



Upholding the highest standards of infant feeding care

Training Program Performance Indicator Checklist Sorted by The Ten Steps to Successful Breastfeeding

The 2018 WHO/UNICEF revised Step 2 states “Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding”. It shifts the emphasis of the step to competency verification. Competency is verified through a series of measurable statements called “performance indicators”. The goal is to ensure that all direct care staff and direct care providers can safely and compassionately deliver evidenced-based education and care while providing facilities the flexibility to target breastfeeding management training to identified areas of need. The vision is for facilities to begin by verifying the current knowledge and skills of staff/providers and offer training to fill in identified gaps. This tool is to be used by training providers to identify the specific performance indicators presented and/or evaluated in a training program.

To complete **TABLE 1 - TRAINING PROGRAM CONTENT AND COMPETENCY VERIFICATION:**

1. Check either “yes” or “no” in the “Covered” column to signify if the performance indicator is presented.
2. Describe where the content for each performance indicator is discussed within the training curriculum. Please include as much detail as possible (e.g., page number, slide number, document title, module title).
3. Check the appropriate box to signify how any or all portions of the performance indicator is verified. Acceptable means of verifying knowledge (K) is by question (Q), such as a multiple-choice test, and/or case study (CS). To verify skills (S) and attitudes (A) observations (O) are required. If competency verification of a performance indicator is not a component of the program, please check “no”.

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Title: Training Program Performance Indicator Checklist	Revision date: 10/26/21
---	-------------------------

It is not expected that a training program cover and/or verify all performance indicators. Furthermore, whether a performance indicator is addressed in a particular program is not necessarily an indication of the quality of the program. Some individuals/facilities may require comprehensive training and competency verification while others may have more targeted needs. It is also possible that some programs may only be able to verify knowledge, even if the performance indicator addresses knowledge, skills, and attitudes. It is essential that a facility know what is included in each program so that they may choose programs that best addresses their needs, and they are fully informed if additional competency verification is required post-attendance in a program. **Note: Performance Indicators #1-64: Specific to the WHO/UNICEF requirements. Performance Indicators #65-70: Specific to the USA BFHI requirements.**

APPENDIX A and B: provided to training providers for informational purposes only.

Appendix A and B are available to training providers at the end of this document and, are intended for informational purposes only. Individual facilities will use these tables to tailor competency verification programs best suited to meet their specific needs and staffing patterns.

Appendix A - PERFORMANCE INDICATORS FOR CRITICAL MANAGEMENT STEPS

Some knowledge and skills are fundamental to the delivery of safe, competent, and compassionate care. This includes knowledge of the International Code of Marketing of Breastmilk Substitutes, the facility's infant feeding policy and monitoring practices. Most essential to working effectively with patients are good communication skills. Therefore, the performance indicators associated with Steps 1A, 1B, 1C and 2 must be verified for each individual direct care provider and direct care staff member.

Appendix B – PERFORMANCE INDICATORS FOR CLINICAL PRACTICE STEPS

Some performance indicators are required to be verified for specific staff within specific units and are indicated by a check mark on Appendix B-CLINICAL PRACTICE STEPS.

