WHO / UNICEF

Baby Friendly Hospital Initiative

Part Five

BFHI Annual Survey for a Primary Facility

Name of Facility:

Date of Completion:
BFHI Annual Survey

Facility Name: ________________________________________________________________

Address: ____________________________________________________________________

____________________________________________________________________________

Telephone No: ____________________________

Fax No: _________________________________

Name of Manager of Maternity:
Name: ______________________________________________________________________
Telephone No: ____________________________
Email: ______________________________________________________________________

Name of BFHI Coordinator / Liaison:
Name: ______________________________________________________________________
Telephone No: ____________________________
Email: ______________________________________________________________________
Usual Days of Work: __________________________________________________________

Name of Person/s responsible for the:
Facility ______________________________________________________________________
Postnatal Service __________________________________________________________________
Antenatal Service __________________________________________________________________
Birthing Suite ____________________________________________________________________
BFHI Education ___________________________________________________________________

Type of service DHB Facility ☐ Community Trust ☐ Private ☐
Total Bed Capacity

In labour and birthing area

In the postnatal service

Total Births: __________ during the last 12 months from _______ to ________

<table>
<thead>
<tr>
<th>were low birth weight babies(&lt;2500grams)</th>
<th>LBW rate</th>
<th>%</th>
</tr>
</thead>
</table>

Breastfeeding 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.

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)
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

Table A: An example of a completed table can be seen in Part Three – Section A page 11.

Births at the facility each month and the infant feeding data at discharge
(Please note we require the actual numbers as well as percentages)

<table>
<thead>
<tr>
<th>Month</th>
<th>Ever initiated breastfeeding</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No of Births</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. exclusively breastfeeding</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. fully breastfeeding</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. partially breastfeeding</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificially feeding</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The average exclusive breastfeeding rate on discharge, for babies born in the facility, for the past twelve months was: %
Transfers-in (Tables B1 and B2)
(The data for these infants, is required on admission and also at discharge)

Table B1:
Feeding records at admission for those infants who transferred to the facility in the last year

| Month | Total No of Births | Ever initiated breastfeeding | % | % | No. exclusively breastfeeding | % | % | No. fully breastfeeding | % | % | No. partially breastfeeding | % | % | Artificially feeding | % | % | Not recorded | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
|-------|-------------------|-------------------------------|----|---|-------------------------------|----|---|------------------------------|----|---|-------------------------------|----|---|--------------------------|----|---|--------------------------|----|---|--------------------------|----|---|--------------------------|----|---|
|       |                   |                               |    |   |                               |    |   |                              |    |   |                               |    |   |                           |    |   |                           |    |   |                           |    |   |                           |    |   |                           |

The average exclusive breastfeeding rate on discharge for all infants (including the transfers-in) over the past twelve months was: %

An example of how to calculate this percentage can be found in Part Three – Section A page 12.
Please comment on the exclusive breastfeeding rates for the past twelve months:
Consider the following:
- How do the rates compare with your last annual survey
- If there are any months where you can see a significant difference in numbers (either higher or lower)
- Can you identify a reason for this variation

Comments:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

How was the Infant Feeding Data Obtained?
From records ☐ provided by: ________________________ ☐ Other: ________________________
Breastfeeding 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 and percentages from the year’s statistics
- data needs to be current
- percentages should add up to 100%
- only groups represented by over 2% of the total should be identified individually

An example of data required can found in Part Three Section A Page 13

In the past year (enter dates from data available) there were ____________ infants discharged from the facility.

Enter the ethnicity data associated with each group for the breastfeeding definitions, on discharge (including transfer data for primaries), in the table below.

<table>
<thead>
<tr>
<th></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>( %)</td>
<td>( %)</td>
<td>( %)</td>
<td>( %)</td>
<td>( %)</td>
<td>(100%)</td>
</tr>
<tr>
<td>NZ Māori</td>
<td>( %)</td>
<td>( %)</td>
<td>( %)</td>
<td>( %)</td>
<td>( %)</td>
<td>(100%)</td>
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<td>(100%)</td>
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<tr>
<td>TOTAL</td>
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<td></td>
<td></td>
<td>(100%)</td>
</tr>
</tbody>
</table>
In the past year (enter dates from data available) there were ____________ women discharged from the facility.

