The Documents for the Baby Friendly Community Initiative

Aotearoa New Zealand

Section Three
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Guide for Assessors using the Baby Friendly Community Initiative Assessment Package in Aotearoa New Zealand

Preliminary Arrangements for Assessment

Protocol

In the first instance services invite assessment, with the process being carried out in a spirit of professional cordiality, whether or not designation as a Baby Friendly Community follows.

The NZBA confirms the date of assessment with the service. The list of assessors is submitted to the manager for acceptance. The NZBA will make the necessary travel and accommodation arrangements for the assessors. Upon arrival at the designated service the assessment team will meet with the BFCI Group Co-ordinator as the key contact, will be introduced to key personnel, shown around the service and given a safety briefing. At each service the assessment team will require a private room, with a telephone available, to work in during the assessment process. The room needs to be secure i.e. lockable, where telephone or staff interviews can be performed in private, ideally within the service, or in close proximity.

After discussion with the Co-ordinator, the next step will be to meet with a group of senior staff from the service which will be involved in the assessment. All staff should be available for interview if requested.

This process of events will occur at each service involved within the group – probably on consecutive days as organized with the BFCI Co-ordinator, prior to the assessment.

Background

The long-term goal of the BFCI is to contribute to the health of our community by supporting, protecting and promoting breastfeeding. BFCI also ensures that women who cannot, or who choose not to, breastfed their babies are supported to fed their babies safely by workers who have been trained to do so.

Prior to undertaking a BFCI assessment, assessors, using the NZBA Criteria, are required to read and be familiar with the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding. This Declaration specifies the goal, strategy, and targets towards attaining the goal; assessors are also required to read the current BFCI documents for Aotearoa New Zealand.

Assessors should also be familiar with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions and Implementing and monitoring The International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand, Ministry of Health 2007. This provides important background information on the comprehensive BFI strategy. Assessors should
maintain current knowledge of the Baby Friendly Initiatives and evidence-based best practice infant feeding knowledge.

**Treaty of Waitangi**

All Assessors will be expected to have an understanding of the Treaty of Waitangi in relation to BFCI Assessment of the service, along with the documentation and process. At least one of the assessors on each assessment team will be Māori and have expertise in this area.

**Assessor Selection**

Assessors should be very knowledgeable about infant feeding practices, have an understanding of health services in New Zealand, have a good understanding of all aspects of lactation management, e.g. hand expressing techniques and what is necessary for a service to become accredited as Baby Friendly. An assessment team will include one specialist in clinical lactation management, a Māori assessor and when required a consumer assessor who is selected for their experience in working with breastfeeding mothers; it is advantageous to have a multi-disciplinary team.

An assessor must meet the NZBA criteria to become a BFI Assessor. They must submit a current curriculum vitae, undergo referee checks and if successful with their application attend a BFI Workshop. Interviewing and communication skills will be assessed during the two day workshop to ensure a non-judgemental and objective attitude is maintained during role play. Selected applicants will then attend an assessment as part of the team in a ‘trainee’ capacity. Once the applicant has completed a two day assessment period they may be accredited by NZBA to become a BFI assessor. Assessor accreditation is valid for a period of three years. To maintain accreditation attendance at a further BFI workshop is required or following an update of the BFCI and BFHI documents for Aotearoa New Zealand.

In the interests of impartiality, assessors should have no connection with the service being assessed.

**Copies of the Interview Questionnaires and Summary Sheets**

Copies of the interview questionnaires and summary sheets will be provided in the assessment pack. A copy of Section Three will be made available in the assessment pack should further copies be needed. The maximum number of copies needed for the assessment team will be included in the assessment pack. The number of interviews required will be determined by the NZBA and the Lead Assessor. Because of the variety of services, included in any BFCI grouping, no set interview numbers can be stipulated – each service will be individually assessed.

The interviews available include:

- Informed Consent Form for women who have used the service
- Interview Service Manager/BFCI Leader/Self Employed Personnel
- Interview with Person responsible for determining Baby’s Breastfeeding Status
- Level One (Awareness) Health worker Interview
- Level Two (Generalist) Health Worker Interview
- Level Three (Specialist) Health Worker Interview
IIIB Interview with a Mother supported by a Level One or Two Service Worker
IIIB(a) Interview with Breastfeeding Mother with baby under 6 weeks of age
IIIB(b) Interview with Breastfeeding Mother with baby between 6 weeks to 6 months
IIIB(c) Interview with Breastfeeding Mother with baby 6 months of age or older

IIID Interview with Non-Breastfeeding Mother
IIID(a) Group Interview Portion One (for use when two assessors are available)
IIID(b) Group Interview Portion Two (for use when one assessor is available)

The assessment team leader is to check that all the forms required are in the assessment pack before the assessment starts; if they are not, they need to be photocopied. It is useful to provide one or two extra interview forms.

Time Needed to Complete the Assessment
The time necessary for completing the assessment depends on the size and number of services in the grouping. The NZBA organize the Assessment itinerary with the BFCI Group Co-ordinator in advance of the assessment dates. The time needed at each service varies from a half a day to three full days.

The Lead Assessor will complete and return all documentation and material relating to the BFCI assessment within two weeks of commencing the assessment process.

Organisation and Use of the Assessment Tool

Interviews and Observations
The sections of the BFCI Assessment tool have been organized according to various areas of enquiry:
- Section I: Service in general
- Section II: Antenatal
- Section III: Infant Feeding Management
- Section IV: The Code
- Section V: BFHI and the Treaty of Waitangi
- Section VI: Applies to the care on non-breastfeeding women.

Some parts of the tool may not be relevant, due to the nature of the type of services being delivered. The assessment only focuses on the services being offered.

Prior to conducting an interview with a mother, an information sheet and an Informed Consent form must be given. These are discussed, and the mother agrees to be interviewed. The consent process has usually been organised by the service, prior to assessment, as mothers generally will attend the service for face-to-face interviews. In some cases, the consent forms and information are given by the assessment team.

Review of Written Materials
The following materials, if applicable, will be required by the NZBA for review at least two months prior to the assessment:
• The most recent infant feeding data showing the breastfeeding figures, collated by each definition, on discharge for mothers and babies.
• The ethnicity data of clients attending the service and ethnicity data relating to infant feeding
• Copies of any consent forms given out by the service.
• Copies of the breastfeeding policy, education curricula, records and content of antenatal education
• Copies of relevant Māori health policies and education curricula related to breastfeeding for Māori
• Copy of the artificial feeding policy.
• Copies of all other relevant policies, referral forms and handouts
• The service need to begin collecting informed consents from mothers several months prior to the assessment and then forward them to the NZBA. Antenatal women and mother interviews are performed by a Consumer Assessor prior to the assessment. Further consent forms will be required at the time of assessment as some face-to-face interviews are performed on-site.

It can happen that a service with excellent policies has never prepared a written summary, or an educator who gives extremely helpful antenatal talks has never written down what is covered. However, when policies and health education messages are not written down, they are subject to erosion or to sudden alteration when staff changes occur. The BFCI process strongly encourages the documentation of good practices and educational messages in service documents. Therefore in Aotearoa New Zealand, the assessment process will not proceed until these documents are available. All documentation submitted prior to assessment will be reviewed by NZBA and a summary report, along with the documents, will be sent to the Lead Assessor addressing areas of concern along with all relevant service documentation.

Written material such as the breastfeeding policy and infant feeding education materials may be amended by the service during the period of the assessment, but prior preparation of these documents is recommended.
Use of the Baby Friendly Community Assessment Criteria

Each service within the grouping, is required to provide the following:

**Section I - Group Overview/Individual Service Information**
Documents to be completed:
Infant Feeding Data
Ethnicity data
IA Interview Service Manager/BFCI Leader/Self Employed Personnel
IB Interview with Person responsible for determining Baby’s Breastfeeding Status
Review of written Breastfeeding Policy and consultation process
Review of Staff education records
IC (a, b and c): Interviews with staff: Level One Awareness, Level 2 Generalist,
Level 3 Specialist staff (inclusive of Level 4 Expert staff)

**Section II - Antenatal Service**
Documents to be completed while in the service:
Informed consent forms for all clients / women interviewed
II.A Review of the Antenatal Education
II.B Interview with Pregnant Woman

**Section III – Infant Feeding Management**
Documents to be completed while in the service:
IIIA Review of the Infant Feeding Management
Individual Service Observations
IIIB (a, b, c, d and e) Interviews with breastfeeding women
IIIC(a) Group Interview (for Two Assessors)
IIIC(b) Group Interview (for One Assessor)

**Section IV – The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions**
Document to be completed while in service:
IV.A Review of the compliance to The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions

**Section V – Review of BFCI & the Treaty of Waitangi**
Document to be completed while in the service:
V.A Review of BFCI and the Treaty of Waitangi
Treaty of Waitangi Feedback from Individual Services

**Section VI – Review of the Care of the Non-Breastfeeding Mother**
Document to be completed while in the service:
VI.A Review of the care of the non-breastfeeding mother
VI.B Interview with the non-breastfeeding woman
Assessment Teamwork
At the beginning of the assessment, the Lead Assessor will have a preliminary meeting with the assessment team to discuss the assessment process.

Confidentiality
Health workers and mothers should be identified by a code on all interview forms. The names, to which the numbers belong, should be kept separate and secure, and all participants should be informed of the confidentiality of their statements. Confidentiality increases the likelihood of obtaining honest responses.

All consumers are to be given a BFCI Information leaflet to read or have the information explained, and a consent form to sign, prior to being interviewed.

Interviews should be conducted in private. Staff should be informed in advance, of the women to be interviewed.

Confidentiality of information collected during assessment, in particular the interview material is to be maintained at all times. Materials used and collected, are to be sent to the NZBA; assessors will not retain any paperwork from the assessment.
Criteria for Sample Selection

Health Workers
The sample set of staff will be drawn from the list of all staff that are involved in the care of, or who have had contact with, mothers and infants.

The sample may be divided into several subsets so that a representative number of staff can be drawn from e.g., midwives, nurses and doctors, from the services provided. The sample size is dependent on the service size.

The majority of staff interviews will be with clinical staff who work directly with mothers and babies. For example, in a service there may be 12 clinical staff working directly with mothers and babies, 6 practice nurses, 6 doctors and 10 ancillary staff working at the time of the assessment. The assessment team, may draw a sample of 9 clinical staff, 2 practice nurses, 3 doctors and 1 ancillary staff member to complete the sample of 15 staff members. The sample will cover a wide spectrum, “all healthcare staff who may have had contact with mothers and infants”.

Antenatal Women
The sample set of pregnant women should be of 32 weeks gestation or more; this ensures that they have the opportunity to receive all or most of the breastfeeding-related education given by the antenatal service. The number of interviews is dependent on the size of the service.

Postnatal Mothers
Likewise the sample size of mothers will vary depending on the size of the service.

Generally some mother interviews are performed prior to the assessment by an assessor. However face-to-face interviews are organized to occur within the short duration the assessment team are at the service. Group interviews with mothers can be scheduled. These interviews can be performed by one or two assessors depending on the group size. Group interviews can be useful particularly for Maori and Pacific women where individual face-to-face interviews can be stressful and discourage open communication.

Scheduled interviews should be with mothers of well babies, aged from birth to two years, who have attended, or been attended by, the service a minimum of twice within the past six months.

Because the assessment is reviewing the practice of the staff employed by the service, it is important to ensure that the mothers who are selected for interview, have been under the supervision of service staff, either as their Lead Maternity Carer, breastfeeding support group leader, practitioner client or other employed service provider.
Generally, it is important to attempt to draw a random sample reflecting the annual ethnicity ratio of the clientele accessing the service. There can also be an issue, if the staff member in charge, is allowed to suggest names, as this may consciously or inadvertently bias the selection in a particular direction. Group interviews can assist the assessment team gain open responses in a relaxed setting. Rather than interviewing the most convenient sample of mothers, with English as their first language, or to talk with mothers suggested by the manager, a selection of mothers from the service, should be available to the team and a random sample selected, taking ethnicity into account.

**Coding of Forms**

Lead assessors are to ensure that the coding used on interview sheets is consecutive for ease of cross referencing i.e. pregnant mothers, P1, P2. This numbering system must correspond with the consent form.

**Interview Numbers**

The number of interviews required to assess infant feeding support offered by the service is dependent on the size of the service and number of workers clinically with pregnant women and mothers with infants and young children. The NZBA organize the Assessment itinerary, including interview numbers, with the BFCI Group Coordinator in advance of the assessment dates.

The NZBA requires informed consents to be forwarded to them in each category. These should be received at least two months prior to the assessment. Extra consent forms may also be collected in the month prior to the assessment for the face-to-face interviews – either for group or individual interviews – to complete the sample.

The criteria, for the most part, is worded so that 80% of those interviewed must pass, for the criteria to be met.

**Breastfeeding Support Groups / Well Child and Parenting Services**

A breastfeeding support group is typically a community based source of information and help for breastfeeding mothers provided by mothers who have been trained for this activity. The help is usually available free and at any time.

Service lectures on breastfeeding or a service-run lactation clinic are not mother-support groups, although they also play an important role in the BFCI support programme. In assessing the adequacy of service provided support, easy accessibility by mothers and free (or a very inexpensive) service should be considered.

The NZBA recognises the value of breastfeeding support groups, well-child and parenting services, and service support arrangements. Women need ongoing support in order to maintain exclusive breastfeeding for the first six months and to continue breastfeeding for up to two or more years. Ready availability of help with breastfeeding problems or concerns is the key to the fulfillment of Point Four. The
assessment team needs to be aware of existing breastfeeding support groups, well child and parenting services, and other support services provided in their geographical area.

All mothers need to be provided with information on support groups / services appropriate to their individual, cultural and social needs.

**Entry of data on summary sheets**

When data have been collected on the interview and observation forms, the information is transferred onto the Assessor Collation Sheets at the service. The Lead Assessor can then summarise the data on the summary sheets. The bracketed numbers in the right hand margin of each interview form represent the item on the summary sheets where the information will be summarised. For example [1.1] on interview I.B marks an item whose results will be entered under point 1.1 on the summary sheet for Point One. Most of the information is quite easily transferred, as only one item corresponds to one entry on the summary sheets.

In a few cases, information from several questions is summarised on the summary sheet. For example, in IC(b), Interview with a Staff Member, the responses to several of the questions will determine how the staff member is recorded on the summary sheet, item 2.4A.

In other cases, such as in the questions assessing knowledge of staff and mothers, the assessor is asked to listen for key points which are summarised on the interview form, and then to draw a conclusion as to whether the knowledge is correct or adequate. Several findings are then summarised into a single item on the summary sheet. Here, as in various other parts of the assessment process, the objective judgment of the assessor, based upon his or her substantial knowledge of clinical lactation management, is expected. The summary sheets may, like the reviews of written material, be filled out when work in the service itself has been completed for the day.
Interpretation and Reporting of Findings

Scoring the Assessment
The Assessment Summary is supplied to the Lead Assessor and consists of an annotated guide to the summary sheets, which makes it clear that services must pass at the 80% or 100% threshold, to achieve the standard required for each individual Point. The BFCI is a qualitative assessment, assessing the quality of care offered to women and their infants, therefore achievement of a point is identified as ‘acceptable’ or ‘non-acceptable’ rather than as a percentage value.

The Lead Assessor will decide whether the individual service meets the criteria for the particular Point by entering the information into Assessment Summary. The comments / recommendations box provides an opportunity to record the assessors’ feedback to the service. It is not the responsibility of the assessment team to inform the service on whether they have met the requirements for BFCI accreditation; this is the responsibility of the NZBA.

Presentation of Findings at Service Level
The process of assessment should culminate in recognition of accomplishments and practical suggestions for improvements, if needed. After an assessment the Lead Assessor will present their summary of findings verbally, to each individual services management and staff. Each service will receive a copy of the BFCI Assessment findings from the NZBA in due course.

Safekeeping of the Interview Material
Original interview forms are kept by the NZBA. These interview materials and other notes which do not form part of the final report will be held in a secure place at the NZBA office. These will be kept until the final assessment process is completed.

Reporting to the NZBA
All of the information contained in the assessment pack is to be sent back to the NZBA. The NZBA will review the contents of the pack and formulate a preliminary report which will be reviewed by the NZBA Executive Officer. If follow-up work is required NZBA will liaise with the Service, identifying the areas of concern and working collaboratively with the service to ensure these issues are rectified within the six month timeframe.

Once these issues have being rectified the report will be sent to the BFCI Moderation Panel for review; the panel is responsible for awarding BFCI accreditation.
General Information

Discussion with the Service Manager

Date:

Name of Service:

Name of Service Manager:

Introduce the assessment, describing the Baby Friendly Community Initiative and the purpose of the assessment. Describe the interviews, record reviews and observations that the assessment team will need to complete, including those listed below.

1. General Information
   - Basic census data concerning the service
   - Brief interview with the Service Manager (I.A)
   - Written infant feeding policies

2. Service providers
   - Interviews with health workers: e.g. midwives, practice nurses, General Practitioners and ancillary staff. (IC a, b & c)
## Service Data Sheet

<table>
<thead>
<tr>
<th>Health workers Designations</th>
<th>Number on Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers</td>
<td></td>
</tr>
<tr>
<td>Well Child/Tamariki Ora Nurses</td>
<td></td>
</tr>
<tr>
<td>Practice Nurses</td>
<td></td>
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<tr>
<td>General Practitioners</td>
<td></td>
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<tr>
<td>LMC Midwives</td>
<td></td>
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<tr>
<td>Lactation Consultants</td>
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<tr>
<td>Family Start workers</td>
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<tr>
<td>Telephonists</td>
<td></td>
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<tr>
<td>Receptionists</td>
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<table>
<thead>
<tr>
<th>Staff Designations</th>
<th>Number of Staff</th>
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<tbody>
<tr>
<td>New Employees</td>
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<td>Orientation to the Policy Only</td>
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<td>Level One Awareness</td>
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<td>Level Two Generalist</td>
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<td>Level Three Specialist</td>
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<tr>
<td>Level Four Expert</td>
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<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of Staff</strong></td>
<td></td>
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</tbody>
</table>
Ethnicity

Please list below the ethnic groups served by your service and the approximate proportion of the client population each would represent:

Data collected from \( \text{to} \) 20.....
(Data from the last year’s statistics i.e. these need to be current and add up to 100%)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
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<tbody>
<tr>
<td>..............................</td>
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Total 100%

Breastfeeding Definitions

**Exclusive breastfeeding**: The infant has never, to the mother’s knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.

* Prescribed as per the Medicines Act 1981

**Fully breastfeeding**: The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

**Partial breastfeeding**: The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

**Artificial feeding**: The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

**Ever Breastfed**: The World Health Organisation require countries to report on the percentage of infants that initiated breastfeeding; in other words ‘ever breastfed’ or received any breastmilk.

To gain this figure records should be maintained of those babies who are currently artificially feeding, but at some point the baby has breastfed or received some breastmilk.
Data Collected from Assessment:

**Number of mother/infants seen by the service in the 12 months** (Tables A, B & C)

Table A: Numbers of infants who were enrolled with service in the twelve months
(Ages of infants should approximate to the data collection age)

**Months: From to 20.....**

<table>
<thead>
<tr>
<th>Twelve Months From:</th>
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<th></th>
<th></th>
<th>Total Numbers</th>
</tr>
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<tbody>
<tr>
<td>No. mother / infant pairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>A/N mothers enrolled</td>
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<tr>
<td>Infants At birth</td>
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<td>Infants At discharge from the facility</td>
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<td>Infants at 2 weeks</td>
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<td>Infants at 6 weeks</td>
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<td>Infants at 3 months</td>
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<td>Infants at 6 months</td>
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<tr>
<td>Infants at 12 months</td>
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<tr>
<td>Data not Recorded</td>
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</tbody>
</table>
Table B: **Feeding records at first contact** for those infants who were seen, enrolled or transferred to the service in **the past twelve months**.

