WHO / UNICEF

Baby Friendly Hospital Initiative

Part Three

Pre-Assessment Questionnaire

Section A: Information for Services
## Contents Part Three Section A

- Using the Pre-Assessment Questionnaire to Assess Policies and Practices ........ 3
- The Baby Friendly Designation Process ................................................................. 4
- Pre-Assessment / Site visit requirements ............................................................... 5
- Ethnicity and Infant Feeding Status Data Collection ........................................... 9
- New Zealand Ministry of Health Breastfeeding Definitions ................................ 10
- Infant Feeding Data .................................................................................................. 11
- Infant Feeding Data associated with ethnicity ..................................................... 13
- Clientele Ethnicity Data .......................................................................................... 14
- Informed Consent Form ........................................................................................... 16
- Evaluation of Education Requirements ................................................................. 17
Section A:
Using the Pre-Assessment Questionnaire to Assess Policies and Practices

Introduction
Any maternity facility that is interested or has become a Baby Friendly facility should appraise its current practices with regard to the *Ten Steps to Successful Breastfeeding and subsequent standards* to ensure that it meets or continues to meet the *Global Criteria (Refer Part Two – The New Zealand Criteria)*. This *Part Three – Pre-Assessment Questionnaire* was developed for use by maternity facilities, to evaluate how their current practices measure up to the *Ten Steps to Successful Breastfeeding* elaborated in the 1989 WHO/UNICEF Joint Statement, *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services* and subsequent standards. It also assists facilities in determining how well they comply with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, compliance to the Treaty of Waitangi and the support provided to the non-breastfeeding mother.

*Part Three – Pre-Assessment Questionnaire* will assist the BFHI Coordinator or suitable delegate to appraise or review the facility’s practices in terms of support of the principles of the Baby Friendly Hospital Initiative. Completion of this questionnaire is required by all maternity services prior to being accredited / reaccredited for Baby Friendly designation. The questionnaire will be required to be submitted to NZBA for pre-assessment purposes.

**Section A:** This is not required by the New Zealand Breastfeeding Authority (NZBA). This information is for your use to assist you with the process.

**Section B:** Complete the document which is applicable to your service (Primary, Tertiary and Secondary) and submit to NZBA with associated documentation.
The Baby Friendly Designation Process

The facility should:

- Obtain *Part Two - The New Zealand Criteria and Part Three – Pre-Assessment Questionnaire* and follow through the steps recommended by NZBA
- Appraise (assess) its practices using *Part Three – Pre-Assessment Questionnaire*
- Develop an action plan and implement the necessary changes in the areas identified in the questionnaire
- Apply to NZBA for BFHI assessment
- Undergo the BFHI assessment

Once accreditation is achieved the facility must:

- Complete and return to NZBA, a *Part Five BFHI Annual Survey*
- Be reassessed every three years to maintain accreditation or every four years for services who meet the criteria

Refer

UNICEF / WHO Baby Friendly Hospital Initiative Revised, Updated and Expanded for Integrated Care, Section One Background and Implementation 2009
Pre-Assessment / Site visit requirements

To assist NZBA with the assessment process we request that the facility provides all of the documentation listed below at least six weeks prior to the actual date of assessment. By providing this documentation it ensures NZBA, the assessment team and the facility are prepared in advance and any remedial action (if required) can be undertaken prior to assessment. If a facility has difficulty in providing the required information within the given timeframe please contact NZBA office.

