



NZBA

Baby Friendly Aotearoa
New Zealand

BABY FRIENDLY HOSPITAL INITIATIVE

PART 3 A

Information for Services

New Zealand Breastfeeding Alliance

[WHO & UNICEF]

PART 3 A

To be used in conjunction with

PART 3 B

Pre-Audit Questionnaire

Contents

Section	Page
A1 Using the Pre-Audit Questionnaire to Assess Policies and Practices	3
A2 The Baby Friendly Hospital Designation Process	3
A3 Pre-Audit Requirements	4
A4 Site Visit Requirements	7
A5 Ministry of Health Breastfeeding Definitions	10
A6 Ethnicity and Breastfeeding Status Data Collection	11
A7 Infant Feeding Data - Example Tables	12
A8 Infant Feeding Data Associated with Ethnicity	14
A9 Clientele Ethnicity Data	15
A10 Interviews	16
Informed Consent Form	18
A11 Evaluation of Education Requirements	19
Example Certificate	22
Infant Feeding Education Hours forms	24
Staff Education Charts	29

Introduction

A(1)

Using the Pre-Audit Questionnaire to Assess Policies and Practices

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* to ensure that it meets or continues to meet the *Global Criteria* (Refer to *Part 2: The New Zealand Criteria*).

The *Part 3B:Pre-Audit 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*.

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 / teTiriti o Waitangi and the support provided to the non-breastfeeding mother.

Part 3B: Pre-Audit 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-audit purposes.

Section 3A: This is not required by the New Zealand Breastfeeding Authority (NZBA). This information is for your use to assist you with the process.

Section 3B: Complete the document which is applicable to your service (Primary, Secondary or Tertiary) and submit to NZBA with associated documentation.

A(2)

The Baby Friendly Designation Process

In order to proceed with the Baby Friendly designation process the facility should:

- Obtain *Part 2:The New Zealand Criteria* and *Part 3B: Pre-Audit Questionnaire* and follow through the steps recommended by NZBA.
- Appraise its practices using *Part 3:Pre-Audit Questionnaire*.
- Develop an action plan and implement the necessary changes in the areas identified in the questionnaire.
- Apply to NZBA for BFHI audit.
- Undergo the BFHI audit.

Once accreditation is achieved the facility must:

- Complete and return to NZBA, a *Part 5:BFHI Annual Survey*

- Be re-audited every three years to maintain accreditation or every four years for services who meet the criteria

Refer to *WHO/UNICEF Baby Friendly Hospital Initiative Revised, Updated and Expanded for Integrated Care, Section One- Background and Implementation, 2009.*

A(3)

Pre-Audit Requirements

To assist NZBA with the audit process we request that the facility provides the information in red, as listed below **at least six weeks prior to the actual date of audit**. All other information is required to be presented to the audit team onsite at time of audit. If a facility has difficulty in providing the required information within the given timeframe please contact the NZBA office.

Requirements to be Compiled & submitted according to the timeline

The completed *Part 3B:Pre-Audit Questionnaire*, which includes the following:

1. Infant Feeding Data

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

See *Steps* on page 5.

2. Information to support implementation of the Ten Steps to Successful Breastfeeding

Please send the items written in red, and have ready and available to view on site, those written in black