Training Program Name _____ Date _____

Name/Title of Person Completing this form _____

TABLE 1 - TRAINING PROGRAM CONTENT AND COMPETENCY VERIFICATION

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
1A. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.	*1. List at least 3 products that are covered by the Code.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*2. Describe at least 3 ways a direct care provider protects breastfeeding in practice	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*3. Describe at least 1 way a direct care provider should respond if offered information provided by manufacturers and/or distributors of products within the scope of the Code.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*4. Describe at least 1 type of financial or material inducement that might be offered to a direct care provider by a manufacturer and/or distributor of products within the scope of the Code.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	*5. Describe at least 1 harm of a direct care provider accepting financial or material inducements.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*6. Explain at least 2 ways that the facility ensures that there is no promotion of infant formula, feeding bottles, or teats in any part of facilities providing maternity and newborn services, or by any of the direct care providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
1B. Have a written infant feeding policy that is routinely communicated to staff and parents.	*7. Describe at least 2 elements that are in the facility’s infant feeding policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*8. Explain at least 3 ways that the infant feeding policy affects a direct care provider’s work at this facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
1C. Establish ongoing monitoring and data-	*9. Explain at least 2 reasons why monitoring of hospital practices is important to ensure quality of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
management systems.	*10. Explain at least 2 ways practices are monitored in this facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.	*11. Demonstrate at least 3 aspects of listening and learning skills when talking with a mother.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*12. Demonstrate at least 3 ways to adapt communication style and content when talking with a mother.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*13. Demonstrate at least 2 ways to encourage a mother to share her views, taking time to understand and consider these views.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*14. Demonstrate at least 3 aspects of building confidence and giving support when talking with a mother.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
3. Discuss the importance and management of breastfeeding with pregnant women and their families.	*15. Engage in a conversation with a pregnant woman on 3 aspects of the importance of breastfeeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	*16. Assess at least 3 aspects of a pregnant woman’s knowledge about breastfeeding in order to fill the gaps and correct inaccuracies.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*17. Engage in a conversation with a pregnant woman about at least 4 care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.	*18. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the mother.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*19. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the infant.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	20. Demonstrate at least 3 points of how to routinely implement immediate, uninterrupted, and safe skin-to-skin between mother and infant, regardless of method of birth.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*21. Demonstrate at least 3 safety aspects to assess when mother and baby are skin-to-skin during the first 2 hours postpartum, regardless of method of birth.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*22. List at least 3 reasons why skin-to-skin should NOT be interrupted.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*23. Explain at least 2 reasons when skin-to-skin could be interrupted for medically justifiable reasons.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	24. “WHERE APPLICABLE” Explain how to maintain skin-to-skin during transfer of mother and infant to another room or other recovery area.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	*25. Engage in a conversation with a mother including at least 3 reasons why suckling at the breast in the first hour is important, when the baby is ready.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	26. Demonstrate at least 3 aspects of safe care of the newborn in the first 2 hours post-birth.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	27. Describe to a mother at least 3 pre-feeding behaviours babies show before actively sucking at the breast.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.	28. Describe at least 6 essential issues that every breastfeeding mother should know or demonstrate.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*30. Engage in a conversation with a mother regarding 2 elements related to infant feeding patterns in the first 36 hours of life.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*31. Describe to a mother at least 4 signs of adequate transfer of milk in the first few days.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	32. Evaluate a full breastfeeding session observing at least 5 points.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*33. Demonstrate at least 3 aspects of how to help a mother achieve a comfortable and safe position for breastfeeding within the first 6 hours after birth and later as needed during the hospital stay.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*34. Demonstrate how to help a mother achieve an effective and comfortable latch, noting at least 5 points.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	40. Demonstrate to a mother how to hand express breast milk, noting 8 points.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	43. Help a mother achieve a comfortable and safe position for breastfeeding with her preterm, late preterm, or weak infant at the breast, noting at least 4 points.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	*44. Engage in a conversation with a mother of a preterm, late preterm, or low-birth-weight infant not sucking effectively at the breast, including at least 5 points.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	57. Engage in a conversation with a mother regarding at least 4 different ways to facilitate breastfeeding in order to prevent or resolve most common conditions of the lactating breasts (sore nipples, engorgement, mother who thinks she doesn't have enough milk, infants who have difficulty sucking).	