptance of free and low cost supplies of infant formula? • Prohibit all promotion of, and group instruction for using infant formula, feeding bottles and teats? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1B.5 | Does the Policy direct staff and the service to comply with the <i>International Code</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please **comment** on how you do this.

| Criteria | | | Comments |
|--------------|--|--|---|
| 1B.6 | Does the Policy explicitly prohibit the acceptance of free and low-cost supplies of infant formula? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please comment on how you do this. |
| 1B.7 | In order to protect breastfeeding, does the Policy prohibit all promotion of, and group instruction for using infant formula, feeding bottles and teats? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.8 | Does the Policy ensure that mothers and/or babies, for whom breastfeeding is not recommended due to clinical indications, receive the appropriate guidance/counselling on feeding options suitable to their situation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.9 | Is Te Tiriti o Waitangi acknowledged and integrated through your Breastfeeding Policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.10 | Are all staff orientated to the Policy and notified of updates/review? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.11 | Is the Policy available to all staff who provide care of mothers and babies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.12 | Is a full Policy or an abridged version of the Breastfeeding Policy displayed in English, Te Reo Māori, and other relevant languages in all areas of the maternity and neonatal service? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.13 | Are women aware that a copy of the full Policy is available to them on request? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | | Comments |
|--------------|---|--|----------|
| 1B.14 | Is the Policy reviewed every three years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.15 | Are the dates for review of the Policy and its associated procedures and guidelines apparent in the Policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.16 | Does the breastfeeding policy align with your DHB's cultural policies and plans, e.g. Māori Health Plan, Māori Health Policy, models of care for Māori patients, cultural safety? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1B.17 | Are clinical guidelines associated with your Policy accurate, evidence-based and current? e.g. the use of nipple shields | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STEP 1C: DATA MANAGEMENT SYSTEMS

| Establish ongoing monitoring and data-management systems. | | | |
|---|---|--|----------|
| Criteria | | | Comments |
| 1C.1 | How are the sentinel indicators (early initiation of breastfeeding and exclusive breastfeeding) monitored? | | |
| 1C.2 | Is there a protocol for an ongoing monitoring and data management system to comply with the eight key clinical practices? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1C.3 | Is there a robust system to record and monitor staff BFI education and competency? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STEP TWO: EDUCATION AND TRAINING

Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

Note: All staff employed by the service who have any contact with pregnant women, mothers, and/or babies, must have received the appropriate level of education according to their role.

| Criteria | | Comments |
|---|--|----------|
| 2.1 Are new staff orientated to the Breastfeeding Policy on their arrival to the service? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2.2 Have staff commenced appropriate education within six months of starting with the service? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Level 3 | | |
| 2.3 Does education and the training programme for clinical staff working directly with breastfeeding mothers, reflect: <ul style="list-style-type: none"> • the <i>Ten Steps to Successful Breastfeeding</i> including the <i>International Code of Marketing of Breastmilk Substitutes</i> and subsequent relevant World Health Assembly resolutions? • compliance to Te Tiriti o Waitangi? • support for the non-breastfeeding mother and her baby? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2.4 Do Level Three Specialist staff receive education on Māori Breastfeeding, from a Te Ao Māori perspective? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | Comments |
|---|--|----------|
| 2.5 Does the mandatory level of training for Level Three Specialist staff include three hours of clinical education over the past three years (or four hours over the past four years)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2.6 Does the service maintain records of: <ul style="list-style-type: none"> • employees' start date? • education hours? • content of the education sessions attended by each employee? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2.7 Do your education records confirm 80% of the following staff have received relevant education as per the New Zealand standard in Step 2? <ul style="list-style-type: none"> • Anaesthetists (those who are applicable) • Level One Awareness • Level Two Generalist • Level Three Specialist • IBCLC/ BFHI coordinator | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2.8 Is there access to appropriate ongoing education and support available for the Level Four IBCLC to maintain their International Board-Certified Lactation Consultant certification? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Complete the following table:

| Staff Designations | Number of Staff |
|----------------------------|------------------------|
| New Employees | |
| Orientation to Policy Only | |
| Anaesthetists | |
| Level One Awareness | |
| Level Two Generalists | |
| Level Three Specialist | |
| Level Four Expert | |
| Other | |

STEP THREE: ANTENATAL INFORMATION

To determine how Step Three will be assessed indicate which of the following applies to the service.

