



MID-POINT SELF-ASSESSMENT TOOL

*BABY-FRIENDLY HOSPITAL (BFHI) CERTIFICATION
PROGRAM*

HOSPITAL NAME

Date

Introduction

According to HCAC policy certified organizations must conduct a mid-point self-assessment (12 months after being certified for two years) against the Global Criteria for the Baby-Friendly Hospital Initiative to determine if the hospital is still in compliance with met BFHI steps of the criteria, progressed in meeting BFHI steps that were not met, and continued to improve the quality and safety of services provided. Your hospital was certified in **August 2019** this is the self-assessment document you need to use to document your self-assessment.

In order to promote for safe and successful breastfeeding practices during the COVID-19 pandemic, HCAC will required from BFHI hospitals to assess their services against the proposed supplementary steps amidst COVID-19 pandemic and emerging crisis, in parallel with the Baby-Friendly Hospital Initiative Steps.

Your self-assessment should be an honest reflection of the Global Criteria for the Baby-Friendly Hospital Initiative, **supplementary steps** and the hospital performance and should be supported with evidence of compliance. You need to determine if steps of the Global Criteria for the Baby-Friendly Hospital Initiative are met, not met or not applicable. When you send your self-assessment to the HCAC.

As part of the mid-point assessment results, you also need to report data related to the following key indicators during the last year since the certification award:

- **Summary Infant Feeding Reports**
- **Summary Staff Training Reports**
- **BFHI Monitoring: Summary of Results**
- **Early initiation of breastfeeding**
- **Exclusive breastfeeding,**

Step 1a. Comply fully with the National Code of Marketing of Breast-milk Substitutes.		Results	Comments
Step.1a.1	A review of records and receipts indicates that All infant formula used in the facility have been purchased through normal procurement channels and not received through free or subsidized supplies	Complies with Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Step.1a.2	The facility has no display of products covered under the national Code or items with logos of companies that produce breast-milk substitutes or names of products covered under the Code.	Complies with Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Step.1a.3	The facility has a policy that describes how it abides by the national Code, including <ul style="list-style-type: none"> - procurement of breast-milk substitutes, - not accepting support or gifts from producers - not distributors of products covered by the Code - not giving samples of breast-milk substitutes to mothers 	Complies with Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Step.1a.4	Out of the randomly selected clinical staff members who provide antenatal, delivery and/or newborn care can explain at least two elements of the Code: [Y = yes, N = no] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ___ out of ___: ___%	
Scoring: For this step to be fully implemented, the following responses are the minimum required: Step Ia.1: “Yes” Step.Ia.2: “Yes” Step. Ia.3: “Yes” Step.Ia.4: if 80% or more “Yes”			

Step 1b: Have a written infant feeding policy that is routinely communicated to staff and parents.		Results	Comments
Step 1b.1	<p>A written breastfeeding or infant feeding policy for the hospital exists and addresses the implementation of all eight key clinical practices of the Ten Steps, Code implementation, and regular competency assessment:</p> <p> <input type="checkbox"/> Step 1a <input type="checkbox"/> Step 2 <input type="checkbox"/> Step 3 <input type="checkbox"/> Step 4 <input type="checkbox"/> Step 5 <input type="checkbox"/> Step 6 <input type="checkbox"/> Step 7 <input type="checkbox"/> Step 8 <input type="checkbox"/> Step 9 <input type="checkbox"/> Step 10 </p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 1b.2	<p>Observations in the facility confirm that a summary of the policy is visible to pregnant women, mothers and their families.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 1b.3	<p>A review of all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence-based guidelines</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 1b.4	<p>Out of the randomly selected _____ of clinical staff who provide antenatal, delivery and/or newborn care can explain at least two elements of the infant feeding policy that influence their role in the facility:</p> <p>[Y = yes, N = no]</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 </p>	<p>Total: _____ out of _____: ____%</p>	
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required:</p> <p>Step 1b.1: "Yes"</p> <p>Step 1b.2: "Yes"</p> <p>Step 1b.3: "Yes"</p> <p>Step 1b.4: if 80% or more "Yes"</p>			

Step 1c: Establish ongoing monitoring and data-management systems.		Results	Comments
Step 1c.1	The facility has a protocol for an ongoing monitoring and data-management system to comply with the eight key clinical practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 1c.2	Clinical staff at the facility meet at least every 6 months to review implementation of the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 1c.1: "Yes" Step 1c.2: "Yes"			

Step 2: Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.		Results	Comments
Step 2.1	___ out ___ of the health professionals who provide antenatal, delivery and/or newborn care report they have received pre-service or in-service training on breastfeeding during the previous 2 years.	Total: ___ out of ___: ___% ○	
Step 2.2	___ out ___ health professionals who provide antenatal, delivery and/or newborn care report receiving competency assessments in breastfeeding in the previous 2 years.	Total: ___ out of ___: ___%	
Step 2.3	Out of the randomly selected health professionals who provide antenatal, delivery and/or newborn care are able to correctly answer three out of four questions on breastfeeding knowledge and skills to support breastfeeding.: [Y = yes, N = no] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ___ out of ___: ___%	
Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 2.1: if 80% or more “Yes” Step 2.2: if 80% or more “Yes” Step 2.3: if 80% or more “Yes”			

Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families.		Results	Comments
Step 3.1	<p>A review of records and receipts indicates that A protocol for antenatal discussion of breastfeeding includes at a minimum:</p> <ol style="list-style-type: none"> 1. The importance of breastfeeding; 2. Global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and the fact that breastfeeding continues 3. to be important after 6 months when other foods are given; 4. The importance of immediate and sustained skin-to-skin contact; 5. The importance of early initiation of breastfeeding; 6. The importance of rooming-in; 7. The basics of good positioning and attachment; 8. Recognition of feeding cues. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 3.2	<p>Out of the randomly selected pregnant women who received prenatal care at the facility report having received prenatal counselling on breastfeeding. [Y = yes, N = no, 0 = didn't answer]</p> <p> <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30 </p>	<p>Total: ____ out of ____: ____%</p>	
Step 3.3	<p>Out of the randomly selected pregnant women who received prenatal care at the facility are able to adequately describe what was discussed about two of the topics mentioned above: [Y = yes, N = no, 0 = didn't answer]</p> <p> <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30 </p>	<p>Total: ____ out of ____: ____%</p>	
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required:</p> <p>Step 3.1: "Yes" to 6 out of the 8 topics</p> <p>Step 3.2: if 80% or more "Yes"</p> <p>Step 3.3: if 80% or more "Yes"</p>			