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*65. Describe at least 2 maternal and 2 infant risk factors associated with delayed lactogenesis II.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.	*29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	41. Explain at least 3 aspects of appropriate storage of breast milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	42. Explain at least 3 aspects of handling of expressed breast milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*47. List at least 2 potential contraindications to breastfeeding for a baby and 2 for a mother.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*48. Describe at least 4 medical indications for supplementing breastfed newborns: 2 maternal indications and 2 newborn indications, when breastfeeding is not improved following skilled assessment and management.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*49. Describe at least 3 risks of giving a breastfed newborn any food or fluids other than breast milk, in the absence of medical indication.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	*66. Describe at least 1 professional medical reference or resource for identifying medications that are safe for use during lactation.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*50. For those few health situations where infants cannot, or should not, be fed at the breast, describe, in order of preference, the alternatives to use.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*51. Engage in a conversation with a mother who intends to feed her baby formula, noting at least 3 actions to take.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	52. Demonstrate at least 3 important items of safe preparation of infant formula to a mother who needs that information.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*67. Identify 3 high-risk infant populations that may warrant extra precautions to protect against severe infections associated with powdered infant formula.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.	*35. Engage in a conversation with a mother regarding 2 aspects related to the importance of rooming-in 24h/day.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	68. Describe 2 aspects involved in creating a safe environment for rooming-in during the hospital stay.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	*69. Demonstrate at least 3 safety aspects to assess when mother and baby are skin-to-skin during the postpartum hospitalization, regardless of method of birth.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*36. Explain 2 situations: 1 for the mother and 1 for the infant, when it is acceptable to separate mother and baby while in hospital.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	45. Engage in a conversation with a mother separated from her preterm or sick infant regarding at least 2 reasons to be with her infant in the intensive care unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
8. Support mothers to recognize and respond to their infants' cues for feeding.	*37. Describe at least 2 early feeding cues and 1 late feeding cue.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	38. Describe at least 4 reasons why responsive feeding is important.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	39. Describe at least 2 aspects of responsive feeding (also called on-demand or baby-led feeding) independent of feeding method.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	46. Engage in a conversation with a mother of a preterm, late preterm or vulnerable infant (including multiple births) regarding the importance of observing at least 2 subtle signs and behavioural state shifts to determine when it is appropriate to breastfeed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*58. Describe at least 4 elements to assess when a mother says that her infant is crying frequently.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® ("Baby-Friendly") is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
9. Counsel mothers on the use and risks of feeding bottles, artificial nipples, and pacifiers.	53. Demonstrate to a mother how to safely cup-feed her infant when needed, showing at least 4 points.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	54. Describe to a mother at least 4 steps to feed an infant a supplement in a safe manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*55. Describe at least 2 alternative feeding methods other than feeding bottles.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	56. Engage in a conversation with a mother who requests feeding bottles, teats, pacifiers, and soothers without medical indication, including at least 3 points.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*59. Describe at least 4 elements of anticipatory guidance to give to a mother on calming or soothing techniques before or as alternatives to pacifiers.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	*70. Describe when the acceptable time is for introducing a pacifier with a breastfeeding infant, with regards to SUID/SIDS reduction strategies.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.	57. Engage in a conversation with a mother regarding at least 4 different ways to facilitate breastfeeding in order to prevent or resolve most common conditions of the lactating breasts (sore nipples, engorgement, mother who thinks she doesn't have enough milk, infants who have difficulty sucking).	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	60. Describe at least 2 locally available sources for timely infant feeding information and problem management.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No
	61. Describe at least 2 ways the healthcare facility engages with community-based programmes to coordinate breastfeeding messages and offer continuity of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Step	Performance Indicator	Covered	Where Content Is Located	K/S/A	How Verified (Check all that apply) Question (Q), Case Study (CS), Observation (O) or No – if not verified
	*62. Develop individualized discharge feeding plans with a mother that includes at least 6 points.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*63. Describe to a mother at least 4 warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K S A	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> O <input type="checkbox"/> No
	*64. Describe at least 3 warning maternal signs for a mother to contact a health care professional after discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No		K	<input type="checkbox"/> Q <input type="checkbox"/> CS <input type="checkbox"/> No

