

Baby-Friendly USA

Implementing the WHO/UNICEF Baby-Friendly Hospital Initiative in the United States

USING THE SELF-APPRAISAL TOOL TO REVIEW POLICIES AND PRACTICES

Any hospital or birth center that is interested in entering the pathway to designation as a Baby-Friendly™ Hospital must appraise its current practices in relation to the *Ten Steps to Successful Breastfeeding*.

The checklist that follows will permit a hospital, birthing center, or other health facility giving maternity care to make a quick initial appraisal or review of its practices in support of optimal infant feeding policies and practices. Completion of this initial self-review form is the first stage of the process of meeting the requirements of the discovery phase of the journey to Baby-Friendly.

Facilities are encouraged to bring their key management and clinical staff together to complete the Self-Appraisal Tool and, in the Development phase, create a plan of action based on the results of the self appraisal.

Facilities participating in the 4-D Pathway to Baby-Friendly are encouraged join the program to participate in the Certificate of Intent program early in their journey toward Baby-Friendly status in order to access technical assistance.

To move from the Discovery phase to the Development phase, a facility must indicate to Baby-Friendly USA a desire to move toward designation. This is achieved by:

1. Submitting the Development Path Application
2. Submitting the Application Fee
3. Completing and submitting the self assessment tool
4. Submitting letter of support from the CEO
5. Signing Development Path Agreement

Upon completing these 5 items the facility will be presented with the “*Discovery Path – Registry of Intent*”.

The receipt of Discovery Path – Registry of Intent Completion Certificate is but the first step along the formal pathway to the Baby-Friendly award. Participating in the program allows a facility to access technical support from Baby-Friendly USA regarding the implementation of all aspects of the award process. An on-site external assessment culminates the Designation phase. If assessment results are satisfactory, the Baby-Friendly designation may be granted. The designation is renewable with re-designation projects consisting of on-going collection of QI data pertaining to 2 steps annually (assigned by BFUSA) plus evaluation of any steps determined by ERB at designation. At the end of the Designation period, a reassessment of all standards is carried out during an on-site assessment visit.

For more information, please contact:

Baby-Friendly USA, 327 Quaker Meeting House Road, E. Sandwich, MA 02537

Tel (508) 888-8092 Fax (508) 888-8050

Email: Info@babyfriendlyusa.org website: <http://www.babyfriendlyusa.org>

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FACILITY DATA SHEET

Date: _____

Facility Name: _____

Address: _____

City: _____ **State** _____ **ZIP** _____

Billing address (if different) _____

Primary Baby-Friendly contact person: _____

Title & Department: _____

Phone number: _____ **Fax:** _____

Email address: _____

Secondary contact person: _____

Title & Department: _____

Phone number: _____ **Fax:** _____

Email address: _____

Facility Chief Administrative Officer: _____

Title: _____

Phone: _____

Email address: _____

Type of Facility:

- Free standing Birth Center
- Hospital—government funded (type: _____)
- Hospital—private not for profit
- Hospital—private for-profit

System membership: _____

Teaching Facility for:

- nursing
- internship
- residency (specialities): _____

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FACILITY CENSUS DATA

Total beds in hospital: _____

Number of beds:

_____ in LDRP area	_____ in special care
_____ in labor & delivery area	_____ in Level I
_____ in postpartum area	_____ in Level II
_____ in well baby nursery	_____ in Level III

Total deliveries in prior year (20____): _____

Number of births:

_____ were by Cesarean Section	Cesarean rate: _____%
_____ were low birth weight babies (<2,500 g)	Low birth weight rate: _____%
_____ were in special care during their stay	Special care rate: _____%

Infant feeding data for deliveries from records or staff reports:

_____ mother/infant pairs discharged in the past month	
_____ mother/infant pairs breastfeeding at discharge in the past month	_____%
_____ mother/infant pairs breastfeeding exclusively from birth to discharge in the past month	_____%
_____ infants discharged in the past month who had received at least one formula feeding during their stay	_____%

How was this infant feeding data obtained?

from records estimated by _____

Name and contact information of person(s) filling out this form:

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STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

- 1.1 Does the health facility have an explicit written policy for protecting, promoting, and supporting breastfeeding that addresses all *Ten Steps to Successful Breastfeeding* in maternity services? Yes No
- 1.2 Does the policy protect breastfeeding by prohibiting all promotion of and group instruction for using breast milk substitutes, feeding bottles and nipples? . . Yes No
- 1.3 Is the breastfeeding policy available so all staff who take care of mothers and babies can refer to it? Yes No
- 1.4 Is the breastfeeding policy posted or displayed in all areas of the health facility that serve mothers, infants, and/or children? Yes No
- 1.5 Is there a mechanism for evaluating the effectiveness of the policy? Yes No

STEP 2. Train all health care staff in skills necessary to implement this policy.