Step 4: Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.		Results	Comments
Step 4.1	<p>Out of the randomly selected of mothers of term infants report that their babies were placed in skin-to-skin contact with them immediately or within 5 minutes after birth and that this contact lasted 1 hour or more, unless there were documented medically justifiable reasons for delayed contact. [Y = yes, N = no, 0 = skipped as had Caesarean birth with general anesthesia or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	
Step 4.2	<p>Out of the randomly selected of mothers of term infants report that their babies were put to the breast within 1 hour after birth, unless there were documented medically justifiable reasons. [Y = yes, N = no, 0 = skipped as had Caesarean birth with general anesthesia or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 4.1: if 80% or more "Yes" Step 4.2: if 80% or more "Yes"</p>			

Step 5: Support mothers to initiate and maintain breastfeeding and manage common difficulties.		Results	Comments
Step 5.1	<p>Out of the randomly selected breastfeeding mothers of term infants report that someone on the staff offered assistance with breastfeeding within 6 hours after birth</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____</p> <p>out</p> <p>of</p> <p>____:</p> <p>____</p> <p>%</p>	
Step 5.2	<p>Out of the randomly selected mothers of preterm or sick infants report having been helped to express milk within 1–2 hours after birth.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____</p> <p>out</p> <p>of</p> <p>____:</p> <p>____</p> <p>%</p>	
Step 5.3	<p>Out of the randomly selected breastfeeding mothers of term infants are able to demonstrate how to position their baby for breastfeeding and that the baby can suckle and transfer milk.</p> <p>[Y = yes, N = no, 0 = skipped as not BF or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____</p> <p>out</p> <p>of</p> <p>____:</p> <p>____</p> <p>%</p>	
Step 5.4	<p>Out of the randomly selected breastfeeding mothers of term infants can describe at least two ways to facilitate milk production for their infants.</p> <p>[Y = yes, N = no, 0 = skipped as not BF or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Total: ____</p> <p>out</p> <p>of</p> <p>____:</p> <p>____</p>	

	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	%	
Step 5.5	<p>Out of the randomly selected _____ of breastfeeding mothers of term infants can describe at least two indicators of whether a breastfed baby consumes adequate milk. [Y = yes, N = no, 0 = skipped as not BF or didn't answer]</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ____ out of ____: ____%	
Step 5.6	<p>Out of the randomly selected _____ mothers of breastfed preterm and term infants can correctly demonstrate or describe how to express breast milk. [Y = yes, N = no, 0 = skipped as not BF or didn't answer]</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ____ out of ____: ____%	
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required:</p> <p>Step 5.1: if 80% or more "Yes"</p> <p>Step 5.2: if 80% or more "Yes"</p> <p>Step 5.3: if 80% or more "Yes"</p> <p>Step 5.4: if 80% or more "Yes"</p> <p>Step 5.5: if 80% or more "Yes"</p> <p>Step 5.6: if 80% or more "Yes"</p>			

Step 6: Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.		Results	Comments
Step 6.1	<p>Out of the observed infants (preterm and term) received only breast milk throughout their stay at the facility. [Y = received only breast milk, N = received foods and fluids other than breast milk and 0 = baby of non-breastfed mother or there is justified reason]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____ out of ____: ____ %</p>	
Step 6.2	<p>Out of the selected mothers who have decided <u>not to breastfeed</u> report that the staff discussed with them the various feeding options and helped them to decide what was suitable in their situations. [Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____ out of ____: ____ %</p>	
Step 6.3	<p>Out of the selected mothers who have decided <u>not to breastfeed</u> report that the staff discussed with them the safe preparation, feeding and storage of breast-milk substitutes [Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____ out of ____: ____ %</p>	
Step 6.4	<p>Out of the of term breastfed babies who received supplemental feeds have a documented medical indication for supplementation in their medical record. [Y = yes, N = no]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/></p>	<p>Total: ____ out of ____:</p>	

	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	_____ %	
Step 6.5	<p>Out of the preterm babies and other vulnerable newborns that cannot be fed their mother's own milk are fed with donor human milk. [Y = yes, N = no]</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: _____ out of _____: _____%	
Step 6.6	<p>Out of the selected of mothers with babies in special care report that they have been offered help to start lactogenesis II (beginning plentiful milk secretion) and to keep up the supply, within 1–2 hours after their babies' births. [Y = yes, N = no, 0 = didn't answer]</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: _____ out of _____: _____%	
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required:</p> <p>Step 6.1: if 80% or more "Yes"</p> <p>Step 6.2: if 80% or more "Yes"</p> <p>Step 6.3: if 80% or more "Yes"</p> <p>Step 6.4: if 80% or more "Yes"</p> <p>Step 6.5: if 80% or more "Yes"</p> <p>Step 6.6: if 80% or more "Yes"</p>			

Step 7: Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day		Results	Comments
Step 7.1	<p>Out of the randomly selected mothers of term infants report that their babies stayed with them since birth, without separation lasting for more than 1 hour. [Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____ out of ____: ____%</p>	
Step 7.2	<p>Observations in the postpartum wards and any well baby observation areas showed that: For ____ out of the ____ of mothers and babies are together or, if not, have medically justifiable reasons for being separated.</p>	<p>Total: ____ out of ____: ____%</p>	
Step 7.3	<p>Out of the randomly selected of mothers of preterm infants confirm that they were encouraged to stay close to their infants, day and night [Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____ out of ____: ____%</p>	
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 7.1: if 80% or more "Yes" Step 7.2: if 80% or more "Yes" Step 7.3: if 80% or more "Yes"</p>			

Step 8: Support mothers to recognize and respond to their infants' cues for feeding.		Results	Comments
Step 8.1	<p>Out of the randomly selected of breastfeeding mothers of term infants can describe at least two feeding cues.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____ out of ____:</p> <p>____%</p>	
Step 8.2	<p>Out of the randomly selected of breastfeeding mothers of term infants report that they have been advised to feed their babies as often and for as long as the infant wants</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____ out of ____:</p> <p>____%</p>	
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required:</p> <p>Step 8.1: if 80% or more "Yes"</p> <p>Step 8.2: if 80% or more "Yes"</p>			

Step 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.		Results	Comments
Step 9.1	<p>Out of the randomly selected of breastfeeding mothers of preterm and term infants report that they have been taught about the risks of using feeding bottles, teats and pacifiers.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ____ out of ____: ____%</p>	
	<p>Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 9.1: if 80% or more "Yes"</p>		

Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care.		Results	Comments
Step 10.1	<p>Out of the randomly selected of mothers of preterm and term infants report that a staff member has informed them where they can access breastfeeding support in their community.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ____ out of ____: ____%	
Step 10.2	The facility can demonstrate that it coordinates with community services that provide breastfeeding/infant feeding support, including clinical management and mother-to-mother support.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required:</p> <p>Step 10.1: if 80% or more "Yes"</p> <p>Step 10.2: if 80% or more "Yes"</p>			

