



NZBA

Baby Friendly Aotearoa
New Zealand

BABY FRIENDLY HOSPITAL INITIATIVE

2020

Part 5: Self-Assessment Tool

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 5: Self-Assessment Tool



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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Introduction

This section has been designed to give you a tool to see how your service is managing the BFHI process and meeting the standards on a regular basis. We recommend you use the tool to audit your service, for example annually, so that you are well prepared for the three to four year external BFHI audit.

NZBA may under certain circumstances request that a service completes this tool when there have been concerns raised from the BFHI external audit, feedback received, and/or falling rates of exclusive breastfeeding.

You may be directed to complete the full Part 5 Self-analysis and submit it to NZBA.

BFHI Self Appraisal Survey

Please only complete applicable fields

Service Name _____ Date of Completion _____

Step One: Breastfeeding Policy

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

- | | | |
|---|------------------------------|-----------------------------|
| The review date remains current | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The Policy is currently under review | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Consultation for updating the Policy is currently being undertaken | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| All new staff receive orientation to the Breastfeeding Policy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The Policy (or summary of the Policy) is displayed in all areas | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The Policy is displayed in English, Māori & languages appropriate to your cultural diversity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| All documentation of consultation, changes to policies/guidelines, related to the Breastfeeding Policy is retained and available for review | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Step Two: Staff Education

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

Levels	Number on staff	Number of staff attending education	Number of staff education hours
<i>Level One</i>			
<i>Level Two</i>			
<i>Level Three</i>			
<i>Level Four</i>			

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

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

Has the education delivered over the past year been sufficient to ensure 80% of each Level of Staff has maintained their required education hours in accordance with the BFHI Standards for Step Two? Yes No

Fill in the following details and compare them with your data from last year. This will ensure you are maintaining a high compliance with the standard and prevent a 'catch-up' prior to your next assessment.

	Total Number Attended / Number of Staff at that Level	Percentage of Staff who have maintained required education	Previous Year's Percentage	On target?
Anaesthetists	/	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level One Staff	/	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level Two Staff	/	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level Three Staff	/	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level Four Staff	/	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Number of Staff	/	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comment:

Step Three: Antenatal services

The service/facility:

- Provides Primary Care. Yes No
- Provides breastfeeding and/or antenatal classes Yes No
- Accepts handover of care during pregnancy from LMC to secondary care. Yes No
- Has pregnant women who are referred for obstetric consultation only. Yes No

if the answer is 'Yes' to at least one of the above, then answer the following questions on the next page.

If the answer is 'No' to all four questions above, this step is not applicable, please move on to Step Four.

Antenatal information covers the following:

- the breastfeeding policy Yes No
- the importance of exclusive breastfeeding for the first six months Yes No
- the importance of breastfeeding Yes No
- optimal patterns of breastfeeding Yes No
- the disadvantages of formula feeding 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 and unsafe sleep practices Yes No
- responsive (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
- the implications of giving water, formula or other supplements to a baby in the first six months Yes No
- the implications of using pacifiers, teats and bottle on the establishment of breastfeeding Yes No
- breastfeeding support services in the community Yes No
- all hand-outs comply with the *International Code of Marketing of Breastmilk Substitutes* Yes No
- there is no group instruction or demonstration on breastmilk substitutes Yes No

Step Four: Initiation of Breastfeeding (skin-to-skin contact)

Interviews with at least ten postnatal breastfeeding mothers (including those with Caesarian births) on the postnatal ward confirm a minimum of 80% continuing compliance to *Step Four*.

Babies were in skin-to-skin contact with them immediately or 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 clinically justifiable reasons for separation. Yes No

Mothers were encouraged to have skin-to-skin contact with their babies if there were feeding difficulties. Yes No

If the mother was unavailable, a whānau/family member was encouraged to have skin-to-skin contact with the baby. Yes No

Comments:

Step Five: Mothers shown how to breastfeed

Interviews with **at least ten** postnatal breastfeeding mothers confirm that they:

- have been shown how to position/attach their baby to the breast Yes No
- can recognize when their baby is feeding effectively Yes No
- have been shown how to or received information about hand expressing their breastmilk Yes No
- have been given information from staff on storage of expressed breastmilk Yes No
- are aware of staff availability to assist with breastfeeding 24 hours a day as required Yes No
- know how to express breastmilk when their breasts are uncomfortable Yes No

Comments:

Step Six: No food or drink other than breastmilk unless medically indicated

An audit of **at least ten** postnatal breastfed babies' clinical notes currently in the ward, or who have been in the service/facility recently, confirms nothing other than breastmilk has been given to them unless clinically indicated. (80% compliance)

Yes No

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:

Step Seven: Rooming-in

Interviews with **at least ten** postnatal breastfeeding mothers currently in the postnatal ward, or who have recently used this service, confirm they have had their baby with them 24 hours a day since birth.

Yes No

Please state reason/s for any separation that may have occurred.