Please Note: For any associated information regarding handouts or information required refer to the applicable Step in the BFHI Documents: Part Two

Site Documentation
- Layout of site

Requirements:
The completed Part Three Pre-Assessment Questionnaire Section B which includes the following:

Infant feeding Data
- facility feeding records for births and transfers (if appropriate) for the last year
- infant feeding data relating to ethnicity

Step One
- copy of the full Breastfeeding Policy
- evidence and information outlining the consultation process
- consultation list which represents facility staff, Māori, Pacific and consumer groups as well as any other ethnic group representing over 5% of the clientele accessing the service; and
- consultation correspondence received to date
- list of the areas where the policy (or summary) is displayed. All supporting policies / documentation relating to Step One

Step Two
- a copy of the plan used to schedule staff for training within six months of commencing their role
- breastfeeding policy orientation process and notification when updates /reviews occur
- a list of all staff, i.e. those who have any contact with pregnant women, mothers, and/or babies
  This list must include the staff members:
  - commencement date of employment
  - designation
  - evidence and dates of completion of the mandatory education component
  - education courses attended
  - the date the education was received
  - the number of education hours received to date
  - course outlines
  - the type of clinical supervision given; and
  - evidence of ongoing in-service training within the last three or four years, depending on length of time between assessments as approved by NZBA
- all supporting policies / documentation relating to Step Two
Step Three
- a copy of the antenatal education programme
- copies of the antenatal handouts / leaflets
- all supporting policies / documentation relating to Step Three
- signed consent forms (see page 7 for details)

Step Four
- signed mother consent forms (See page 7 for details)
- all supporting policies / documentation relating to Step Four

Step Five
- information / handouts given to new mothers
- all supporting policies / documentation relating to Step Five

Step Six
- informed consent process
- all supporting policies / documentation relating to Step Six

Step Seven
- all supporting policies / documentation relating to Step Seven

Step Eight
- all supporting policies / documentation relating to Step Eight e.g. cue cards

Step Nine
- all supporting policies / documentation relating to Step Nine, e.g. nipple shield policy

Step Ten
- all handouts given to mothers prior to discharge
- the follow-up support system in place at the facility
- list of the locations where the information on the support groups is displayed
- list of the current support groups available to postnatal women in the community and how this information is communicated to postnatal women
- all supporting policies / documentation relating to Step Ten

The Code Compliance
- the Code Compliance Policy (if a separate policy)
- evidence that formula is purchased at wholesale or no less than 80% of the retail price
- infant formula usage records including documented evidence showing brand rotation
- all supporting policies / documentation relating to WHO Code Compliance
- the policy on the visitation of formula company representatives

BFHI the Treaty of Waitangi (ToW)
- a copy of the summary of the Breastfeeding Policy in Māori
- documentation of consultation undertaken with Māori on the Breastfeeding Policy
- copies of the cultural policies, supporting documentation and Māori Health Plan
- outline of the cultural education and contact details for the person providing the education
- list of key contacts for the Māori Health Unit, Māori health providers, community organisations, kaumatua support

Standards of care for the non-breastfeeding woman
- signed mother consent forms (see below for more details)
- artificial feeding policy
- information / handouts given to non-breastfeeding mothers
- all supporting policies / documentation relating to the Standards of Care for the non-breastfeeding woman

Consents
Consents need to be submitted and interviews completed by six weeks before assessment. In some small units consents may need to begin to be collected and submitted at least three to four months in advance of the site visit.

Informed consents for Antenatal Women (refer below for guidelines, see page 15 for the number of consents required)
These interviews are applicable if the facility meets Section A under the standards for Step Three (Part Two Page 14)
The facility provides:
- primary care
- breastfeeding/antenatal classes
- a venue on-site for a contracted antenatal educator to run the antenatal classes
- handover of care during pregnancy

The consents for interviews must be available at the forwarded to NZBA at least two months prior to assessment. The antenatal women must be at least 32 weeks pregnant, or if post-partum, then the baby should be less than six weeks of age.

Informed consents for Postnatal Women (refer page 15 for the number required).
The ideal women to be interviewed are those who have birthed assisted by a core midwife or if the core midwife has been involved in putting the baby skin-to-skin and assisted in the initiation of the first breastfeed. These consents must be forwarded to NZBA at least two months prior to assessment and the baby should be less than six weeks of age.