Supplementary Steps Amidst COVID-19 Pandemic and Emerging Crisis

S.1. Have a written policies/protocols related to breast feeding during Covid19 and emerging crisis		Results	Comments
S.1.1	<p>A written breastfeeding or infant feeding policy / protocols for the hospital exists and addresses</p> <ul style="list-style-type: none"> - Breast feeding Practices during Covid19 and emerging crisis. - IPC measures required before and during breastfeeding. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

S.1.2	<p>Out of the randomly selected clinical staff who provide antenatal, delivery and/or newborn care can explain at least two elements of the infant feeding policy/ protocol during Covid19 and emerging crisis and list IPC measures required before and during breastfeeding.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	
<p>Scoring: For this Supplementary step to be fully implemented, the following responses are the minimum required: S.1.1: “Yes” S.1.2: if 80% or more “Yes”</p>			

S.2. Healthcare staff have knowledge, competence and skills to manage women and infant with confirmed or suspected COVID-19		Results	Comments
S.2.1	<p>___ out ___ of clinical staff who provide antenatal, delivery and/or newborn care received training on managing women and/or infant suspected or infected with covid19</p>	<p>Total: ___ out of ___: ___%</p>	
S.2.2	<p>Observations in the labor, postpartum wards and newborn care areas confirm that all staff who provide direct care have applied appropriate IPC measures.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Scoring: For this Supplementary step to be fully implemented, the following responses are the minimum required: S.2.1: if 80% or more “Yes” S.2.2: “Yes”</p>			

S.3. Strengthen the breastfeeding practices while applying appropriate ICP measures.		Results	Comments
S.3.1.	<p>Out of the randomly selected mothers with suspected or confirmed COVID-19 have evidence (through mother interview or medical record review) that their babies were placed in skin-to-skin contact with them immediately while applying appropriate ICP measures, unless there were documented medically justifiable reasons for delayed contact.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	
S.3.2.	<p>Out of the randomly selected mothers with suspected or confirmed COVID-19 have evidence (through mother interview or medical record review) that their babies were put to the breast within 1 hour after birth, while applying appropriate ICP measures.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	
S.3.3	<p>Out of the randomly selected mothers with suspected or confirmed COVID-19 have evidence (through mother interview or medical record review or observation) that they were stay close to their babies, day and night. Keeping safe physical distance of >6 feet (2m).</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	

<p>S.3.24</p>	<p>Out of the severely ill mother with COVID-19 or suffer from complications have evidence (through mother interview or medical record review) having been helped to express milk while applying appropriate ICP measures.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	
<p>Scoring: For this Supplementary step to be fully implemented, the following responses are the minimum required: S.3.1: if 80% or more “Yes” S.3.2: if 80% or more “Yes” S.3.3: if 80% or more “Yes” S.3.4: if 80% or more “Yes”</p>			

<p>S.4. Breastfeeding counselling provided to all pregnant women and mothers if they or their infants have suspected or confirmed COVID-19 infection.</p>		<p>Results</p>	<p>Comments</p>
<p>S.4.1</p>	<p>Out of the randomly selected women who received prenatal care at the facility report that they received prenatal counselling on applying appropriate IPC measures before and during breastfeeding.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	

<p>S.4.2</p>	<p>Out of the randomly selected mothers with suspected or confirmed COVID-19 have evidence (through mother interview or medical record review) have evidence of receiving postnatal counselling on maintaining breastfeeding while applying appropriate IPC measures before and during breastfeeding.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p> <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30 </p>	<p>Total: ___ out of ___: ___%</p>	
<p>Scoring: For this Supplementary step to be fully implemented, the following responses are the minimum required: S.4.1: if 80% or more “Yes” S.4.2: if 80% or more “Yes”</p>			

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I.A. Interview with Head/Director of Maternity Services and Other Key Staff

Instructions: This interview should be carried out primarily with the head or director of the maternity services or whoever is responsible for ensuring breastfeeding or infant feeding policies and procedures are implemented. Some questions may need to be answered by other key staff with responsibility for the maternity wards, antenatal services, outreach services, etc. The questionnaire can be completed by interviewing each of these key staff members separately or as a group.

The purpose of this interview is to determine what senior managers responsible for maternity and other related services know about protecting, supporting and promoting breastfeeding and their facility's feeding policies and practices and also to alert them to what the BFHI assessment will involve and gain their support.

Introduction: Describe the purpose of the BFHI assessment & steps in the assessment process.

Name of head/director of maternity services: _____

Title: _____

Names and titles of other senior staff interviewed: _____

Policies, Training, and Maternity Care		Response	Key in Summary sheets
I.A.1	<p>Can the following items be provided to the assessment team? [If these items have already been provided before the assessment, just ask how any documents still needed could be obtained.]</p> <ul style="list-style-type: none"> • Breastfeeding/infant feeding policy • Outline of standard minimum antenatal information provided (through courses, group talks and individual discussions) • A list of clinical staff members taking care of pregnant women and mothers and their babies • Training curricula and/or course outlines related to breastfeeding • Competencies assessment For staff members who have been employed less than six months • Proof of purchase of infant formula, bottles, teats, preterm/LBW formula, sterilized water in bottles, and breast-milk fortifier to show that no free or low-cost supplies have been received • Leaflets/printed materials for pregnant women and new mothers, including information on support for breastfeeding and infant feeding available after discharge • Any protocols or standards related to breastfeeding and infant feeding used by the maternity services • Any protocol for an ongoing monitoring and data-management system to comply with the eight key clinical practices • Mother's guide to the breastfeeding/infant feeding 	<input type="radio"/> Yes <input type="radio"/> No	