<p>Step One All supporting policies & documentation relating to <i>Step One</i>.</p>	<p>Step Two All supporting policies & documentation relating to <i>Step Two</i>.</p>	<p>Step Three All supporting policies & documentation relating to <i>Step Three</i>.</p>	<p>Step Seven All supporting policies & documentation relating to <i>Step Seven</i>.</p>	<p>Step Ten All supporting policies & documentation relating to <i>Step Ten</i></p>
<ul style="list-style-type: none"> <input type="checkbox"/> copy of the full Breastfeeding Policy <input type="checkbox"/> evidence and information outlining the consultation process <input type="checkbox"/> consultation list which represents facility staff, Māori, Pacific and consumer groups as well as any other ethnic groups representing over 5% of the clientele accessing the service <input type="checkbox"/> consultation correspondence received to date <i>and</i> <input type="checkbox"/> a list of the areas where the policy (or summary) is displayed. <hr/>	<ul style="list-style-type: none"> <input type="checkbox"/> a copy of the plan used to schedule staff for training within six months of commencing their role <input type="checkbox"/> breastfeeding policy orientation process and notification when updates /reviews occur <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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 <i>and</i> <input type="checkbox"/> evidence of ongoing in-service training within the last three or four years, depending on length of time between assessments as approved by NZBA. <hr/>	<ul style="list-style-type: none"> <input type="checkbox"/> a copy of the antenatal education programme <input type="checkbox"/> copies of the antenatal handouts / leaflets <input type="checkbox"/> signed Consent forms* <input type="checkbox"/> [See page 18 for details]. <hr/> <p style="text-align: center;">Step Four All supporting policies & documentation relating to <i>Step Four</i>.</p> <ul style="list-style-type: none"> <input type="checkbox"/> signed mother Consent forms* [See page 18 for details]. <hr/> <p style="text-align: center;">Step Five All supporting policies &documentation relating to <i>Step Five</i>.</p> <ul style="list-style-type: none"> <input type="checkbox"/> information/handouts given to new mothers. <hr/>	<hr/> <p style="text-align: center;">Step Eight All supporting policies & documentation relating to <i>Step Eight</i>.</p> <ul style="list-style-type: none"> <input type="checkbox"/> e.g. cue cards. <hr/> <p style="text-align: center;">Step Nine All supporting policies & documentation relating to <i>Step Nine</i>.</p> <ul style="list-style-type: none"> <input type="checkbox"/> e.g. nipple shield policy. <hr/>	<ul style="list-style-type: none"> <input type="checkbox"/> all handouts created by the facility that are given to mothers prior to discharge <input type="checkbox"/> the follow-up support system in place at the facility <input type="checkbox"/> list of the locations where the information on the support groups is displayed <i>and</i> <input type="checkbox"/> a list of the current support groups available to postnatal women in the community and how this information is communicated to postnatal women. <hr/> <p>* Begin to send Consent forms as soon as you receive confirmation of audit dates.</p>

3. 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.

4. BFHI the Treaty of Waitangi / te Tiriti o Waitangi

- 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.

5. 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 mother.

Note: *that there is also a check list at the back of section 3B for your convenience.*

6. Consent Forms

Consent forms can begin to be submitted **as soon as the facility has a confirmed audit date**. This ensures that interviews will be completed by six weeks before the audit begins.

Informed Consents for Antenatal Women	Informed Consents for Postnatal Women
<p><i>[Refer below for guidelines. See page 16 for the number of consents required]</i></p>	<p><i>[Refer below for guidelines. See page 16 for the number of consents required]</i></p>
<p>These interviews are applicable if the facility meets Section A under the standards for <i>Step Three (Part 2: The NZ Criteria for BFHI, page 15)</i></p>	<p>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.</p>
<p>The facility provides:</p> <ul style="list-style-type: none"> • primary care • breastfeeding/antenatal classes • a venue on-site for a contracted antenatal educator to run the antenatal classes • handover of care during pregnancy. 	
<p>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.</p>	

7. Site Documentation

- Map /layout of facility site and parking.

A(4)

Site Visit Requirements

The facility should arrange the following for when the audit team are on-site:

1. Staff Interviews

[Refer to page 16 for numbers required]

Staff interviews **will preferably be face-to-face** and will be carried out by random selection.

Staff, must make themselves available, on request for interview. Alternatively, arrangements can be made for an auditor to phone a staff member if unable to be on site for face to face interview.

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.

Contacts for DHB Maternity Management / Māori Health Unit / Cultural Advisor are required and, if appropriate, these staff should be