<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>( %)</td>
<td>( %)</td>
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<td>( %)</td>
<td>(100%)</td>
</tr>
<tr>
<td>NZ Māori</td>
<td>( %)</td>
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<td>(100%)</td>
</tr>
<tr>
<td>TOTAL</td>
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<td></td>
<td>(100%)</td>
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</tbody>
</table>

Clientele Ethnicity Data (See Part Three Section A page 14 for further details)

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

(Numbers and percentage from the year’s statistics. Please note these need to be current and add up to 100%)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
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<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
1. **Step 1: Breastfeeding Policy**

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

   The review date remains current:  
   - Yes [ ]  
   - No [ ]

   The Policy is currently under review:  
   - Yes [ ]  
   - No [ ]

   Consultation for updating the Policy is currently being undertaken:  
   - Yes [ ]  
   - No [ ]

   All new staff receive orientation to the Breastfeeding Policy:  
   - Yes [ ]  
   - No [ ]

   The Policy (or summary of the Policy) is displayed in all areas:  
   - Yes [ ]  
   - No [ ]

   The Policy is displayed in English, Maori & languages appropriate to your cultural diversity:  
   - Yes [ ]  
   - No [ ]

   All documentation of consultation, changes to policies/guidelines, related to the Breastfeeding Policy, is retained and available for review:  
   - Yes [ ]  
   - No [ ]

2. **Step 2: Staff Education**

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

<table>
<thead>
<tr>
<th>Levels</th>
<th>No. on staff</th>
<th>No. of staff attending education</th>
<th>No. of staff education hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level One</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Level Two</td>
<td></td>
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<td></td>
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<tr>
<td>Level Three</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level Four</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

   - Level One Staff: Total [ ] out of [ ] (%)
   - Level Two Staff: Total [ ] out of [ ] (%)
   - Level Three Staff: Total [ ] out of [ ] (%)
   - Level Four Staff: Total [ ] out of [ ] (%)
   - Staff numbers: Total [ ] out of [ ] (%)

   Comment on your education data:
3. Step Three: Antenatal services

The facility:
- Provides primary Care: [Yes ☐ No ☐]
- Provides breastfeeding and/or antenatal classes, [Yes ☐ No ☐]
- Accepts handover of care during pregnancy [Yes ☐ No ☐]

*If the answer is ‘yes’ to at least one of the above, then answer the following questions.*

*If the answer is ‘no’ to all three questions above, this Step is not applicable to the facility.*

Antenatal information covers the following:
- the facility breastfeeding policy [Yes ☐ No ☐]
- the importance of exclusive breastfeeding for the first 6 months [Yes ☐ No ☐]
- the importance of breastfeeding [Yes ☐ No ☐]
- the disadvantages of formula feeding [Yes ☐ No ☐]
- the effect of drugs, used in labour, on both the newborn and the initiation of breastfeeding [Yes ☐ No ☐]
- the importance of early skin-to-skin contact [Yes ☐ No ☐]
- early initiation of breastfeeding [Yes ☐ No ☐]
- roaming-in on a 24 hour basis including safe and unsafe sleep practices [Yes ☐ No ☐]
- responsive (cue-based or baby-led) feeding [Yes ☐ No ☐]
- frequent feeding to help ensure enough breastmilk [Yes ☐ No ☐]
- optimal positioning and attachment of baby at the breast [Yes ☐ No ☐]
- the implications of giving water, formula or other supplements to a baby in the first 6 months [Yes ☐ No ☐]
- the implications of using pacifiers, teats and bottle on the establishment of breastfeeding [Yes ☐ No ☐]
- breastfeeding support services in the community [Yes ☐ No ☐]

All hand-outs comply with the International Code of Marketing of Breastmilk Substitutes? [Yes ☐ No ☐]

There is no group instruction or demonstration on breastmilk substitutes? [Yes ☐ No ☐]

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

Interviews with five postnatal breastfeeding mothers on the postnatal ward confirm a minimum of 80% continuing compliance by the facility to Step Four.