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	<p>policy</p> <ul style="list-style-type: none"> Any policies related to labour and delivery 		
I.A.2	<p>Do employees of manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers (dummies) have any direct or indirect contact with: Pregnant women? Mothers?</p> <p><i>Complies with Code, not allowing contact of these manufacturers or distributors with pregnant women or mothers:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.A.3	<p>What are the hospital's practices concerning procurement of the breast-milk substitutes, bottles, teats and other related supplies that it uses? It purchases all of the above for the wholesale price or more</p> <p>It procures some of the above in other ways [Please describe:]</p> <p>It does not purchase any breast-milk substitutes or supplies</p> <p>What unit and staff member is responsible for purchase of breast-milk substitutes and other supplies?</p> <p align="right"><i>[Arrange for interview]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.A.4	<p>Does the hospital receive any free gifts from manufacturers or distributors of breast-milk substitutes, bottles, teats, or pacifiers (dummies)? (This could include, for example, food, non-scientific literature, materials, or equipment, money, or support for in-service education or events)</p> <p>[If yes:] Please describe:</p> <p><i>Key points: If it seems important to verify compliance, assessor could ask to look at any items for which compliance may be questionable</i></p> <p><i>Complies with Code, with no free gifts or support received</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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I.A.5	<p>Are pregnant women, mothers, or their families given marketing materials, samples or gift packs by the facility that include:</p> <ul style="list-style-type: none"> - breast-milk substitutes - discount coupons for formula, equipment or supplies <p>Can you show me any marketing materials, samples, or gift packs that the mothers receive? [this can be done at the end of the interview, if more convenient]</p> <p><i>Complies with Code, with no prohibited samples or gift packs given:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.A.6	<p>Does the hospital integrate recording and monitoring of the clinical practices related to breastfeeding into their quality improvement/monitoring systems? In which way</p> <p>What type of indicators used to track progress of the implementation</p> <p>Who is assigned to track the implementation? Is there group or designated committee? How frequent they meet to discuss the progress.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.A.7	<p>What types of staff members provide health care for pregnant women, mothers, and/or infants?</p> <p><i>[list categories. If necessary, probe about various types of physicians, nurses, midwives, nutritionists, dieticians, interns, residents, etc.]</i></p> <p>Which clinical staff members are expected to assist mothers to learn the skills of breastfeeding?</p> <p>What types of non-clinical staff members have contact with mothers and babies?</p> <p><i>[Note: The answers to these questions should provide assessors with information on what types of staff members to interview in the assessment.]</i></p>		
I.A.8	<p>Which of the staff you mentioned above receive training on breastfeeding promotion and support?</p>		



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I.A.9	<p>What information, if any, is given to mothers concerning where they can get support if they need help on feeding their babies after returning home?</p> <p><i>[Probe: Any other information?] [do not read choices below, but tick any mentioned]</i></p> <p>Information on getting support from:</p> <ul style="list-style-type: none"> ○ the maternity services (in the facility being assessed) ○ community health services/nearest health centre ○ mother support groups and/or peer/lay counsellors ○ other [describe:] <p>Mentions at least one source of information_</p>	<p>Response is adequate</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
I.A.10	<p>What does your facility do, if anything, to foster the establishment of or coordinate with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers?</p>	<p>The way this is done is adequate:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Step 10.2
I.A.11	<p>Does the staff encourage mothers and babies to be seen soon after discharge at the facility or in the community by a skilled breastfeeding support person</p> <p>Who can assess feeding and give any support needed?</p> <p>[If yes:]</p> <p>Whom does the staff recommend that they see?</p> <p>_____</p> <p>What is recommended as far as timing for this support?</p> <p>_____</p> <p><i>[Key points: Should mention that mothers are encouraged to see a health care worker or support person who can provide BF support soon after discharge.]</i></p>	<p>Response is adequate</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
I.A.12	<p>Is there a written description of the standard minimum content of the breastfeeding information provided to all pregnant women (not just those who attend classes)?</p> <p><i>[If “Yes”, obtain copy if not already received.]</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

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I.A.13	<p>Are pregnant women given any printed material with information about feeding their babies?</p> <p><i>[If “Yes”, obtain copy or examples if not Already received.]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
S	<p>What are the measures the hospital has put in place to promote safe breastfeeding practices for mothers with suspected or confirmed COVID-19</p> <p><i>[Key points: Should mention that the hospital support mothers with suspected or confirmed COVID-19 are enabled to practice skin-to-skin contact, breastfed within 1 hour of birth while the mothers apply appropriate Infection control pretension]</i></p>	<p>Response is adequate</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>END. Thank you for your time and cooperation</p>			

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I.B. Hospital Data Sheet

Date filled in: _____ by: _____

1. General information on hospital and senior staff:

- Hospital name and address:

- Name and title of hospital director or administrator:

- Telephone or extension: _____
- E-mail address: _____
- The hospital is: [Tick all that apply]
 - Maternity hospital
 - General hospital
 - Teaching hospital
 - Other (specify) -----
- The Sector
 - MOH RMS Privet
- Total number of hospital beds: _____
- Total number of hospital employees: _____

2- Information on antenatal services:

- Hospital has antenatal services (either on or off site):
 - Yes
 - No (If no, skip all but the last question in this section.)
- Name and title of the director of antenatal services/clinic: _____
- Telephone or extension: _____
- E-mail address: _____
- What percentage of mothers delivering at the hospital attends the hospital's antenatal clinic? ____%



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- Does the hospital hold antenatal clinics at other sites outside the hospital?
 Yes
 No

- [If yes:] Please describe when and where they are held:

- Are there beds designated for high-risk pregnancy cases?
 Yes [If “Yes”:] How many? _____
 No

- What percentage of women arrives for delivery without antenatal care?
 _____ %
 Don't know

3- Information on labour and delivery services:

- Name and title of the director of labour and delivery services:

- Telephone or extension: _____
- E-mail address: _____

4- Information on maternity and related services:

- Name and title of the director of maternity services:

- Telephone or extension: _____
- E-mail address: _____
- Number of postpartum maternity beds: _____
- Average daily number of mothers with full term babies in the postpartum unit(s): _____
- Does the facility have unit(s) for infants needing special care (LBW, premature, ill, etc.)?
 Yes [If “Yes”:] Name of first unit: _____
 No
- Average daily census: _____
- Name of director(s) of this unit: _____
- Name of additional unit: _____
- Average daily census: _____

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- Name of director(s) of this unit: _____
- Are there areas in the maternity wards designated as well baby observation areas?
 - Yes [If “Yes”:] Average daily census of each area: _____
 - No
- Name of head/director(s) of these areas:

5- Staff responsible for breastfeeding/infant feeding

The following staff has direct responsibility for assisting women with breastfeeding (BF) or feeding breast-milk substitutes (BMS)

[Tick all that apply]

	BF	BMS
Nurses		
Pediatricians		
Midwives		
Obstetricians		
NICU nurses		
Infant feeding counsellors		
Dietitians		
Lay/peer counsellors		
Nutritionists		
Lactation consultants		
General physicians		

Other staff (specify):

[Use information for completing I.C. 10, 13 and 17]

Is there a BFHI coordinator at the hospital?

Yes (If yes, name:) _____

No

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Statistics on births:

Total births in the last year: _____ of which:

_____ % were by C. section without general anaesthesia

_____ % were by C. section with general anaesthesia

_____ % infants were admitted to the SCBU/NICU or similar units

The number of pregnant women were admitted to the hospital as suspected or confirmed COVID-19 case was () during last () year/ 6 months

Statistics on infant feeding:

Total number of babies discharged from the hospital last year: _____ of which:

_____ % were exclusively breastfed (or fed human milk) from birth to discharge.

_____ % received at least one feed other than breast -milk (formula, water or other fluids) in the hospital because of documented medical reason.(if a mother knew she was HIV positive and made an informed decision to replacement feed, this is considered a medical reason.)