- 2.1 Are all staff aware of the advantages of breastfeeding and acquainted with the facility’s policy and services to protect, promote, and support breastfeeding? . . . Yes No
- 2.2 Are all staff caring for women and infants oriented to the breastfeeding policy of the hospital on their arrival? Yes No
- 2.3 Is training on breastfeeding and lactation management given to all staff caring for women and infants within six months of hiring? Yes No
- 2.4 Does the training cover at least eight of the *Ten Steps*? Yes No
- 2.5 Is the training on breastfeeding and lactation management at least 18 hours in total, including a minimum of 3 hours of supervised clinical experience? . . . Yes No
- 2.6 Has the health care facility arranged for specialized training in lactation management of specific staff members? Yes No

STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

- 3.1 Does the facility include a prenatal care clinic? A prenatal inpatient unit? Yes No
- 3.2 If yes, are most pregnant women attending these prenatal services informed about the benefits and management of breastfeeding? Yes No
- 3.3 Do prenatal records indicate whether breastfeeding has been discussed with the pregnant woman? Yes No
- 3.4 Is a mother’s prenatal record available at the time of delivery? Yes No

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3.5 Are pregnant women protected from oral or written promotion or group instruction for artificial feeding? Yes No

STEP 4. Help mothers initiate breastfeeding within an hour of birth.

4.1 Are mothers who have had normal, vaginal deliveries given their babies to hold skin-to-skin within 30 minutes of delivery, and allowed to remain with them for at least an hour? Yes No

4.2 Are the mothers offered help by a staff member to initiate breastfeeding during this first hour? Yes No

4.3 Are mothers who have had cesarean deliveries given their babies to hold, with skin contact, within a half hour after they are able to respond to their babies? . . . Yes No

4.4 Do the babies born by cesarean stay with their mothers, with skin contact, at this time for 60 minutes? Yes No

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

5.1 Does nursing staff offer all mothers further assistance with breastfeeding within six hours of delivery? Yes No

5.2 Are most breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding? Yes No

5.3 Are breastfeeding mothers shown how to express their milk or given information on expression and/or advised of where they can get help should they need it? Yes No

5.4 Are staff members or counselors who have specialized training in breastfeeding and lactation management available full-time to advise mothers during their stay in health care facilities and in preparation for discharge? Yes No

5.5 Does a woman who has never breastfed or who has previously encountered problems with breastfeeding receive special attention and support from the staff of the health care facility? Yes No

5.6 Are mothers of babies in special care helped to establish and maintain lactation by frequent expression of milk? Yes No

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STEP 6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

- 6.1 Do staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breast milk for breastfeeding babies? Yes No

- 6.2 Do breastfeeding babies receive no other food or drink (than breast milk) unless medically indicated? Breast milk only. Yes
Some other food/drink No

- 6.3 Are any breast milk substitutes, including special formulas, that are used in the facility purchased in the same way as any other foods or medicines? Yes No

- 6.4 Does the health facility and staff refuse free or low-cost¹ supplies of breast milk substitutes, paying close to retail market price for formula? Yes No

- 6.5 Is all promotion of infant foods or drinks other than breast milk absent from the facility? Yes No

STEP 7. Practice rooming-in—allow mothers and infants to remain together—24 hours a day.

- 7.1 Do mothers and infants remain together (rooming-in) 24 hours a day, except for periods of up to an hour for hospital procedures or if separation is medically indicated? Yes No

- 7.2 Does rooming-in start within an hour of a normal birth? Yes No

- 7.3 Does rooming-in start within an hour of when a cesarean mother can respond to her baby? Yes No

STEP 8. Encourage breastfeeding on demand.

- 8.1 By placing no restrictions on the frequency or length of breast feedings, do staff show they are aware of the importance of breastfeeding on demand? Yes No

- 8.2 Are mothers advised to breastfeed their babies whenever their babies are hungry and as often as their babies want to breastfeed? Yes No

¹ Low –cost: below 80% open-market retail cost.

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STEP 9. Give no artificial teats or pacifiers to breastfeeding infants.

- 9.1 Are babies who have started to breastfeed cared for without any bottle feedings? . Yes No
- 9.2 Are babies who have started to breastfeed cared for without using pacifiers?. Yes No
- 9.3 Do breastfeeding mothers learn that they should not give any bottles or pacifiers to their babies? Yes No
- 9.4 By accepting no free or low-cost² feeding bottles, nipples, or pacifiers, does the facility and its staff demonstrate that these should be avoided? Yes No

STEP 10. Foster the establishment of breastfeeding support and refer mothers to them on discharge from the facility.

- 10.1 Does the facility give education to key family members so that they can support the breastfeeding mother at home? Yes No
- 10.2 Are breastfeeding mothers referred to breastfeeding support groups, if any are available? Yes No
- 10.3 Does the facility have a system of follow-up support for breastfeeding mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls? Yes No
- 10.4 Does the facility encourage and facilitate the formation of mother-to-mother or health care worker-to-mother support groups? Yes No
- 10.5 Does the facility allow breastfeeding counseling by trained mother-to-mother support group counselors in its maternity services? Yes No

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