*(Babies were in skin-to-skin contact with them immediately or within five minutes after birth and that this contact continued for at least an hour, except for brief bed-transfer interruption or if there were clinically justifiable reasons for separation.)* [Yes ☐ No ☐]

5. Step Five: Mothers shown how to breastfeed

Interviews with five postnatal breastfeeding mothers confirm that they:
- have been shown how position/attach their baby’s to the breast [Yes ☐ No ☐]
- can recognize when their baby is feeding effectively [Yes ☐ No ☐]
• have been shown how to/given information about hand expressing their breastmilk  
  Yes ☐ No ☐
• have been given information from staff on storage of expressed breastmilk  
  Yes ☐ No ☐
• are aware of staff availability to assist with breastfeeding 24 hours a day as required  
  Yes ☐ No ☐
• know what to do if their breasts are uncomfortably full and their baby is asleep  
  Yes ☐ No ☐

6. **Step Six : No food or drink other than breast milk unless medically indicated**

An audit of five postnatal breastfed babies clinical notes currently in the ward, or who have been in the facility recently, confirms nothing other than breastmilk has been given to them unless clinically indicated. (80% compliance)  
  Yes ☐ No ☐

Number of babies reviewed:
Number of babies exclusively breastfeeding:

Of those babies who have required anything other than breastmilk please identify the reason this was offered.

Comments:

7. **Step Seven: Rooming-in**

Interviews with five postnatal breastfeeding mothers currently in the postnatal ward, or who have recently used this service, confirm they have had their baby's with them 24 hours a day since birth.  
  Yes ☐ No ☐

Reason(s) given for separation:

8. **Step 8: Responsive (cue-based) feeding**

Interviews with five postnatal breastfeeding mothers, currently in the postnatal ward, or who have recently used this service, confirm that there have been no restrictions placed on the frequency or length of time their baby's breastfeed.  
  Yes ☐ No ☐

This audit also confirms the mothers can:
• recognize their baby's cues for feeding  
  Yes ☐ No ☐
• recognize their baby is feeding effectively  
  Yes ☐ No ☐

Comments:
9. **Step Nine: No bottles, teats or pacifiers are given to breastfeeding babies**

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

Comments:

10. **Step Ten: Community breastfeeding support**

Interviews with five postnatal breastfeeding mothers, currently in your ward, or who have recently used this service, confirm they are aware of appropriate breastfeeding support groups in the community and are able to name at least two of these groups.  

Yes ☐ No ☐

Comments:

11. **Compliance with the International WHO Code**

11.1 All supplies of infant formula and all other products within the scope of the Code, are bought at wholesale or no less than 80% of the retail price?  

Yes ☐ No ☐

11.2 There is a policy on infant formula rotation and how it selects the formula it will consider purchasing?  

Yes ☐ No ☐

11.3 The amount of formula used in the last year has decreased over time?  

Yes ☐ No ☐

11.4 Formula purchase records are available?  

Yes ☐ No ☐

11.5 Is infant formula stored out of sight?  

Yes ☐ No ☐

11.6 Does the facility have a written policy which identifies who formula company representatives can have contact with in the facility?  

Yes ☐ No ☐

11.7 Are marketing personnel denied contact with pregnant women, mothers and their families?  

Yes ☐ No ☐

11.8 Are pregnant women and non-breastfeeding mothers taught individually about formula feeding?  

Yes ☐ No ☐

11.9 Do all educational materials for pregnant women and mothers explain:  

a) the importance and superiority of breastfeeding?  

Yes ☐ No ☐

b) the social and financial implications of the use of infant formula?  

Yes ☐ No ☐

c) the health implications of unnecessary or improper use of formula?  