_____ % received at least one feed other than breast milk without any documented medical reason.

[Note: The total percentages listed above should equal 100%]

The hospital data above indicates that at least 80 % of the babies delivered in the past year were exclusively breastfed or fed human milk from birth to discharge, or, if they received any feeds other than human milk this was because of documented medical reasons:. [Note: At the percentages in the first and second categories above to calculate this percentage.]

Yes

No

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I.C. Review of Written Materials

Name of assessor: _____

Name of health facility: _____

Date: _____

Review of Breastfeeding/Infant Feeding Policy Protocols			Key in Summary sheets
IC.1	A written breastfeeding or infant feeding policy for the hospital exists	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IC 2	The policy covers all 10 steps to successful breastfeeding adequately: [Note: The policy should include guidance for how each of the “Ten Steps” and other components should be implemented. The Policy Checklist, can be used to make the review]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not used	Step 1b.1
IC .3	policy upholds the National Code of Marketing of Breast-milk <ul style="list-style-type: none"> • Substitutes by prohibiting: • procurement of breast-milk substitutes, - • not accepting support or gifts from producers or distributors of products covered by the Code • not giving samples of breast-milk substitutes to mothers 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not used	Step 1a.3
IC.4	all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence-based guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Protocols	Step 1b.3

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Review of Materials Documenting Code Compliance			Key in Summary sheets
IC.5	<p>The facility has provided proof of purchase for the following</p> <ul style="list-style-type: none"> • Infant formula • Preterm/LBW formula • Other common substitutes (list)... <p>Records and receipts indicate that all infant formula used in the facility have been purchased through normal procurement channels and not received through free or subsidized supplies.</p> <p>(Cross-check information above with that supplied in Interview with Interview with Head/Director of maternity services and other key staff). It may be difficult to ascertain what the wholesale price is if some products are sold only to hospitals, such as ready to feed infant formula, or if the hospital participates in a central purchasing system centered outside its institution. In cases such as this, the surveyors will have to estimate if the pricing does not involve “free or low cost” formula or supplies, to the best of their ability.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not used	Step 1a.1
Review of document on monitoring and data-management systems			Key in Summary sheets
IC. 6	A written protocol for an ongoing monitoring and data-management system to comply with the eight key clinical practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	1c.1
IC. 7	<p>The group or committee that coordinates the BFHI related activities within a facility needs to review progress at least every 6 months.</p> <p>Two of the indicators "sentinel indicators", should be incorporated into the medical charts and collated into relevant registers.</p> <ul style="list-style-type: none"> • Early initiation of breastfeeding • Exclusive breastfeeding, 	<input type="checkbox"/> Yes <input type="checkbox"/> No	1c.2

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	Meeting minutes reflects review implementation of the system.																																						
Review of Written Information on Training on Breastfeeding Promotion & Support			Key in Summary sheets																																				
IC. 8	A written curriculum or course outline for training on breastfeeding promotion and support is available	<input type="checkbox"/> Yes <input type="checkbox"/> No																																					
IC. 9	<p>Review the attendance sheets or any other training documents and fill in the table below: [Note: Discuss with staff member responsible for training on types of clinical staff caring for mothers and infants and list in 1st column.]</p> <table border="1"> <thead> <tr> <th>Type of clinical health worker</th> <th>Number of staff * in each category</th> <th>Number of staff received training during last 2 year</th> <th>% of staff trained</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of clinical health worker	Number of staff * in each category	Number of staff received training during last 2 year	% of staff trained																																		
Type of clinical health worker	Number of staff * in each category	Number of staff received training during last 2 year	% of staff trained																																				
* Number of staff at facility 6 months or more																																							

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	<p>Information in the table above indicates that at least 80% of health professionals who provide antenatal, delivery and/or newborn care have received pre-service or in-service training on breastfeeding during the previous 2 years.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 2.1																																																			
IC. 10	<p>Review the competencies record , the staff who help mothers with infant feeding had been assessed to:</p> <table border="1" data-bbox="352 639 1190 1396"> <tr> <td>use listening and learning skills to counsel a mother</td> <td>Y</td> <td>N</td> </tr> <tr> <td>use skills for building confidence and giving support to counsel a mother;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>counsel a pregnant woman about breastfeeding;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>assess a breastfeed</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother to position herself and her baby for breastfeeding</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother to attach her baby to the breast;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>explain to a mother about the optimal pattern of breastfeeding;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother to express her breast milk;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother to cup feed her baby;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother to initiate breastfeeding within the first hour after birth;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother who thinks she does not have enough milk</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother with a baby who cries frequently;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother whose baby is refusing to breastfeed;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother who has flat or inverted nipples;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother with engorged breasts;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother with sore or cracked nipples;</td> <td>Y</td> <td>N</td> </tr> <tr> <td>help a mother with mastitis;</td> <td>Y</td> <td>N</td> </tr> </table>	use listening and learning skills to counsel a mother	Y	N	use skills for building confidence and giving support to counsel a mother;	Y	N	counsel a pregnant woman about breastfeeding;	Y	N	assess a breastfeed	Y	N	help a mother to position herself and her baby for breastfeeding	Y	N	help a mother to attach her baby to the breast;	Y	N	explain to a mother about the optimal pattern of breastfeeding;	Y	N	help a mother to express her breast milk;	Y	N	help a mother to cup feed her baby;	Y	N	help a mother to initiate breastfeeding within the first hour after birth;	Y	N	help a mother who thinks she does not have enough milk	Y	N	help a mother with a baby who cries frequently;	Y	N	help a mother whose baby is refusing to breastfeed;	Y	N	help a mother who has flat or inverted nipples;	Y	N	help a mother with engorged breasts;	Y	N	help a mother with sore or cracked nipples;	Y	N	help a mother with mastitis;	Y	N	<input type="checkbox"/> Yes <input type="checkbox"/> No	
use listening and learning skills to counsel a mother	Y	N																																																				
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	help a mother to breastfeed a low-birth-weight baby or sick baby;	Y	N			
	counsel a mother about her own health;	Y	N			
	implement the Code in a health facility	Y	N			
IC.11	Review the personnel file or any document reflect competencies assessments in breastfeeding in the previous 2 years and fill in the table below:			<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 2.2	
	Type of clinical health worker	Number of staff * in each category	% of staff had been assets in the previous 2 years			
Information in the table above indicates 80% of health professionals who provide antenatal, delivery and/or newborn care report receiving competency assessments in breastfeeding in the previous 2 years						
Review of Written protocol for antenatal discussion of breastfeeding						Key in Summary sheets