Site visit requirements

Staff Interviews (refer page 15 for numbers required)
Staff interviews will be face-to-face and will be carried out by random selection. Staff, must make themselves available, on request for interview. These interviews must be available at the time of assessment. All levels of staff available within the service will be interviewed. A selection of clinical staff (Level Three), medical staff (Level Two) and non-clinical staff / anaesthetist staff (Level One) will be interviewed.

The security requirements of the facility (after hours) and safety procedures (e.g. fire exits).
A secure room for assessors that is lockable, with fixed phone access, where telephone or staff interviews can be performed in private, ideally within the maternity unit, or in close proximity to the ward(s).

Contacts for DHB Maternity Management / Māori Health Unit / Cultural Advisor.
Ethnicity and Infant Feeding Status Data Collection

NZBA requires ethnicity data for both the mother and the baby; this will enable the accurate calculation of breastfeeding rates for mothers and babies.

Collecting high quality ethnicity data will help to determine if strategies to improve breastfeeding rates are effective. This data will provide essential information to address disparities amongst people of varying ethnicities.

NZBA are required to obtain the ethnic breakdown of the infant feeding statistics, at discharge, from facilities. Data is required from both mother and baby records as the ethnicity disparity between this data can vary between 7 – 11%. Ethnicity data collection is governed by protocols set by the Ministry of Health.

**Mother’s Ethnicity**
Mothers must identify their own ethnicity (self-identification).
The person recording ethnicity data must not guess ethnicity on behalf of the respondent, transfer the information from another form, or limit the number of ethnicities to be given.

Where more than one ethnic group is identified the ethnicity of the respondent is determined by default in the following order, Māori, Pacific peoples, Asian, other groups except NZ European; and NZ European\(^1\).

**Infant’s Ethnicity**
The infant ethnicity is determined by the parent(s). Systems should not default ethnicity to that of the mother. Where no ethnicity is provided by the parent(s) it should be recorded as “not stated”

**Reference**

\(^1\) Refer to Ethnicity Data Protocols for the Health and Disability Sector page 19.
New Zealand Ministry of Health 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.

**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.

* Prescribed as per the Medicines Act 1981

From: Breastfeeding Definitions For Monitoring The National Health Outcome Targets In New Zealand. MOH. New Zealand. Feb 1999

---

**Ever Breastfed:**

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

To gain this figure:
Add together the number of infants who at discharge were exclusive, fully or partially breastfed, and include the infants who have breastfed, or received breastmilk, even just once, but are discharged artificially feeding.
Infant Feeding Data:

Infant feeding data from records or staff report at discharge of mothers from the maternity facility:
The standard required is at least 75% of infants are exclusively breastfed at discharge
The facility needs to have results that are consistently over 75% per month. Occasionally there may be one month that does not meet the standard. NZBA requires data for one full year to verify this.

The breastfeeding rates for primary units are taken from the births at the facility as well as the transfers in.

Primary units need to complete tables A, B1 and B2:
The breastfeeding data needs to include information on:
1. births in the facility (Table A); and
2. infants transferred in to the facility (Tables B1 & B2)

The exclusive breastfeeding rate is obtained from:
• the number of those infants born in the facility and those who at the time of transfer are exclusively breastfed
• the number of those exclusively breastfed at discharge

Note: If you require further explanation on breastfeeding data or record keeping, please contact NZBA

Example of Table A:

<table>
<thead>
<tr>
<th>Month</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No of Births</td>
<td>130</td>
<td>124</td>
<td>137</td>
<td>122</td>
<td>132</td>
<td>121</td>
<td>127</td>
<td>135</td>
<td>140</td>
<td>134</td>
<td>122</td>
<td>124</td>
<td>1548</td>
</tr>
<tr>
<td>Ever initiated breastfeeding</td>
<td>129</td>
<td>122</td>
<td>135</td>
<td>119</td>
<td>129</td>
<td>118</td>
<td>124</td>
<td>130</td>
<td>136</td>
<td>129</td>
<td>119</td>
<td>119</td>
<td>1509</td>
</tr>
<tr>
<td>No. exclusively breastfeeding</td>
<td>121</td>
<td>112</td>
<td>127</td>
<td>114</td>
<td>122</td>
<td>110</td>
<td>120</td>
<td>121</td>
<td>129</td>
<td>124</td>
<td>115</td>
<td>113</td>
<td>1428</td>
</tr>
<tr>
<td>No. fully breastfeeding</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>No. partially breastfeeding</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>62</td>
</tr>
<tr>
<td>Artificially feeding</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>49</td>
</tr>
<tr>
<td>Not recorded</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Transfers-in** (Section B: Tables B1 and B2)
(The data for these infants, is required on admission and also at discharge) These tables are formatted the same as Table A)

For the BFHI audit, the facility’s exclusive breastfeeding rate is also assessed using the data below. The facilities exclusive breastfeeding rate at discharge should not be affected by those infants who arrive at the facility, having already received a breastmilk substitute.

This data reflects the facility’s protection and support of breastfeeding.

**Below is an example** of how to ascertain your exclusive breastfeeding rate (for BFHI purposes) from the tables above (Tables B1 and B2).

Births at the facility over the past twelve months: **114 (92 discharged exclusively breastfeeding)**

**Transfers-in** to the unit (Table B1)

<table>
<thead>
<tr>
<th>Month</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No of Transfers-in</td>
<td>130</td>
<td>124</td>
<td>137</td>
<td>122</td>
<td>132</td>
<td>121</td>
<td>127</td>
<td>135</td>
<td>140</td>
<td>134</td>
<td>122</td>
<td>124</td>
<td>1548</td>
</tr>
<tr>
<td>No. exclusively breastfeeding on admission</td>
<td>121</td>
<td>112</td>
<td>127</td>
<td>114</td>
<td>122</td>
<td>110</td>
<td>120</td>
<td>121</td>
<td>129</td>
<td>124</td>
<td>115</td>
<td>113</td>
<td>1428</td>
</tr>
</tbody>
</table>

**Transfers-in** (data recorded on discharge from the Unit) Table B2

<table>
<thead>
<tr>
<th>Month</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No of Transfers-in</td>
<td>130</td>
<td>124</td>
<td>137</td>
<td>122</td>
<td>132</td>
<td>121</td>
<td>127</td>
<td>135</td>
<td>140</td>
<td>134</td>
<td>122</td>
<td>124</td>
<td>1548</td>
</tr>
<tr>
<td>No. exclusively breastfeeding on discharge</td>
<td>115</td>
<td>108</td>
<td>121</td>
<td>110</td>
<td>116</td>
<td>102</td>
<td>115</td>
<td>114</td>
<td>121</td>
<td>119</td>
<td>109</td>
<td>106</td>
<td>1356</td>
</tr>
</tbody>
</table>

**Exclusive Breastfeeding rate (for BFHI purposes) is derived by:**

Add number of births at the facility with the number of women transferred in exclusively breastfeeding (114 + 1428 = 1542). Add the number discharged exclusively breastfeeding (of the women who birthed at your unit) and those that transferred-in (92 + 1356 = 1448)

1448 ÷ 1542 = 0.939 x 100 (%) = **93.9%** exclusive breastfeeding rate.
Infant Feeding Data associated with ethnicity

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

**Please note:**
- Data should include numbers from the year’s statistics.
- Data needs to be current and add up to 100%.
- Only groups represented by over 2% of the total should be identified individually.