Comments:

Step Eight: Responsive (cue-based/baby-led) feeding

Interviews with **at least ten** postnatal breastfeeding mothers, currently in the postnatal ward, or who have recently used this service, confirm that there have been no restrictions placed on the frequency or length of time that their baby breastfeed.

Yes No

This audit also confirms the mothers can:

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

Yes No

Yes No

Comments:

Step Nine: Bottles, teats or pacifiers

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

Comments:

Step Ten: Community breastfeeding support

Interviews with at least ten postnatal breastfeeding mothers, currently in your ward, or who have recently used this service, confirm 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:

Compliance with The Code

- Are all supplies of infant formula and all other products within the scope of The Code bought at wholesale or no less than 80% of the retail price? Yes No
- Is there a policy on infant formula rotation and how it selects the formula it will consider purchasing? Yes No
- Has the amount of formula used in the last year decreased over time? Yes No
- Are formula purchase records available? Yes No
- Is infant formula stored out of sight? Yes No
- Does the service/facility have a written policy which identifies who formula company representatives can have contact within the service/facility? Yes No
- Are marketing personnel denied contact with pregnant women, mothers and their families? Yes No
- Are pregnant women and non-breastfeeding mothers taught individually about formula feeding? Yes No
- Do all educational materials for pregnant women and mothers explain:
- a) the importance and superiority of breastfeeding? Yes No
 - b) the social and financial implications of the use of infant formula? Yes No
 - c) the health implications of unnecessary or improper use of formula? Yes No
- Does the material used by staff contain only scientific and factual information? Yes No
- Is this information presented in a way that implies (or creates a belief) that bottle-feeding is equivalent or superior to breastfeeding? Yes No

- Does the service/facility advertise or promote products (identified in the scope of The Code) to pregnant women, mothers or the general public? Yes No
- Are formula samples given to mothers, pregnant women or their families? Yes No
- Are free or subsidised supplies given to health workers? Yes No
- Are free gifts, materials or money, from infant formula companies, given to health workers or the service/facility? Yes No
- Are any samples, other than those to be used for professional evaluation or research, given to health workers? Yes No
- Is there any promotion of products by health workers or any other staff? Yes No
- Are there any words or pictures displayed in the service/facility, which idealise the use of products, including pictures of infants on the labels of products? Yes No
- Are any gift bags or packs given out to mothers by the service/facility? Yes No
- Are these 'packs' free of promotional material and products which contravene the requirements or the spirit of The Code? Yes No N/A
- Does the service/facility have a policy to ensure that these packs 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
- Is there Infant formula company literature used by this service/facility for things other than professional education? Yes No

Responsiveness to Māori

Can you verify that:

- Te Tiriti o Waitangi is integrated into the breastfeeding policy? Yes No
- 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
- Consultation processes include local Iwi, Māori health providers and community organisations? Yes No
- Staff education records indicate 80% of Level Three Specialist staff meet the requirements for Breastfeeding from a Te Ao Māori perspective and also incorporates Te Tiriti o Waitangi? Yes No
- Relationships exist within the District Health Board between the service/facility and the Māori health services, e.g. Māori Health Unit, cultural advisor and/or relevant Māori health services? Yes No
- Relationships exist with relevant community based Māori health providers and community organisations e.g. Māori Women's Welfare League? Yes No
- Whānau/family are recognised as an integral part of the pregnant and breastfeeding mother's care? Yes No
- Processes are in place for Māori to participate in the review, development and evaluation of the service? Yes No
- Access to kaumatua support, a Māori health worker or other culturally appropriate support is available if required? Yes No
- Observations indicate an environment that is culturally appropriate and supportive? Yes No
- The full, or abridged, version of the breastfeeding policy is available in Māori? Yes No

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 disadvantages of formula feeding? Yes No
- the importance 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
- responsive (cue-based/ baby-led) feeding with guidelines for appropriate intake? Yes No
- paced feeding? Yes No
- rooming-in 24 hours a day, safe and unsafe sleeping practices? Yes No
- referral to parenting/Well child/Tamariki ora services ? Yes No
- a minimum three-yearly review date? Yes No

Care of the non-breastfeeding mother and baby

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

Receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations? Yes No

Receive antenatal education which covers the following topics:

- the importance of exclusive breastfeeding for the first 6 months? Yes No
- the importance of breastfeeding? Yes No
- the disadvantages of formula feeding? Yes No
- the importance of skin-to-skin contact at birth? Yes No
- rooming-in on a 24 hour basis including safe and unsafe sleep practices? Yes No
- responsive (cue-based/baby-led feeding) with guidelines for appropriate intake? Yes No
- paced feeding? Yes No
- support services in the community? Yes No

Receive postnatal education which includes:

- the importance of rooming-in with baby 24 hours per day? Yes No
- safe and unsafe sleep practices? Yes No
- the importance of skin-to-skin contact at birth? Yes No
- responsive (cue-based/baby-led) feeding with guidelines for appropriate intake? Yes No
- paced feeding? Yes No
- the associated disadvantages of feeding a baby a breastmilk substitute? Yes No
- what to do about full, uncomfortable breasts? Yes No