Group A: This service

- is the provider of primary care
- holds breastfeeding classes or antenatal classes
- accepts handover of care during pregnancy

Group B: This Service

- has pregnant women who are referred for obstetric consultation only

Group C: This service:

- has a combination of both Group A and Group B

For those services who have identified any area applicable to them in either Group A or Group C please complete all points following.

For those services for whom Group B only is applicable please complete points 3.5 to 3.8

| Discuss the importance and management of breastfeeding with pregnant women and their whānau/family | | |
|---|--|----------|
| Criteria | | Comments |
| 3.1 Can you provide a written description of the antenatal education delivered either by yourselves or a contractor? Is there evidence of critical reflection of the curriculum/sessions by the educator? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | Comments |
|--|---|----------|
| <p>3.2 Does the content of the antenatal programme include the following:</p> <ul style="list-style-type: none"> • explanation of the service Breastfeeding Policy? • the importance of exclusive breastfeeding for the first six months? • the importance of breastfeeding? • The optimal patterns of breastfeeding? • effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding? • the importance of early skin-to-skin contact? • early initiation of breastfeeding? • rooming-in on a 24 hours basis? • safe and unsafe sleep practices/information? • responsive (cue-based or baby-led) feeding? • frequent feeding to help ensure enough breastmilk? • the implications of giving a breastmilk substitute to a baby? • 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? • that breastfeeding continues to be important after six months when other foods may be introduced? • Maternal risk factors that may impact on breastfeeding? | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

| Criteria | | Comments |
|--|--|--|
| 3.3 Is there documentation used when a pregnant woman is admitted that identifies which breast-feeding topics have been discussed with her? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3.4 Does the antenatal service provide handouts, links to apps/websites that cover the topics as in 3.2 above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3.5 Are written materials/website links/apps about breastfeeding made available to women current, ethnically and culturally appropriate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3.6 Is all promotional material in your service compliant with <i>The Code</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3.7 What processes are in place, when a potential breastfeeding risk factor has been identified, to ensure this woman achieves the optimal breastfeeding outcome for her situation? Tick those that apply: Early referral to a: <ul style="list-style-type: none"> • Lactation consultant <input type="checkbox"/> • LMC <input type="checkbox"/> • Peer support <input type="checkbox"/> • La Leche League <input type="checkbox"/> • Other <input type="checkbox"/> | | <i>Explain how you do this:</i> |
| 3.8 Does your internal mother satisfaction survey confirm that mothers who received antenatal care at the service were able to describe what was discussed about two of the topics mentioned in 3.2? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STEP FOUR: SKIN- TO-SKIN

Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

| Criteria | | Comments |
|---|---|----------|
| <p>4.1 Can mothers can confirm that:</p> <ul style="list-style-type: none"> • they are given the appropriate support to provide skin-to-skin contact with their babies in accordance with <i>Step Four</i>? • they were given opportunities to initiate breastfeeding within the first hour? | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>4.2 Do you have processes in place to ensure that postnatal women (including those with Caesarean births) are able to confirm:</p> <ul style="list-style-type: none"> • that their babies were in skin-to-skin contact within five minutes after birth and that this contact continued for at least an hour, except for brief bed-transfer interruption or if there were medically justifiable reasons for delayed contact? • they were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help with breastfeeding, if needed? | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>4.3 Does the service record when a baby is placed skin-to-skin and for what length of time following birth?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

| Criteria | | | Comments |
|----------|--|--|----------|
| 4.4 | Are mothers who have had a general anaesthetic offered skin-to-skin contact once they are awake and able to respond to their baby? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4.5 | If mothers transfer into the service, do you ask if they received skin-to-skin at birth and do you encourage further skin-to-skin contact postnatally? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4.6 | <p>Are processes in place that ensure mothers of infants in the special care/neonatal unit:</p> <ul style="list-style-type: none"> • had an opportunity to hold their babies in skin-to-skin contact as soon as the babies' condition stabilised? • were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help with breastfeeding, if needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4.7 | Do you encourage skin-to-skin any time, especially if there are feeding problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4.8 | Do you recommend that partners or other whānau/family members provide skin-to-skin if the mother is unavailable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4.9 | Does your internal mother satisfaction survey confirm that babies were placed skin-to-skin and breastfeeding was initiated as soon as possible after birth? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STEP FIVE: BREASTFEEDING SUPPORT