Months: From to 20.....

<table>
<thead>
<tr>
<th></th>
<th>At Discharge</th>
<th>2 weeks</th>
<th>4 weeks</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. mother / infant pairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. exclusively breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. fully breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. partial breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. artificial feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complementary feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Over the past year what was the average age of the infant at the time of introduction of complementary foods in the service:

………………………………………………………………………………………………………………….………………………
……………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………………
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……………………………………………………………………………………………………………………………………………
Table C: Feeding records for those infants in the service in the last twelve months.

Months: From to 20.....

An infant needs to have been seen at least twice by the service to enable breastfeeding data to have any relevance.
(One visit cannot reflect the care that the service provides)

Overall Infant Feeding Data for the Service over the past year:

<table>
<thead>
<tr>
<th></th>
<th>At Discharge</th>
<th>2 weeks</th>
<th>4 weeks</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. mother / infant pairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. exclusively breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. fully breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. partial breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. artificial feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complementary feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How was the Infant Feeding Data Obtained?

☐ From records Data provided by .................................................................

Data is not collected: ☐ Some data is available: ☐

Processes have been commenced to collect this data: ☐

Comments:

..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
**Table D1**: Complete the table to show annual infant feeding data, as related to ethnicity, for infants under the care of the service at six months of age (or at discharge from service if prior to six months of age as in LMC care).

Data applicable to service:  Yes ☐  No ☐
Data not available at this time:  Yes ☐  No ☐

<table>
<thead>
<tr>
<th></th>
<th>No. of babies exclusively Breastfeeding</th>
<th>No. fully Breastfeeding</th>
<th>No. partially Breastfeeding</th>
<th>No. Artificially Feeding</th>
<th>Complementary Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ European</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NZ Maori</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table D2**: Complete the table to show the overall annual infant feeding data, as related to ethnicity, for infants under the care of the service.

Data applicable to service:  Yes ☐  No ☐
Data not available at this time:  Yes ☐  No ☐

<table>
<thead>
<tr>
<th></th>
<th>No. of babies exclusively Breastfeeding</th>
<th>No. fully Breastfeeding</th>
<th>No. partially Breastfeeding</th>
<th>No. Artificially Feeding</th>
<th>Complementary Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ European</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NZ Maori</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data collected during assessment:

Table A1:
Numbers of infants who have been enrolled with service since the Service Evaluation was completed
(Ages of infants should approximate to the data collection age)

<table>
<thead>
<tr>
<th>From</th>
<th>to</th>
<th>20.....</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past</td>
<td>No. mother / infant pairs</td>
<td>6 week infants</td>
</tr>
<tr>
<td>One month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three Months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table B1:
Feeding records at first contact for those infants who were seen, enrolled or transferred to the service since the Service Evaluation was completed

<table>
<thead>
<tr>
<th>From</th>
<th>to</th>
<th>20.....</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At discharge from facility</td>
<td>At 2 weeks of age</td>
</tr>
<tr>
<td>No. mother / infant pairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. exclusively breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. fully breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. partial breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. artificial feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table B2:
Feeding records for those infants in the service since the Stage 3 Service Evaluation was completed - applicable only if seen by the service at least twice during this period.

From \[\text{to} \quad 20\ldots\]

<table>
<thead>
<tr>
<th></th>
<th>At discharge from the facility</th>
<th>At 2 weeks</th>
<th>At 6 weeks</th>
<th>At 3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>Total Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. mother / infant pairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. exclusively breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. fully breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. partial breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. artificial feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

How was the Infant Feeding Data Obtained?

☐ From records  Data provided by .................................................................

Data is not collected: ☐  Some data is available: ☐

Processes have been commenced to collect this data: ☐

Comments:

----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------


Overview of Breastfeeding Data

Breastfeeding standards

Services are assessed on their collection and recording of data

Breastfeeding rates over the past twelve months:
Rates of **Exclusive breastfeeding**
At initiation ..............................................................
At 2 weeks ..............................................................
At 6 weeks ..............................................................
At 3 months .............................................................
At 6 months .............................................................

Rates of **Full breastfeeding**
During initiation ..........................................................
At 2 weeks ..............................................................
At 6 weeks ..............................................................
At 3 months .............................................................
At 6 months .............................................................

Rates of **partial breastfeeding**
During initiation ..........................................................
At 2 weeks ..............................................................
At 6 weeks ..............................................................
At 3 months .............................................................
At 6 months .............................................................
At 1 year .................................................................
At 2 years .................................................................

Rates of **artificial feeding**
Infants at birth ...........................................................
At 2 weeks ..............................................................
At 6 weeks ..............................................................
At 3 months .............................................................
At 6 months .............................................................
At 1 year .................................................................
At 2 years .................................................................
IA  Interview Service Manager/BFCI Leader/Self Employed Personnel

Name of Manager / Coordinator/Self Employed Personnel: ..........................................................................................................................................
Position title: ..............................................................................................................................................................................

1. I would like to discuss the Breastfeeding Policy with you:

   - When is the review date and how often is it reviewed?
     .................................................................................................................................................................[1.1A]

   - What is your review process?
     ..............................................................................................................................................................................
     ..............................................................................................................................................................................
     ..............................................................................................................................................................................

   - What does the annual audit of the Policy involve?
     ..............................................................................................................................................................................
     ..............................................................................................................................................................................

   - How are workers/volunteers orientated to the Breastfeeding Policy on employment and on Policy review?
     ..............................................................................................................................................................................
     ..............................................................................................................................................................................
     ..............................................................................................................................................................................

   - What was the consultation process?
     ..............................................................................................................................................................................
     ..............................................................................................................................................................................
     ..............................................................................................................................................................................
     ..............................................................................................................................................................................

2. Is the full breastfeeding policy available so the following groups can refer to it?
   (a) providers who take care of mothers and babies   ☐ Yes      ☐ No
   (b) pregnant women and mothers   ☐ Yes      ☐ No

   Where is it located?
   ..............................................................................................................................................................................
   ..............................................................................................................................................................................
   ..............................................................................................................................................................................
   ..............................................................................................................................................................................
   ..............................................................................................................................................................................[1.3A]
3. Could you please show me where the breastfeeding policy (or a summary of it) is displayed in the service?
   Location:
   ..............................................................................................................................................
   ..............................................................................................................................................
   ..............................................................................................................................................
   ..............................................................................................................................................

   [1.4A]

4. Who is responsible for the health workers education programme?
   ..............................................................................................................................................
   ..............................................................................................................................................
   ..............................................................................................................................................
   ..............................................................................................................................................

   Can you confirm:
   • There is an education curriculum for all levels of staff  □ Yes  □ No
   • Ongoing education is scheduled  □ Yes  □ No
   • Education records are maintained by: .................................................................  [2.1A]
   • How are staff supported to complete their required education

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

   [Key points: Release time, scheduled for education within 6 months, staff were given release time to attend the education]

   [2.3A]

5. Have you, in your role, been supported by the service to attend infant feeding education?
   □ Yes [2.5A]

6. Is education provided to pregnant women and key family members which meets the BFCI standards for Point 3?
   □ Yes [3.1A]

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

7. How does the service support workers to breastfeed while at work?
   (Breastfeeding policy, adequate space to breastfeed, support to express, milk storage facility, privacy)
   ..............................................................................................................................................
   ..............................................................................................................................................
   ..............................................................................................................................................
   ..............................................................................................................................................

   [5.3A]

8. Please show me where mothers can breastfeed, if required, in the service?
   ..............................................................................................................................................
   ..............................................................................................................................................

   If they requested privacy, how would this be accommodated?  ........................................
   ..............................................................................................................................................
   ..............................................................................................................................................

   [5.3A]
9. What protocols are in place if someone complained about a mother breastfeeding her baby in this place/centre/service? [6.2A]

10. What mechanisms are in place, for ongoing feedback, from those attending this service? [6.4A]

11. What infant feeding services are available in the community for mothers requesting or requiring support? [7.2A]

12. How are mothers referred to breastfeeding/lactation support services?
   - Written materials ..................................................
   - Counseling ..............................................................
   - Other (specify)...........................................................

13. Can you confirm the service complies with the BFCl's standards for the International Code of Marketing of Breastmilk Substitutes?

   - Yes   
   - No

   Can you describe three ways the service shows compliance to the Code?

14. Where is the artificial feeding policy located?

15. Can you confirm:
   - antenatal care/education on infant feeding is discussed on an individual basis with women who have decided to artificially feed?
     - Yes   
     - No
   - Staff are educated to support and assist these women according to the BFCl standards of care?
     - Yes   
     - No
   - Non-breastfeeding mothers are told the risks associated with feeding a baby a breastmilk substitute?
     - Yes   
     - No
   - The non-breastfeeding mothers are advised, and shown, how to safely feed their infant according to the BFCl standards of care?
     - Yes   
     - No
Name of Assessor(s)  
Name of Service  
Date

**I.B Interview with Person(s) Responsible for determining the Baby’s Breastfeeding Status**

1. What is your current role?

2. Are you responsible for recording the baby breastfeeding status?
   - Yes  
   - No (>Q5)

3. What mechanism is in place to self-audit the breastfeeding data collection system to ensure accuracy?

4. What is meant by the terms?
   - (a) exclusive breastfeeding  
   - (b) fully breastfeeding  
   - (c) partial breastfeeding  
   - (d) artificial feeding

5. If the breastfed baby had been given 10mls of formula yesterday; what status would be given?

   ☐ Correct   ☐ Incorrect  
   [Answer: Partial]

6. If the breastfed baby had been prescribed Panadol just after birth but has only received breastmilk otherwise and was now three months old; what status would be given on discharge?

   ☐ Correct   ☐ Incorrect  
   [Answer: Exclusive]

7. A two week old breastfed baby was given 30mls of water yesterday because of the hot weather, but has otherwise only breastfed since birth. What is the infant feeding definition you would give this infant?

   ☐ Correct   ☐ Incorrect  
   [Answer: Partial]

*Thankyou very much for taking the time to answer these questions*
Review of Written Breastfeeding Policy

1.1 The **Breastfeeding Policy includes** all of the following:

- all of the seven points in the Seven Point Plan
- the key points of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
- mothers and / or babies for whom breastfeeding is not recommended due to a sound clinical reason/medical indications, receive the appropriate guidance / counselling on feeding options suitable to their situation
- indicate which health care provider will act as the point of first referral for mothers experiencing common breastfeeding challenges
- based on accurate and evidence based guidelines
- a mechanism to audit the policy on an annual basis
- the dates of audit and review of the policy (including the guidelines) are apparent in the policy
- reviewed at least every three years
- based on accurate and evidence based guidelines
- makes provision for health workers to continue to breastfed on their return to work and provides facilities for expressing and storing breastmilk

Comments:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

1.2 The **consultation process** included the following groups:

- staff/workers in the service at each review;
- service providers (includes LMC’s);
- Maori (including Maori health units, Kaumatua and Iwi);
- consumer organisations;
- Pacific Peoples; and
- other ethnic groups who represent over 5% of the clientele of the service

Comments:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
1.3 **Documentation of the consultation** process undertaken by the service is available.  

- [ ] Yes  
- [ ] No

**Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

1.4 The **abridged version** of the Breastfeeding Policy is:

- [ ] displayed in an easily understood form in all areas providing services to mothers and babies
- [ ] displayed in the language(s) and wording most commonly understood by consumers and health workers
- [ ] highly visible throughout the service

**Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Breastfeeding Policy Consultation:

Local community organisations / providers / groups involved in consultation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent LMCs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childbirth Educators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetricians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Practitioners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Well Child Providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plunket</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamaraki Ora</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Practitioners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: please specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Community Groups / Organisations:

<table>
<thead>
<tr>
<th>Name</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori Health Provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>La Leche League</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding Network Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: please specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other groups consulted:

Please list local breastfeeding support / groups e.g. phone line, mothers groups:

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact person</th>
<th>Contact number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Review of Staff Education

Summary – Point Two

Education requirements

**Level 1 provider/worker – ‘awareness’**
Level One Awareness staff must complete 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 3 years.
This education must include:
- the importance of breastfeeding
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions

**Level 2 provider/worker – ‘generalist’**
Level Two Generalist staff must complete 2 hours of infant feeding education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to 6 hours in the previous 3 years.
This education must include:
- the importance of breastfeeding
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions
- basic information on breastfeeding support and management.

**Level 3 provider/worker – ‘specialist’**
Level Three Specialist staff must have completed the mandatory requirement of 21 hours of infant feeding education and, following this, ongoing education should equate to a minimum of 4 hours of infant feeding education annually. This ongoing annual education includes a minimum of 1 hour of clinical education. A 30 minute Breastfeeding for Maori Women education session must be attended during a 3 yearly ongoing education period.
This education must include:
- the importance of breastfeeding
- the importance of exclusive breastfeeding to six months
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions
- breastfeeding for Māori women, which reflects input from iwi or other relevant Māori groups/community organisations
- basic information on breastfeeding support and management.
- skill development related to breastfeeding support and management.
- attitudes and barriers to breastfeeding
- community resources that support breastfeeding.
2.1 **Education records** indicate:

- at least 80% of each level of staff are educated according to the standards as outlined in the BFCI documents for Aotearoa New Zealand
- Approximately how many workers have received this training, according to records:

<table>
<thead>
<tr>
<th>Level One (Awareness) staff</th>
<th>Total .................. out of ........ ( %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level Two (Generalist) staff</td>
<td>Total .................. out of ........ ( %)</td>
</tr>
<tr>
<td>Level Three (Specialist) staff</td>
<td>Total .................. out of ........ ( %)</td>
</tr>
<tr>
<td>Level Four (Expert) staff</td>
<td>Total .................. out of ........ ( %)</td>
</tr>
</tbody>
</table>

**Staff numbers**

| Total .................. out of ...... ( %) |

- a training schedule is available for new staff/workers
- there is an education and training programme for clinical staff working directly with breastfeeding mothers
- education records are maintained of the infant feeding education sessions attended by staff/health workers

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2.2 **The Curriculum:**

- is available for review
- covers all mandatory topics for each level of health worker as identified in the standards for Point Two
- shows a commitment to the annual ongoing requirements for all health workers

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
IC(a) Level One (Awareness) Health worker Interview

Health workers who are in regular contact with the mother baby dyad but have no clinical role for example, receptionist, cleaner, ward aid in a maternity facility or health workers who are in regular contact with the mother baby dyad but have a limited clinical role such as health promoters, Plunket volunteers, physiotherapists, specialist mental health nurses/workers. These staff must complete 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 3 years.

Introduction, describing why assessor would like to interview the staff member and information will be kept confidential.

1. When were you employed in this service?

2. Where is the Breastfeeding Policy located in the service? [1.2A]

3. How does the Breastfeeding Policy apply to you? [2.2A]

4. Have you attended breastfeeding education in the past twelve months?
   □ Yes  □ No

5. Did the service support you to attend your education? □ Yes  □ No
   or did you need to:
   • fund the education independently? .............................................
   • Attend the education in your own time? ..................................... [2.4A]

6. Could you please explain the difference between the terms ‘exclusive breastfeeding’ and ‘fully breastfeeding’?

   □ Adequate  □ Inadequate  [2.4A; 4.5A]
7. Could you please mention at least three practices that support breastfeeding within this Service?
   1. ............................................................................................................
   2. ............................................................................................................
   3. ............................................................................................................

   [Key points: cue-based feeding; no bottles; no complementary feeds; helping mothers to position and latch babies; building mothers’ self-confidence; signage; welcoming atmosphere; collaboration with other health services]

   □ Adequate □ Inadequate [2.4A]

8. Please outline two reasons why breastfeeding is important?
   1. ............................................................................................................
   2. ............................................................................................................

   [Key points: maternal health; infant health; cost; bonding/attachment]

   □ Adequate □ Inadequate [2.4A]

9. Please outline two implications of artificial feeding.
   1. ............................................................................................................
   2. ............................................................................................................

   [Key points: cost, inaccurate preparation, infections, allergies, poorer adult health, maternal health]

   □ Adequate □ Inadequate [2.4A]

10. What would your response be if someone complained about a mother breastfeeding her baby in your service?
    ............................................................................................................
    ............................................................................................................
    ............................................................................................................

    [Key points: policy in support of breastfeeding; offer complainant somewhere else to sit]

    □ Adequate □ Inadequate [2.4A]

11. What would you do if a mother asked for privacy to breastfeed?
    ............................................................................................................
    ............................................................................................................
    ............................................................................................................

    [Key points: direct the mother to the designated private area; find the mother somewhere private and comfortable to breastfeed]

    □ Adequate □ Inadequate [6.3A]
12. If a mother phones the service asking for breastfeeding support what do you do?

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

☐ Adequate  ☐ Inadequate [7.2A]

13. Name two support services are available for women in your community?

1.................................................................................................................................
2.................................................................................................................................

[Note to Assessor: consider cultural appropriateness and considerations]

☐ Adequate  ☐ Inadequate [7.3A]


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

How does this impact on your role?
.................................................................................................................................
.................................................................................................................................

[Key points: advertising; samples; subsidised supplies; no gifts; no words or pictures idealising artificial feeding]

☐ Adequate  ☐ Inadequate [8.4A]

Final question to all interviewees

15. Do you have any suggestions or comments concerning how breastfeeding might be improved in this service?

☐ Yes  ☐ No

Please describe:
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

[11.0A]

Thank you very much for taking the time to answer these questions
IC(b) Level Two (Generalist) Health Worker Interview

Generalist staff must complete 2 hours of infant feeding education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to 6 hours in the previous 3 years. Level 2 staff may include general practitioners, paediatricians, obstetricians, a paediatric or practice nurse, dietitians.

Introduction, describing why assessor would like to interview the staff member and information will be kept confidential

1. When were you employed in this service?

2. Where is the Breastfeeding Policy located in the service?

3. How does the Breastfeeding Policy apply to you?

4. Have you attended breastfeeding education in the past twelve months?
   - Yes
   - No

5. Did the service support you to attend your education?
   - Yes
   - No
   or did you need to:
   - fund the education independently?
   - Attend the education in your own time?

6. Identify two topics that should be discussed with a pregnant woman which will enhance the mother/infant relationship?
   1.
   2.

   [Key points: rooming in; skin-to-skin contact; breastfeeding]
   - Adequate
   - Inadequate
7. Could you please explain the difference between the terms ‘exclusive breastfeeding’ and ‘fully breastfeeding’?
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
[Key points: ‘Exclusive’ - nothing other than breastmilk since birth (except prescribed medicine) ‘Fully’ – nothing but breastmilk in the past 48 hours (but has had other food or fluid previous to this)]
☐ Adequate ☐ Inadequate [4.5A]

8. Explain three practices that support breastfeeding within this service?
1................................................................................................................................................
2................................................................................................................................................
3................................................................................................................................................
[Key points: no bottles; compliance to the International Code; building mothers’ self confidence; signage; welcoming atmosphere; collaboration with other health services]
☐ Adequate ☐ Inadequate [2.4A]

9. Explain to me why breastfeeding is important? ☐ Yes ☐ No
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
[Key points: maternal health, optimal infant health; no associated cost; natural way to feed baby.]
☐ Adequate ☐ Inadequate [2.4A;4.5A]

10. What are two implications of artificial feeding?
1................................................................................................................................................
2................................................................................................................................................
[Key points: cost, inaccurate preparation, infections, allergies, poorer adult health, maternal health]
☐ Adequate ☐ Inadequate [2.4A;4.5A]

11. Explain how you refer your clients to a breastfeeding specialist when breastfeeding difficulties are identified?
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
☐ Adequate ☐ Inadequate [4.5A;7.3A]
12. How does introducing anything other than breastmilk, before six months of age interfere with breastfeeding?

[Key points: decreased eagerness to breastfeed; potential allergic sensitisation; mother’s sense of inadequacy; potential nipple confusion; affects gut integrity.]