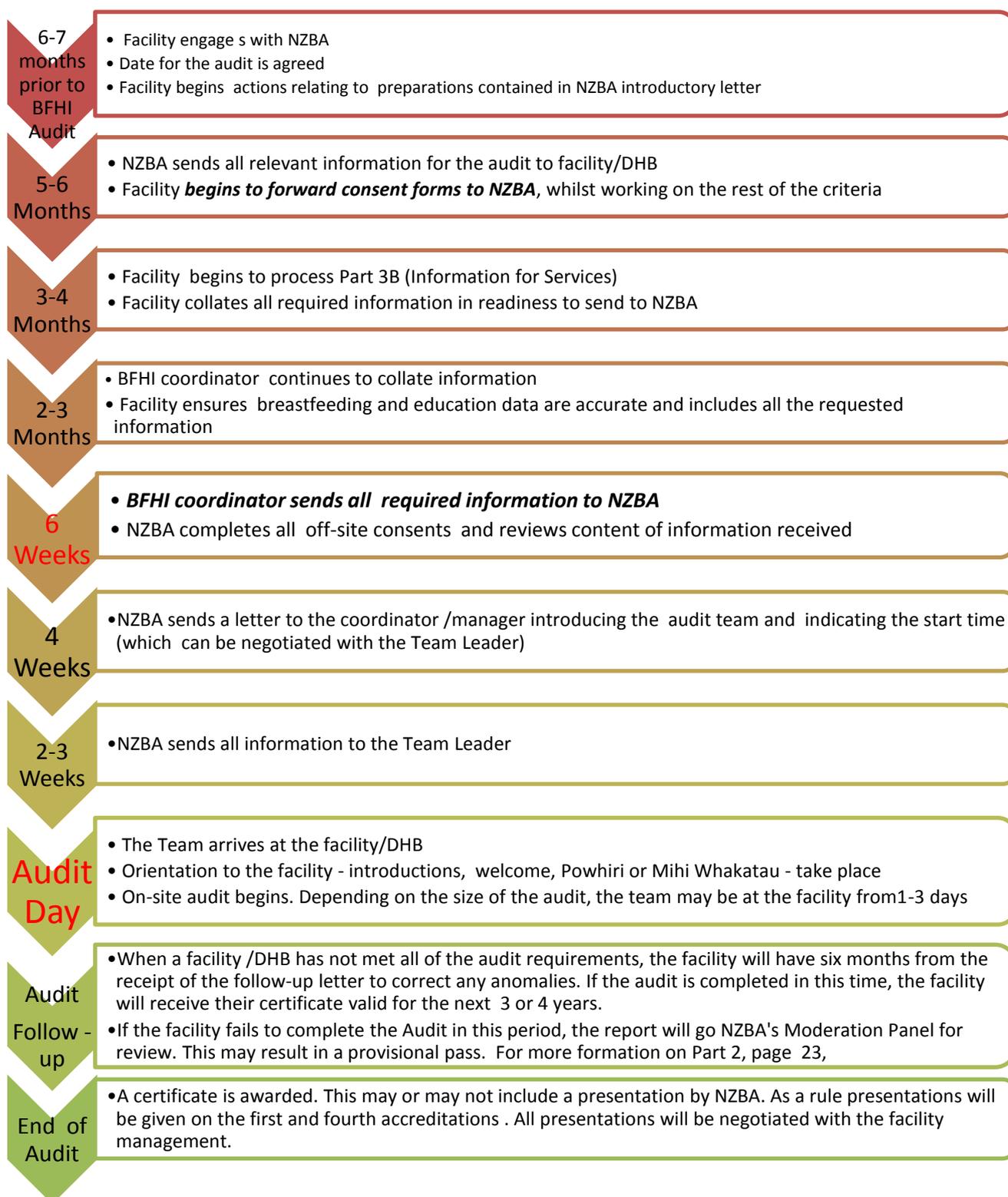
included in the interviews schedule. They should have been provided with the schedule in advance of the audit.

2. The security requirements of the facility (after hours) and safety procedures (e.g. fire exits) are:

A secure room for auditors 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).

3. Secure Wi-Fi access is required for each auditor. Please have the discussions with your I.T team and arrange this prior to your audit.

Time Line for Facilities/DHB Preparing for BFHI Audit (*as at September 2017)



A(5)

**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, February 1999.

A(6)**Ethnicity and Breastfeeding Status Data Collection**

Collecting high quality ethnicity data that is then linked to breastfeeding status will help to determine if strategies to improve breastfeeding rates are effective. In Aotearoa New Zealand the health disparities are particularly evident with Māori and Pacific people. This data will also provide essential information to address disparities amongst people of other varying ethnicities. The MOH and NZBA require ethnic breakdown of the breastfeeding statistics, at discharge, from maternity facilities for the baby. This enables the accurate calculation of breastfeeding rates.

Ethnicity data collection is governed by protocols set by the Ministry of Health¹.

The Mother's Ethnicity

The ethnicity of the mother accessing maternity facilities will determine the ethnic groups that should be included in the consultation process for a facility's Breastfeeding Policy. Baby Friendly standards require that consultation takes place in the local community and with ethnic groups that represent over 5% of the clientele accessing the maternity facility.

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 European².

The Infant's Ethnicity

The infant's 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'.

¹ *Ethnicity Data Protocols for the Health and Disability Sector*, Ministry of Health, Wellington, 2017.

² Refer to *Ethnicity Data Protocols for the Health and Disability Sector*, Ministry of Health, Wellington, 2017, <https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>

A(7)

Infant Feeding
Data**Infant feeding data from records or staff report at discharge of mothers from the maternity facility:**

- at least 75% of infants are exclusively breastfed at discharge.
- that 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 calendar year** to verify this.