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IC.12	<p>A protocol for antenatal discussion of breastfeeding includes at a minimum:</p> <ul style="list-style-type: none"> - The importance of breastfeeding; - Global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, the fact that breastfeeding continues to be important after 6 months when other foods are given; - The importance of immediate and sustained skin-to-skin contact; - The importance of early initiation of breastfeeding; - The importance of rooming-in; - The basics of good positioning and attachment; - Recognition of feeding cues. - the above topics are covered adequately in either the discussions or the printed materials: 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 3.1
Review of written document related community engagement			Key in Summary sheets
IC. 13	Any document demonstrate that it coordinates with community services that provide breastfeeding/infant feeding support, including clinical management and mother-to-mother support.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 10.2
Review of the medical record			Key in Summary sheets
IC.14	___ out ___ of medical records of babies who received supplemental feeds have a documented medical indication for supplementation.	Total: ___ out	Step 6.4

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	[Y = yes , N = no, 0 = didn't answer]	of ___ : ___%	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30		
Review NICU or special care document			Key in Summary sheets
IC.15	<p>Review Any document demonstrate that preterm babies and other vulnerable newborns that cannot be fed their mother's had been fed with fed with donor human milk.</p> <p>....Out.....of the preterm babies and other vulnerable newborns that cannot be fed their mother's own milk are fed with donor human milk.</p>	<p>Total: ___ out of ___ : ___%</p>	Step 6.5
Review of Breastfeeding Policy/ Protocols for suspected or infected women with covid19			
IC.16	<p>A written breastfeeding or infant feeding policy/protocol to manage suspected or infected women with covid19 and emerging crisis, The written</p> <p>[Note: The policy should include guidance for the following topics as applicable</p> <ul style="list-style-type: none"> • Screening pregnant women for covid19 and emerging crisis • management of women in labor suspected or infected with covid19 and emerging crisis • management of women in postnatal word suspected or infected with covid19 and emerging crisis • Management of newborn babies born for positive covid19 and emerging crisis mothers. • Feed babies with expressed breastmilk when the mother too sick to breastfeed • Handling, storage and use of EBM of COVID-19 suspected or positive mothers 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	step- S.1.1
Review the training documents related to COVID-19			

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IC.17	<p>Review the attendance sheets or any other training documents</p> <p>___ out ___ of clinical staff who provide antenatal, delivery and/or newborn care received training on managing women and/or infant suspected or infected with covid19</p>	<p>Total: ___ out of ___: ___%</p>	Step S 2.1
Review of medical record of women with suspected or confirmed COVID-19			
IC.18	<p>___ out ___ of reviewed medical records showed that babies were placed in skin-to-skin contact immediately while applying appropriate ICP measures, unless there were documented medically justifiable reasons for delayed contact.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20</p> <p><input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30</p>	<p>Total: ___ out of ___: ___%</p>	Step 3.1
IC.19	<p>___ out ___ of reviewed medical records showed that the breastfeeding was initiated within 1 hour after birth, while applying appropriate ICP measures.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20</p>	<p>Total: ___ out of ___: ___%</p>	Step 3.2

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	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30		
IC20	<p>___ out ___ of reviewed medical records showed that the mother were consulted to stay close to their infants, day and night. keeping safe physical distance of >6 feet(2m)</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	<p>Total: ___ out of ___: ___%</p>	Step 3.3
IC21	<p>___ out ___ of reviewed medical records showed severely ill mother with COVID-19 or suffer from complications had expressed milk while applying appropriate ICP measures.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	<p>Total: ___ out of ___: ___%</p>	Step 3.4

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<p>IC22</p>	<p>___ out ___ of reviewed medical records showed documented postnatal counselling on maintaining breastfeeding while applying appropriate IPC measures before and during breastfeeding.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20</p> <p><input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30</p>	<p>Total: ___ out of ___: ___%</p>	<p>Step 4.2</p>

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I.D. Observations

Name of assessor: _____

Name of health facility: _____

Date: _____

Observations(in maternity, antenatal, labour/delivery, and formula preparation and demonstration areas)			Key in Summary sheets																												
I.D. 1a.	<p>Are any materials that promote breast-milk substitutes (or other designated products per the Code or national laws) displayed or distributed to pregnant women, mothers, and/or staff?</p> <p><i>[Note: May include booklets, magazines, posters, calendars, pens, etc.]</i></p> <p>If “Yes”, describe materials observed and where found:</p> <p><i>Note: Check areas where nutritionists or dieticians work, as well as other areas]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
I.D. 1b	<p>Does the hospital keep infant formula cans and pre-prepared bottles of formula out of view unless in use?</p> <p>If “No”, describe supplies observed and where observed:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
I.D. 1S	<p align="center"><i>Answer to 1a No and 1 b is “Yes”: tick “Yes” in 1S</i></p> <p>Summarize: Complies with Code, with no display of products covered under the Code or items with logos of companies that produce breast-milk substitutes or names of products covered under the Code</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 1a.2																												
I.D. 2	<p>A summary of the breastfeeding/infant feeding policy, including, at minimum, the 10 Steps, is displayed in the following areas:</p> <table border="1"> <tbody> <tr> <td>Labour and delivery area</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> Area does not exist</td> </tr> <tr> <td>Postpartum wards/rooms</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> Area does not exist</td> </tr> <tr> <td>Antenatal in-patient wards</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> Area does not exist</td> </tr> <tr> <td>Antenatal clinic/consulting rooms</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> Area does not exist</td> </tr> <tr> <td>Well-baby observation areas</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> Area does not exist</td> </tr> <tr> <td>Special care baby unit (NICU or other)</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> Area does not exist</td> </tr> <tr> <td>Other areas is visible to pregnant women, moths and their families</td> <td colspan="2"><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> </tr> </tbody> </table> <p>Summary of the policy is visible to pregnant women, mothers and their families.</p>	Labour and delivery area	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Area does not exist	Postpartum wards/rooms	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Area does not exist	Antenatal in-patient wards	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Area does not exist	Antenatal clinic/consulting rooms	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Area does not exist	Well-baby observation areas	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Area does not exist	Special care baby unit (NICU or other)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Area does not exist	Other areas is visible to pregnant women, moths and their families	<input type="checkbox"/> Y		<input type="checkbox"/> N	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 1b.2
Labour and delivery area	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Area does not exist																												
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Other areas is visible to pregnant women, moths and their families	<input type="checkbox"/> Y		<input type="checkbox"/> N																												
Observations in the postpartum wards/rooms and any well baby observation areas show			Key in Summary sheets																												