☐ Adequate  ☐ Inadequate  [2.4A;4.5A]

13. Describe what information you provide to women regarding the introduction of complementary foods (solids) for infants?

[Key messages: lumpy foods, finger foods family foods not commercially prepared]

☐ Adequate  ☐ Inadequate  [2.4A;5.2A]

14. Name two breastfeeding support groups in your community?

1. ..............................................................................................................

2. ..............................................................................................................

[7.3A]

15. What do you understand about the International Code of Marketing of Breast-milk Substitutes?

How does this support breastfeeding and impact positively on your practice?

[Key points: advertising; samples; subsidised supplies; no gifts; no words or pictures idealising bottle feeding]

☐ Adequate  ☐ Inadequate  [8.4A]

16. What cultural considerations do you need to be aware of when caring for Māori women?

[Key points: inclusion of whanau; holistic, respective, relationships, appropriate referrals]

☐ Adequate  ☐ Inadequate  [9.1A]
Final question to all interviewees

17. Do you have any suggestions or comments concerning how breastfeeding might be improved in this service?  
☐ Yes  ☐ No

Please describe:
............................................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................

[11.0A]

Thank you very much for taking the time to answer these questions
### Answers for Questions asked of Medical Practitioners

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer:</th>
<th>Correct?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>e) Rest, continue to breastfeed, antibiotics</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Q2</td>
<td>b) Breastmilk production</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Q3</td>
<td>a), b) and c)</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Q4</td>
<td>f) All answers are correct</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Q5</td>
<td>e) All are correct</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

[2.4A]
**Question 20: for Medical Practitioners**

Here are some multiple choice questions for you to answer.

1. A mother you are attending complains of a tender breast. On examination there is a marked area of redness and a firm tender lump is noted. Mother has an elevated temperature. Which of the following would you recommend?
   a) Stop breastfeeding
   b) Get as much rest as possible
   c) Continue breastfeeding
   d) Antibiotics
   e) b, c, and d

2. The hormone prolactin is primarily responsible for:
   a) the let-down response in the breast
   b) breastmilk production
   c) breastmilk suppression

3. To maintain a good milk supply which 3 points below are the most important?
   a) the length of time you breastfeed/express
   b) the strength of the suction
   c) the number of times you breastfeed/express
   d) drinking at least 4 glasses of milk a day
   e) eating from all levels of the food triangle every day

4. A breastfed baby could have green stools because:
   a) The baby has cystic fibrosis
   b) The baby is hungry
   c) Too much foremilk at feed times
   d) Breastfeeding is going well – is acceptable to have the occasional greenish stool
   e) Mother is using a nipple shield when breastfeeding
   f) All of the above

5. A formula fed baby is at increased risk (than an exclusively breastfed infant) of which of the following:
   a) Obesity
   b) Diabetes Type 1
   c) Otitis Media
   d) Childhood lymphoma
   e) All of the above
   f) a, b and c

Name of Assessor  ..............................................................
IC(c)  Level Three (Specialist) Health Worker Interview

Level Three Specialist staff must have completed the mandatory requirement of 21 hours of infant feeding education and, following this, ongoing education should equate to a minimum of 4 hours of infant feeding education annually. This ongoing annual education includes a minimum of 1 hour of clinical education. A 30 minute Breastfeeding for Maori Women education session must be attended during a 3 yearly ongoing education period. All Health workers who work directly with the mother baby dyad such as midwives, Plunket nurses/Well Child providers, practice nurses, child birth educators, expert general practitioners.

Introduction, describing why the assessor would like to interview the health service member and the information will be kept confidential.

1. When were you employed in this service?

2. Where is the Breastfeeding Policy located in the service?  [1.2A]

3. How does the Breastfeeding Policy apply to you?

4. Have you attended breastfeeding education in the past twelve months?
   □ Yes    □ No

5. Did the service support you to attend your education?  □ Yes    □ No
   or did you need to:
   • fund the education independently? .....................................................
   • Attend the education in your own time? .............................................. [2.4A]

6. The Ten Steps to Successful Breastfeeding help initiate breastfeeding and support exclusive breastfeeding and long term breastfeeding outcomes. Identify three of the Ten Steps.

   1.................................................................
   2.................................................................
   3.................................................................

   □ Adequate    □ Inadequate [2.4A]
7. Identify two topics that should be discussed with a pregnant woman which will enhance the mother/infant relationship?

1. ..............................................................................................................................

2. ..............................................................................................................................

[Key points: rooming in; skin-to-skin contact; breastfeeding]

☐ Adequate ☐ Inadequate [3.3A]

8. In your own words what do you understand by?

(a) exclusive breastfeeding

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

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

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

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

(b) fully breastfeeding

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

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

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

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

(c) partial breastfeeding

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

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

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

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

(d) artificial feeding

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

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

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

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

☐ Adequate ☐ Inadequate [4.5A]

9. Tell me three reasons why breastfeeding is important:

1. ......................................................................................................................................

2. ......................................................................................................................................

3. ......................................................................................................................................

[Key points: maternal health; optimal infant health; cost; bonding/attachment]

☐ Adequate ☐ Inadequate [4.5A]

10. Please outline four disadvantages of artificial feeding:

1. ......................................................................................................................................

2. ......................................................................................................................................

3. ......................................................................................................................................

4. ......................................................................................................................................

[Key points: cost, inaccurate preparation, infections, allergies, poorer adult health, maternal health]

☐ Adequate ☐ Inadequate [4.5A]

11. How do you teach a mother to position and latch her baby to breastfeed effectively?
### Key Points

1. Baby’s body turned to mother, close to her body, mouth wide open, lips flanged, chin touching breast, more of areola below nipple in mouth, cheeks not drawn in, rhythmic burst pause suckling and swallowing

<table>
<thead>
<tr>
<th>Positioning</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latching</td>
<td>Correct</td>
<td>Incorrect</td>
</tr>
</tbody>
</table>

12. **Do you teach women how to hand express their breastmilk?**
   - Yes
   - No
   If yes, please demonstrate how you teach women to hand express:
   - Didn’t want to describe/demonstrate
   - Adequate
   - Inadequate (if inadequate, why)

   [Key Points: thumb on areola, fingers opposite, press inwards, do not slide fingers on skin, repeat press release for several minutes, stimulate milk ejection reflex, rotate around breast, refer to available handouts]

13. **Do you teach mothers how to store and use their expressed breastmilk?**
   - Yes
   - No
   Please describe how to safely store and use expressed breastmilk:
   - Didn’t want to describe/demonstrate
   - Adequate
   - Inadequate (if inadequate, why)

14. **When a woman is experiencing a breastfeeding difficulty what do you do?**

   [Key points: refer to appropriate person; work through the issue with her]

   - Adequate
   - Inadequate

15. **How does introducing anything other than breastmilk, before six months of age interfere with breastfeeding?**
[Key points: decreased eagerness to breastfeed; potential allergic sensitisation; mother’s sense of inadequacy; potential nipple confusion; affects gut integrity.]

☐ Adequate ☐ Inadequate

[4.5A]

16. Tell me three practices, within this service, which support breastfeeding?
1............................................................................................................
2.............................................................................................................
3.............................................................................................................

[Key points: Compliance to the International Code; no bottles; building mothers’ self confidence; signage; welcoming atmosphere; collaboration with other health services]

☐ Adequate ☐ Inadequate

[5.2A]

17. Describe the process by which all breastfeeding women, and their whanau/family, receive information about the importance of sustained breastfeeding and the introduction of complementary foods (solids) for infants?

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

What information is given?

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

[Key messages: breastmilk most appropriate for two years, solids introduced when developmental readiness indicated, lumpy foods, finger foods family foods and traditional foods not commercially prepared]

☐ Adequate ☐ Inadequate

[5.2A]

18. Name two breastfeeding support groups, or other infant feeding support services, in your community:
☐ Yes ☐ No ☐ Don’t know
1.............................................................................................................
2.............................................................................................................

☐ Adequate ☐ Inadequate

[7.3A]

19. What links/communication do you have with other community health providers/services?

.............................................................................................................
20. How does the International Code of Marketing of Breast-milk Substitutes support breastfeeding, and impact positively on your practice?

[Key points: advertising; samples; subsidised supplies; no gifts; no words or pictures idealising bottle feeding]

☐ Adequate  ☐ Inadequate

[8.4A]

21. What cultural considerations do you need to be aware of when caring for Māori women and their whanau?

[Key points: inclusion of whanau; holistic, respective, relationships, appropriate referrals]

☐ Adequate  ☐ Inadequate

[9.1A]

22. Does the service have an artificial feeding policy?  ☐ Yes  ☐ No

If yes have you received any orientation to the artificial feeding policy?

[10.3A]

23. Describe how you teach mothers, who have chosen not to breastfeed, how to safely prepare and feed infant formula to a baby?  ☐ Not Applicable

[Key points: hand washing; correct measuring; sterilisation of equipment; make up as close to feed time as possible]

☐ Adequate  ☐ Inadequate

[10.3A]
Additional questions Level Three staff

Please ask 4 further questions from the group below appropriate to the role of the interviewee. (5 in total for 2.4A)

Questions to be asked of:

Antenatal Providers: Q23, Q24, Q25, Q26  
LMC Providers: Q23, Q26, Q27, Q29  
Well Child Providers or other Level 3 Workers: Q27, Q28, Q29, Q30

23. When consulting a pregnant woman what information would you give if she had:
a) never breastfed.
..........................................................................................................................  
..........................................................................................................................

b) previously encountered problems with breastfeeding
..........................................................................................................................  
..........................................................................................................................

[Key points: informed decision; identify problems; counseling support; importance of/risks of not breastfeeding]  
☐ Adequate  ☐ Inadequate

[2.4A]

24. What strategies do you use in your antenatal classes when there are negative attitudes toward breastfeeding?
..........................................................................................................................  
..........................................................................................................................

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

[Key points: listen; acknowledge; discuss; empower; reassure]  
☐ Adequate  ☐ Inadequate

[2.4A]

25. Outline the information you give to all pregnant women and their whanau/family about the importance and management of breastfeeding?
..........................................................................................................................
..........................................................................................................................
..........................................................................................................................

[Key points: infant immaturity, breastmilk components, gut maturation, exclusivity to six months, sustained breastfeeding, risks associated with bottle feeding/formula feeding]  
☐ Adequate  ☐ Inadequate

[2.4A]
26. Why is skin-to-skin contact at birth important for both mother and baby?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
[Key points: physiologically and emotionally stressful to mother and baby, warmth, bonding, encourages breastfeeding, stabilizes infant-cries less, immunity]
Adequate □ Inadequate □ [2.4A]

27. Explain your course of action if a woman says she has insufficient breastmilk?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
[key points: discuss her reasons for feeling this, check baby weight and output, observe a breastfeed, discuss feeding frequency and duration, reassure or refer as necessary]
Adequate □ Inadequate □ [2.4A]

28. What information do you give to breastfeeding mothers when they return to work?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
[Key points: establish breastfeeding first; reassure her that she can continue to breastfeed; develop an individual plan; ensure that she knows how to express by hand and pump; provide information on storage]
Adequate □ Inadequate □ [2.4A]

29. What action would you take if a woman presents to you with:
a) sore nipples
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
[Key points: observe a breastfeed, check baby’s mouth, swab nipple, refer if required]

b) mastitis
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
[Key points: observe a breastfeed, check baby’s mouth, swab nipple, advice to continue breastfeeding, refer to IBCLC and/or GP as required]
Adequate □ Inadequate □ [2.4A]
30. What information do you give a breastfeeding mother about?

a) tandem feeding

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

[Key Points: encouragement; tender nipples; decreasing milk supply; importance for toddler; feed newborn before toddler after birth; awareness of change to nappies following increased lactation after birth]

b) safe and unsafe sleep practices

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

[Key Points: face up; face clear; safe place every feed; smokefree; no siblings; no pets; no alcohol; no drugs; with a responsible adult; not on soft surface or any place at risk of wedging]

2.4A

Final question to all health workers:

31. Do you have any suggestions or comments concerning how breastfeeding might be improved in this service?  

☐ Yes  ☐ No

Please describe:

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

11.0A

Thank you very much for taking the time to answer these questions.
Informed Consent for women who have accessed the service

Date: __________________________________

Dear: ________________________________

During the past few months you have been seen by __________________________ who works as a ______________________ at __________________________(Name of Service)

We are in the process of applying for Baby Friendly Community status and will have the NZ Breastfeeding Authority assessors assessing our service.

As part of the assessment process the assessors will need to speak with women who have used our service. If you are willing to be involved you may be contacted and asked to answer several questions related to information and assistance you have had with feeding your baby/infant.

If you are agreeable to the assessors contacting you, would you please complete the appropriate box below:

Name:
Phone Number:
Mobile Phone:
Mothers Ethnicity: NZ European □ Māori □ Pacific □ Other □:
Signature: __________________
Date: __________________

Please tick any of the boxes which are true for you:

☐ I attended this service during my pregnancy
☐ I gave birth with this provider
☐ I transferred my care to this service/provider after I gave birth
☐ I am breastfeeding my baby
☐ I am formula feeding my baby
☐ My baby is eating other foods now

I have attended this service since my baby was __________ of age, and have been at least twice to the service since that time. Yes / No (circle one)

Infants Birth Date: __________________________ Baby’s age today: __________________________
Infants ethnicity: NZ European □ Māori □ Pacific □ Other □:

The information given will be kept confidential to the assessors only.
This would not take up much of your valuable time but would be of great benefit to our service.

Thank you for your co-operation.

Yours sincerely
Informed Consent for women who have been attended by a service worker

Date:
Dear: _______________________________________

During the past few months you have been seen by___________________________ who works as a _________________ at __________________________ (Name of Service)

We are in the process of applying for Baby Friendly Community status and will have the NZ Breastfeeding Authority assessors assessing our service.

As part of the assessment process the assessors will need to speak with women who have used our service. If you are willing to be involved you may be contacted and asked to answer several questions related to information and assistance you have had with feeding your baby/infant.

If you are agreeable to the assessors contacting you, would you please complete the appropriate box below:

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Mobile Phone:</td>
</tr>
<tr>
<td>Mothers Ethnicity: NZ European ☐ Māori ☐ Pacific ☐ Other ☐:_______</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Please **tick any** of the boxes which are true for you:

☐ I attended this service during my pregnancy
☐ I gave birth with this provider
☐ I transferred my care to this service/provider after I gave birth
☐ I am breastfeeding my baby
☐ I am formula feeding my baby
☐ My baby is eating other foods now

I have attended this service since my baby was _____________ of age, and have been at least twice to the service since that time. Yes / No *(circle one)*

<table>
<thead>
<tr>
<th>Infants Birth Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants ethnicity: NZ European ☐ Māori ☐ Pacific ☐ Other ☐:</td>
</tr>
</tbody>
</table>

The information given will be kept confidential to the assessors only.

This would not take up much of your valuable time but would be of great benefit to our service.

Thank you for your co-operation.

Yours sincerely
IIA Review of the Antenatal Education

The section is applicable to the service: ☐ Yes  ☐ No

3.1 The curriculum covers:
☐ the importance of exclusive breastfeeding for the first six months
☐ the importance 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
☐ feeding on demand or baby-led feeding
☐ positioning and attachment of the baby at the breast
☐ the importance of sustained breastfeeding after six months of age
☐ breastfeeding support services in the community
☐ the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3.2 Handouts / information available covers:
☐ the importance of exclusive breastfeeding for the first six months
☐ the importance 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
☐ feeding on demand or baby-led feeding
☐ positioning and attachment of the baby at the breast
☐ the importance of sustained breastfeeding after six months of age
☐ breastfeeding support services in the community
☐ the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3.3 **Handouts and information** are:

- current, appropriate, ethically and culturally appropriate
- separate from information about artificial feeding
- free of promotional material that does not comply with The International Code

Comments:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

3.4 **Documentation** used in the service:

- identifies which breastfeeding topics have been discussed with pregnant women

Comments:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
IIB Interview with Pregnant Woman
(Ensure pregnant women interviewed are at least 32 weeks gestation)

Is this your first baby?

If no, how many children have you had?

Number of week’s pregnant: ... weeks

Number of previous antenatal visits to this service: ...

(More than just one is necessary)

1. During your antenatal care, has anyone in this service discussed breastfeeding with you?
   - Yes
   - No
   If yes, who discussed this subject with you?
   If no, please explore with the woman:

Continue the interview only if it is applicable to this service:
   - Applicable
   - Not Applicable

2. Can you tell me at least three disadvantages of formula feeding?
   - Yes
   - No
   What are they?
   1.
   2.
   3.

[Key Points: cost, infection, allergies, effects on maternal health, effects on infant health.]

   - Adequate
   - Inadequate

3. Has anyone from this service discussed any of the following topics with you?
   - The importance of breastfeeding
   - The importance of exclusive breastfeeding to six months
   - The importance of skin-to-skin contact

   - Yes
   - No
The importance of rooming-in

The importance of responsive (cue-based) feeding

How to establish a good milk supply

Positioning and latching of the baby

If at least two of the above topics were discussed:

Briefly describe what was said about two of these topics:

Topic 1............................................................................................................................
Description...........................................................................................................................
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

☐ Adequate ☐ Inadequate [3.2A]

Topic 2............................................................................................................................
Description............................................................................................................................
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

☐ Adequate ☐ Inadequate [3.2A]

4. Did anyone discuss with you how to make-up formula in a group setting?

If yes: could you please give details
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

☐ Appropriate ☐ Inappropriate [3.2A]

5. Have you been given any promotional information on infant formula?

If yes could you please give details
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

☐ Appropriate ☐ Inappropriate [3.2A]
6. Have you been informed of breastfeeding support groups / services in the community? □ Yes □ No

If yes could you please give details
........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................
[3.2A]

Final question to all interviewees

7. Are there any suggestions that you would like to make to the service about the information that they provide to pregnant women?

What suggestions do you have?
........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................
[11.0A]

Thank you very much for spending the time to answer these questions.
III A Review of Infant Feeding Management

4.1 Evidence is seen confirming the following:

- Discussion occurs with mother on breastfeeding progress at each contact refer mothers to the appropriate support (a Lactation Specialist) when breastfeeding problems occur.
- Documentation in the woman’s notes regarding the discussion/information given on infant feeding following each visit.

Comments:

________________________
________________________
________________________

(Office Use only: Enter in Final Document at 4.0)

4.2 Handouts are available covering the following:

- The importance of breastfeeding
- The importance of exclusive breastfeeding for six months
- The importance for the mother and child of continued breastfeeding to two years and beyond
- The introduction of appropriate, adequate and safe complementary foods
- The preparation, appropriate amount, storage and feeding of complementary foods
- Safe and unsafe sleep practices
- The importance of a smokefree environment
- Teething while breastfeeding
- Tandem feeding
- Contraception compatible with breastfeeding
- Workplace support / human rights in place that support and sustain breastfeeding to assist them make informed decisions regarding:
  - The use of artificial baby milks
  - The use of dummies or teats
  - The difficulty of reversing premature weaning

Comments:

________________________
________________________
________________________

(Office Use only: Enter in Final Document at 5.0)
4.3 The **service has facilities / amenities** to support an employee to breastfeed or express at work

- [ ] an public area where mothers can breastfeed
- [ ] an area available for mothers who prefer to breastfeed privately
- [ ] facilities/amenities to support an employee to breastfeed or express at work
- [ ] visible signage, in relevant languages representative of the service clientele, indicating the availability of these areas
- [ ] protocols or mechanisms for complaints and ongoing feedback about the service and/or its environment

The section **is applicable** to the service: [ ] Yes  [ ] No

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*(Office Use only: Enter in Final Document at 6.5)*

4.4 **Systems are in place:**

- [ ] which communicates a mother’s breastfeeding progress at LMC handover
- [ ] which communicates a mother’s breastfeeding progress as she moves between services in the community
- [ ] which ensures breastfeeding concerns dealt with in an appropriate and timely manner
- [ ] to obtain feedback from the local community

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*(Office Use only: Enter in Final Document at 7.5)*
Feedback from Individual Service Observations (for Document B):

Service: .................................................................