**Example of data required:**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Ever Initiated Breastfeeding</th>
<th>Exclusively Breastfeeding</th>
<th>Fully Breastfeeding</th>
<th>Partially Breastfeeding</th>
<th>Artificially Feeding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ European</td>
<td>452 (98.3%)</td>
<td>409 (88.9%)</td>
<td>3 (0.65%)</td>
<td>26 (5.65%)</td>
<td>22 (4.8%)</td>
<td>460 (100%)</td>
</tr>
<tr>
<td>NZ Māori</td>
<td>126 (96.9%)</td>
<td>93 (71.5%)</td>
<td>21 (16.2%)</td>
<td>16 (12.3%)</td>
<td>130 (100%)</td>
<td></td>
</tr>
<tr>
<td>Samoan</td>
<td>90 (96.8%)</td>
<td>70 (75.3%)</td>
<td>15 (16.1%)</td>
<td>8 (8.6%)</td>
<td>93 (100%)</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>76 (93.8%)</td>
<td>39 (48.1%)</td>
<td>2 (2.5%)</td>
<td>28 (34.6%)</td>
<td>81 (100%)</td>
<td></td>
</tr>
<tr>
<td>Other Asian</td>
<td>30 (93.75%)</td>
<td>18 (56%)</td>
<td>4 (12.5%)</td>
<td>10 (31.5%)</td>
<td>32 (100%)</td>
<td></td>
</tr>
<tr>
<td>Other Pacific Islanders</td>
<td>46 (97.8%)</td>
<td>33 (70.2%)</td>
<td>4 (8.5%)</td>
<td>10 (21.3%)</td>
<td>47 (100%)</td>
<td></td>
</tr>
<tr>
<td>Other European</td>
<td>34 (89.5%)</td>
<td>26 (68.5%)</td>
<td>1 (2.6%)</td>
<td>7 (18.4%)</td>
<td>38 (100%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>16 (94%)</td>
<td>12 (70.6)</td>
<td>2 (11.8%)</td>
<td>3 (17.6%)</td>
<td>17 (100%)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>870 (96.9%)</td>
<td>700 (77.9%)</td>
<td>6 (0.7%)</td>
<td>107 (11.9%)</td>
<td>85 (9.5%)</td>
<td>898 (100%)</td>
</tr>
</tbody>
</table>
**Clientele Ethnicity Data**

A facility’s ethnicity data provides a guide as to:
- which groups need to be consulted in the breastfeeding policy development, i.e. groups that comprise of 5% or more must be consulted
- the languages the Ten Steps to Successful Breastfeeding should be available in

Consultation with local Māori is essential in all cases

Note: When the facility is being assessed, the assessors will endeavour to interview women to reflect ethnicity mix.

Below is a sample showing the data in the format to be forwarded to NZBA when forwarding your Pre-Assessment Questionnaire. This identifies groups served in a facility and the approximate proportion of the client population each would represent:

*The number and percentage should be from the previous year’s data. These need to be current and add up to 100%*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZ European</td>
<td>1286</td>
<td>69.7%</td>
</tr>
<tr>
<td>NZ Maori</td>
<td>204</td>
<td>11%</td>
</tr>
<tr>
<td>Samoan</td>
<td>192</td>
<td>10.4%</td>
</tr>
<tr>
<td>Chinese</td>
<td>87</td>
<td>4.7%</td>
</tr>
<tr>
<td>Pacific Island Other</td>
<td>34</td>
<td>1.85%</td>
</tr>
<tr>
<td>Asian Other</td>
<td>23</td>
<td>1.25%</td>
</tr>
<tr>
<td>European Other</td>
<td>20</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1846</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Interviews**

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

**Interview Numbers**

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

**Tertiary Facilities**

There will be interviews with the:
- the senior management of the: antenatal service; birthing suite, postnatal wards, neonatal unit
- a minimum of twenty staff from within the facility, ten to twenty pregnant women, fifteen to thirty breastfeeding mothers of well babies, and five to ten mothers with infants in the neonatal unit and non-breastfeeding mothers (if available)