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I.D. 3.	For ___ out of ___ of the babies observed, the babies were being fed only breast milk or there were acceptable medical reasons for receiving something else						___%	Step 6.1																																																												
I.D. 4.	For ___ out of ___ of the mothers and babies observed, the mothers and babies were together or, if not, had justifiable reasons for being separated						___%	Step 7.2																																																												
I.D. 5.	<p>Observe five cases of staff demonstrating how to safely prepare and feed breast-milk substitutes for mothers who have decided on this feeding option: [Note: If it is not possible to observe 5 demonstrations, observe as many as possible]</p> <table border="1" data-bbox="402 688 1094 1096"> <thead> <tr> <th data-bbox="402 688 607 831">Feeding demonstration Observed</th> <th colspan="2" data-bbox="607 688 834 831">Demonstration accurate and complete</th> <th colspan="2" data-bbox="834 688 1094 831">Included return demonstration by mother herself</th> </tr> </thead> <tbody> <tr> <td data-bbox="402 831 607 886">Demonstration # 1</td> <td data-bbox="607 831 711 886"><input type="checkbox"/> Y</td> <td data-bbox="711 831 834 886"><input type="checkbox"/> N</td> <td data-bbox="834 831 938 886"><input type="checkbox"/> Y</td> <td data-bbox="938 831 1094 886"><input type="checkbox"/> N</td> </tr> <tr> <td data-bbox="402 886 607 940">Demonstration # 2</td> <td data-bbox="607 886 711 940"><input type="checkbox"/> Y</td> <td data-bbox="711 886 834 940"><input type="checkbox"/> N</td> <td data-bbox="834 886 938 940"><input type="checkbox"/> Y</td> <td data-bbox="938 886 1094 940"><input type="checkbox"/> N</td> </tr> <tr> <td data-bbox="402 940 607 995">Demonstration # 3</td> <td data-bbox="607 940 711 995"><input type="checkbox"/> Y</td> <td data-bbox="711 940 834 995"><input type="checkbox"/> N</td> <td data-bbox="834 940 938 995"><input type="checkbox"/> Y</td> <td data-bbox="938 940 1094 995"><input type="checkbox"/> N</td> </tr> <tr> <td data-bbox="402 995 607 1050">Demonstration # 4</td> <td data-bbox="607 995 711 1050"><input type="checkbox"/> Y</td> <td data-bbox="711 995 834 1050"><input type="checkbox"/> N</td> <td data-bbox="834 995 938 1050"><input type="checkbox"/> Y</td> <td data-bbox="938 995 1094 1050"><input type="checkbox"/> N</td> </tr> <tr> <td data-bbox="402 1050 607 1096">Demonstration # 5</td> <td data-bbox="607 1050 711 1096"><input type="checkbox"/> Y</td> <td data-bbox="711 1050 834 1096"><input type="checkbox"/> N</td> <td data-bbox="834 1050 938 1096"><input type="checkbox"/> Y</td> <td data-bbox="938 1050 1094 1096"><input type="checkbox"/> N</td> </tr> </tbody> </table> <p data-bbox="318 1125 1243 1180">Includes accurately measuring BMS, mixing it with safe water in a clean container, making sure the container in which is it fed (such as a cup) is clean, feeding it to the infant.]</p> <p data-bbox="318 1209 1243 1293">Summarize: For ___ out of the ___ observations of staff demonstrating how to prepare and feed breast-milk substitutes, the demonstrations were accurate, complete, and included a return demonstration:</p>						Feeding demonstration Observed	Demonstration accurate and complete		Included return demonstration by mother herself		Demonstration # 1	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	Demonstration # 2	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	Demonstration # 3	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	Demonstration # 4	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	Demonstration # 5	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	___%																															
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Demonstration # 5	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N																																																																
Observe five vaginal births, if feasible (optional)*: [Note: Ask mothers' permission before observations]								Key in Summary sheets																																																												
I.D. 6.	<table border="1" data-bbox="318 1461 1243 1789"> <thead> <tr> <th data-bbox="318 1461 431 1608">Birth</th> <th data-bbox="431 1461 545 1608">Observation times</th> <th colspan="2" data-bbox="545 1461 675 1608">Baby placed skin-to-skin with mother</th> <th colspan="2" data-bbox="675 1461 821 1608">Held at least 60 minutes in skin-to-</th> <th colspan="2" data-bbox="821 1461 1032 1608">Mother shown how to recognize when baby ready to BF and</th> <th colspan="2" data-bbox="1032 1461 1243 1608">Justified reason for not following These procedures</th> </tr> </thead> <tbody> <tr> <td data-bbox="318 1608 431 1650">Birth # 1</td> <td data-bbox="431 1608 545 1650"></td> <td data-bbox="545 1608 607 1650"><input type="checkbox"/> Y</td> <td data-bbox="607 1608 675 1650"><input type="checkbox"/> N</td> <td data-bbox="675 1608 737 1650"><input type="checkbox"/> Y</td> <td data-bbox="737 1608 821 1650"><input type="checkbox"/> N</td> <td data-bbox="821 1608 883 1650"><input type="checkbox"/> Y</td> <td data-bbox="883 1608 1032 1650"><input type="checkbox"/> N</td> <td data-bbox="1032 1608 1094 1650"><input type="checkbox"/> Y</td> <td data-bbox="1094 1608 1243 1650"><input type="checkbox"/> N</td> </tr> <tr> <td data-bbox="318 1650 431 1692">Birth # 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1		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	Birth # 2		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	Birth # 3		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	Birth # 4		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	Birth # 5		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	___%	
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	<p>these procedures:</p> <p>No births were observed. [describe why]: _____</p> <p>* [Note: Observations can be time-consuming and some mothers may not wish to be observed. Thus, the observations are optional. They are particularly important if neither the mothers' charts nor interviews give a clear indication of whether Step 4 is being followed. If less than 4 observations can be made, consider not using the results in the final scoring, as the sample would be too small]</p>		
Observe clinical staff (in maternity, antenatal, labor/delivery areas) during COVID-19 pandemic			Key in Summary sheets
ID.7	For ____ out of ____ of the observed staff in the labor, postpartum wards and newborn care areas provide direct care have applied appropriate IPC measures	____-%	S.2.2
ID.8	For ____ out of ____ of the observed mothers with suspected or confirmed COVID-19 have keep their babies close while maintaining safe physical distance of >6 feet(2m)	____-%	S.3.3

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II.A Interview with Clinical Staff Member (No. ____)

Name of assessor:

Name of health facility:

Name of ward/unit:

Date:

Instructions: This interview is for staff members who provide health care for mothers and/or babies. This includes health care staff members who work in labour and delivery, the postpartum ward, the special care baby unit, antenatal services (if they exist), and other maternity-related services. The staff interviewed may include nurses, midwives, nutritionists, dieticians, paediatricians, obstetricians, interns, clinical technicians, and other workers who provide health care for mothers and/or babies. Note: A decision may be made to include staff members not currently caring for mothers and babies, if they are likely to rotate into positions where they will *do so*.