Yes ☐ No ☐

11.10 Does the material used by staff contain only scientific and factual information?  

Yes ☐ No ☐

Is this information presented in a way that implies (or creates a belief) that bottle-feeding is equivalent or superior to breastfeeding?  

Yes ☐ No ☐

11.11 Does the facility advertise or promote products (identified in the scope of the Code) to pregnant women, mothers or the general public?  

Yes ☐ No ☐
11.12 Are formula samples given to mothers, pregnant women or their families?  Yes ☐ No ☐

11.13 Are free or subsidised supplies given to health workers?  Yes ☐ No ☐

11.14 Are free gifts, materials or money, from infant formula companies, given to health workers or the facility?  Yes ☐ No ☐

11.15 Are any samples, other than those to be used for professional evaluation or research, given to health workers?  Yes ☐ No ☐

11.16 Is there any promotion of products by health workers or any other staff in the facility?  Yes ☐ No ☐

11.17 Are there any words or pictures displayed in the facility, which idealise the use of products, including pictures of infants on the labels of products?  Yes ☐ No ☐

11.18 Are any gift bags or packs given out to mothers by the facility?  Yes ☐ No ☐
   Are these “packs” free of promotional material and products which contravene the requirements or the spirit of the Code?  ☐ Yes ☐ No ☐ N/A

11.19 The facility has a policy to ensure that these packs contain nothing that might interfere with the successful initiation and establishment of breastfeeding, for example, feeding bottles and teats, pacifiers and infant formula?  ☐ Yes ☐ No ☐ N/A

11.20 Is there Infant formula company literature used by this facility for things other than professional education?  Yes ☐ No ☐

12. BFHI and the Treaty of Waitangi

Can you verify that:

12.1 The Treaty of Waitangi is acknowledged in the Breastfeeding Policy?  Yes ☐ No ☐

12.2 The breastfeeding policy aligns with other DHB cultural policies and plans e.g. Māori Health Plan, Māori Health Policy, models of care for Māori patients, cultural safety:  Yes ☐ No ☐

12.3 Consultation processes include local Iwi, Māori health providers and community organisations:  Yes ☐ No ☐

12.4 Staff education records indicate 80% of Level Three Specialist staff meet the requirements for breastfeeding for Māori women, which incorporates the Treaty of Waitangi:  Yes ☐ No ☐

12.5 Relationships exist within the District Health Board between the facility and the Māori health services, e.g. Māori Health Unit, cultural advisor and / or relevant Māori health services:  Yes ☐ No ☐

12.6 Relationships exist with relevant community based Māori health providers and organisations e.g. Māori Women’s Welfare League:  Yes ☐ No ☐

12.7 Whānau are recognised as an integral part of the pregnant and breastfeeding mother’s care:  Yes ☐ No ☐

12.8 Processes are in place for Māori to participate in the review, development and evaluation of the service:  Yes ☐ No ☐

12.9 Māori workforce development pathways are identified and appropriate to the facility demographics, if applicable:  Yes ☐ No ☐

12.10 Access to kaumatua support, a Māori health worker or other culturally appropriate support is available if required:  Yes ☐ No ☐

12.11 Observations within the facility indicate an environment that is culturally appropriate and supportive:  Yes ☐ No ☐
12.12 The full, or abridged, version of the breastfeeding policy is available in Māori: Yes ☐ No ☐

13. **Review of the Artificial Feeding Policy**

Is there an artificial feeding policy, which ensures appropriate support is afforded to the mother who has decided to feed her baby infant formula? Yes ☐ No ☐

Does this policy include:
- the disadvantages of formula feeding Yes ☐ No ☐
- the importance of skin-to-skin contact Yes ☐ No ☐
- safe preparation of infant formula Yes ☐ No ☐
- safe handling and feeding of formula and sterilization of equipment Yes ☐ No ☐
- responsive (cue-based) feeding with guidelines for appropriate intake Yes ☐ No ☐
- rooming-in 24 hours a day, safe and unsafe sleeping practices Yes ☐ No ☐
- referral to parenting / well child services Yes ☐ No ☐
- a minimum three yearly review date Yes ☐ No ☐