Participation in the 4-D Pathway and use of the Baby-Friendly USA tools does not guarantee that facilities will receive the Baby-Friendly designation. Facilities are responsible for implementing all of the changes and quality improvement activities necessary to ensure that they have successfully incorporated all of the *Guidelines and Evaluation Criteria* into their daily practice. The Baby-Friendly designation is granted after an on-site assessment by the Baby-Friendly assessment team and a review by the External Review Board (ERB) determines that the *Guidelines and Evaluation Criteria* were successfully implemented.

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

Title: Training Program Performance Indicator Checklist	Revision date: 10/26/21

APPENDIX A - PERFORMANCE INDICATORS FOR CRITICAL MANAGEMENT STEPS

CRITICAL MANAGEMENT STEPS			
ALL DIRECT CARE STAFF AND DIRECT CARE PROVIDERS			
PERFORMANCE INDICATORS	KSA	Direct Care Providers	Direct Care Staff
Note: <ul style="list-style-type: none"> • Performance Indicators #1-64: Specific to the WHO/UNICEF requirements • Performance Indicators #65-70: Specific to the USA BFHI requirements 			
Step 1A			
1. List at least 3 products that are covered by the Code.	K	✓ K	✓ K
2. Describe at least 3 ways a direct care provider/staff protects breastfeeding in practice	K	✓ K	✓ K
3. Describe at least 1 way a direct care provider/staff should respond if offered information provided by manufacturers and/or distributors of products within the scope of the Code.	K	✓ K	✓ K
4. Describe at least 1 type of financial or material inducement that might be offered to a direct care provider/staff by a manufacturer and/or distributor of products within the scope of the Code.	K	✓ K	✓ K
5. Describe at least 1 harm of a direct care provider/staff accepting financial or material inducements.	K	✓ K	✓ K
6. Explain at least 2 ways that the facility ensures that there is no promotion of infant formula, feeding bottles, or artificial nipples in any part of facilities providing maternity and newborn services, or by any of the direct care providers/staff.	K	✓ K	✓ K
Step 1B			
7. Describe at least 2 elements that are in the facility's infant feeding policy.	K	✓ K	✓ K
8. Explain at least 3 ways that the infant feeding policy affects a direct care provider's/staff's work at this facility.	K	✓ K	✓ K
Step 1C			
9. Explain at least 2 reasons why monitoring of hospital practices is important to ensure quality of care.	K	✓ K	✓ K
10. Explain at least 2 ways practices are monitored in this facility.	K	✓ K	✓ K
Step 2			
11. Demonstrate at least 3 aspects of listening and learning skills when talking with a mother.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA
12. Demonstrate at least 3 ways to adapt communication style and content when talking with a mother.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® ("Baby-Friendly") is a registered certification mark owned by Baby-Friendly USA, Inc.

13. Demonstrate at least 2 ways to encourage a mother to share her views, taking time to understand and consider these views.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA
14. Describe at least 3 aspects of building confidence and giving support when talking with a mother.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA

APPENDIX B - PERFORMANCE INDICATORS FOR CLINICAL PRACTICE STEPS

CLINICAL PRACTICE STEPS							
PERFORMANCE INDICATORS	KSA	Affiliated Prenatal Services		Labor and Delivery Unit		Postpartum and Newborn Units	
Note: <ul style="list-style-type: none"> • Performance Indicators #1-64: Specific to the WHO/UNICEF requirements • Performance Indicators #65-70: Specific to the USA BFHI requirements 							
Step 3							
Performance Indicators	KSA	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff
15. Engage in a conversation with a pregnant woman on 3 aspects of the importance of breastfeeding.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A
16. Assess at least 3 aspects of a pregnant woman’s knowledge about breastfeeding in order to fill the gaps and correct inaccuracies.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A
17. Engage in a conversation with a pregnant woman about at least 4 care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A
29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA
Step 4							
Performance Indicators	KSA	Affiliated Prenatal		Labor & Delivery		Postpartum/Newborn	
		Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® (“Baby-Friendly”) is a registered certification mark owned by Baby-Friendly USA, Inc.

18. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the mother.	K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A
19. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the infant.	K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A
20. Demonstrate at least 3 points of how to routinely implement immediate, uninterrupted, and safe skin-to-skin between mother and infant, regardless of method of birth.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A
21. Demonstrate at least 3 safety aspects to assess when mother and baby are skin-to-skin during the first 2 hours postpartum, regardless of method of birth.	KSA	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A
22. List at least 3 reasons why skin-to-skin should NOT be interrupted.	K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A
23. Explain at least 2 reasons when skin-to-skin could be interrupted for medically justifiable reasons.	K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A
24. *WHERE APPLICABLE* Explain how to maintain skin-to-skin during transfer of mother and infant to another room or other recovery area.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A
25. Engage in a conversation with a mother including at least 3 reasons why suckling at the breast in the first hour is important, when the baby is ready.	KSA	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A
26. Demonstrate at least 3 aspects of safe care of the newborn in the first 2 hours post-birth.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA
27. Describe to a mother at least 3 pre-feeding behaviors babies show before actively sucking at the breast.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A