**Secondary Facilities**

There will be interviews with:
- the senior management of the: antenatal service; birthing suite, postnatal wards, special care baby unit
- a minimum of fifteen staff from within the facility, ten to twenty pregnant women, fifteen to twenty breastfeeding mothers of well babies, and five to ten mothers with infants in the special care baby unit and non-breastfeeding mothers (if available)

**Primary Facilities**

There will be interviews with:
- the senior management of the: antenatal service; birthing suite, postnatal ward(s)
- up to ten staff from within the facility, ten pregnant women, fifteen breastfeeding mothers and non-breastfeeding mothers (if available)

**Mother Interviews**

NZBA require informed consents in each category for pregnant and post-natal women. These forms need to be sent to NZBA at least two months prior to the date of assessment. For some smaller units, with a limited number of women accessing the service, collection of the consent forms may need to begin three to four months prior to assessment. Extra consent forms should be provided to the assessment team at the beginning of the assessment. This helps prevent an unnecessary waste of time if there are inadequate numbers of women in the facility at the time of assessment, and insufficient numbers have been able to be interviewed from those forms sent previously.

The BFHI assessment is evaluating the care afforded to pregnant women and mothers and babies by facility staff. It is strongly recommended that the consent forms are obtained from women who have been attending the unit antenatally, during birth and postnatally under the care of facility staff responsibility rather than an independent practitioner. However, those who have birthed recently will be interviewed initially, with women whose babies are less than six weeks old being given priority.

If the facility has a low number of births, NZBA recommend that they ask women in each category, who have recently discharged from the facility, to complete an informed consent form.

**For example:**

If a facility has only ten births a month, the facility needs to ask women at least one to two months prior to the assessment to complete an informed consent form.
Informed Consent Form for women who have accessed the maternity facility service

Date:

Dear

Thank you for choosing to stay with us at..................................................................................

We are in the process of applying for Baby Friendly Hospital accreditation and will have the NZ Breastfeeding Authority assessors auditing our unit in ……………………………….. As part of the process the assessors will need to speak with several women during the audit. You may be approached during your stay at the facility and asked if you agree to answer several questions related to assistance you have had with feeding; Clarification may be sought on certain aspects of your care from your clinical notes.

If there are insufficient numbers of women in the unit at the time of the audit visit, the assessors may need to make telephone contact with women who have previously stayed in the unit or who are attending the antenatal clinic.

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

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

My baby was born by :

vaginal birth □ or by caesarean section □ instrumental assistance □

*Please tick the boxes which are true for you*

☐ I used the facility antenatal service
☐ I used the facility postnatal service
☐ I delivered in this facility
☐ I was transferred to the facility after I gave birth

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

Infants Birth Date: (if applicable) ___________________________________

I had a facility LMC □ I had an self-employed LMC □ 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 unit.

Thank you for your co-operation.

Yours sincerely

Midwife in Charge

Office Use Only:  Breastfeeding □ Caesarean Birth □
Private LMC □ Vaginal Birth □
Evaluation of Education Requirements

It will be important to assess each staff member individually. The type of education required depends on the contact the staff member has with antenatal / postnatal women. It may be, for instance, that facility managers have definite clinical role(s) and therefore require Level Three education. NZBA have put together guidelines for the facility to review, however it is not the role of NZBA to identify the level of education required. If during the assessment, the education level delivered appears inadequate for a staff member, the facility will be required to clarify how they came to that decision. In some cases facilities have underestimated the level of education required for some of their staff and this has led to the need for further education for the staff. The required standard must be achieved within the six month period given to facilities following audit, in which they must rectify all issues identified at audit. If a facility has any questions regarding individual categories we recommend contacting NZBA for clarification; this contact should be made well before assessment.

Orientation to the Breastfeeding Policy:
All staff commencing work in the maternity facility must receive orientation to the Breastfeeding Policy. The orientation mechanism and subsequent training records are to be made available on request. It is an expectation that facility staff are re-orientated to the Breastfeeding Policy three yearly in-line with policy review procedures. Orientation to the policy must ensure that the staff member has read and understood the facility’s commitment to the Ten Steps to Successful Breastfeeding, International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, and compliance to the Treaty of Waitangi.