1. Breastfeeding Policy:
Location of full policy:
Abridged/Full: Visibility, appropriate language and availability to clients: (1.4)

2. Antenatal education: (if applicable)
Curriculum available and covers necessary topics (see over page): (3.1)

Handouts – cover all topics, current and Code compliant: (3.2; 3.3)

Documentation identifies which breastfeeding topics have been discussed: (3.4)

3. Infant Feeding Management:
☐ Evidence is seen discussion occurs with mother on breastfeeding progress at each contact refer mothers to the appropriate support when breastfeeding problems occur
☐ documentation in the woman’s notes regarding the discussion/information given on infant feeding following each visit (4.1)

Handouts are available covering the required topics (see over page): (4.2)

Service has facilities / amenities to support an employee to breastfeed or express at work: (4.3)

4. Compliance to the International Code (see over):

5. Compliance to the Treaty of Waitangi: (from the Maori Assessor)

6. Care of the Non-breastfeeding Mother:
Handouts are: appropriate, separate from breastfeeding information, contain the implications of formula feeding, are Code compliant, are discussed and given out on an individual basis (7.2)
Other:

Antenatal Curriculum and handouts cover:
- the importance of exclusive breastfeeding for the first six months
- the importance 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
- feeding on demand or baby-led feeding
- positioning and attachment of the baby at the breast
- the importance of sustained breastfeeding after six months of age
- breastfeeding support services in the community
- the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

Handouts available for postnatal mothers:
- the importance of breastfeeding
- the importance of exclusive breastfeeding for six months
- the importance for the mother and child of continued breastfeeding to two years and beyond
- the introduction of appropriate, adequate and safe complementary foods
- the preparation, appropriate amount, storage and feeding of complementary foods
- safe and unsafe sleep practices
- the importance of a smokefree environment
- teething while breastfeeding
- tandem feeding
- contraception compatible with breastfeeding
workplace support / human rights in place that support and sustain breastfeeding to assist them make informed decisions regarding:

- the use of artificial baby milks
- the use of dummies or teats
- the difficulty of reversing premature weaning

**Compliance to the International Code**

- it is free from professional support items sponsored by companies which manufacture and market items covered under The International Code
- it is free from the promotion of artificial baby milks, bottles, teats and dummies
- health workers and volunteers refrain from the distribution of the artificial baby milks and other items that contravene The International Code
- all products, within the scope of the Code are brought at wholesale or not less than 80% retail prices
- all products, within the scope of the Code are kept out of view of pregnant women, mothers and their families
- infant formula is purchased in accordance with the Policy
- infant formula purchase records are available for verification purposes
- infant formula is rotated on a regular basis
- the facility has a written policy on WHO Compliance
- the Policy identifies the contact person within the service for formula representatives
- marketing personnel are denied contact with pregnant women, mothers and their families
- any gift bags, given out by the service, contain nothing that could interfere with the initiation and establishment of breastfeeding
- there are no words / pictures displayed in the service that idealise the use of products identified within the scope of the Code
- the service and its employees do not promote nor advertise products (within the scope of the Code) to the general public
- pregnant and non-breastfeeding women are taught about formula feeding on an individual basis
IIIB(a) Interview with a Mother supported by a Level One or Two Service Worker

For all questions the aim of the audit is to establish whether the information has been given by a member of the community service being audited

Introduction, describing why assessor would like to interview mother and stating that her name will not be written on the interview form.

Could you please explain the contact you have had with this service?

How many times have you attended this service in the past year?

When was your last contact with this service?

How old is your baby?

At the last contact with the service how were you feeding your baby?

Are you continuing to breastfeed your baby?

Have you been given information, by the service, about the importance of breastfeeding?

Explain what you were told:

[Key points: maternal health; infant health; cost; bonding/attachment]

Are you continuing to breastfeed your baby? □ Yes □ No

1. Have you been given information, by the service, about the importance of breastfeeding?

   Explain what you were told:

   [Key points: maternal health; infant health; cost; bonding/attachment]

   □ Adequate □ Inadequate [5.1A]
2. Have you been told where to get help if you have any feeding issues?  
   □ Yes  □ No  
   What have you been told?  
   ..............................................................................................................  
   ..............................................................................................................  
   ..............................................................................................................  
   □ Adequate  □ Inadequate

3. Were you given information by the service about how you could contact a culturally appropriate support group / service to help you with feeding and other support needs?  
   □ Yes  □ No  
   What services were recommended?  
   ..............................................................................................................  
   ..............................................................................................................  
   ..............................................................................................................  
   □ Appropriate  □ Inappropriate  

4. Have you received (from staff of the service) any of the following, promoting a particular brand of formula?  
   • Leaflet from formula company promoting formula feeding or related supplies  
     □ Yes  □ No  
   • A gift or sample including formula, bottles or other related supplies  
     □ Yes  □ No  
   Other (please specify)  
   ..............................................................................................................  
   ..............................................................................................................  
   □ Acceptable  □ Unacceptable  
   [8.2A]

5. From your experience with this service, have you felt supported in your infant feeding decisions?  
   □ Yes  □ No  
   Please explain why you felt this?  
   ..............................................................................................................  
   ..............................................................................................................  
   ..............................................................................................................  
   [5.4A]

**Final question to all interviewees**

6. Are there any suggestions that you would like to make to the service related to infant feeding?  
   □ Yes  □ No  
   What suggestions do you have?  
   ..............................................................................................................  
   ..............................................................................................................  
   ..............................................................................................................  
   Thank you very much for taking the time to answer these questions  [11.0A]
IIIB(b) Mother Interview: BFCI Lead Maternity Carer Assessment

Assessor please note: If the mother is formula feeding do not ask any question marked with an asterisk*

Is this your first baby? 

If no, how many children have you had? 

How old is your baby now? 

At what stage of your pregnancy did you first have contact with (name)? 

During your pregnancy how many times would you have been seen by her? 

How many weeks pregnant were you when your baby was born? 

Was (name) present at the birth of your baby? 

Was your birth vaginal or caesarean? 

☐ Vaginal  ☐ Caesarean  

☐ General Anaesthetic  ☐ Instrumental 

Did your baby require special care or neonatal admission? 

Following the birth of your baby how many times would you have seen your LMC midwife? 

If the interview is not applicable to continue (because the LMC did not see her during the full period of care) thank the woman for her time and discontinue the interview) 

Reflecting back now to your pregnancy:

1. During your pregnancy did (name ) discuss breastfeeding with you?  
   ☐ Yes  ☐ No 

2. Were the following topics discussed with you? 
   ☐ Yes  ☐ No  
   ☐ Yes  ☐ No  
   ☐ Yes  ☐ No  
   ☐ Yes  ☐ No  
   ☐ Yes  ☐ No  
   ☐ Yes  ☐ No
Section Three: Mother Interviews

3. Can you tell me at least three disadvantages associated with formula feeding?  
   □ Yes  □ No
   
   What are they?
   1. .............................................................................................................
   2. .............................................................................................................
   3. .............................................................................................................
   [Key Points: cost, inaccurate preparation, infection, allergies, effects on maternal health, effects on infant health.]  
   □ Adequate  □ Inadequate

4. Were the following topics discussed with you before your baby was born?
   How to establish a good milk supply  □ Yes  □ No
   How to position and latch your baby to the breast  □ Yes  □ No
   
   Briefly describe what was said about these topics:
   
   Topic 1 ................................................................................................
   Description .................................................................................................................................
   .................................................................................................................................
   □ Adequate  □ Inadequate
   
   Topic 2 ..................................................................................................
   Description .................................................................................................................................
   .................................................................................................................................
   □ Adequate  □ Inadequate

   Thinking of the time around the birth of your baby now.

5. How long after the birth was your baby placed in skin-to-skin contact with you
   ............ hours ........ minutes
   □ Acceptable  □ Not Acceptable  □ Immediately
   (Assessor – If skin-to-skin contact delayed – note the reason)
   
   Question applicable?  □ Yes  □ No
6. **How long did you remain in skin-to-skin contact with your baby?**

   ........................................hours ........................................ minutes

   *(Assessor – If contact time less than 60 minutes, note reason)*

   □ Acceptable □ Not Acceptable

   Question Applicable? □ Yes □ No

7*. **Who supported you to breastfeed your baby during this time?**

   □ Facility staff □ Independent LMC □ Other

   □ Applicable □ Not Applicable

   Were you offered assistance to breastfeed?

   □ Yes □ No □ Offered but not required □ N/A

   When did your baby first breastfeed?

   Shortly after birth □ Yes □ No

   During the time you were in labour ward □ Yes □ No

   After transfer to the postnatal ward □ Yes □ No

   Other:.................................................................................................................................

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

   How long did your baby breastfeed and was your baby still in skin-to-skin contact at that time?

   For a period of less than 10 minutes □ Yes □ No

   For a period of less than 30 minutes □ Yes □ No

   For a period greater than 30 minutes □ Yes □ No

   *(Note: Assessor – Take note of the time and duration of the first breastfeed of the baby)*

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

   Question Applicable for this service? □ Yes □ No

8*. **Since your baby was born, has he/she received anything other than breastmilk?**

   □ Yes □ No

   *Expand (if appropriate) to establish whether there was LMC input in this decision:*

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

   *If there was input from LMC service – was this:*

   Appropriate □ Inappropriate □ N/A □
9. Did (name) explain to you how to recognise that your baby wanted to be fed?

☐ Yes  ☐ No

How would you know if your baby was hungry?

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

[Key Points: hand to mouth, rooting, mouthing, crying is a late cue]

☐ Adequate  ☐ Inadequate  ☐ N/A

Assessor please note: If the mother is not breastfeeding go to question 15

10*. How often have you been told by your LMC that you should breastfeed?

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

[Key points: when showing cues to feed, whenever hungry and as often as the baby wants, as per feeding plan for baby with complex needs]

Has any time limit been placed on your breastfeeding?

☐ Yes  ☐ No

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

☐ Appropriate  ☐ Inappropriate

11*. After the birth of your baby did (name) discuss positioning and latching your baby for breastfeeding?

☐ Yes  ☐ No  ☐ Didn’t require  ☐ N/A

Could you explain to me the main points, which you can recall, that she explained to assist you to position and attach your baby for breastfeeding?

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

[Key Points; sit comfortably, tummy to tummy, aligned, nose to nipple, wait for wide mouth, bring quickly to breast, no pain, cheeks not drawn in; rhythmic burst-pause suckling and swallowing, output satisfactory]

☐ Adequate  ☐ Inadequate

12*. Did (name) ensure you knew how to hand express your breastmilk?

☐ Yes  ☐ No  ☐ N/A
13*. Did she also discuss with you the following topics:

- Avoiding the use of dummies or teats while establishing breastfeeding
  - Yes
  - No
  - N/A

- How to store and use your breastmilk?
  - Yes
  - No
  - N/A

- When to introduce other foods other than breastmilk?
  - Yes
  - No
  - N/A

14*. Have you felt encouraged to continue breastfeeding after you commence other foods at around six months?

- Yes
- No
- N/A

15. During the course of your care with (name), did she discuss:

- Safe and unsafe sleep practices
  - Yes
  - No

- The importance of a smokefree environment
  - Yes
  - No

- What to do about your breasts if they become uncomfortably full
  - Yes
  - No

Can you describe what she said about two of these topics?

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

- Adequate
- Inadequate

[Key messages for safe/unsafe sleep: “back to sleep”, face up, face clear, firm mattress, safe place every feed, smokefree; no siblings or pets, no drugs or alcohol]

[Key messages for smokefree: healthier for baby, smoking can impact on milk supply]

[Key messages for full breasts: (if breastfeeding) wake baby and try to breastfeed; express a little breastmilk until they feel comfortable; warm shower; massage. (if not breastfeeding) warm shower; massage, pain relief]

16. Were you able to discuss breastfeeding/infant feeding at any time contact was made with your LMC?

- Yes
- No

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

17. Could you explain what your LMC recommended to you if you felt a tender area in your breast?

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

[Key points: breastfeed on that side, massage towards nipple while baby is feeding, warm shower, visit GP if you feel unwell]

- Adequate
- Inadequate
18. Have you been given any information by this service, about how you could contact a support group / well child service to help you with feeding your baby should you require it?

☐ Yes ☐ No

What services were recommended?

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

☐ Adequate ☐ Inadequate

19. Have you ever received from (name) any of the following, promoting a particular brand of formula?

- Leaflet from formula company promoting formula feeding or related supplies

☐ Yes ☐ No

- A gift or sample which included formula, bottles or other related supplies

☐ Yes ☐ No

Other (please specify)

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

☐ Acceptable ☐ Unacceptable

20. Have you felt supported in your infant feeding decision from your LMC?

☐ Yes ☐ No

Please explain why you felt this?

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

Positive feedback: ☐ Yes ☐ No

21. Are there any suggestions you’d like to make to your LMC service in relation to its infant feeding policy and care?

☐ Yes ☐ No

What suggestions do you have?

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

Thank the mother for her participation in the assessment.
IIIB(c) Interview with Breastfeeding Mother with baby under 6 weeks of age

This interview is not appropriate if the mother under the care of a Lead Maternity Carer who is being assessed for BFCI accreditation

Name of Assessor ...........................................................................................................
Name of Service ..............................................................................................................
Date ...............................................................................................................................

Mother number ...........................................................................................................

Note: You need to consider the applicability of all questions in relationship to the time of birth and the time of interview. For all questions the aim of the audit is to establish whether the information has been given by a member of the community service being audited

Introduction, describing why assessor would like to interview mother and stating that her name will not be written on the interview form.

Could you please explain the contact you have had with this service?
........................................................................................................................................
........................................................................................................................................

How many times have you attended this service in the past year?
........................................................................................................................................

Interview appropriate? ☐ Yes ☐ No

How old is your baby now? ................................................
How many weeks pregnant were you when your baby was born? ........................................
Is this your first baby? ☐ Yes ☐ No Number of children .......................

Was your birth vaginal or caesarean?
☐ Vaginal ☐ Caesarean
☐ General Anaesthetic ☐ Instrumental

1. Since your baby was born, has he/she received anything other than breastmilk? ☐ Yes ☐ No

Expand (if appropriate) to establish whether there was input in this decision by the service:
........................................................................................................................................
........................................................................................................................................
If there was input from the service – was this:

Appropriate [ ] Inappropriate [ ] N/A [ ]

[4.2A]

2. Did the service explain to you how to recognise cues which indicated your baby wished to feed? [ ] Yes [ ] No

What cues can you recognise?

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

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

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

[Key Points: hand to mouth, rooting, mouthing, crying is a late cue]

[ ] Adequate [ ] Inadequate [ ] N/A

[4.2A;4.4A]

3. (a) How often have you been told (by the service) that you should breastfeed?

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

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

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

[Key points: when showing cues to feed, whenever hungry and as often as the baby wants, as per feeding plan for baby with complex needs]

(b) Has any time limit been placed on your breastfeeding? [ ] Yes [ ] No

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

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

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

[ ] Appropriate [ ] Inappropriate

[4.2A]

4. Was positioning and latching your baby for breastfeeding, discussed with you by a worker from this service? [ ] Yes [ ] No [ ] Didn’t require [ ] N/A

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

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

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

[4.4A]

5. Could you demonstrate or explain to me how to position and attach your baby for breastfeeding?

Positioning [ ] Correct [ ] Incorrect

Attachment [ ] Correct [ ] Incorrect [ ] Not observed

Effective feeding [ ] Correct [ ] Incorrect

Adequate intake [ ] Correct [ ] Incorrect

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

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

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

[Key Points: no pain, cheeks not drawn in; rhythmic burst-pause suckling and swallowing, output satisfactory]

[ ] Adequate [ ] Inadequate

[4.4A]
6. Have you been shown by the service how to hand express your breastmilk?

☐ Yes  ☐ No  ☐ N/A

[4.4A]

7. Have you been given information by the service on how to store and use your breastmilk and was this information discussed with you?

Information given  ☐ Yes  ☐ No

Information discussed  ☐ Yes  ☐ No

[4.4A]

8. Please explain to me what the service told you about the following topics:

- The importance of breastfeeding and the importance of exclusive breastfeeding to 6 months:

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

[Key points: infant health, maternal health, optimal nutrition, optimal growth, cost ]

☐ Adequate  ☐ Inadequate

[4.1A]

- Skin-to-skin contact

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

[Key points: bonding, warmth, less crying, more likely to breastfeed]

☐ Adequate  ☐ Inadequate

[4.3A]

- Rooming-in

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

[Key points: recognise early cues to feed, bonding, more breastfeeds, better for breastmilk, supply]

☐ Adequate  ☐ Inadequate

[4.3A]

- Avoiding the use of dummies or teats while establishing breastfeeding

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

[Key points: changes suckling action, less breastfeeding, risk of decrease in breastmilk]

☐ Adequate  ☐ Inadequate

[4.3A]
• Safe and unsafe sleep practices  

[Key messages: “back to sleep”, face up, face clear, firm mattress, safe place every feed, smokefree; no siblings or pets, no drugs or alcohol]  

☐ Adequate ☐ Inadequate [4.3A]

• The importance of a smokefree environment  

[Key points: healthier for baby, smoking can impact on milk supply]  

☐ Adequate ☐ Inadequate [5.1A]

9. Have you been told what to do about your breasts if they become uncomfortably full and your baby is asleep? ☐ Yes ☐ No  

Key Points: wake baby and try to breastfeed; express a little breastmilk until they feel comfortable; warm shower; massage]  

☐ Adequate ☐ Inadequate [4.4A]

10. Were you able to discuss breastfeeding at any time contact was made with this service? ☐ Yes ☐ No [4.4A]

11. Could you explain what the service recommended to you if you felt a tender area in your breast?  

[Key points: breastfeed on that side, massage towards nipple while baby is feeding, warm shower, visit GP if you feel unwell]  

☐ Adequate ☐ Inadequate [4.4A]

12. Have you been given any information by this service, about how you could contact a support group / well child service to help you with breastfeeding should you require it? ☐ Yes ☐ No

What services were recommended?  

☐ Adequate ☐ Inadequate [4.4A, 7.1A]
13. Have you received (from staff of the service) any of the following, promoting a particular brand of formula?

- Leaflet from formula company promoting formula feeding or related supplies
  - Yes
  - No

- A gift or sample which included formula, bottles or other related supplies
  - Yes
  - No

Other (please specify)

Applicable to service:  

- Yes
- No
  
- Acceptable
- Unacceptable

14. From your experience with this service, have you felt supported in your infant feeding decisions?

- Yes
- No

Please explain why you felt this?

Positive feedback:  

- Yes
- No

15. Are there any suggestions you’d like to make to this service in relation to its breastfeeding policy and care?

- Yes
- No

What suggestions do you have?

Thank the mother for her participation in the assessment.
IIIB(d) Interview with Breastfeeding Mother with baby between 6 weeks to 6 months

Note: Need to consider applicability of all questions. For all questions the aim of the audit is to establish whether the information has been given by a member of the community service being audited

Introduction, describing why assessor would like to interview mother and stating that her name will not be written on the interview form.

Could you please explain the contact you have had with this service?

How many times have you attended this service in the past year? 
How long ago was your last contact with the service?

Interview appropriate?  □ Yes  □ No

1. Who is/was your Well Child provider?
   Name ..............................................................
   How old is your baby now? ................................

2. Did this service/practice/organisation support you with breastfeeding?  □ Yes  □ No
   At your first contact with the service were you having some feeding issues?  □ Yes  □ No (go to Q.6)
   If ‘yes’: Can you please explain the feeding issues you had at that time?

3. Were you been given assistance or information from staff at this service regarding;
   • How to position and latch your baby to the breast and recognise effective feeding?  □ Yes  □ No

   Please explain what assistance and information you were given?