Step 5							
Performance Indicators	KSA	Affiliated Prenatal		Labor & Delivery		Postpartum/Newborn	
		Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

28. Describe at least 6 essential issues that every breastfeeding mother should know or demonstrate.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K
30. Engage in a conversation with a mother regarding 2 elements related to infant feeding patterns in the first 36 hours of life.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA
31. Describe to a mother at least 4 signs of adequate transfer of milk in the first few days.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA
32. Evaluate a full breastfeeding session observing at least 5 points.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA
33. Demonstrate at least 3 aspects of how to help a mother achieve a comfortable and safe position for breastfeeding within the first 6 hours after birth and later as needed during the hospital stay.	KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA
34. Demonstrate how to help a mother achieve an effective and comfortable latch, noting at least 5 points.	KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> KSA
40. Demonstrate to a mother how to hand express breast milk, noting 8 points.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA
43. Help a mother achieve a comfortable and safe position for breastfeeding with her preterm, late preterm, or weak infant at the breast, noting at least 4 points.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA
44. Engage in a conversation with a mother of a preterm, late preterm, or low-birth-weight infant not sucking effectively at the breast, including at least 5 points.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA	<input checked="" type="checkbox"/> K <input type="checkbox"/> SA	<input checked="" type="checkbox"/> KSA
57. Engage in a conversation with a mother regarding at least 4 different ways to facilitate breastfeeding in order to prevent or resolve most common conditions of the lactating breasts (sore nipples, engorgement, mother who thinks she doesn't have enough milk, infants who have difficulty sucking).	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® ("Baby-Friendly") is a registered certification mark owned by Baby-Friendly USA, Inc.

65. Describe at least 2 maternal and 2 infant risk factors associated with delayed lactogenesis II.	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K
Step 6							
Performance Indicators	KSA	Affiliated Prenatal		Labor & Delivery		Postpartum/Newborn	
		Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff
29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA
41. Explain at least 3 aspects of appropriate storage of breast milk.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K
42. Explain at least 3 aspects of handling of expressed breast milk.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K
47. List at least 2 potential contraindications to breastfeeding for a baby and 2 for a mother.	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K
48. Describe at least 4 medical indications for supplementing breastfed newborns: 2 maternal indications and 2 newborn indications, when breastfeeding is not improved following skilled assessment and management.	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K
49. Describe at least 3 risks of giving a breastfed newborn any food or fluids other than breast milk, in the absence of medical indication.	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K
66. Describe at least 1 professional medical reference or resource for identifying medications that are safe for use during lactation.	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K
50. For those few health situations where infants cannot, or should not, be fed at the breast, describe, in order of preference, the alternatives to use.	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K
51. Engage in a conversation with a mother who intends to feed her baby formula, noting at least 3 actions to take.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA
52. Demonstrate at least 3 important items of safe preparation of infant formula to a mother who needs that information.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	✓ KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	✓ KSA
67. Identify 3 high-risk infant populations that may warrant extra precautions to	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K