New Employees:
This applies to staff working in the maternity facility who have been employed in the past six months. These staff must have had orientation to the service’s Breastfeeding Policy and if in a clinical role or having any contact with pregnant women or postnatal women, should have been enrolled in the next available education session applicable to their assessed education level.

Anaesthetists:
These are classified as staff who regularly* work with women during labour and birth.

*Note: Regular involvement is deemed to be those working in Obstetric Care, at least one shift every month.

Level One – Awareness:
These are classified as staff, who are employed by the facility in a non-clinical or a limited clinical role, and who are in regular contact with pregnant women, mothers and their babies. For example cleaning staff, reception staff, general theatre staff phlebotomists

Level Two – Generalist:
These are classified as staff who have contact with the mother / baby dyad and, who have a limited clinical role, but are able to refer to an on-site Level Three specialist for breastfeeding assistance. Generalist does not include midwifery, nursing or support staff who have direct contact with the antenatal / postnatal women.
Level Three – Specialist:
These are classified as clinical staff who are working in the maternity facility. These may include midwives, nursing and in some cases support staff who work in a clinical capacity with mothers and their babies

Note:
There needs to be at least one staff member available, on site, for mothers during their stay in the facility with this level of training.

Level Four: Expert
These are classified as staff who have specialist expertise in infant and young child feeding. It is expected that these staff would be an International Board Certified Lactation Consultant (IBCLC). This person would be employed by the facility, not only in a clinical role, but also to educate staff at all levels.

<table>
<thead>
<tr>
<th>Staff Designations</th>
<th>Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Employees</td>
<td>3</td>
</tr>
<tr>
<td>Orientation to the Policy Only</td>
<td>13</td>
</tr>
<tr>
<td>Anaesthetists</td>
<td>4</td>
</tr>
<tr>
<td>Level One Awareness</td>
<td>32</td>
</tr>
<tr>
<td>Level Two Generalist</td>
<td>14</td>
</tr>
<tr>
<td>Level Three Specialist</td>
<td>73</td>
</tr>
<tr>
<td>Level Four Expert</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Number of Staff</strong></td>
<td><strong>141</strong></td>
</tr>
</tbody>
</table>

On the following pages are some ideas you may like to use to document staff education.

A certificate for each individual staff member could be retained in a folder. This allows for easy identification of those staff who have completed the mandatory education and the ongoing education is documented on the reverse of the initial record.
This is to certify that:

_____________________________________________

Has completed the following infant feeding education

Signed: _______________________________________

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Level Three Specialist Mandatory Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Orientation to Breastfeeding Policy</td>
</tr>
<tr>
<td></td>
<td>The Ten Steps to Successful Breastfeeding</td>
</tr>
</tbody>
</table>
|            | International Code of Marketing of Breast-
|            | milk Substitutes                          |
|            | Breastfeeding for Māori Women (1 hour)    |
|            | Orientation to the Artificial Feeding Policy: Care of breastfeeding mother for successful breastfeeding (1 hour) |
|            | The Ten Steps to Successful Breastfeeding |
|            | Effect of Medications on breastfeeding    |
|            | Supervised Clinical Tuition (3 hours)     |
|            | Other related breastfeeding sessions       |
|            | Documentation available                    |
|            | Total number of completed breastfeeding education hours (21 hours base education) |

Duration

Date completed
After completion of the mandatory infant feeding education the minimum hours of ongoing education must equate to a minimum of twelve hours in the past three years. Three yearly education must include three hours of supervised clinical education, thirty minutes of Breastfeeding for Maori Women, and orientation to the Breastfeeding Policy (and any associated policies) on review.