| Support mothers to initiate and maintain breastfeeding and manage common difficulties. | | |
|---|--|----------|
| Criteria | | Comments |
| 5.1 Is support provided to women who have never breastfed, or who have previously encountered problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5.2 Are there processes in place to ensure that postnatal women: <ul style="list-style-type: none"> • are shown how to position and attach their babies to the breast and were able to demonstrate this correctly? • are shown how to hand express their breastmilk? • are advised what to do about their breasts if they became uncomfortably full? • are given information on how to store and use their breastmilk? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5.3 Are there processes in place to ensure that Level Three Specialist staff: <ul style="list-style-type: none"> • teach mothers about positioning/attachment and are able to demonstrate correct teaching of positioning/attachment? • teach an acceptable technique to hand express breastmilk, and explain when a mother should initiate this if her baby is unable to breastfeed? • teach mothers to store and use breastmilk safely? • offer further assistance with breastfeeding when the baby indicates readiness or within six hours of birth? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | Comments |
|---|---|----------|
| <p>5.4 Are there processes in place to ensure that postnatal women whose babies were in the neonatal unit or special care baby unit:</p> <ul style="list-style-type: none"> • are shown how to express their breastmilk and can describe an acceptable technique? • are told to express their breastmilk at least 8 times in 24 hours? • are given written information on safe storage of breastmilk? • had been told how to manage uncomfortably full breasts? | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>5.5 Does the service provide written materials/website links/apps information on the following topics and is this discussed with mothers:</p> <ul style="list-style-type: none"> • the importance of exclusive breastfeeding for six months? • the importance of skin-to-skin contact? • rooming-in? • avoiding the use of pacifiers and teats while establishing breastfeeding? • hand expressing and safe storage and handling of breastmilk? • safe and unsafe sleep practices? • the importance of a smoke-free environment? | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>5.6 Does review of the written materials/website links/apps provided to postnatal women confirm they are current, ethnically and culturally appropriate (including compliance with <i>The Code</i>)?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>5.7 Does your internal mother satisfaction survey confirm that mothers report that they received the support listed in 5.3 and 5.4 (if applicable)?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

STEP 6: BREASTMILK FOR NEWBORNS

| Avoid giving breastfed newborns any food or fluids other than breastmilk, unless clinically indicated. | | |
|--|--|--|
| | | Comments |
| 6.1 | Does hospital data indicate that at least 75% of health, full-term infants, discharged from the maternity service in the last year have been exclusively breastfed from birth to discharge? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.2 | Is there a process in place to ensure that breastfed well babies do not receive other foods or fluids unless clinically indicated during their stay at the service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.3 | For those babies who received foods or fluids other than breastmilk, the service can confirm that 80% of the sample received a breastmilk substitute for an acceptable sound clinical reason? <i>(Refer to Part 2: The New Zealand Criteria, page 43 in complete document online.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.4 | Does the service have a system/consent process to ensure postnatal women are provided with information to make fully informed decisions regarding the risks of giving a breastmilk substitute to a baby? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Criteria | | | Comments |
|------------|--|---|----------|
| 6.5 | <p>Are all policies and protocols related to breastfeeding in-line with BFHI standards and current best practice?</p> <p>Does the Supplementation Policy have clear guidelines about the use of donor EBM?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| 6.6 | <p>Do Level Two and Level Three staff have a clear understanding of the acceptable reasons for giving food or drink other than breastmilk to the breastfeeding baby and is this information included in the education programme?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| 6.7 | <p>Does your internal mother satisfaction survey confirm that mothers of babies in neonatal care report that they have been offered help to initiate their milk supply within 1-2 hours after birth?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