Primary units need to complete Tables A and B

The breastfeeding data needs to include information on:

1. births in the facility *[Table A] and*
2. infants transferred in to the facility. *[Table B]*

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

Example of Table A:

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total No of Births	124	130	124	137	122	132	121	127	135	140	134	122	1548
No. exclusively breastfeeding	113	121	112	127	114	122	110	120	121	129	124	115	1428
	91%	93%	90%	92.5%	93.5%	92.5%	91%	94.5%	89.5%	92%	92.5%	94%	92.3%
No. fully breastfeeding	0	2	3	1	0	0	1	0	1	0	1	0	9
		1.5%	2.5%	1%			1%		0.5%		0.5%		0.6%
No. partially breastfeeding	5	4	6	5	5	7	5	4	7	7	3	4	62
	4%	3%	5%	3.5%	4%	5%	4%	3%	5.5%	5%	2%	3.5%	4%
Artificially feeding	6	3	3	4	3	3	5	3	6	4	6	3	49
	5%	2.5%	2.5%	3%	2.5%	2.5%	4%	2.5%	4.5%	3%	5%	2.5%	3.1%
Not recorded													
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Transfers-in [Section B]

The data for these infants is required at discharge. These tables are to be completed in the same way as *Table A*)

A(8)

**Infant Feeding
Data associated
with ethnicity**

Below is an example of the ethnic groups served by your facility and the approximate proportion of the client population each would represent:

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:

	Exclusively Breastfeeding	Fully Breastfeeding	Partially Breastfeeding	Artificially Feeding	Total
NZ European	409 (88.9%)	3 (0.65%)	26 (5.65%)	22 (4.8%)	460 (100%)
NZ Māori	93 (71.5%)		21 (16.2%)	16 (12.3%)	130 (100%)
Samoan	70 (75.3%)		15 (16.1%)	8 (8.6%)	93 (100%)
Chinese	39 (48.1%)	2 (2.5%)	28 (34.6%)	12 (14.8%)	81 (100%)
Other Asian	18 (56%)		4 (12.5%)	10 (31.5%)	32 (100%)
Other Pacific Islanders	33 (70.2%)		4 (8.5%)	10 (21.3%)	47 (100%)
Other European	26 (68.5%)	1 (2.6%)	7 (18.4%)	4 (10.5%)	38 (100%)
Other	12 (70.6)		2 (11.8%)	3 (17.6%)	17 (100%)
TOTAL	700 (77.9%)	6 (0.7%)	107 (11.9%)	85 (9.5%)	898 (100%)

A(9)
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 in which the Ten Steps to Successful Breastfeeding should be available.

Consultation with local Māori is essential in all cases

Note: When the facility is being audited, the auditors 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 *Part 3B: Pre-Audit 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%

Ethnicity	Number	Percent
NZ European	1286	69.7%
NZ Maori	204	11%
Samoan	192	10.4%
Chinese	87	4.7%
Pacific Islander	34	1.85%
Asian	23	1.25%
European	20	1.1%
Other	0	0
Total	1846	100%

A(10)**Interviews**

The BFHI audit 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

The following are guidelines for the numbers of staff and mothers to be audited 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, *and*
 - 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, *and*
 - special care baby unit.
- a minimum of:
 - fifteen staff from within the facility,
 - five - ten pregnant women,
 - fifteen to twenty breastfeeding mothers of well babies, *and*
 - one - five mothers with infants in the neonatal unit
 - one non-breastfeeding mothers (if available).

Primary Facilities

There will be interviews with:

- the senior management of the:
 - antenatal service,
 - birthing suite, *and*
 - postnatal ward(s).
- up to
 - ten staff from within the facility,
 - five - ten pregnant women,
 - five -fifteen breastfeeding mothers
 - one - two non-breastfeeding mothers (if available).

Mother Interviews

NZBA require completed Informed Consent forms **only** for those mothers who will be contacted once discharged from the facility. You can start sending the consents to NZBA from the time that you become aware of the audit date, but no later than six weeks prior to the actual audit. (Refer to page 7)

Extra Consent forms should be provided to the audit team at the beginning of the audit. This helps prevent an unnecessary waste of time if there are inadequate numbers of women in the facility at the time of audit, and insufficient numbers have been able to be interviewed from those forms sent previously.

The BFHI audit 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. It is preferable that they have been under the care of core staff rather than independent practitioners.

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 audit to complete an Informed Consent form.

An example of a consent form is on the next page.

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 New Zealand Breastfeeding Alliance (NZBA) AuditTeam visiting our unit in _____.

As part of the Accreditation process, the NZBA Team has asked for the opportunity to speak with several women who are connected with our unit. You may be approached during your stay with us - or you will receive an email after you discharge home - and asked to answer questions related to the help you have had with feeding your baby.

The NZBA Team may wish to seek additional information about your care from your clinical notes. The Team is interested in women's experiences throughout pregnancy and therefore may approach those are attending the antenatal clinic as well

We would like to invite you to participate in the Accreditation process by sharing your experiences with the NZBA Team. If you agree to be contacted by the NZBA Team and to give them access to your clinical notes, please complete the appropriate boxes below.