Documentation, including programme content and sign-on sheets, must be available on request.
Infant Feeding Education Hours: Staff who have commenced work at the facility in the past six months

Data compiled by:
Hospital:
Date:

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date</th>
<th>Level 1, 2 or 3</th>
<th>Date of Policy Orientation</th>
<th>Mandatory education completed</th>
<th>Prior Learning: (Date / Time)</th>
<th>Education since commencing employment</th>
<th>Planned education date set as:</th>
<th>Total number of completed breastfeeding education hours</th>
</tr>
</thead>
</table>

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

Data compiled by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date</th>
<th>Non-Clinical Staff Dates &amp; Times</th>
<th>Anaesthetists Dates &amp; Times</th>
<th>Planned education dates</th>
<th>Total number of completed breastfeeding education hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date of Policy Orientation</td>
<td>Date of Policy Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Ten Steps</td>
<td>The Ten Steps</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Code</td>
<td>The Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Documentation available</td>
<td>Documentation available</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orientation to Breastfeeding</td>
<td>Orientation to Breastfeeding Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Documentation Available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insert the date, in the columns provided, of each component of education and / or the completed number of hours.
Infant Feeding Education Hours: Generalist Level Two (80% have completed two hours of infant feeding education, which encompasses the mandatory subjects, every year since employment. If employed for over three years this must equate to six hours in the previous three years. Ongoing breastfeeding education must show a minimum of 1 hour three yearly which includes a review of the Breastfeeding Policy and any relevant policies relating to infant feeding.)

Data compiled by:

<table>
<thead>
<tr>
<th>Hospital:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date</th>
<th>Generalist Staff (Dates and Times)</th>
<th>Planned education dates</th>
<th>Total number of completed breastfeeding education hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Orientation to Breastfeeding Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effect of Medications given during labour and birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Ten Steps to Successful Breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Code of Marketing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Documentation available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Data compiled by:
Hospital:
Date:

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date</th>
<th>Orientation to Breastfeeding Policy</th>
<th>The Ten Steps to Successful Breastfeeding</th>
<th>The Code of Marketing</th>
<th>Breastfeeding for Maori Women</th>
<th>Orientation to the Artificial Feeding Policy &amp; the Care of the Non-breastfeeding mother &amp; baby</th>
<th>The effect of Medications on Breastfeeding</th>
<th>Clinical Tuition</th>
<th>Other related breastfeeding sessions</th>
<th>Documentation available</th>
<th>Planned education date</th>
<th>Total number of completed breastfeeding education hours</th>
</tr>
</thead>
</table>

Insert the date, in the columns provided, of each component of education and / or the completed number of hours
Infant Feeding Education Hours: Expert Level Four (On employment has received Orientation to the Breastfeeding Policy and Artificial Feeding Policy, has attended a one hour Breastfeeding for Maori Women session, peer review is encouraged to confirm clinical competence, is supported by the facility to attain adequate CERP's for IBCLC recertification)

Data compiled by:
Hospital:
Date:

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date</th>
<th>Expert Staff Dates and Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Review of or Orientation to Breastfeeding Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insert the date, in the columns provided, of each component of education and/or the completed number of hours.
## Staff Education Chart (2011 – 2014*)

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date</th>
<th>Title</th>
<th>Orientation to Breastfeeding and Artificial Policies</th>
<th>Infant feeding Study Days: 12 hours over three years*</th>
<th>Clinical Education 3 hours over three years*</th>
<th>Breastfeeding for Maori Women 30min over three years*</th>
<th>Completed</th>
</tr>
</thead>
</table>

### Orientation to Breastfeeding and Artificial Policies
- **Month and Year 21 Hours completed**
  - 2011 2012 2013 2014

### Infant feeding Study Days: 12 hours over three years*
- 2012 2013 2014

### Clinical Education 3 hours over three years*
- 2012 2013 2014

### Breastfeeding for Maori Women 30min over three years*
- 2011 2012 2013

*Where a service has been placed on a four yearly cycle the grouping cover the four yearly education.