STEP 7: ROOMING-IN

| Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day, | | |
|--|--|----------|
| Criteria | | Comments |
| 7.1 Do you have a process in place to ensure that postnatal women and their well babies remained together 24 hours per day? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7.2 If separation occurs, the service can confirm that it is either clinically indicated (for a separation period of up to one hour) or at maternal insistence? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7.3 If separation occurs due to maternal insistence, can the service ensure: <ul style="list-style-type: none"> • that it was through maternal insistence and that staff did not offer to remove the baby (unless clinically indicated)? • that removal of the baby is recorded in the mother's notes? • that staff have discussed with the mother the implications of separation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7.4 Can the service confirm that there is no hospital nursery (or similar room) available for the purpose of mother-baby separation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | | Comments |
|----------|--|--|----------|
| 7.5 | Can Level Three Specialist staff give three reasons why rooming-in 24 hours a day, while in hospital, is important for the mother and her baby? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7.6 | Do you provide pregnant women, mothers and their families with written materials/website links/apps about safe and unsafe sleep practices and discuss these with them? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7.7 | Does your internal mother satisfaction survey confirm that babies remained with their mothers from birth unless there was a clinically justifiable reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7.8 | Does your internal mother satisfaction survey confirm that mothers of infants in the neonatal ward confirm that they were encouraged to stay close to their infants and there were no restrictions for visiting? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STEP 8: RESPONSIVE FEEDING

| Support mothers to recognise and respond to their infants' cues for feeding (responsive feeding). | | |
|---|--|----------|
| Criteria | | Comments |
| 8.1 Does the service encourage responsive (cue-based/baby-led) feeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8.2 Are postnatal mothers: <ul style="list-style-type: none"> • taught about optimal patterns of breast-feeding? • taught how to identify their babies' readiness to feed (feeding cues)? • not restricted on the frequency or length of the breastfeed? • able to identify that their babies are feeding effectively? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8.3 Handouts/information offered by the service do not suggest or promote scheduled or limited feeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8.4 Does your internal mother satisfaction survey confirm that they can describe at least two feeding cues and that no restrictions were placed on the frequency or length of breastfeeds? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8.5 Are paced feeding techniques used for babies needing supplementation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STEP 9: BOTTLES, TEATS AND PACIFIERS

| Discuss with mothers the use and risks of feeding bottles, teats and pacifiers. | | |
|---|--|----------|
| Criteria | | Comments |
| 9.1 Does the service have guidelines/protocols in place for informing staff of the appropriate use of bottles and teats/nipple shields/pacifiers/pacifiers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9.2 Can staff discuss at least three risks associated with the use of bottles, teats and pacifiers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9.3 Can staff provide documented evidence that information was provided on the implications of the use of bottles, teats and pacifiers and evidence of the mothers' informed decision? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9.4 Does your internal mother satisfaction survey confirm that breastfeeding mothers have been informed by staff about the risks of using feeding bottles, teats and pacifiers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STEP 10: POST-DISCHARGE BREASTFEEDING SUPPORT & CARE

| Coordinate discharge so that parents and their infants have timely access to ongoing support and care. | | |
|--|--|----------|
| Criteria | | Comments |
| 10.1 Does the service ensure that: <ul style="list-style-type: none"> • mothers are given information on where they can get support if they need help with breastfeeding after returning home? • community breastfeeding support providers are allowed to visit mothers at the mother's request? • mothers are informed of the breastfeeding support groups/services for Māori, Pacific people and other ethnic groups in the community? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10.2 Does the service routinely refer mothers, for whom they are responsible, to Well Child, Tamariki ora, Whānau ora collectives/services in their area, including marae-based health clinics and other personally appropriate services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10.3 Does the service provide education to key whānau/family members so that they can support the breastfeeding mother at home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10.4 Do mothers receive information that there is skilled breastfeeding support in the community and where they can access it? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | Comments |
|---|--|----------|
| 10.5 Does the service ensure that Level Three Specialist staff are able to describe the types of support available to mothers in the community? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10.6 Are there processes in place to ensure postnatal mothers, who are breastfeeding or are planning to breastfeed, are given information on: <ul style="list-style-type: none"> • the hospital/LMC follow-up support on breastfeeding after discharge? • at least one breastfeeding support group appropriate to their cultural needs in their local community? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10.7 Is information on support group services available in the community displayed in the antenatal, postnatal and neonatal areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

BFHI AND TE TIRITI O WAITANGI - BREASTFEEDING FROM A TE AO MĀORI PERSPECTIVE

Te Tiriti o Waitangi is an integral part of BFHI in Aotearoa New Zealand and all service providers must show they are responsive to Māori needs.