   [Key Points; no pain, cheeks not drawn in; rhythmic burst-pause suckling and swallowing, output satisfactory]

   [4.4A]
4. At this time did you require information on expressing and storage of breastmilk?
   □ Yes      □ No

   If 'yes': what information did you receive?
   ..............................................................................................................................
   ..............................................................................................................................
   [If the information was requested the key points are: thumb on areola, fingers opposite, press inwards, do not slide fingers on skin, repeat press release for several minutes, stimulate milk ejection reflex, rotate around breast, refer to available handouts]
   □ Adequate      □ Inadequate   □ Not Applicable

5. Did the service explain to you how you could recognize that your breastmilk supply was meeting your baby’s needs?
   ..............................................................................................................................
   ..............................................................................................................................
   [Key points: output, weight, satisfied after feeding] □ Adequate      □ Inadequate

6. Did you feel able to discuss breastfeeding at any time that you had contact with the service?
   □ Yes      □ No

7. Were you given information by the service about how you could contact a support group / service to help you with breastfeeding and other support needs?
   □ Yes      □ No

   What services were recommended?
   ..............................................................................................................................
   ..............................................................................................................................
   □ Appropriate      □ Inappropriate

8. Were you given advice by this service on the following topics?
   • The importance of breastfeeding?
     □ Advice given      □ Not given

   ..............................................................................................................................
   ..............................................................................................................................
   [Key points: bonding; optimal health outcome for baby; health of the mother; environmentally friendly] □ Adequate      □ Inadequate
Section Three: Mother Interviews

- Baby safe and unsafe sleep practices  
  - Advice given  
  - Not given

[Key messages: "back to sleep", face up, face clear, firm mattress, safe place every feed, smokefree; no siblings or pets, no drugs or alcohol]

- Keeping baby in a smokefree environment
  - Advice given  
  - Not given

[Key points: healthier for baby, smoking can impact on milk supply]

9. Has anyone in the service discussed the introduction of appropriate, adequate and safe complementary feeds?
   - Yes  
   - No  
   - N/A

Explain what you were told:

[Key points: exclusively breastfeed to 6 months, continue breastfeeding, responsive feeding, consistency and amount appropriate to age]

10. Have anyone in this service explained to you the importance of baby-led feeding?
    - Yes  
    - No

Can you tell me why baby-led feeding is important?

[Key point: supports the delicate balance of supply/demand in the maintenance of milk supply]

11. Have you received (from staff of the service) any of the following, promoting a particular brand of formula?
    - Leaflet from formula company promoting formula feeding or related supplies
      - Yes  
      - No
    - A gift or sample including formula, bottles or other related supplies
      - Yes  
      - No
    - Other (please specify)
Section Three: Mother Interviews

Applicable to service:  ☐ Yes  ☐ No

☐ Acceptable  ☐ Unacceptable

[8.2A]

12. From your experience with this service, have you felt supported in your infant feeding decisions?  ☐ Yes  ☐ No

Please explain why you felt this?

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

[5.4A]

Final question to all interviewees

13. Are there any suggestions that you would like to make to the service related to infant feeding?  ☐ Yes  ☐ No

What suggestions do you have?

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

Thank you very much for taking the time to answer these questions

[11.0A]
Name of Assessor ........................................................
Name of Service ...........................................................
Date ..............................................................
Mother number ..................................................

IIIB(e) Interview with Breastfeeding Mother with baby 6 months of age or older

For all questions the aim of the audit is to establish whether the information has been given by a member of the community service being audited

Introduction, describing why assessor would like to interview mother and stating that her name will not be written on the interview form.

Could you please explain the contact you have had with this service?

How many times have you attended this service in the past year?

When was your last contact with this service?

At the last contact with the service were you breastfeeding your baby? □ Yes □ No

Are you continuing to breastfeed your baby? □ Yes □ No

How old is your baby now? ..............................................

Interview appropriate? □ Yes □ No

1. Have you been given information, by the service, about the importance of sustained breastfeeding to two years and beyond? □ Yes □ No

   Explain what you were told:

   [Breastmilk continues to provide 35-40% of infant’s total daily energy needs for 12-23 months, allow baby-led weaning, breastfeeding is a relationship and provides more than just nutrition for both mother and baby]

   □ Adequate □ Inadequate

   [5.1A]

2. Has anyone in the service discussed the introduction of appropriate, adequate and safe complementary feeds? □ Yes □ No □ N/A
Explain what you were told:

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

[Key points: exclusively breastfeed to 6 months, continue breastfeeding, responsive feeding, consistency and amount appropriate to age]

☐ Adequate  ☐ Inadequate

[5.1A]

3. Have you been given information/advice about the following as they relate to breastfeeding?

- Smokefree environment
  ☐ Yes  ☐ No  ☐ N/A

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

[Key points: healthier for baby, smoking can impact on milk supply]

☐ Adequate  ☐ Inadequate

- Teething
  ☐ Yes  ☐ No  ☐ N/A

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

[Key points: breastfeeding can be maintained, unable to actively suckle and bite at same time]

☐ Adequate  ☐ Inadequate

- Breastfeeding a toddler / tandem feeding
  ☐ Yes  ☐ No  ☐ N/A

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

[Key points: breastfeed newborn first, breastmilk adjusts for new baby, toddler may refuse breast when menstruation recommences]

☐ Adequate  ☐ Inadequate

[5.1A]

4. Have you been advised/given information, from this service, on your rights as a breastfeeding mother on your return to work?

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

[Key points: breastfeeding breaks, privacy for breastfeeding or expressing, somewhere to store breastmilk]

☐ Adequate  ☐ Inadequate

[5.1A]

5. Have you been told where to get help if any breastfeeding issues occur?

☐ Yes  ☐ No
What have you been told?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

☐ Adequate ☐ Inadequate

[7.1A]

6. Were you given information by the service about how you could contact a culturally appropriate support group / service to help you with breastfeeding and other support needs? ☐ Yes ☐ No
What services were recommended?
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

☐ Appropriate ☐ Inappropriate

[7.1A]

7. Describe the advice given to you by the service on safe and unsafe sleep practices:
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

[Key messages: “back to sleep”, face up, face clear, firm mattress, safe place every feed, smokefree; no siblings or pets, no drugs or alcohol]

☐ Adequate ☐ Inadequate

[4.4A]

8. Have you received (from staff of the service) any of the following, promoting a particular brand of formula?
- Leaflet from formula company promoting formula feeding or related supplies ☐ Yes ☐ No
- A gift or sample including formula, bottles or other related supplies ☐ Yes ☐ No
Other (please specify)
........................................................................................................................................
........................................................................................................................................

Applicable to service: ☐ Yes ☐ No

☐ Acceptable ☐ Unacceptable

[8.2A]

9. From your experience with this service, have you felt supported in your infant feeding decisions?
☐ Yes ☐ No
Section Three: Mother Interviews

Please explain why you felt this?

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

[5.4A]

**Final question to all interviewees**

10. Are there any suggestions that you would like to make to the service related to infant feeding?  

[ ] Yes  [ ] No

What suggestions do you have?

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

[11.0A]

Thank you very much for taking the time to answer these questions
Assessor: please read prior to commencing the interview:

IIIC (a) Group Interview: PORTION ONE

This portion of the group interview should only be used when two assessors are working together in the group interview. This first portion is for the person asking the questions.

The second portion of the interview is to be used by the scribe in the situation of two assessors.

In the case where only one person is conducting the interview Portion Two must be used as this gives space for comments to be recorded.

It is important to align the results of this group interview with the BFCI categories identified within the BFCI documents.

Firstly become familiar with the service providers and the level of care they offer. This will ensure a service, who has Level One or Level Two workers only, are not compromised because they do not offer the information only expected of the Level Three health worker. Questions marked with an asterisk (questions 9d, 11, 17-20) are the only questions applicable to Level One and Two workers. All questions are applicable to Level Three health workers.

Secondly establish the woman/mother contact with the service is appropriate to ascertain infant feeding support offered by the service. A mother who has only been to the service once or twice, and offers negative responses for the service, should be not applicable.

Group Interview: (circle applicable group(s) below)

a) Group not defined
b) Pregnant women
c) Mothers who have used the LMC service
d) Mothers with babies aged between 6 weeks to 6 months
e) Mothers with babies aged over 6 months

Interview begins:

Introduce yourself

I am part of a team from the New Zealand Breastfeeding Authority.

We have been requested by __________________________ (name of the service) to assess how well they support women, mothers and babies and their families, with feeding their babies.

This assessment is part of the Baby Friendly Community Initiative, or BFCI, which is a World Health Organisation initiative designed to ensure women/mothers with babies are given all the information and support they need to safely feed their babies – irrespective of whether they decide to breastfeed or bottle feed their baby.
To find out how __________________________ (name of service) support women we need to talk to you since you are the women who have had contact with the service.

This discussion is confidential and none of the comments you make will identify you nor affect your care from the service in the future.

Firstly: who amongst the group has attended (or been seen by) someone in the service at least twice over the past few months?

How many women in the group does this discussion apply to?

**SECTION A: (use this section only if this assessment includes an LMC service)**

*(If applicable – for those mothers who were under the care of LMC from the service)*

1. Was ____________ (name of LMC if known) with you when your baby was born and for the first hour after birth?
2. Was your baby placed in skin-to-skin contact with you when he/she was born? *(Note: explain the term Skin-to-Skin contact if required)*
3. How long did you have your baby skin-to-skin at birth? *(Assessor – If skin-to-skin contact delayed – note the reason)*
4. Did your midwife offer assistance to breastfeed?
5. How long after your baby was born did he/she first breastfeed?

**SECTION B:**

Ask the following questions of the whole group:

6. Who knows how to recognize when your baby is hungry?
7. Whose baby has had nothing to eat or drink but breastmilk – has only breastfed since birth? *(Ask those who respond how old their baby is now)*
8. For those of you who are breastfeeding how often have you been told you should breastfeed?
9. Put your hand up if you have had any of the following discussed/demonstrated to you by any worker from this service *(NB: Assessor may choose to ask what was said regarding any of the topics)*

   a. Positioning and latching your baby for breastfeeding?
   b. How to hand express your breastmilk?
c. How to store and use your breastmilk?

d. * The importance of breastfeeding?

e. The importance of exclusive breastfeeding to 6 months?

f. Why it is important to avoid the use of dummies or teats while establishing breastfeeding?

g. Safe and unsafe sleep practices?

h. The importance of a smokefree environment?

i. How you could recognize that your breastmilk supply was meeting your baby’s needs?
   [Key points: output, weight, satisfied after feeding]

10. **Who of this group has been told what to do:**

   *(NB: Assessor may choose to ask what was said regarding any of the topics)*

   a. If your breasts become uncomfortably full and your baby is asleep?
      [Key Points: wake baby and try to breastfeed; express a little breastmilk until they feel comfortable; warm shower; massage]

   b. If you felt a tender area in your breast?
      [Key points: breastfeed on that side, massage towards nipple while baby is feeding, warm shower, visit GP if you feel unwell]

11. *Who was given information by this service*, about how you could contact a support group / well child service to help you with breastfeeding if you needed it?

    What services were recommended?

12. Did you feel able to discuss breastfeeding at any time that you had contact with the service?

13. Has anyone in the service discussed the introduction of appropriate, adequate and safe complementary feeds?

    What information were you given?
    [Key points: exclusively breastfeed to 6 months, continue breastfeeding, responsive feeding, consistency and amount appropriate to age]

14. Who has been given information, by the service, about the following subjects:

   *(NB: Assessor may choose to ask what was said regarding any of the topics)*

   a. The importance of sustained breastfeeding to two years and beyond?
What do I mean by this? (Assessor may need to explain)

[Key Points: Breastmilk continues to provide 35-40% of infant’s total daily energy needs for 12-23 months, allow baby-led weaning, breastfeeding is a relationship and provides more than just nutrition for both mother and baby]

b. Teething

[Key points: breastfeeding can be maintained, unable to actively suckle and bite at same time]

c. Breastfeeding a toddler / tandem feeding

[Key points: breastfeed newborn first, breastmilk adjusts for new baby, toddler may refuse breast when menstruation recommences]

d. Your rights as a breastfeeding mother on your return to work?

[Key points: breastfeeding breaks, privacy for breastfeeding or expressing, somewhere to store breastmilk]

Is there anyone here who is not breastfeeding?

15. Did anyone from this service discuss the following topics with you?

a. Guidelines for appropriate intake - for each feed?

(Assessor may need to explain this term)

Can you explain what information you have been given?

[Key points: stirring from sleep, hand to mouth, mouthing, timeframe from last feed, adequate intake for weight / age]

b. How to mix and give feeds safely at home?

[Key points: hand washing, correct measuring, sterilisation of equipment, use boiled water, make up as close to feed-time as possible handout available, baby is held while fed, position of baby, release teat vacuum regularly]

c. Who was present when you were shown how to prepare the feeds for your baby?

[Key point: service worker; partner/whanau; should not include other mothers or pregnant women]

16. Did anyone from the service discuss the risks associated with the incorrect preparation and use of formula?

Can you tell me some of those risks?

[Key points: contamination, correct measurements, clean equipment, health risks for infant, costs]

SECTION C: For the whole group

17. * Did anyone here have any problems with feeding your baby?

If yes: Did someone from the service support you – or did they refer you to another person who could assist you?

18. * From your experience with this service, have you felt supported in your infant feeding decisions?
Any comments?

19. * Have you received (from staff of the service) any of the following, promoting a particular brand of formula?
   - A leaflet from formula company promoting formula feeding or related supplies
   - A gift or sample which included formula, bottles or other related supplies
   Other (please specify)

20. * Are there any suggestions you’d like to make to the service related to infant feeding?
    What suggestions do you have?

    Thank the mothers for their participation in the assessment.
IIIC(b) Group Interview  PORTION TWO:

Assessor: please read prior to commencing the interview:

PORTION ONE should only be used when two assessors are working together in the group interview.
This second portion of the interview is to be used by the scribe in the situation of two assessors OR in the case where only one person is conducting the interview as Portion Two gives space for comments to be recorded.

It is important to align the results of this group interview with the BFCI categories identified within the BFCI documents.

Firstly become familiar with the service providers and the level of care they offer. This will ensure a service, who has Level One or Level Two workers only, are not compromised because they do not offer the information only expected of the Level Three health worker. Questions marked with an asterisk (questions 9d, 11, 17-20) are the only questions applicable to Level One and Two workers. All questions are applicable to Level Three health workers.

Secondly establish the woman/mother contact with the service is appropriate to ascertain infant feeding support offered by the service. A mother who has only been to the service once or twice, and offers negative responses for the service, should be not applicable.

Group Interview: (circle applicable group(s) below)
  a) Group not defined
  b) Pregnant women
  c) Mothers who have used the LMC service
  d) Mothers with babies aged between 6 weeks to 6 months
  e) Mothers with babies aged over 6 months

Interview begins:

Introduce yourself

I am part of a team from the New Zealand Breastfeeding Authority.
We have been requested by __________________________ (name of the service) to assess how well they support women, mothers and babies and their families, with feeding their babies.

This assessment is part of the Baby Friendly Community Initiative, or BFCI, which is a World Health Organisation initiative designed to ensure women/mothers with babies are given all the information and support they need to safely feed their babies – irrespective of whether they decide to breastfeed or bottle feed their baby.
To find out how __________________________ (name of service) support women we need to talk to you since you are the women who have had contact with the service.

This discussion is confidential and none of the comments you make will identify you nor affect your care from the service in the future.

Firstly: who amongst the group has attended (or been seen by) someone in the service at least twice over the past few months?

How many women in the group does this discussion apply to?

SECTION A: (use this section only if this assessment includes an LMC service)

(If applicable – for those mothers who were under the care of LMC from the service)

1. Was ____________ (name of LMC if known) with you when your baby was born and for the first hour after birth?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.2A]

2. Was your baby placed in skin-to-skin contact with you when he/she was born? (Note: explain the term Skin-to-Skin contact if required)

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.2A]

3. How long did you have your baby skin-to-skin at birth? (Assessor – If skin-to-skin contact delayed – note the reason)

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.2A]

4. Did your midwife offer assistance to breastfeed?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.2A]
5. How long after your baby was born did he/she first breastfeed?

   □ Acceptable  □ Unacceptable  □ N/A [4.2A]

**SECTION B:**

Ask the following questions of the whole group:

6. Who knows how to recognize when your baby is hungry?
   Number of women were:  □ Acceptable  □ Unacceptable  □ N/A

   What are the signs your baby is hungry? (Get answers from various women if appropriate)
   [Key Points: hand to mouth, rooting, mouthing, crying is a late cue]

   □ Acceptable  □ Unacceptable  □ N/A [3.2A, 4.2A, 4.4A, 10.4A]

7. Whose baby has had nothing to eat or drink but breastmilk – has only breastfed since birth?
   (Ask those who respond how old their baby is now)

   □ Acceptable  □ Unacceptable  □ N/A [4.2A]

8. For those of you who are breastfeeding how often have you been told should breastfeed?
   [Key points: when showing cues to feed, whenever hungry and as often as the baby wants, as per feeding plan for baby with complex needs]

   □ Acceptable  □ Unacceptable  □ N/A [4.2A]

9. Put your hand up if you have had any of the following discussed/demonstrated to you by any worker from this service

   *(NB: Assessor may choose to ask what was said regarding any of the topics)*

   a. Positioning and latching your baby for breastfeeding?

   □ Acceptable  □ Unacceptable  □ N/A [4.4A]
b. How to hand express your breastmilk?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.4A]

c. How to store and use your breastmilk?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.4A]

d. * The importance of breastfeeding?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [3.2A,4.1A,4.3A]

e. The importance of exclusive breastfeeding to 6 months?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [3.2A,4.1A,4.3A]

f. Why it is important to avoid the use of dummies or teats while establishing breastfeeding?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.3A]

g. Safe and unsafe sleep practices?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.3A,4.4A,10.4A]

h. The importance of a smokefree environment?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [5.1A]

i. How you could recognize that your breastmilk supply was meeting your baby’s needs?

[Key points: output, weight, satisfied after feeding]

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.4A]

10. **Who of this group has been told what to do:**

(NB: Assessor may choose to ask what was said regarding any of the topics)

a. If your breasts become uncomfortably full and your baby is asleep?

Key Points: wake baby and try to breastfeed; express a little breastmilk until they feel comfortable; warm shower; massage]

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.4A]

b. If you felt a tender area in your breast?

[Key points: breastfeed on that side, massage towards nipple while baby is feeding, warm shower, visit GP if you feel unwell]

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.4A]
11. *Who was given information by this service*, about how you could contact a support group / well child service to help you with breastfeeding if you needed it?

Number of women were: □ Acceptable □ Unacceptable □ N/A

What services were recommended?

□ Acceptable □ Unacceptable □ N/A [3.2A, 4.4A, 7.1A]

12. Did you feel able to discuss breastfeeding at any time that you had contact with the service?

□ Acceptable □ Unacceptable □ N/A [4.4A]

13. Has anyone in the service discussed the introduction of appropriate, adequate and safe complementary feeds?

Number of women were: □ Acceptable □ Unacceptable □ N/A

What information were you given?

[Key points: exclusively breastfeed to 6 months, continue breastfeeding, responsive feeding, consistency and amount appropriate to age]

□ Acceptable □ Unacceptable □ N/A [5.1A]

14. Who has been given information, by the service, about the following subjects:

(NB: Assessor may choose to ask what was said regarding any of the topics)

a. The importance of sustained breastfeeding to two years and beyond?