Do interviews with non-breastfeeding mothers (if available) confirm all aspects of the above questions are occurring? *(See attached audit tool)* Yes No

Does the Level Three Education include:

- orientation to the artificial feeding policy? Yes No
- the disadvantages of formula feeding? Yes No
- how to provide support for non-breastfeeding mothers? Yes No
- the safe preparation & handling of formula? Yes No
- the care of formula feeding equipment? Yes No
- responsive (cue-based/ baby-led) feeding with guidelines for appropriate intake? Yes No
- paced feeding? Yes No
- the importance of skin-to-skin contact and rooming-in 24 hours a day, irrespective of method of feeding? Yes No
- safe and unsafe sleep practices? 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

Assessment 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 service/facility. The forms are designed to use in the interview process of ten 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 ten women:

Interview Question	Mother's Responses									
	1	2	3	4	5	6	7	8	9	10
How soon after birth did you hold your baby? (Time in minutes)	2m	1m	1m	5m	3m	3m	5m	1m	5m	2m
Was this skin-to-skin? Y/N (If there is a sound clinical reason why this did not occur insert N/A)	N/A	N/A	Y	N	Y	N	N/A	N/A	Y	Y

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 to Successful Breastfeeding* have been included in this survey you will be able to ascertain from the feedback which areas of care, if any, need improvement.

Questions to ask breastfeeding mothers on the postnatal ward (with verbal consent)

Interview Question	Mother's Responses									
	1	2	3	4	5	6	7	8	9	10
How soon after birth did you hold your baby? (Time in minutes)										
Comments:										
Was this skin-to-skin? Y/N (If there is a sound clinical reason why this did not occur insert N/A)										
Comments:										
How long did the uninterrupted skin-to-skin contact continue? (Time in minutes)										
Comments:										

Interview Question	Mother's Responses									
	1	2	3	4	5	6	7	8	9	10
Have you been shown how to position and latch your baby to the breast? Y/N										
Comments:										
Have staff discussed with you how to hand express your breastmilk? Y/N										
Comments:										
Have staff given you information on the storage of breastmilk? Y/N										
Comments:										

Interview Question	Mother's Responses									
	1	2	3	4	5	6	7	8	9	10
Has your baby received anything other than breastmilk since birth? Y/N										
If yes, state reason why it was given and method:										
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?]										
Comments:										
Was the importance of rooming-in, and safe/unsafe sleeping practices discussed with you? Y/N										

Interview Question	Mother's Responses									
	1	2	3	4	5	6	7	8	9	10
What are your baby's cues that show you he/she wants to be fed? Correct? Y/N										
Comments:										
Have there been any restrictions placed on your baby's frequency or length of feeding time? Y/N										
Comments:										
How do you recognize when your baby is feeding effectively? Correct? Y/N										
Comments:										

Interview Question	Mother's Responses									
	1	2	3	4	5	6	7	8	9	10
Have you been told of breastfeeding support groups in the community? (Appropriate to mother's cultural needs) Y/N										
Comments:										
Can you name two support groups in the community? Correct? Y/N										
Comments:										

Questions to ask non-breastfeeding mothers on the postnatal ward (with verbal consent)

Antenatal Interview Questions	Mother's Responses			Comments
	1	2	3	
Were the disadvantages of formula feeding discussed with you? Y/N				
Was the importance of skin-to-skin contact discussed with you? Y/N				
Postnatal Interview Questions	Mother's Responses			Comments
	1	2	3	
How soon after birth did you hold your baby? (Time in minutes)				
Was this skin-to-skin contact? Y/N (If there is a sound clinical reason why this did not occur insert N/A)				
How long did the uninterrupted skin-to-skin contact continue? (Time in minutes)				

Postnatal Interview Questions	Mother's Responses			Comments
	1	2	3	
Has managing uncomfortably enlarged breasts due to milk production been discussed with you?				
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?]				
Was the importance of rooming-in, and safe/unsafe sleeping practices discussed with you? Y/N				
What are your baby's cues that show you he/she wants to be fed? Correct? Y/N				
Have you been shown by staff how to prepare formula and feed it to your baby? Y/N				

The Breastfeeding Mother Summary Sheet

	Number meeting standard	Number not meeting standard	Percentage meeting standard	<i>Comments:</i>
Q1.			%	
Q2.			%	
Q3.			%	
Q4.			%	
Q5.			%	
Q6.			%	
Q7.			%	
Q8.			%	
Q9.			%	
Q10.			%	
Q11.			%	
Q12.			%	
Q13.			%	
Q14.			%	
Q15.			%	

The Non-Breastfeeding Mother Summary Sheet

Antenatal Questions

	Number meeting standard	Number not meeting standard	Percentage meeting standard	<i>Comments:</i>
Q1.			%	
Q2.			%	

Postnatal Questions

	Number meeting standard	Number not meeting standard	Percentage meeting standard	<i>Comments:</i>
Q1.			%	
Q2.			%	
Q3.			%	
Q4.			%	
Q5.			%	
Q6.			%	
Q7.			%	
Q8.			%	