protect against severe infections associated with powdered infant formula.							
Step 7							
Performance Indicators	KSA	Affiliated Prenatal		Labor & Delivery		Postpartum/Newborn	
		Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff
35. Engage in a conversation with a mother regarding 2 aspects related to the importance of rooming-in 24h/day.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA
68. Describe 2 aspects involved in creating a safe environment for rooming-in.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K
69. Demonstrate at least 3 safety aspects to assess when mother and baby are skin-to-skin during the postpartum hospitalization, regardless of method of birth.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	✓ K <input type="checkbox"/> SA	✓ KSA
36. Explain 2 situations: 1 for the mother and 1 for the infant, when it is acceptable to separate mother and baby while in hospital.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K	✓ K	✓ K	✓ K
45. Engage in a conversation with a mother separated from her preterm or sick infant regarding at least 2 reasons to be with her infant in the intensive care unit.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	✓ KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	✓ KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	✓ KSA
Step 8							
Performance Indicators	KSA	Affiliated Prenatal		Labor & Delivery		Postpartum/Newborn	
		Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff
37. Describe at least 2 early feeding cues and 1 late feeding cue.	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K
38. Describe at least 4 reasons why responsive feeding (also called on-demand or baby-led feeding) is important.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K
39. Describe at least 2 aspects of responsive feeding (also called on-demand or baby-led feeding) independent of feeding method.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K
46. Engage in a conversation with a mother of a preterm, late preterm or	KSA	<input type="checkbox"/> K	<input type="checkbox"/> K	<input type="checkbox"/> K	✓ KSA	<input type="checkbox"/> K	✓ KSA

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® ("Baby-Friendly") is a registered certification mark owned by Baby-Friendly USA, Inc.

vulnerable infant (including multiple births) regarding the importance of observing at least 2 subtle signs and behavioral state shifts to determine when it is appropriate to breastfeed.		<input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> SA <input type="checkbox"/> N/A		<input type="checkbox"/> SA <input type="checkbox"/> N/A	
58. Describe at least 4 elements to assess when a mother says that her infant is crying frequently.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K
Step 9							
Performance Indicators	KSA	Affiliated Prenatal		Labor & Delivery		Postpartum/Newborn	
		Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff
53. Demonstrate to a mother how to safely cup-feed her infant when needed, showing at least 4 points	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA
54. Describe to a mother at least 4 steps to feed an infant a supplement in a safe manner.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA
55. Describe at least 2 alternative feeding methods other than feeding bottles.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K
56. Engage in a conversation with a mother who requests feeding bottles, artificial nipples, and pacifiers without medical indication, including at least 3 points.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> KSA
59. Describe at least 4 elements of anticipatory guidance to give to a mother on calming or soothing techniques before or as alternatives to pacifiers.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K
70. Describe when the appropriate time is for introducing a pacifier with a breastfeeding infant, with regards to SUID/SIDS reduction strategies.	K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> K
Step 10							
Performance Indicators	KSA	Affiliated Prenatal		Labor & Delivery		Postpartum/Newborn	
		Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff	Direct Care Providers	Direct Care Staff
60. Describe at least 2 locally available sources for timely infant feeding	K	<input type="checkbox"/> K	<input checked="" type="checkbox"/> K	<input type="checkbox"/> K	<input type="checkbox"/> K	<input type="checkbox"/> K	<input checked="" type="checkbox"/> K

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® ("Baby-Friendly") is a registered certification mark owned by Baby-Friendly USA, Inc.

Title: Training Program Performance Indicator Checklist	Revision date: 10/26/21

information and problem management.		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
61. Describe at least 2 ways the healthcare facility engages with community-based programs to coordinate breastfeeding messages and offer continuity of care.	K	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> N/A	✓ K
62. Develop individualized discharge feeding plan with a mother that includes at least 6 points.	KSA	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	<input type="checkbox"/> K <input type="checkbox"/> SA <input type="checkbox"/> N/A	✓ K <input type="checkbox"/> SA	✓ KSA
63. Describe to a mother at least 4 warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge.	KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA	✓ K <input type="checkbox"/> SA	✓ KSA
64. Describe at least 3 warning maternal signs for a mother to contact a health care professional after discharge.	K	✓ K	✓ K	✓ K	✓ K	✓ K	✓ K

© 2010, 2016, 2021 Baby-Friendly USA, Inc. This is a proprietary and confidential document. It may be reproduced and distributed only to members of the multi-disciplinary Baby-Friendly Task Force of a Baby-Friendly designated facility or a facility that is officially registered with Baby-Friendly USA, Inc. (BFUSA) as working towards designation. (Officially registered means completing the required forms and paying a fee to BFUSA to participate in the Development, Dissemination or Designation phase of the 4-D Pathway.)

Baby-Friendly® ("Baby-Friendly") is a registered certification mark owned by Baby-Friendly USA, Inc.