| Criteria | | Comments |
|----------|--|---|
| 11.1 | Is Te Tiriti o Waitangi integrated throughout the breastfeeding policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.2 | Has there been consultation with local iwi, Māori health providers and other relevant Māori organisations or community groups? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.3 | <ul style="list-style-type: none"> Do staff records indicate 80% of Level Three Specialist staff meet the requirements for the Breastfeeding from a Te Ao Māori Perspective which incorporates Te Tiriti o Waitangi? Who provides the education session and does it incorporate Te Tiriti o Waitangi? | <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Tiriti O Waitangi education provider: |
| 11.4 | Does the Māori health unit, Māori health services or cultural advisor have input with advisory / consultation groups and within the service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Criteria | | Comments |
|---|--|----------|
| 11.5 Are relationships developed and maintained between the service and relevant community based Māori health providers and community organisations, e.g. Well Child Tamariki ora, Whānau ora collectives, Māori Women's Welfare League? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11.6 Are whānau/family recognised as an integral part of the pregnant and breastfeeding mother's care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11.7 Do staff access kaumatua, Māori health workers or other culturally appropriate support, if required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11.8 Is there a process in place for Māori to participate in the review, development and evaluation of the service? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11.9 Do observations in the service indicate an environment that is culturally appropriate and supportive for Māori women and their whānau/family? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Standards of Care for the Non-Breastfeeding Mother and Her Baby

ARTIFICIAL FEEDING POLICY

| Ensure all mothers regardless of feeding method receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations. | | |
|--|--|----------|
| Criteria | | Comments |
| 13.1 What is the review date for the Policy? | | |
| 13.2 Does the policy include: <ul style="list-style-type: none"> • the availability of information for mothers regarding the implications associated with the use of formula? <input type="checkbox"/> Yes <input type="checkbox"/> No • the safe preparation and handling of infant formula? <input type="checkbox"/> Yes <input type="checkbox"/> No • skin-to-skin contact for the mother and her infant? <input type="checkbox"/> Yes <input type="checkbox"/> No • rooming-in 24 hours a day, safe and unsafe sleep practices? <input type="checkbox"/> Yes <input type="checkbox"/> No • responsive (cue-based or baby-led) feeding with guidelines for appropriate intake? <input type="checkbox"/> Yes <input type="checkbox"/> No • paced feeding? <input type="checkbox"/> Yes <input type="checkbox"/> No • parenting and well child services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13.3 Does the policy address the main points of <i>The Code</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | Comments |
|---|--|----------|
| 13.4 Is the artificial feeding policy accessible so staff who take care of mothers and babies and can refer to it and is it away from public display? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13.5 Is the policy: <ul style="list-style-type: none"> • audited and evaluated regularly? • reviewed three-yearly along with associated protocols? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13.6 Are Level Three Specialist staff orientated to the artificial feeding policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13.7 Does the education curriculum for Level Three Specialist staff fully meet the education standards for the support of the non-breastfeeding mother as stipulated in the Artificial Feeding Policy listed below: <ul style="list-style-type: none"> • the implications of formula feeding? • how to provide support for non-breastfeeding mothers? • the safe preparation & handling of formula? • responsive (cue-based) feeding? • paced feeding? • the care of formula feeding equipment? • the importance of skin-to-skin contact and rooming-in 24 hours a day, irrespective of method of feeding? • parenting and well child services available following discharge? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13.8 Do mothers receive information or staff discuss/ demonstrate on an individual basis infant formula preparation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Criteria | | Comments |
|--|---|----------|
| <p>13.9 Is there a process in place to ensure that all artificial feeding written materials/handouts are:</p> <ul style="list-style-type: none"> • appropriate? • separate from breastfeeding information? • contain the implications of feeding a breastmilk substitute to an infant? • Code compliant? • free from promotion of a particular brand of formula? | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>13.10 Are there processes in place to ensure that non-breastfeeding mothers have the following topics discussed with them:</p> <ul style="list-style-type: none"> • the implications associated with the use of formula? • the safe preparation and handling of infant formula? • skin-to-skin contact for the mother and her infant? • rooming-in 24 hours a day, safe and unsafe sleep practices? • responsive (cue-based or baby-led) feeding with guidelines for appropriate intake? • paced feeding? • care of their breasts if they become full and uncomfortable? • parenting and well child services? | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>13.11 Does your internal mother satisfaction survey confirm that the above topics were discussed with them?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |