



# BABY FRIENDLY HOSPITAL INITIATIVE

## Part 6: Audit Questions Outline

# 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

***This is 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.



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.

# Table of Contents

Introduction.....	1
Manager Interview Question topics.....	2
Antenatal Service Manager or Antenatal Educator Question Topics.....	3
Anaesthetist Question Topics .....	4
Level One Staff Question Topics .....	5
Level two Staff Question Topics.....	6
Level three specialist Staff Question Topics .....	7
Level Four specialist Staff Question Topics .....	9

# Introduction

This section has been designed to give you an outline of the Audit Questions that NZBA will use to assess how your service is managing the BFHI process and meeting the standards. We recommend you use these questions as a guide for the interviews so that you are well prepared for the three to four year external BFHI audit.

These questions have been categorised into the different staff interviews that will be held during the audit. Note that this guide is structured to indicate the topics that will be covered during the audit interviews, but the questions themselves may be phrased slightly differently at the time by the auditor(s) conducting the interview.

# Manager Interview Question topics

The DHB/service/facility manager must be able to demonstrate the following:

- how The Code is adhered to, particularly for the procurement of breastmilk substitutes, the management of the vendors and the distribution to mothers of breastmilk substitutes, feeding bottles, teats or pacifiers, and the information records of these factors
- their direct involvement in the development and understanding of the Breastfeeding Policy, including how it complies with The Code, how it aligns with the DHB cultural policies and plans, and what consultation was undertaken with relevant organisations
- their direct involvement in the development and understanding of the Artificial Feeding Policy (if relevant)
- the delegated responsibilities for monitoring the breastfeeding data submitted via the online tool and initiating any corrective action(s) required
- how staff are supported to fulfill their educational requirements for BFHI Standards, including L4 staff to maintain IBCLC registration
- the availability of Level 3 specialist staff to offer breastfeeding support, on-site, 24 hours per day
- the documented information given to pregnant women, either through handouts or direct discussions, on managing breastfeeding including documenting identified risks
- confirmation that supplementation for breastfed infants is based on sound clinical reasoning
- confirmation that mothers are able to have a support person stay overnight, and there are no restrictions for visiting the NNU
- how the DHB/service/facility supports external providers (voluntary or professional) to provide breastfeeding support at a mother's request.

# Antenatal Service Manager or Antenatal Educator Question Topics

The DHB/service/facility antenatal service manager or antenatal educator must be able to demonstrate the following:

- the methods in which staff and the service comply with The Code, by proving there is no group education on formula feeding, there are no written promotional materials on the preparation or brands of infant formula, and all information given is free from advertising
- evidence of the handouts available for pregnant women that are culturally appropriate and cover relevant topics
- evidence that the service provides:
  - positive conversations around breastfeeding, including optimal patterns of breastfeeding
  - culturally and ethnically appropriate resources promoting and supporting breastfeeding
  - a ethnically and culturally appropriate positive breastfeeding environment
  - the importance of early initiation of breastfeeding, and skin-to-skin contact at birth and ongoing
  - global recommendations on exclusive breastfeeding for the first six months, the risks of giving formula or other breastmilk substitutes, and the fact that breastfeeding continues to be important after six months when other foods are given
  - the basics of good positioning and attachment
  - recognition of feeding cues
  - the importance of rooming-in
  - individual guidance on infant feeding is given to women who have decided to feed their baby a breastmilk substitute
  - safe and unsafe sleep practices.
- evidence of the referral pathway for staff if it is recognised that breastfeeding may be compromised, and the risk factor is documented
- evidence of how any post-session educator personal reflections are encouraged and how sessions are personalised to the demographics of the attendees.

# Anaesthetist Question Topics

The DHB/service/facility anaesthetist must be able to demonstrate the following:

- evidence of attendance at a training session of one hour (minimum) every three years covering, and their understanding of:
  - the Breastfeeding Policy, with an emphasis on Step Four
  - the importance of immediate skin-to-skin contact between mother and baby
  - the potential effect of medications administered during labour and birth on the newborn infant and on the initiation of breastfeeding
- evidence of attendance at a training session covering the above topics upon employment or if the Breastfeeding Policy has been reviewed at any time during the three-yearly cycle indicated above

# Level One Staff Question Topics

The DHB/service/facility Level One staff member must be able to demonstrate the following:

- evidence of attendance at a training session within the first six months of employment covering, and their awareness of:
  - the Breastfeeding Policy and how it impacts on their role
  - the importance of immediate skin-to-skin contact between mother and baby and the early initiation of breastfeeding
  - The Ten Steps to Successful Breastfeeding
  - the protection of breastfeeding under The Code
  - the importance of referral to a Level Three or Level Four Specialist when a breastfeeding situation is beyond their scope of practice
  - the availability of a Māori Health Worker/Kaiawhina for Māori whānau to access.
- evidence of attendance at a training session covering the above topics if the Breastfeeding Policy has been reviewed at any time during their employment
- their understanding of the importance to refer to a Level Three or Level Four Specialist when approached for breastfeeding advice from a mother
- their understanding of The Ten Steps to Successful Breastfeeding by describing three practices covered by The Ten Steps
- their understanding of the importance of breastfeeding and how it is applied under The Code
- their role in entering breastfeeding data and understanding the following New Zealand Ministry of Health infant feeding definitions and how to use them appropriately when entering data:
  - exclusive breastfeeding
  - fully breastfeeding
  - partial breastfeeding
  - artificial feeding