14. **Care of the non-breastfeeding mother and baby**

Do women who have decided to feed their baby with infant formula:
1. Receive counselling on infant feeding and guidance on selecting options likely to be suitable for their situations? Yes ☐ No ☐
2. Receive antenatal education which covers the following topics:
   - the importance of exclusive breastfeeding for the first six months Yes ☐ No ☐
   - the importance of breastfeeding Yes ☐ No ☐
   - the disadvantages of formula feeding Yes ☐ No ☐
   - the importance of skin-to-skin contact at birth Yes ☐ No ☐
   - rooming-in on a 24 hour basis including safe and unsafe sleep practices Yes ☐ No ☐
   - responsive (cue-based feeding) with guidelines for appropriate intake Yes ☐ No ☐
   - support services in the community Yes ☐ No ☐
3. Receive postnatal education which includes:
   - the importance of rooming-in with baby 24 hours per day Yes ☐ No ☐
   - safe and unsafe sleep practices Yes ☐ No ☐
   - the importance of skin-to-skin contact at birth Yes ☐ No ☐
   - responsive (cue-based) feeding with guidelines for appropriate intake Yes ☐ No ☐
   - the associated disadvantages of feeding a baby a breastmilk substitute Yes ☐ No ☐

Interviews with non-breastfeeding mothers (if available) confirm all aspects of the above questions are occurring. *(see attached audit tool)*

Does the Level Three Education include:
- orientation to the artificial feeding policy Yes ☐ No ☐
- the disadvantages of formula feeding Yes ☐ No ☐
- how to provide support for non-breastfeeding mothers Yes ☐ No ☐
• the safe preparation, handling and feeding of formula  
  Yes ☐ No ☐
• the care of formula feeding equipment  
  Yes ☐ No ☐
• the importance of skin-to-skin contact and rooming-in 24 hours a day, irrespective of method of feeding  
  Yes ☐ No ☐
• safe and unsafe sleep practices  
  Yes ☐ No ☐
• parenting and well child services available on discharge  
  Yes ☐ No ☐
• updates to ensure competency is maintained  
  Yes ☐ No ☐

Is there one or more designated staff member(s) assigned to the role of educating the non-breastfeeding mother with the practical aspects of artificial feeding on a one-to-one basis, if required?  
  Yes ☐ No ☐
A review of your documents shows the following recommendations, from the last assessment.

(Please insert the recommendations, from each step of your last assessment, and indicate your progress on the implementation of these recommendations).

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Completed</th>
<th>In Progress</th>
<th>No Action</th>
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<tbody>
<tr>
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**Assessment of BFHI Standards of Care**

On the following pages is a short survey to assist in the evaluation of the BFHI standards of care in your facility.

The forms are designed to use in the interview process of five breastfeeding mothers, and three non-breastfeeding mothers.

Each small square may be used to enter either a time (for example: 1hr) or a ✓ or X representing each mother's answer.

An example of answers from interviews with five women:

1. How soon after birth did you hold your baby? (Time in Minutes)
   
   ![Time entries: 3 5 1 5 2]

2. Was this skin-to-skin? Y/N
   
   ![Y Y Y N Y]

Once all of these interviews have been recorded the percentages can be gleaned from the results and placed into the tally sheet at the end of the survey.

While not all aspects of the Ten Steps to Successful Breastfeeding have been included in this survey you will be able to ascertain from the feedback which areas of care, if any, need improvement.
Questions to ask breastfeeding mothers on the postnatal ward
(after verbal consent given)

1. How soon after birth did you hold your baby? (Time in minutes)
   Comments:

2. Was this skin-to-skin? Y/N (If there is a sound clinical reason why this did not occur please insert N/A)
   Comments:

3. How long did the uninterrupted skin-to-skin contact continue? (Time in minutes)
   Comments:

4. Have you been shown how to position and latch your baby to the breast? Y/N
   Comments:

5. Have staff discussed with you how to hand express your breastmilk? Y/N
   Comments:

6. Have staff given you information on the storage of breastmilk? Y/N
   Comments:

7. Are staff available 24 hours a day to assist you with breastfeeding if required? Y/N
   Comments:

8. What have you been told to do if your breasts become full and uncomfortable and your baby is asleep? Y/N
   Comments:
9. Has your baby received anything other than breastmilk since birth? Y/N

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If 'yes' how was it given, was it given for a clinical reason, or at maternal request?
1. .................................................................................................................................
2. .................................................................................................................................
3. .................................................................................................................................
4. .....................................................................................................................................
5. .....................................................................................................................................

10. Have you and your baby remained together in the same room, at all times, since arriving in the postnatal ward? Y/N (If 'no' was there an acceptable reason for separation?)

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11. What are your baby’s cues that show he wants to be fed? (Correct? Y/N)

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Have there been any restrictions placed on your baby’s frequency or length of feeding time? (Y/N)

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12. How do you recognize when your baby is feeding effectively? (Correct? Y/N)

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13. Have you been told of breastfeeding support groups in the community? (Appropriate to mothers cultural needs) Can you name two support groups in the community? (Correct answer: Y/N)

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Comments:
### Questions to ask the non-breastfeeding mothers on the postnatal ward

*(after verbal consent given)*

#### Antenatal

1. Were the disadvantages of formula feeding discussed with you?  Y/N
   
   Comments:

2. Was the importance of skin-to-skin contact discussed with you?  Y/N
   
   Comments:

#### Postnatal

1. How soon after birth did you hold your baby? (Time in Minutes)
   
   Comments:

2. Was this with skin-to-skin contact?  Y/N
   
   Comments:

3. How long did the uninterrupted skin-to-skin contact continue? (Time in minutes)
   
   Comments:

4. What have you been told what to do if your breasts become full and uncomfortable?  Y/N
   
   Comments:

5. Have you and your baby remained together in the same room, at all times, since arriving in the postnatal ward?  Y/N
   
   Comments:
6. Was the importance of rooming-in, and safe/unsafe sleeping practices discussed with you? Y/N

   [ ] [ ] [ ]

   Comments:

7. What are your baby’s cues that show you he wants to be fed? (Correct? Y/N)

   [ ] [ ] [ ]

   Comments:

8. Have you been shown by staff how to prepare formula and feed it to your baby?

   [ ] [ ] [ ]

   Comments:

Enter the results of the interviews in the tables below:

**The Breastfeeding Mother:**

<table>
<thead>
<tr>
<th></th>
<th>Number meeting standard</th>
<th>Number not meeting standard</th>
<th>Percentage meeting standard</th>
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Comments:

Comments:
The Non-Breastfeeding Mother:

Antenatal Questions

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Postnatal Questions

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Comments:
NEW ZEALAND BREASTFEEDING AUTHORITY SURVEY

The New Zealand Breastfeeding Authority (NZBA) recognises the importance of good communication between health services, high standard of documentation and quality assessment practices. We would appreciate some feedback to monitor our own standards in these areas.

Could you please complete this questionnaire and forward it to the New Zealand Breastfeeding Authority. It can be sent anonymously and separately from the BFHI Annual Survey if preferred.

1. The New Zealand Breastfeeding Authority staff have been:
   - easy to contact  □ Yes □ No □ N/A
   - approachable □ Yes □ No □ N/A
   - helpful □ Yes □ No □ N/A

   Comments:

2. Written/verbal feedback from NZBA has been useful?  □ Yes □ No □ N/A

   Comments:

3. Have you visited the New Zealand Breastfeeding Authority website?
   www.babyfriendly.org.nz  □ Yes □ No

   Did the website answer your questions about BFHI in New Zealand?
   Comments:

4. Do you have any suggestions about how we can improve our services?  □ Yes □ No

   Comments:

5. Do you have any constructive suggestions, regarding this annual survey, and how it can be improved?
   Comments:

Thankyou for completing this survey.