What do I mean by this? (Assessor may need to explain)

[Key Points: Breastmilk continues to provide 35-40% of infant's total daily energy needs for 12-23 months, allow baby-led weaning, breastfeeding is a relationship and provides more than just nutrition for both mother and baby]

□ Acceptable □ Unacceptable □ N/A [5.1A]
b. Teething
[Key points: breastfeeding can be maintained, unable to actively suckle and bite at same time]

☐ Acceptable  ☐ Unacceptable  ☐ N/A [5.1A]

c. Breastfeeding a toddler / tandem feeding
[Key points: breastfeed newborn first, breastmilk adjusts for new baby, toddler may refuse breast when menstruation recommences]

☐ Acceptable  ☐ Unacceptable  ☐ N/A [5.1A]

d. Your rights as a breastfeeding mother on your return to work?
[Key points: breastfeeding breaks, privacy for breastfeeding or expressing, somewhere to store breastmilk]

☐ Acceptable  ☐ Unacceptable  ☐ N/A [5.1A]

Is there anyone here who is not breastfeeding?

15. Did anyone from this service discuss the following topics with you?

1. Guidelines for appropriate intake - for each feed?
   (Assessor may need to explain this term)

   Can you explain what information you have been given?
   [Key points: stirring from sleep, hand to mouth, mouthing, timeframe from last feed, adequate intake for weight / age]

   ☐ Acceptable  ☐ Unacceptable  ☐ N/A [10.4A]

2. How to mix and give feeds safely at home?
   [Key points: hand washing, correct measuring, sterilization of equipment, use boiled water, make up as close to feed-time as possible handout available, baby is held while fed, position of baby, release teat vacuum regularly]

   ☐ Acceptable  ☐ Unacceptable  ☐ N/A [10.4A]

3. Who was present when you were shown how to prepare the feeds for your baby?
   [Key point: service worker; partner/whanau; should not include other mothers or pregnant women]

   ☐ Acceptable  ☐ Unacceptable  ☐ N/A [8.3A,10.4A]
16. Did anyone from the service discuss the risks associated with the incorrect preparation and use of formula?

Can you tell me some of those risks?

[Key points: contamination, correct measurements, clean equipment, health risks for infant, costs]

☐ Acceptable  ☐ Unacceptable  ☐ N/A [10.4A]

SECTION C: For the whole group

17. * Did anyone here have any problems with feeding your baby?

If yes: Did someone from the service support you – or did they refer you to another person who could assist you?

☐ Acceptable  ☐ Unacceptable  ☐ N/A [4.4A,7.1A,10.4A]

18. * From your experience with this service, have you felt supported in your infant feeding decisions?

Any comments?

____________________________________________________________

____________________________________________________________

____________________________________________________________

Was the feeling of the group:  Positive  ☐ Yes  ☐ No  [4.2A,5.4A,10.6A]

19. * Have you received (from staff of the service) any of the following, promoting a particular brand of formula?

- A leaflet from formula company promoting formula feeding or related supplies  ☐ Yes  ☐ No

- A gift or sample which included formula, bottles or other related supplies  ☐ Yes  ☐ No

Other (please specify)

☐ Acceptable  ☐ Unacceptable  ☐ N/A [3.2A,8.2A,10.4A]
20. Are there any suggestions you’d like to make to the service related to infant feeding? What suggestions do you have?

Thank the mothers for their participation in the assessment.

**Assessor:**

From the overall feeling of the group do you assess the infant feeding care in this service to be □ Positive □ Negative

Give your comments please:
IV.A Compliance with the International Code

8.1 Review of the service indicates:

- it is free from professional support items sponsored by companies which manufacture and market items covered under The International Code
- it is free from the promotion of artificial baby milks, bottles, teats and dummies
- health workers and volunteers refrain from the distribution of the artificial baby milks and other items that contravene The International Code
- all products, within the scope of the Code are brought at wholesale or not less than 80% retail prices
- all products, within the scope of the Code are kept out of view of pregnant women, mothers and their families
- infant formula is purchased in accordance with the Policy
- infant formula purchase records are available for verification purposes
- infant formula is rotated on a regular basis
- the facility has a written policy on WHO Compliance
- the Policy identifies the contact person within the service for formula representatives
- marketing personnel are denied contact with pregnant women, mothers and their families
- any gift bags, given out by the service, contain nothing that could interfere with the initiation and establishment of breastfeeding
- there are no words / pictures displayed in the service that idealise the use of products identified within the scope of the Code
- the service and its employees do not promote nor advertise products (within the scope of the Code) to the general public
- pregnant and non-breastfeeding women are taught about formula feeding on an individual basis

Comments:

(Office Use only: Enter results in Final Document at 8.1)

8.2 Education materials for women explain:

- the importance and superiority of breastfeeding
- the social and financial implications of the use of infant formula
- the implications of unnecessary or improper use of formula

Comments:

(Office Use only: Enter results in Final Document at 8.1)
V.A Compliance as it applies to the Treaty of Waitangi

9.1 The Breastfeeding Policy:

☐ incorporates the Treaty of Waitangi and the principles of protection, partnership and participation throughout the document
☐ links to other Maori health policies and plans
☐ has been circulated as part of a consultation process to Iwi providers and relevant Maori health services and community organisations
☐ is displayed as an abridged version in Maori

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9.2 Health Worker cultural education:

☐ includes ‘Breastfeeding for Maori Women’ for the Level Three (Specialist) staff
☐ this education has been completed by at least 80% of Level 3 staff, with session outlines and names of presenters available

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9.3 Systems are in place which insure:

☐ to ensure culturally appropriate information is given to breastfeeding women on breastfeeding support groups
☐ Maori representation is included on advisory and consultation groups
☐ Relationships exist between the service and the following:
  ☐ Iwi providers
  ☐ Māori Health Providers
  ☐ Community organisations e.g. Māori Women’s Welfare League, Te Kohanga Reo
☐ Processes are in place for Māori to participate in the service review, development and evaluation
☐ Whana are included in the care of pregnant and breastfeeding mothers within this service
☐ Kaumatua support, Māori health worker or culturally appropriate support is available if required
☐ The service fosters an environment that is culturally appropriate and supportive.
Treaty Of Waitangi Feedback from Individual Service Observations:

Service: ........................................................................................................
Assessor: .................................................................................................
Date: .................................................................

1. Breastfeeding Policy:
Location of full policy:
Abridged/Full: Visibility, appropriate language and availability to clients:
Incorporates the Treaty of Waitangi:
Consultation process:
Comments:

2. Staff Education:
Curriculum available and covers ‘Breastfeeding for Maori Women’ or appropriate material/timeframe
Comments:

3. Handouts:
Bilingual: Appropriate:
Comments:

4. Women/Whanau focus:
☐ Evidence is seen of appropriate support for women and whanau:

(kaumatua support/appropriate support service information available/posters/handouts/visually supportive environment)
Comments:

5. Workforce:
Relationships exist with relevant community based Maori providers:
Processes in place for Maori to participate in the review, development and evaluation of service:
Maori workforce development appropriate for demographics:
Comments:
Other:

________________________

Treaty of Waitangi (Maori assessor will present own feedback):

Comments:

________________________

________________________

________________________

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________________________

Other ethnic/cultural observations:

Comments:

________________________

________________________

________________________

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________________________
VI.A Review of the care of the Non-breastfeeding mother

7.1 The Artificial Feeding Policy includes:
- appropriate support for the mother who has decided to artificially feed her baby
- information for health workers and family/whanau regarding risks associated with the use of infant formula
- the importance of skin-to-skin contact;
- information on the safe preparation, handling and feeding of infant formula
- cue-based feeding with guidelines for appropriate intake
- rooming-in and co-sleeping
- safe and unsafe sleep practices
- referral to parenting / well child services
- a minimum 3 yearly review date which is clearly visible
- is self-audited annually
- addresses the main points of the International Code of Marketing of Breast-milk substitutes and subsequent relevant WHA resolutions

Comments:

(Office Use only: Enter overview in Final Document at 10.0)

7.2 Handouts for the non-breastfeeding mother are:
- appropriate
- separate from breastfeeding information
- contain the risks of formula feeding
- Code compliant
- discussed and given out on an individual basis

Comments:

(Office Use only: Enter results in Final Document at 10.7)
7.3 **Non-breastfeeding mothers** are given information to help them make informed decisions regarding:

- the use of artificial baby milks
- the use of dummies or teats
- the difficulty of reversing premature weaning

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*(Office Use only: Enter results in Final Document at 10.8)*
VI.B Interview with Non-Breastfeeding Mother

Note: You will need to consider applicability of all questions in relationship to the time of birth and time of interview. For all questions the aim of the audit is to establish whether the information has been given by a member of the community service being audited. If a mother reports that she obtained the information from elsewhere, the interviewer should probe to determine whether a member of the community service checked that the information given was correct and was understood by the mother.

[Introduction, describing why assessor would like to interview mother and stating that her name will not be written on the interview form]

Could you please explain the contact you have had with this service?
...............................................................................................................................

How many times have you attended this service in the past year?..............................

Interview appropriate? □ Yes □ No

1. How old is your baby? ...............................................................  

2. Is this your first baby? □ Yes □ No Number of children...............................  

3. Did anyone from this service discuss the following topics with you?
   - Baby feeding cues with guidelines for appropriate intake □ Yes □ No

   Please explain what information you have been given?
   ...............................................................................................................................
   ...............................................................................................................................
   [Key points: stirring from sleep, hand to mouth, mouthing, timeframe from last feed, adequate intake for weight / age] □ Adequate □ Inadequate [10.4A]

   - How to mix and give feeds safely at home

   ...............................................................................................................................
   ...............................................................................................................................
   [Key points: hand washing, correct measuring, sterilization of equipment, use boiled water, make up as close to feed-time as possible handout available, baby is held while fed, position of baby, release teat vacuum regularly] □ Adequate □ Inadequate [10.4A]
• How to clean and sterilize your baby’s feeding equipment

[Key points: rinse, bottlebrush, use hot soapy water, flush teats, rinse, rolling boil, total submersion in solution, no bubbles]

[Key messages: "back to sleep", face up, face clear, firm mattress, safe place every feed, smokefree; no siblings or pets, no drugs or alcohol]

• Who was present when you were shown how to prepare the feeds for your baby?

[Key point: service worker; partner/whanau; should not include other mothers or pregnant women]

4. Have the risks associated with the preparation and use of formula been discussed with you by someone in this service?

Yes  No

Explain some of those associated risks?

[Key points: contamination, correct measurements, clean equipment, health risks for infant, costs]

5. Have safe and unsafe sleep practices been discussed with you by the service?

Yes  No

Explain to me what safe and unsafe sleep practices were discussed:

[Key messages: "back to sleep", face up, face clear, firm mattress, safe place every feed, smokefree; no siblings or pets, no drugs or alcohol]

6. Have you been given any suggestions about how or where to get help, if you have problems with feeding your baby?

Yes  No

What services were recommended?
7. Have you received (from staff of the service) any of the following, promoting a particular brand of formula?

- Leaflet from formula company promoting formula feeding or related supplies
  - Yes  No

- A gift or sample including formula, bottles or other related supplies
  - Yes  No

Other (please specify)

Applicable to service:  Yes  No
  Acceptable  Unacceptable [8.2A;10.5A]

8. From your experience with this service, have you felt supported in your infant feeding decisions?

  - Yes  No

Please explain why you felt this?

[10.6A]

9. Are there any suggestions you’d like to make to the service related to infant feeding?

  - Yes  No

What suggestions do you have?

[11.0A]

Thank you very much for taking the time to answer these questions
### Baby Friendly Community Initiative for Aotearoa New Zealand

**Assessment Summary Sheets**

**Document A**

**Name of Service:**

**Assessment Team:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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</tbody>
</table>
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General Data Sheet

*(To be completed with the BFCI group Coordinator and previously completed General data sheet – Assessor to check to see there are not changes)*

Date of audit: ..............................................................................................................................
Service Name: ................................................................................................................................
Address: ........................................................................................................................................
......................................................................................................................................................

**Name of the BFCI Coordinator (person responsible for BFCI in the Service)**
Name: .............................................................................................................................................
Telephone: ......................................................................................................................................
Email: ..............................................................................................................................................

**Each service involved, name of Person/s Responsible for that service and contact details:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Person responsible</th>
<th>Telephone number</th>
<th>Email</th>
<th>Days of Work and Usual hours</th>
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</table>
Services provided

Antenatal/ Childbirth Education classes
Antenatal care
Antenatal clinic
Postnatal care
Well Child Services
General Medical services
Self Employed LMC
Health promotion
Dietitian
Lactation consultancy
Family start
Mokopuna ora
Women’s health information service
Other services

State what other services are offered

This service therefore provides:

Antenatal care/education  □ Yes  □ No
LMC care  □ Yes  □ No
Postnatal care  □ Yes  □ No
Direct care to mothers and infants under two  □ Yes  □ No
Support to new families and mothers with infants < 2yrs  □ Yes  □ No

Total number of mother/baby dyads enrolled to service:

......... during the last 12 months from ......... to ............. 20....

Antenatal women .................................................................
Postnatal women .................................................................
Babies .................................................................
Mothers/families with infants and young children under 3 years.................................
Report of Infant Feeding Data collection from the Service:

Data collected prior to assessment:

**Number of mother/infants seen by the service in the 12 months** (Tables A, B & C)

Table A: Numbers of infants who were enrolled with service in the twelve months
(Ages of infants should approximate to the data collection age)

**Months: From** to **20.....**

<table>
<thead>
<tr>
<th>Twelve Months From:</th>
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<th>Total Numbers</th>
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<tbody>
<tr>
<td>No. mother / infant pairs</td>
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<tr>
<td>Infants At birth</td>
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<td>Infants At discharge From maternity facility</td>
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<td>Infants at 2 weeks</td>
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<td>Infants at 6 weeks</td>
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<td>Infants at 3 months</td>
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<td>Infants at 6 months</td>
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<td>Infants at 12 months</td>
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<td>Data not Recorded</td>
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</tbody>
</table>
Table B: **Feeding records at first contact** for those infants who were seen, enrolled or transferred to the service in **the past twelve months**.

**Months: From** to **20.....**

<table>
<thead>
<tr>
<th>No. mother / infant pairs</th>
<th>Birth</th>
<th>At Discharge</th>
<th>2 weeks</th>
<th>4 weeks</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. exclusively breastfeeding</td>
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<tr>
<td>No. fully breastfeeding</td>
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<tr>
<td>No. partial breastfeeding</td>
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<tr>
<td>No. artificial feeding</td>
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<tr>
<td>Complementary feeding</td>
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**Over the past year what was the average age of the infant at the time of introduction of complementary foods in the service:**

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Table C: Feeding records for those infants in the service in the last twelve months.

Months: From to 20.....

An infant needs to have been seen at least twice by the service to enable breastfeeding data to have any relevance.
(One visit cannot reflect the care that the service provides)

Overall Infant Feeding Data for the Service over the past year:

<table>
<thead>
<tr>
<th></th>
<th>At Discharge</th>
<th>2 weeks</th>
<th>4 weeks</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. mother / infant pairs</td>
<td></td>
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<td></td>
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<tr>
<td>No. exclusively breastfeeding</td>
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<tr>
<td>No. fully breastfeeding</td>
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<tr>
<td>No. partial breastfeeding</td>
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<tr>
<td>No. artificial feeding</td>
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<tr>
<td>Complementary feeding</td>
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How was the Infant Feeding Data Obtained?

☐ From records  Data provided by .................................................................

Data is not collected: ☐  Some data is available: ☐

Processes have been commenced to collect this data: ☐

Comments:
..................................................................................................................................................
..................................................................................................................................................
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**Table D1**: Complete the table to show **annual** infant feeding data, as related to ethnicity, for infants under the care of the service **at six months of age** (or at discharge from service if prior to six months of age as in LMC care)

Data applicable to service:  Yes ☐  No ☐
Data not available at this time:  Yes ☐  No ☐

<table>
<thead>
<tr>
<th></th>
<th>No. of babies exclusively Breastfeeding</th>
<th>No. fully Breastfeeding</th>
<th>No. partially Breastfeeding</th>
<th>No. Artificially Feeding</th>
<th>Complementary Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ European</td>
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<tr>
<td>NZ Maori</td>
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<tr>
<td>Pacific Islander</td>
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<tr>
<td>Other</td>
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<td>TOTAL</td>
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</table>

**Table D2**: Complete the table to show the overall **annual** infant feeding data, as related to ethnicity, for infants under the care of the service.

Data applicable to service:  Yes ☐  No ☐
Data not available at this time:  Yes ☐  No ☐

<table>
<thead>
<tr>
<th></th>
<th>No. of babies exclusively Breastfeeding</th>
<th>No. fully Breastfeeding</th>
<th>No. partially Breastfeeding</th>
<th>No. Artificially Feeding</th>
<th>Complementary Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ European</td>
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<tr>
<td>NZ Maori</td>
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<td>TOTAL</td>
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</table>
Summary of data:
from ‘Site Observation & Data Collection Document B’ (pages 5 to 7)

Comments:

Recommendations:

This service provider meets the Baby Friendly standards for breastfeeding data collection and rates, as it applies to their service.

☐ Yes  ☐ No
Summary – Point One

Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.

The health service should have a written breastfeeding policy that fully covers the Seven Point Plan and protects breastfeeding by adhering to the International Code of Marketing of Breast-milk Substitutes and the Subsequent WHA Resolutions.

It also requires that mothers who have sound clinical indications for which breastfeeding is not recommended, or mothers of babies with medical indications for which breastfeeding is contraindicated, receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations.

This policy will be developed in consultation with Māori, other ethnic groups, consumer organisations and other providers using the service. Support for the principles of the Treaty of Waitangi (protection, participation and partnership) needs to be stated.

The person(s) responsible for services at any time should be able to locate a copy of the policy and describe how all new staff are orientated to it and staff are made aware of it.

The policy will be available so that all staff who take care of mothers and babies can refer to it.

The policy or a summary covering, at minimum, the Seven Point Plan, the Code and subsequent relevant WHA Resolutions, will be visibly posted in all areas of the service which care for pregnant women, mothers, babies, and/or children.

The policy or a summary will be displayed in the language(s) and wording most commonly understood by consumers and staff.

This policy must be self audited annually.

The policy must be reviewed at least every three years.

Service must score 100% Point One to meet the BFCI standard

1.1A The BFCI Leader/Manager of the service confirms the Breastfeeding Policy:
  - Is current and reviewed at least 3 yearly: ............................................................
  - Has a robust review process: ............................................................................
  - Is audited annually: ............................................................................................
  - Is communicated to all staff/health workers in the service on employment and at times of review: ...........................................................
  - Process of consultation meets the standard for BFCI: Yes No
  - Is available to providers and women, on request:  Yes No

Comments:............................................................................................................
............................................................................................................................
............................................................................................................................
............................................................................................................................
1.2A The number of **health service workers** aware of the location of the breastfeeding policy was:  

☐ Acceptable  ☐ Unacceptable  

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

1.3A The full policy is located: ........................................................................
....................................................................................................................
....................................................................................................................

1.4A The policy (or summary) is posted in the following areas:  

Please specify: ................................................................................................
....................................................................................................................
....................................................................................................................
....................................................................................................................

☐ Not Applicable to this service

**Comments:**

**Recommendations:**

This service provider meets the Baby Friendly standards for Point One

☐ Yes  ☐ No
**Summary – Point Two**

**Train all providers in the knowledge and skills necessary to implement this policy**

All providers/workers must be educated in the principles of the breastfeeding policy to a level appropriate to their role. Health practitioners providing direct service to breastfeeding women should also have the knowledge and skills to comply with the guidelines and procedures.

Every provider/worker must receive policy orientation and all new staff must receive orientation to the policy as part of their orientation to the service and breastfeeding education commenced within six months of starting their position. When the policy is revised or updated, all staff should be informed of the changes.

A copy of the curricula or course outlines for training the various categories of staff in breastfeeding promotion and support should be available for review. A training schedule for new staff should be available.

**Education requirements**

**Level 1 provider/worker – ‘awareness’**

Level One Awareness staff must complete 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 3 years.

This education must include:

- the importance of breastfeeding
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions

**Level 2 provider/worker – ‘generalist’**

Level Two Generalist staff must complete 2 hours of infant feeding education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to 6 hours in the previous 3 years.