We can assure you that any information you provide will be strictly confidential to the NZBA Team.

Thank you for your assistance.
Yours sincerely,

Name:

Email address:

Phone number:

Signature:

Date:

Please check your junk mail folder over the few weeks, the email may have gone there!

*Please tick the boxes below that 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 on: (if applicable) _____

Infant's Date of Birth: (if applicable) _____

A(11)**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 audit, 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 /te Tiriti of Waitangi.

New Employees:

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.

Staff Classifications

Anaesthetists	These are classified as staff who regularly* work with women during labour and birth. <i>*Note: Regular involvement is deemed to be those working in Obstetric Care, at least one shift every month.</i>
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, e.g. cleaning staff, reception staff, general theatre staff, phlebotomists etc.
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 <i>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.</i>
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.
New Employees:	This applies to staff working in the maternity facility who have been employed in the past six months.

Staff Designations	Number of Staff
New Employees	3
Orientation to the Policy Only	13
Anaesthetists	4
Level One-Awareness	32
Level Two-Generalist	14
Level Three-Specialist	73
Level Four-Expert	2
Other	0
Total Number of Staff	141

Staff Education and Training Records

On the following pages are some templates that you may wish to use to record 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 particularly useful for small units.

This is to certify that:

Has completed the following infant feeding education

Signed: _____

	Start Date	Level Three Specialist Mandatory Education									Total number of completed breastfeeding education hours (21 hours base education)
		Orientation to Breastfeeding Policy	The Ten Steps to Successful Breastfeeding	International Code of Marketing of Breast-milk Substitutes	Breastfeeding for Māori Women (1 hour)	Orientation to the Artificial Feeding Policy & the Care of the Non-breastfeeding mother & baby	The effect of Medications on breastfeeding	Supervised Clinical Tuition (3 hours)	Other related breastfeeding sessions	Documentation available	
Duration											
Date completed											

Infant Feeding Education Hours: Staff who have commenced work at the facility in the past six months

Data compiled by:

Hospital:

Date:

Name	Start Date	Level 1, 2 or 3	Date of Policy Orientation	Mandatory education completed	Prior Learning: (Date / Time)						Education since commencing employment	Planned education date set as:	Total number of completed breastfeeding education hours
					The Ten Steps	The Code	Breastfeeding for Māori women	Care of the Non-Breastfeeding mother and baby	Clinical Hours	Documentation available on request			
<i>Lesley Brown</i>	<i>12/10/11</i>	<i>3</i>	<i>13/10/11</i>	<i>Yes 1/3/10</i>	<i>21/4/09</i>	<i>21/4/09</i>	<i>27/5/09</i>	<i>29/09/09</i>	<i>2/10/09(1) 5/10/09(1) 28/2/10(1)</i>	<i>Yes</i>	<i>Policy Orientation Initial Study Day (13/12/11) 6hrs</i>	<i>21 + 6.5</i>	

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:

Hospital:

Date:

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

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:

Name	Start Date	Specialist Staff: Dates & Times									Planned education date	Total number of completed breastfeeding education hours
		Orientation to Breastfeeding Policy	The Ten Steps to Successful Breastfeeding	The Code of Marketing	Breastfeeding for Māori Women	Orientation to the Artificial Feeding Policy & the Care of the Non-breastfeeding mother & baby	The effect of Medications on breastfeeding	Clinical Tuition	Other related breastfeeding sessions	Documentation available		

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 CERPs for IBCLC recertification)

Data compiled by:

Hospital:

Date:

Name	Start Date	Expert Staff Dates and Times										Estimated number of CERP's gained since IBLCE
		Review of or Orientation to Breastfeeding Policy	Review of or Orientation to the Artificial Feeding Policy & the Care of the Non-breastfeeding mother & baby	Breastfeeding for Māori Women	Clinical Peer Review	Lactation Sessions prepared (hours)	Lactation Sessions Attended	L CERP's earned	E CERP's earned	R CERP's earned	Documentation available	

Insert the date, in the columns provided, of each component of education and / or the completed number of hours

Staff Education Chart (2017 – 2020*) (example)

Name	Start Date	Title	Orientation to Breastfeeding & Artificial Policies				Month & Year 21 hrs completed	Infant feeding Study Days: 12 hours over three years*			Clinical Education 3 hours over three years*			Breastfeeding for Maori Women 30min over three years*			Completed	
			2017	Review 2018	2019	2020		2017	2018	2019	2017	2018	2019	2017	2018	2019		

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