## Level two Staff Question Topics

The DHB/service/facility Level Two staff member must be able to demonstrate the following:

- evidence of attendance at a training session within the first six months or transfer of employment covering, and their understanding of:
  - the Breastfeeding Policy and how it impacts on their role
  - the importance of immediate skin-to-skin contact between mother and baby and the early initiation of breastfeeding
  - The Ten Steps to Successful Breastfeeding
  - the protection of breastfeeding under The Code and how it impacts on their role
  - the acceptable sound clinical reasons for supplementation, and the implications of unnecessary supplementation
  - the importance of referral to a Level Three or Level Four Specialist when a breastfeeding situation is beyond their scope of practice.
- evidence of attendance at a training session covering the above topics if the Breastfeeding Policy has been reviewed at any time during their employment
- their understanding of safe and unsafe sleeping practices
- their understanding of the potential effect of medications administered during labour and birth on the newborn infant and on the initiation of breastfeeding
- their understanding of the importance of breastfeeding and how it is applied under The Code
- their knowledge of the support services available in the community (including Well Child Tamariki Ora and/or Whānau ora services) and how they inform mothers of this support when they leave the hospital/service/facility
- their knowledge of the availability of a Māori Health Worker/Kaiawhina for Māori whānau to access.

## Level three specialist Staff Question Topics

The DHB/service/facility Level Three Specialist staff member must be able to demonstrate the following:

- evidence of employment of six months or more, or transferred in with Level Three Specialist qualifications if under six months
- evidence of attendance at a mandatory BFHI three-hour clinical education session within the past five years, or if the Breastfeeding Policy has been reviewed within this time, that covers the topics below, and their understanding of these:
  - the Breastfeeding Policy and the impact on their role
  - the importance of immediate skin-to-skin contact between mother and baby and the early initiation of breastfeeding
  - The Ten Steps to Successful Breastfeeding
  - the protection of breastfeeding under The Code
  - the acceptable sound clinical reasons for supplementation, and the implications of unnecessary supplementation
  - safe and unsafe sleeping practices
  - the potential effect of medications administered during labour and birth on the newborn infant and on the initiation of breastfeeding
  - all practical aspects of positioning, aligning, and latching of baby for breastfeeding,
  - the use of supplemental feeding methods
  - safe and hygienic preparation and feeding of breastmilk substitutes
  - the Artificial Feeding Policy, the impact on their role, and the care of the non-breastfeeding mother and her infant.
- evidence of attendance at a mandatory BFHI one-hour education session within the past three years (and for thirty minutes every four years subsequent to the initial training) on “Breastfeeding from a Te Ao Māori Perspective” which incorporates Te Tiriti o Waitangi
- their understanding of breastfeeding promotion and support, and breastfeeding management
- their understanding of any two breastfeeding topics that should be discussed with a pregnant or breastfeeding mother
- their competency in guiding a breastfeeding mother how to confidently feed her baby, recognise milk transfer, hand express, store and use their breastmilk
- their competency in guiding a non-breastfeeding mother to safely prepare and feed her baby breastmilk substitutes
- their understanding of the importance of rooming-in 24hrs/day whilst in hospital/service/facility for mothers and babies

- their understanding of the importance of breastfeeding and how it is applied under The Code, including why it is important not to give formula samples to mothers
- their knowledge of the documentation processes for assessments, clinical notes, and information provided to pregnant or breastfeeding mothers
- their knowledge of the support services available in the community (including Well Child Tamariki Ora and/or Whānau ora services) and how they inform mothers of this support when they leave the hospital/service/facility
- their understanding of the following New Zealand Ministry of Health infant feeding definitions and how to use them appropriately when entering data:
  - exclusive breastfeeding
  - fully breastfeeding
  - partial breastfeeding
  - artificial feeding.

## Level Four specialist Staff Question Topics

The DHB/service/facility IBCLC Level Four Specialist staff member must be able to demonstrate the following:

- evidence of employment of six months or more, or transferred in with IBCLC Level Four Specialist qualifications if under six months
- evidence of attending orientation session on the Breastfeeding Policy and Artificial Feeding Policy in the past five years or review sessions if either policy was reviewed within this timeframe
- evidence of attendance to the BFHI one-hour education session within the past three years on “Breastfeeding from a Te Ao Māori Perspective” which incorporates Te Tiriti o Waitangi
- their knowledge of the documentation processes for assessments, clinical notes, and information provided to pregnant or breastfeeding mothers
- evidence of appropriate peer supervision
- evidence of maintenance of IBCLC certification through professional development and education
- evidence of incorporating current research and best practice through updating staff education programmes
- their understanding of the following New Zealand Ministry of Health infant feeding definitions and how to use them appropriately when entering data:
  - exclusive breastfeeding
  - fully breastfeeding
  - partial breastfeeding
  - artificial feeding.