This education must include:

- the importance of breastfeeding
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions
- basic information on breastfeeding support and management.
## Level 3 provider/worker – 'specialist'

Level Three Specialist staff must have completed the mandatory requirement of 21 hours of infant feeding education and, following this, ongoing education should equate to a minimum of 4 hours of infant feeding education annually. This ongoing annual education includes a minimum of 1 hour of clinical education. A 30 minute Breastfeeding for Maori Women education session must be attended during a 3 yearly ongoing education period. This education must include:

- the importance of breastfeeding
- the importance of exclusive breastfeeding to six months
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions
- breastfeeding for Māori women, which reflects input from iwi or other relevant Māori groups/community organisations
- basic information on breastfeeding support and management.
- skill development related to breastfeeding support and management.
- attitudes and barriers to breastfeeding
- community resources that support breastfeeding

The designated individual/group, responsible for the breastfeeding education, should maintain documentation of all education sessions.

**Service must score over 80% to all questions in Point Two**

### 2.1A

The **BFCSI Leader/manager** for the health service has indicated that instruction on the breastfeeding policy is given to all workers who have contact with mothers, infants, and/or children, within six months of their employment. Where there is no manager or in the case of self-employed personnel, general practitioners, midwives or volunteers they agree that the breastfeeding policy is given to all new members of their group or practice:

- There is an education curriculum for all levels of staff: [ ] Yes [ ] No
- Ongoing education is scheduled: [ ] Yes [ ] No
- Education records are maintained by: [ ]

Comments:

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### 2.2A

The number of **health service workers** who reported that they had received orientation to the breastfeeding policy and could describe how it applied to them was:

- Acceptable [ ] Unacceptable [ ]

Comments:

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2.3A The **manager of the service** indicates that workers are given release time to attend breastfeeding education/training:  
☐ Yes  ☐ No  
*If ‘no’, then how do workers attend training?*

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2.4A The number of **health service workers** who:
- reported that the service actively supports the specified breastfeeding education and release time to attend was:  
  ☐ Acceptable  ☐ Unacceptable  
- confirmed that they have received the training appropriate to their role was:  
  ☐ Acceptable  ☐ Unacceptable  
- were able to answer 80% of the questions on breastfeeding management correctly was:  
  ☐ Acceptable  ☐ Unacceptable  

Comments:
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2.5A The **manager/BFCI Leader** is assisted to attend education appropriate to meet their role:  
☐ Yes ☐ No ☐ N/A

**Comments:**

**Recommendations:**

**This service provider meets the Baby Friendly standards for Point Two:**  
☐ Yes  ☐ No
Summary – Point Three

Inform all pregnant women and their families about the benefits and management of breastfeeding.

If the health service provides antenatal service(s) the person(s) responsible for the provision of antenatal care including general practitioners, midwives and obstetricians and/or childbirth education services should report that breastfeeding is discussed and information given to pregnant women using those antenatal services, either individually or in a group.

A written description of the minimum content of the antenatal education should be available.

The antenatal education will include:

- the importance of exclusive breastfeeding for the first six months.
- the importance of breastfeeding
- the importance of early skin-to-skin contact
- early initiation of breastfeeding
- rooming-in on a 24 hour basis
- safe and unsafe sleep practices
- feeding on demand or baby-led feeding
- good positioning and attachment of baby at the breast
- that breastfeeding continues to be important after six months when other foods are given,
- breastfeeding support services in the community
- the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

At least 80% randomly selected pregnant women of 32 weeks or more gestation who are using the antenatal service and who have come for at least two visits, can:

- confirm that a health worker has either, discussed the importance of exclusive breastfeeding with them or ensured that another health professional has discussed the importance with them
- list at least two of the following reasons why breastfeeding is important:
  - optimum nutrition for baby
  - bonding
  - protection, including the role of colostrum
  - health advantages to the mother
- confirm that a health worker has discussed breastfeeding management with them or ensured that another health professional has discussed this with them
- describe at least two of the following breastfeeding management topics:
  - positioning and attachment of baby to the breast
  - importance of feeding on demand or baby-led feeding (cue feeding)
  - importance of rooming in 24 hours a day
  - how to ensure enough milk
  - importance of skin-to-skin contact
  - the implications of supplements while breastfeeding in the first six months

Additionally, at least 80% of these women can confirm that they have received neither group education nor any written promotional materials on the use of infant formula. All information given to these mothers must be free from advertising and comply with the Code.

Information provided to pregnant women, should be ethically and culturally appropriate and relevant to specific needs.

Service must achieve a pass in all applicable questions in Point Three

Point Three is applicable if the service provides antenatal care, antenatal classes or sees pregnant women:  

☐ Yes  ☐ No
3.1A According to the health service providers of antenatal care /education to pregnant women breastfeeding information is given to most pregnant women and key family members:  
☐ Yes  ☐ No

3.2A The number of pregnant women of 32 weeks or more gestation able to confirm that:
- the disadvantages of formula feeding were discussed with them and were able to list at least three of these was:
  ☐ Acceptable  ☐ Unacceptable
- at least two of the breastfeeding management topics were discussed with them and were able to describe them was:
  ☐ Acceptable  ☐ Unacceptable
- no group instruction on the preparation of infant formula was given to them was:
  ☐ Acceptable  ☐ Unacceptable
- they received no written promotional materials on the use of infant formula was:
  ☐ Acceptable  ☐ Unacceptable
- they were informed of breastfeeding support groups / services in the community was:
  ☐ Acceptable  ☐ Unacceptable

Comments:
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3.3A The number of Level 2 and 3 health workers who were able identify at least two issues that should be discussed with a woman that can enhance the mother infant relationship was:

Comments:
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Recommendations:

This service meets the Baby Friendly standards for Point Three:
☐ Yes  ☐ No  ☐ Not Applicable
Summary – Point Four

Support mothers to establish and maintain exclusive breastfeeding to six months

Exclusive breastfeeding means that no food or liquid other than breastmilk is given to the infant. Even water may not be given. The only exception is prescribed undiluted drops or syrups consisting of vitamin and mineral supplements or medicines.

During the assessment process, the health service should be able to demonstrate a consistent approach to supporting mothers in learning about initiating, establishing and maintaining exclusive breastfeeding. This includes provision for antenatal and postpartum education, breastfeeding assessment and assistance, referrals where required and connecting mothers with support in the community.

Health services in the community can influence the establishment of breastfeeding by:

- ensuring that mothers and babies are achieving optimal position and latch
- educating parents on the importance of avoiding bottles, teats and dummies
- educating parents about the negative effect that the introduction of partial feeding has on breastfeeding and the challenges of re-establishing breastfeeding after early weaning
- educating parents about the benefits to breastfeeding, of keeping the baby near to the mother, and ways to facilitate safe co-sleeping (including bed sharing)
- ensuring that mothers know how to express their breastmilk and to manage separation from their babies, should it be necessary.
- ensuring that mothers and their families are connected with breastfeeding support networks and services in their community

Service must achieve a pass in all applicable questions in Point Four.

4.1A The number of mothers reporting that they have been given information about the importance of breastfeeding and the importance of exclusive breastfeeding to six months was:

☐ Acceptable  ☐ Unacceptable

Comments:

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Question 4.2A is applicable for assessment of clinical staff working as a Lead Maternity Carer for the service:
4.2A The number of randomly selected mothers, with babies less than 6 weeks of age, who reported they were:

- placed in skin-to-skin contact with their baby, within 5 minutes of birth for at least 60 minutes was:
  - [ ] Acceptable  [ ] Unacceptable
- exclusively breastfeeding at the time of interview was:
  - [ ] Acceptable  [ ] Unacceptable
- encouraged to look for signs for when their babies were ready to feed and offered assistance, if required, by their LMC was:
  - [ ] Acceptable  [ ] Unacceptable
- advised to breastfeed whenever the baby is hungry or as often as the baby wants was:
  - [ ] Acceptable  [ ] Unacceptable
- offered appropriate follow-up support and assistance since discharge from the facility was:
  - [ ] Acceptable  [ ] Unacceptable

The average duration of skin-to-skin contact, between the mothers and their baby's at birth, was ................. minutes.

- [ ] Acceptable  [ ] Unacceptable

The mothers interviewed reported that they were offered help to initiate breastfeeding on average within minutes of birth.

- [ ] Acceptable  [ ] Unacceptable

Comments:

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[ ] This question is not applicable to this service

4.3A Of the randomly selected mothers interviewed, the following could describe the importance of:

- the importance of breastfeeding  [ ] Yes  [ ] No
- the importance of exclusive breastfeeding to six months  [ ] Yes  [ ] No
- skin-to-skin contact  [ ] Yes  [ ] No
- rooming-in  [ ] Yes  [ ] No
- safe and unsafe sleep practices  [ ] Yes  [ ] No
- avoiding the use of dummies and teats while establishing breastfeeding

  - [ ] Acceptable  [ ] Unacceptable

Comments:

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4.4A The number of randomly selected mothers interviewed who:

- reported a service member had discussed with them what to do if their breasts became uncomfortably full and their baby was asleep, and could describe the treatment, was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

- could accurately describe breastfeeding cues was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

- were able to correctly position and latch their babies at the breast and recognise effective feeding was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

- reported that they had been shown how to express their breastmilk and/or provided with detailed information about hand expressing and the storage and handling of breastmilk was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

- were given information about how they could contact a support group/well child service to help with breastfeeding, if required, was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

- reported they were able to discuss breastfeeding at any time contact was made with the service was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

- could adequately describe how they were able to identify that their breastmilk supply was adequate for their babies needs was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

- reported that they were provided with information on safe and unsafe sleep practices was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

- could adequately describe what to do if they felt a tender area in the breast was:
  - [ ] Acceptable
  - [ ] Unacceptable
  - [ ] N/A

Comments:

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4.5A The number of health service workers who were able to accurately:

- describe each of the infant feeding definitions was:
  - [ ] Acceptable
  - [ ] Unacceptable

- describe the importance of breastfeeding accurately was:
  - [ ] Acceptable
  - [ ] Unacceptable

- describe implications of artificial feeding accurately was:
  - [ ] Acceptable
  - [ ] Unacceptable

- demonstrate effective positioning, alignment and attachment of baby to the breast was:
  - [ ] Acceptable
  - [ ] Unacceptable

- demonstrate an effective technique of hand expressing breastmilk was:
  - [ ] Acceptable
  - [ ] Unacceptable

- describe how to safely store and use expressed breastmilk was:
  - [ ] Acceptable
  - [ ] Unacceptable
• describe what they would do if a woman was experiencing breastfeeding difficulties was:
  □ Acceptable  □ Unacceptable

• confirm referral (to a Lactation Specialist) occurs, when breastfeeding difficulties are identified was:
  □ Acceptable  □ Unacceptable

• explain how the introduction of anything other than breastmilk can interfere with breastfeeding was:
  □ Acceptable  □ Unacceptable

Comments:
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Recommendations:

This service meets the Baby Friendly standards for Point Four:
□ Yes  □ No
Summary – Point Five

Encourage sustained breastfeeding beyond six months, to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods

Summary of the Guiding Principles for Complementary Feeding from Six Months

- Maintain breastfeeding
- Practise responsive feeding
- Prepare and store complementary foods safely
- Increase the amount of complementary food gradually while supporting breastfeeding
- Ensure the consistency of the food is appropriate for the age of the infant/young child
- Adapt meal frequency and energy density as the infant/young child ages
- Ensure the nutrient content of complementary foods meets the needs of the infant/young child
- Use fortified products or vitamin/mineral supplements as needed
- Adapt feeding during and after illness

Health services must be able to demonstrate that they encourage sustained breastfeeding beyond six months, alongside the introduction of appropriate, safe and adequate complementary foods.

5.1A The number of mothers who reported that they were given information on the following:

- the introduction of appropriate, adequate and safe complementary foods at the appropriate time was: □ Acceptable □ Unacceptable □ N/A
- smokefree environment: □ Acceptable □ Unacceptable □ N/A
- teething: □ Acceptable □ Unacceptable □ N/A
- the importance of sustained breastfeeding for two years and beyond: □ Acceptable □ Unacceptable □ N/A
- tandem feeding was: □ Acceptable □ Unacceptable □ N/A
- support in the workplace that supports and sustains breastfeeding was: □ Acceptable □ Unacceptable □ N/A
- the importance of baby-led feeding was: □ Acceptable □ Unacceptable □ N/A

Comments:
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5.2A The number of health workers who were able to accurately describe
• at least three practices in the service, that support breastfeeding was:
  □ Acceptable □ Unacceptable □ N/A
• the process by which all breastfeeding women and their whanau/family received
  information about the importance of sustained breastfeeding to two years and
  beyond was:
  □ Acceptable □ Unacceptable □ N/A
• the information they give mothers about sustained/continued breastfeeding
  beyond 6 months was:
  □ Acceptable □ Unacceptable □ N/A
• the information that they gave mothers about the introduction of complementary
  foods was:
  □ Acceptable □ Unacceptable □ N/A

Comments:
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5.3A The Service Manager/BFCI Leader confirms:
• workers are supported to breastfeed while at work by providing the following
  facilities:
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• the service provides an area for mothers to breastfeed in the service.
  □ Yes □ No
• an area is also available to breastfeed, in privacy, if requested. □ Yes □ No

Comments:
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5.4A The number of mothers who reported that they were supported by the service in
their infant feeding decisions was:
□ Acceptable □ Unacceptable □ N/A

Comments:
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Comments:

Recommendations:

This service meets the Baby Friendly standards for Point Five:
☐ Yes  ☐ No
Summary – Point Six
Provide a welcoming atmosphere for breastfeeding families

Mothers should be welcome to breastfeed in all public areas of the service to establish breastfeeding as the norm for infant feeding. Some mothers who may prefer greater privacy should be provided with a quiet clean space and a comfortable chair. However it does not have to be a designated feeding area (although this is ideal). Notices should be displayed advising mothers that they are welcome to breastfeed. These notices should reflect the ethnic mix of the community and be in appropriate languages.

Evidence of consultation with breastfeeding women to ascertain their needs regarding breastfeeding is required. Mechanisms should be in place for mothers using the service to provide feedback and suggestions about the environment they use. Services which do not work from a site need to meet these requirements wherever they deliver their service.

Mothers who are employees should have the opportunity to have their infant(s) brought into the workplace for breastfeeding. Breaks for feeding or the expression of breastmilk should be given and storage facilities for breastmilk provided. Commitment to this should be evident within policies and procedures.

In a Baby Friendly health service, there will be no promotion of infant formula, bottles, teats or dummies. As well, the service will not permit the display or distribution of any form of promotional material for:
- infant formula
- inappropriate for age, baby drinks and foods.
- feeding bottles, teats or dummies.

Service must achieve a pass in all applicable questions in Point Six.

6.1A The number of health workers who were able to respond appropriately if someone made a complaint about a mother breastfeeding at the service/centre was:
- ☐ Acceptable
- ☐ Unacceptable

Comments:
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6.2A The manager/BFCI Leader reports these protocols are in place if someone complained about a mother breastfeeding her baby in this place/centre/service:
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6.3A The number of **health workers** who were able to respond appropriately if a mother asked for somewhere private to breastfeed was:

- [ ] Acceptable
- [ ] Unacceptable

Comments:

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6.4A According to the **manager/BFCI leader** mechanisms are in place for the ongoing feedback on the environment from those attending the service. These mechanisms include:

- [ ] Acceptable
- [ ] Unacceptable

Comments:

Recommendations:

**This service meets the Baby Friendly standards for Point Six:**

- [ ] Yes
- [ ] No
Summary – Point Seven

Promote collaboration among health services and between health services and the local community

Health services should avail themselves of any opportunity to collaborate with sectors of society such as schools, childcare centres, media, local business and local and national government. Among health service providers strong links should be maintained so that the opportunity for consistency in breastfeeding support and healthy infant nutrition is maximised.

Written referrals between services must contain information on breastfeeding status and significant breastfeeding issues. NZBA encourages health services in the community to work together and to share information as appropriate to ensure that mothers receive consistent information and support with regard to infant and young child feeding. Health services should allow mothers and whanau/families to participate actively in discussions about their care and continued breastfeeding support.

Working towards a breastfeeding friendly community can be demonstrated by participating in World Breastfeeding Week activities and letters to the editor in response to infant feeding items and issues. Developing a breastfeeding campaign tailored to the specific community is also a means of promoting a breastfeeding community as is linking with organisations responsible for transport, housing, employment and local government to identify barriers to breastfeeding. Liaisons and partnerships, among providers in the community, demonstrate collaboration and increase the likelihood of pregnant women, breastfeeding mothers, infants and toddlers having their needs met.

Service must achieve a pass in all applicable questions in Point Seven.

7.1A The number of mothers who reported that they were given:
- correct details of breastfeeding support groups and other culturally appropriate support services was:
  - Acceptable  □  Unacceptable  □
- suggestions/information about where to get help if feeding problems occur was:
  - Acceptable  □  Unacceptable  □

Comments:
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7.2A According to the **Service Manager/BFCI Leader** and **health worker** interviews the service responds appropriately if a mother phones asking for breastfeeding support:

- [ ] Yes  
- [ ] No

**Comments:**

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7.3A The number of **health service workers** able to give:

- correct details to a mother requesting breastfeeding advice and support with breastfeeding difficulties was:
  - [ ] Acceptable  
  - [ ] Unacceptable

- correct details of the breastfeeding support groups and other support services in the community (including Māori Pacific and other ethnic specific services/groups) was:
  - [ ] Acceptable  
  - [ ] Unacceptable

- an explanation of the links and communication with other community health services/providers was:
  - [ ] Acceptable  
  - [ ] Unacceptable

**Comments:**

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7.4A According to the **manager/BFCI Leader** there are breastfeeding / lactation support services in the community:

- [ ] Yes  
- [ ] No

Mothers are informed of them / referred to them by:

- Through written materials  
- Through counselling  
- Other (please describe)

**Comments:**

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Comments:

Recommendations:

This service meets the Baby Friendly standards for Point Seven:
☐ Yes  ☐ No
The International Code Compliance

8.1A According to the **manager/BFCI Leader** the service complies with the BFCI standards for the International Code of Marketing of Breastmilk Substitutes:

- [ ] Yes
- [ ] No

Comments:

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8.2A Interviews of **pregnant women, breastfeeding and non-breastfeeding mothers** confirm they have not received any of the following from the staff of the service:

- Promotion of a particular brand of formula
- Leaflets from formula company promoting formula feeding or related supplies
- A gift or sample including formula, bottles or other related supplies

- [ ] Yes
- [ ] No

Comments:

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8.3A Interviews with **non-breastfeeding mothers** confirmed they were shown how to prepare infant formula on a one-to-one basis:

- [ ] Yes
- [ ] No

Comments:

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8.4A Interviews with **Health workers** in the service, confirmed their knowledge of the International Code of Marketing of Breast-milk Substitutes support breastfeeding the positive impact it has on their practice:

- [ ] Yes
- [ ] No

Comments:

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To meet this BFCI standard the service must show compliance to all of the criteria identified in the BFCI Assessment Site Observation and Data Collection report page 16.

Comments:

Recommendations:

The service meets the BFCI criteria for compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant resolutions:

☐ Yes  ☐ No
Summary: BFCI Compliance as it applies to the Treaty of Waitangi

9.1A The number of health service workers able to identify considerations they need to be aware of when caring for Maori women and their Whanau was:

☐ Acceptable  ☐ Unacceptable  ☐ N/A

Comments:

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To meet this BFCI standard the service must show compliance to all of the criteria identified in the BFCI Assessment Site Observation and Data Collection report page 17

Comments:

Recommendations:

This Service meets the compliance standards to BFCI as it applies to the Treaty of Waitangi

☐ Yes  ☐ No

Feedback from the Māori Assessor:

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Standards of Care for the Non-breastfeeding Mother and her Baby.

All personnel within the service must ensure that their knowledge about artificial feeding is current. This is to ensure that all mothers are provided with clear, accurate and impartial information so that they can make an informed decision on how to feed their babies.

The service has a written artificial feeding policy for the feeding of a breastmilk substitute. This policy is routinely communicated to all providers who have contact with pregnant women, and/or mothers and babies.

This policy must include:
- Information for health workers and family/whanau regarding disadvantages associated with the use of infant formula.
- The implications of formula feeding
- The importance of skin-to-skin contact
- Safe preparation of infant formula
- Safe handling and feeding of formula and sterilisation of equipment
- Responsive (cue-based) feeding with guidelines for appropriate intake
- Rooming-in and co-sleeping
- Safe and unsafe sleep practices
- Referral to parenting / well child services
- A minimum 3 yearly review date

This policy must be self-audited annually

Health Practitioner/Worker Education:
An education programme must be available showing the curriculum which will ensure that these providers, have completed the standards, as described in the BFCI Documents for Aotearoa New Zealand, and will receive further updates, as required, to ensure competency is maintained.

This education will include:
- the disadvantages associated with feeding a baby infant formula
- the importance of skin-to-skin contact
- the importance of rooming-in 24 hours a day
- responsive (cue based) feeding with guidelines for appropriate intake
- safe preparation and use of infant formula

A copy of the course outline for training on the support of non-breastfeeding mothers should be available for review.

Antenatal Education:
A written description of the minimal content of the antenatal education provided to the woman who is unable to breastfeed/has decided to feed her baby infant formula is available.

This education will include:
- the disadvantages associated with feeding a baby infant formula
- the importance of skin-to-skin contact
- the importance of rooming-in 24 hours a day
- responsive (cue based) feeding with guidelines for appropriate intake
- safe preparation and use of infant formula
- peer and parent support group contacts on discharge
All information given to these mothers must be free from advertising and comply with the Code.

All education/information offered to pregnant women, who have a sound clinical indication for which breastfeeding is not recommended, will be available to the assessment team.

**Care of the Non-breastfeeding mother and her baby:**
Documentation of the care for the non-breastfeeding mother and her baby will be available for review by the assessors at the time of audit.

A review of documentation indicates that printed information is discussed and distributed to mothers on an individual basis as set down in the criteria of the *BFCI Documents for Aotearoa New Zealand*.

All information offered to these women will be available.

**To pass the BFCI standards of care for the non-breastfeeding mother and her baby the service must show compliance to all applicable questions relating to the above criteria.**

Assessors will interview non-breastfeeding and partially breastfeeding mothers.

10.1A The artificial feeding policy is located:

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10.2A According to the **manager/BFCI Leader** of the service:

- antenatal care/education on infant feeding is discussed on an individual basis with women who have decided to artificially feed:  
  Yes  No
- staff are educated to support and assist these women according to the BFCI standards of care:  
  Yes  No
- non-breastfeeding mothers are told the implications associated with feeding a baby a breastmilk substitute:  
  Yes  No
- the non-breastfeeding mothers are advised, and shown, how to safely feed their infant according to the BFCI standards of care:  
  Yes  No

Comments:

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10.3A The number of **Level Three (Specialist) health workers** who:

- reported they had received orientation to the artificial feeding policy was:
  Acceptable  Unacceptable
- were able to describe how to safely prepare and feed infant formula was:
  Acceptable  Unacceptable
10.4A The number of non-breastfeeding mothers who reported that providers in the service discussed with them:

- how to recognise their baby’s cues to feed with guidelines for appropriate intake was: □ Acceptable □ Unacceptable
- how to prepare their baby’s feeds, and how to feed their baby safely was: □ Acceptable □ Unacceptable
- the disadvantages associated with the preparation of formula feeds was: □ Acceptable □ Unacceptable
- the preparation of formula in compliance with the International Code was: □ Acceptable □ Unacceptable
- safe and unsafe sleep practices: □ Acceptable □ Unacceptable
- information about how or where to get help in the community, if they had problems with feeding their baby was: □ Acceptable □ Unacceptable

Comments:
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10.5A The number of non-breastfeeding mothers who reported that they had not received any leaflets, gifts or samples (including formula, bottles or other related supplies) promoting a particular brand of formula was:

□ Acceptable □ Unacceptable

Comments:
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10.6A The number of mothers who reported that they were supported by the service in their infant feeding decisions was: □ Acceptable □ Unacceptable □ N/A

Comments:
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Comments:

Recommendations:

This service meets the Baby Friendly Standards of Care for the non-breastfeeding mother and her baby:

☐ Yes  ☐ No
11. Feedback for the Health services
Suggestions and comments made to the BFCI assessors during the audit
Baby Friendly Community Initiative for Aotearoa New Zealand

BFCI Assessment: Site Observation & Data Collection Document B

Name of Service:
Dates of Assessment:
Lead Assessor:
Contents: Site Observation and Data Collection Document B

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### Service Data Sheet

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<tr>
<th>Health workers Designations</th>
<th>Number on Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers</td>
<td></td>
</tr>
<tr>
<td>Well Child/Tamariki Ora Nurses</td>
<td></td>
</tr>
<tr>
<td>Practice Nurses</td>
<td></td>
</tr>
<tr>
<td>General Practitioners</td>
<td></td>
</tr>
<tr>
<td>LMC Midwives</td>
<td></td>
</tr>
<tr>
<td>Lactation Consultants</td>
<td></td>
</tr>
<tr>
<td>Family Start workers</td>
<td></td>
</tr>
<tr>
<td>Telephonists</td>
<td></td>
</tr>
<tr>
<td>Receptionists</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Number in the Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation to the Policy Only</td>
<td></td>
</tr>
<tr>
<td>New Employees</td>
<td></td>
</tr>
<tr>
<td>Level One (Awareness)</td>
<td></td>
</tr>
<tr>
<td>Level Two (Generalist)</td>
<td></td>
</tr>
<tr>
<td>Level Three (Specialist)</td>
<td></td>
</tr>
</tbody>
</table>
Ethnicity

Please list below the ethnic groups served by your service and the approximate proportion of the client population each would represent:

**Data collected from** to 20.....
(Data from the last year’s statistics i.e. these need to be current and add up to 100%)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>.....................................................</td>
<td>........%</td>
</tr>
<tr>
<td>.....................................................</td>
<td>........%</td>
</tr>
<tr>
<td>.....................................................</td>
<td>........%</td>
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<tr>
<td>.....................................................</td>
<td>........%</td>
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<tr>
<td>.....................................................</td>
<td>........%</td>
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<tr>
<td>.....................................................</td>
<td>........%</td>
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<td>.....................................................</td>
<td>........%</td>
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<tr>
<td>.....................................................</td>
<td>........%</td>
</tr>
<tr>
<td>.....................................................</td>
<td>........%</td>
</tr>
<tr>
<td>.....................................................</td>
<td>........%</td>
</tr>
</tbody>
</table>

**Total** 100%
### Data Collected During the Assessment:

#### Table A:
Numbers of infants who have been enrolled with service since the Service Evaluation was completed.
(Ages of infants should approximate to the data collection age)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>20…..</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In the past</th>
<th>No. mother / infant pairs</th>
<th>6 week infants</th>
<th>3 month infants</th>
<th>6 month infants</th>
<th>12 month infants</th>
<th>Total Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>One month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Table B1:
Feeding records at first contact for those infants who were seen, enrolled or transferred to the service since the Service Evaluation was completed

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>20…..</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. mother / infant pairs</th>
<th>At discharge from the facility</th>
<th>At 2 weeks of age</th>
<th>At 6 weeks of age</th>
<th>At 3 months of age</th>
<th>6 months of age</th>
<th>12 months of age</th>
<th>Total Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. exclusively breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. fully breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. partial breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. artificial feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table B2:
Feeding records for those infants in the service since the Service Evaluation was completed - applicable only if seen by the service at least twice during this period.

From 20.....

<table>
<thead>
<tr>
<th>Duration</th>
<th>At discharge from the facility</th>
<th>At 2 weeks</th>
<th>At 6 weeks</th>
<th>At 3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>Total Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. mother / infant pairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. exclusively breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. fully breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. partial breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. artificial feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How was the Infant Feeding Data Obtained?

- [ ] From records  Data provided by ............................................................
- [ ] Data is not collected:  [ ] Some data is available: [ ]
- Processes have been commenced to collect this data:  [ ]

Comments:

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Overview of Breastfeeding Data

Breastfeeding standards

Services are assessed on their collection and recording of data

Breastfeeding rates over the past twelve months:
Rates of **Exclusive breastfeeding**
At initiation .................................................................
At 2 weeks .................................................................
At 6 weeks .................................................................
At 3 months ............................................................... 
At 6 months ............................................................... 

Rates of **Full breastfeeding**
During initiation ...........................................................
At 2 weeks .................................................................
At 6 weeks .................................................................
At 3 months ............................................................... 
At 6 months ............................................................... 

Rates of **partial breastfeeding**
During initiation ...........................................................
At 2 weeks .................................................................
At 6 weeks .................................................................
At 3 months ............................................................... 
At 6 months ............................................................... 
At 1 year .................................................................
At 2 years ...............................................................

Rates of **artificial feeding** for
Infants at birth ............................................................
At 2 weeks .................................................................
At 6 weeks .................................................................
At 3 months ............................................................... 
At 6 months ............................................................... 
At 1 year .................................................................
At 2 years ...............................................................
Review of Written Breastfeeding Policy

1.1 The **Breastfeeding Policy includes** all of the following:

- all of the seven points in the Seven Point Plan
- the key points of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
- mothers and / or babies for whom breastfeeding is not recommended due to a sound clinical reason/medical indications, receive the appropriate guidance / counselling on feeding options suitable to their situation
- indicate which health care provider will act as the point of first referral for mothers experiencing common breastfeeding challenges
- based on accurate and evidence based guidelines
- a mechanism to audit the policy on an annual basis
- the dates of audit and review of the policy (including the guidelines) are apparent in the policy
- reviewed at least every three years
- based on accurate and evidence based guidelines
- makes provision for health workers to continue to breastfed on their return to work and provides facilities for expressing and storing breastmilk

Comments:

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1.2 The **consultation process** included the following groups:

- staff/workers in the service at each review;
- service providers (includes LMC’s);
- Maori (including Maori health units, Kaumatua and Iwi);
- consumer organisations;
- Pacific Peoples; and
- other ethnic groups who represent over 5% of the clientele of the service

Comments:

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________________________________________________________________________
________________________________________________________________________
1.3 **Documentation of the consultation** process undertaken by the service is available.

- Yes
- No

Comments:

- 
- 
- 
- 
- 

1.4 The **abridged version** of the Breastfeeding Policy is:

- □ displayed in an easily understood form in all areas providing services to mothers and babies
- □ displayed in the language(s) and wording most commonly understood by consumers and health workers
- □ highly visible throughout the service

Comments:

- 
- 
- 
- 
- 

Review of Staff Education

2.1 Education records indicate:

- at least 80% of each level of staff are educated according to the standards as outlined in the BFCI documents for Aotearoa New Zealand
- Approximately how many workers have received this training, according to records:

<table>
<thead>
<tr>
<th>Level</th>
<th>Staff</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level One (Awareness) staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level Two (Generalist) staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level Three (Specialist) staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level Four (Expert) staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff numbers</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- a training schedule is available for new staff/workers
- there is an education and training programme for clinical staff working directly with breastfeeding mothers
- education records are maintained of the infant feeding education sessions attended by staff/ health workers

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2.2 The Curriculum:

- is available for review
- covers all mandatory topics for each level of health worker as identified in the standards for Point Two
- shows a commitment to the annual ongoing requirements for all health workers

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### Summary – Point Two

#### Education requirements

**Level 1 provider/worker – ‘awareness’**
Level One Awareness staff must complete 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 3 years.

This education must include:
- the importance of breastfeeding
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions

**Level 2 provider/worker - ‘generalist’**
Level Two Generalist staff must complete 2 hours of infant feeding education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to 6 hours in the previous 3 years.

This education must include:
- the importance of breastfeeding
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions
- basic information on breastfeeding support and management.

**Level 3 provider/worker – ‘specialist’**
Level Three Specialist staff must have completed the mandatory requirement of 21 hours of infant feeding education and, following this, ongoing education should equate to a minimum of 4 hours of infant feeding education annually. This ongoing annual education includes a minimum of 1 hour of clinical education. A 30 minute Breastfeeding for Māori Women education session must be attended during a 3 yearly ongoing education period.

This education must include:
- the importance of breastfeeding
- the importance of exclusive breastfeeding to six months
- the implications of formula feeding
- the guiding principles of The Seven Point Plan
- the content of The Seven Point Plan
- the protection of breastfeeding including the WHO International Code of Marketing of Breast- milk Substitutes and subsequent relevant World Health Assembly resolutions
- breastfeeding for Māori women, which reflects input from iwi or other relevant Māori groups/community organisations
- basic information on breastfeeding support and management.
- skill development related to breastfeeding support and management.
- attitudes and barriers to breastfeeding
- community resources that support breastfeeding
Review of the Antenatal Education

The section is applicable to the service: □ Yes   □ No

3.1 The curriculum covers:
- the importance of exclusive breastfeeding for the first six months
- the importance 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
- feeding on demand or baby-led feeding
- positioning and attachment of the baby at the breast
- the importance of sustained breastfeeding after six months of age
- breastfeeding support services in the community
- the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3.2 Handouts / information available covers:
- the importance of exclusive breastfeeding for the first six months
- the importance 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
- feeding on demand or baby-led feeding
- positioning and attachment of the baby at the breast
- the importance of sustained breastfeeding after six months of age
- breastfeeding support services in the community
- the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3.3 **Handouts and information** are:

- [ ] current, appropriate, ethically and culturally appropriate
- [ ] separate from information about artificial feeding
- [ ] free of promotional material that does not comply with The International Code

Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3.4 **Documentation** used in the service:

- [ ] identifies which breastfeeding topics have been discussed with pregnant women

Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Review of Infant Feeding Management

4.1 Evidence is seen confirming the following:

- discussion occurs with mother on breastfeeding progress at each contact refer mothers to the appropriate support (a Lactation Specialist) when breastfeeding problems occur
- documentation in the woman’s notes regarding the discussion/information given on infant feeding following each visit

Comments:

(Office Use only: Enter in Final Document at 4.0)

4.2 Handouts are available covering the following:

- the importance of breastfeeding
- the importance of exclusive breastfeeding for six months
- the importance for the mother and child of continued breastfeeding to two years and beyond
- the introduction of appropriate, adequate and safe complementary foods
- the preparation, appropriate amount, storage and feeding of complementary foods
- safe and unsafe sleep practices
- the importance of a smokefree environment
- teething while breastfeeding
- tandem feeding
- contraception compatible with breastfeeding
- workplace support / human rights in place that support and sustain breastfeeding to assist them make informed decisions regarding:
  - the use of artificial baby milks
  - the use of dummies or teats
  - the difficulty of reversing premature weaning

Comments:

(Office Use only: Enter in Final Document at 5.0)
4.3 The **service has facilities / amenities** to support an employee to breastfeed or express at work

- an public area where mothers can breastfeed
- an area available for mothers who prefer to breastfeed privately
- facilities/amenities to support an employee to breastfeed or express at work
- visible signage, in relevant languages representative of the service clientele, indicating the availability of these areas
- protocols or mechanisms for complaints and ongoing feedback about the service and/or its environment

Comments: The section **is applicable** to the service: ☐ Yes ☐ No

(Office Use only: Enter in Final Document at 6.5)

4.4 **Systems are in place:**

- which communicates a mother’s breastfeeding progress at LMC handover
- which communicates a mother’s breastfeeding progress as she moves between services in the community
- which ensures breastfeeding concerns dealt with in an appropriate and timely manner
- to obtain feedback from the local community

Comments:

(Office Use only: Enter in Final Document at 7.5)
Compliance with the International Code

5.1 Review of the **service** indicates:

- it is free from professional support items sponsored by companies which manufacture and market items covered under The International Code
- it is free from the promotion of artificial baby milks, bottles, teats and dummies
- health workers and volunteers refrain from the distribution of the artificial baby milks and other items that contravene The International Code
- all products, within the scope of the Code are brought at wholesale or not less than 80% retail prices
- all products, within the scope of the Code are kept out of view of pregnant women, mothers and their families
- infant formula is purchased in accordance with the Policy
- infant formula purchase records are available for verification purposes
- infant formula is rotated on a regular basis
- the facility has a written policy on WHO Compliance
- the Policy identifies the contact person within the service for formula representatives
- marketing personnel are denied contact with pregnant women, mothers and their families
- any gift bags, given out by the service, contain nothing that could interfere with the initiation and establishment of breastfeeding
- there are no words / pictures displayed in the service that idealise the use of products identified within the scope of the Code
- the service and its employees do not promote nor advertise products (within the scope of the Code) to the general public
- pregnant and non-breastfeeding women are taught about formula feeding on an individual basis

Comments:

______________________________________________________________________________________________________________________________________________________

*(Office Use only: Enter results in Final Document at 8.1)*

5.2 **Education materials** for women explain:

- the importance and superiority of breastfeeding
- the social and financial implications of the use of infant formula
- the risks of unnecessary or improper use of formula

Comments:

______________________________________________________________________________________________________________________________________________________

*(Office Use only: Enter results in Final Document at 8.1)*
Compliance as it applies to the Treaty of Waitangi

6.1 The **Breastfeeding Policy**:

- ☐ incorporates the Treaty of Waitangi and the principles of protection, partnership and participation are intertwined throughout the document
- ☐ links to other Maori health policies and plans
- ☐ has been circulated as part of a consultation process to Iwi providers and relevant Maori health services and community organisations
- ☐ is displayed as an abridged version in Maori

Comments:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

6.2 **Health Worker cultural education**:

- ☐ includes ‘Breastfeeding for Maori Women’ for the Level Three (Specialist) staff
- ☐ this education has been completed by at least 80% of Level 3 staff, with session outlines and names of presenters available

Comments:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

6.3 **Systems** are in place which insure:

- ☐ to ensure culturally appropriate information is given to breastfeeding women on breastfeeding support groups
- ☐ Maori representation is included on advisory and consultation groups
- ☐ Relationships exist between the service and the following:
  - ☐ Iwi providers
  - ☐ Māori Health Providers
  - ☐ Community organisations e.g. Māori Women’s Welfare League, Te Kohanga Reo
- ☐ Processes are in place for Māori to participate in the service review, development and evaluation
- ☐ Whanau are included in the care of pregnant and breastfeeding mothers within this service
- ☐ Kaumatua support, Māori health worker or culturally appropriate support is available if required
- ☐ The service fosters an environment that is culturally appropriate and supportive.
Review of the care of the non-breastfeeding mother

7.1 The **Artificial Feeding Policy** includes:

- appropriate support for the mother who has decided to artificially feed her baby
- information for health workers and family/whanau regarding the implications associated with the use of infant formula
- the importance of skin-to-skin contact;
- information on the safe preparation, handling and feeding of infant formula
- responsive (cue-based) feeding with guidelines for appropriate intake
- rooming-in and co-sleeping
- safe and unsafe sleep practices
- referral to parenting / well child services
- a minimum 3 yearly review date which is clearly visible
- is self-audited annually
- addresses the main points of the International Code of Marketing of Breast-milk substitutes and subsequent relevant WHA resolutions

Comments:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

(Office Use only: Enter overview in Final Document at 10.0)

7.2 **Handouts** for the non-breastfeeding mother are:

- appropriate
- separate from breastfeeding information
- contain the implications of formula feeding
- Code compliant
- discussed and given out on an individual basis

Comments:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

(Office Use only: Enter results in Final Document at 10.7)
7.3 **Non-breastfeeding mothers** are given information to help them make informed decisions regarding:

- ☐ the use of artificial baby milks
- ☐ the use of dummies or teats
- ☐ the difficulty of reversing premature weaning

Comments:

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*(Office Use only: Enter results in Final Document at 10.8)*