Introduction: Describe why you would like to interview the staff member and that the information will be kept confidential. Point out that the purpose of the assessment is not to test the person you are interviewing but to determine how the maternity services are doing as a whole, and that individual results are pooled to give overall feedback. If the staff member agrees to be interviewed, proceed.

Question	Response	Key in Summary sheets
<p>II.A. 1</p> <p>What is your position here in the health facility?</p> <p><i>Confirm whether respondent is a physician, midwife, nurse, clinical technician, or other and list type. If possible, determine this before starting the interview. If unclear, probe for whether the staff member provides health care directly for mothers and babies.</i></p> <p><i>If staff member does not provide health care directly for mothers and/or babies, thank the staff member and do not conduct the interview.</i></p> <p><i>Note: If staff members frequently rotate in and out of positions where they care for mothers and babies, a decision may be made to interview all staff.</i></p>	<p>Position:</p> <p>_____</p> <p>Provides health care for mothers and/or babies:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>II.A.2</p>	<p>When did you join the staff of the maternity services in this hospital? _____ [Month/Year]</p> <p><input type="checkbox"/> < 6 months</p>	



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		<input type="checkbox"/> > 6 months	
II.A. 3.	<p>Have you received pre-service or in-service training on breastfeeding during the previous 2 years?</p> <p><i>[If “No”]: Did you receive training in a previous hospital or as a student or take self-study or “on-line” courses?</i></p> <p><i>[If “Yes” to either question, continue. If “No”, go to Q4]</i></p> <p>How many hours was it in total, including both classroom or self-study and on-the-job or clinical training?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ hours	
II.A. 4.	<p>If a colleague asks you why it is important not to give mothers free formula samples from the infant formula companies, what reasons could you give? <i>[Probe: Anything else?]</i></p> <hr/> <p><i>Key points:</i></p> <ul style="list-style-type: none"> ○ <i>It is prohibited by the Code or national law.</i> ○ <i>It discourages breastfeeding.</i> ○ <i>It encourages mixed feeding.</i> 	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
II.A.5	<p>What are elements of the Code:</p> <hr/> <p><i>Key points (2 needed):</i></p> <ul style="list-style-type: none"> ○ No advertising of breast-milk substitutes and other products ○ No donations of breast-milk substitutes to hospitals ○ No free samples to mothers ○ No promotion in the health services ○ No company personnel to advise mothers ○ No gifts or personal samples to health workers ○ No advertising of breast-milk substitutes and other products to the public 	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Step 1a.4
II.A. 6.	<p>Could you please tell me what are elements of the infant feeding policy in your facility?</p>	<input type="checkbox"/> Yes	Step 1b.4

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	<p>Key points (2 needed): Practices include:</p> <ul style="list-style-type: none"> ○ <i>Skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth. .</i> ○ <i>Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.</i> ○ <i>Enable mothers and their infants to remain together and practise rooming-in 24 hours a day.</i> ○ <i>Support mothers to recognize and respond to their infants' cues for feeding.</i> ○ <i>Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.</i> ○ <i>Coordinate discharge so that parents and their infants have timely access to ongoing support and care</i> 	<input type="checkbox"/> No	
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II.A. 7. Instructions: Please ask a total of 4 questions from the following list, a Summarize the score at the end.		Response	Key in Summary sheets
7.1.	<p>Do you teach mothers how to position and attach their babies for breastfeeding?</p> <p>Could you please describe and demonstrate how you would teach a mother to position her baby for breastfeeding?]</p> <p><i>Note: It is best, as it is most realistic, to ask the staff member to teach a mother with a baby on the ward, with her consent. Alternatively the staff member can teach the assessor, like a mother, using a doll and breast as props.</i></p> <hr/> <p>Key points: Positioning: close, facing the breast</p> <ul style="list-style-type: none"> • <i>baby should be held</i> • <i>baby's head and body should be in a straight line</i> • <i>baby should be supported at head & shoulders (& body as well, if newborn)</i> 	<p>Positioning correct:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
7.2	<p>What would you teach a mother about good attachment (latching) and suckling? [Probe: Anything else?]</p> <ul style="list-style-type: none"> ○ _____ <hr/> <p>Key points: Attachment (latching):</p>	<p>Attac hment/ suckling</p>	

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	<ul style="list-style-type: none"> ○ <i>baby's mouth should be wide open,</i> ○ <i>lower lip turned out;</i> ○ <i>chin touching breast</i> ○ <i>more areola should be visible above than below the baby's mouth</i> <p>Key points: Suckling:</p> <ul style="list-style-type: none"> ○ <i>cheeks should be full,</i> ○ <i>with slow deep sucking and swallowing sounds</i> <p>[Note: Pass if generally correct, with enough correct information to help mothers to correctly position and attach and no erroneous information.]</p> <ul style="list-style-type: none"> • 	<p>correct:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
7.3.	<p>What is the most common cause of insufficient milk? _____</p> <hr/> <p>Key points (1 needed):</p> <ul style="list-style-type: none"> • <i>not enough effective breastfeeding (ineffective removal of breast milk)</i> • <i>not feeding on demand or "on cue"</i> • <i>not having baby attached correctly to remove milk</i> 	<p>Adequate:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
7.4.	<p>Why is skin-to-skin contact between mother and baby important? [Probe: Anything else?]</p> <hr/> <hr/> <p>Key points (2 needed):</p> <ul style="list-style-type: none"> • <i>keeps baby warm</i> • <i>calms baby/mother</i> • <i>bonding</i> • <i>encourages breastfeeding</i> • <i>good start for breastfeeding</i> • <i>on demand</i> • <i>regulates heartbeat and breathing</i> • 	<p>Adequate:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
7.5.	<p>Why is feeding when the baby is hungry important for successful breastfeeding? [Probe: Anything else?]</p> <hr/> <hr/> <p>Key points (2 needed):</p> <ul style="list-style-type: none"> • <i>ensures a good milk supply</i> • <i>results in less engorgement</i> • <i>helps ensure a contented baby</i> 	<p>Adequate:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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	<ul style="list-style-type: none"> reduces crying and temptation to supplement 		
7.6	<p>What advice would you give a mother to help her prevent engorgement? [<i>Probe: Anything else?</i>]</p> <hr/> <p>Key points (2 needed):</p> <ul style="list-style-type: none"> feed frequently have baby attached correctly 	<p>Adequate:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
7.7	<p>Why is it important to avoid giving supplements of formula to a breastfed baby unless medically indicated? [<i>Probe: Any other reasons?</i>]</p> <hr/> <p>Key points (2 needed):</p> <ul style="list-style-type: none"> decreases eagerness to breastfeed, leading to reduced milk supply reduces mother's confidence in breastfeeding leads to allergic sensitisation of the baby increases chance of infection if baby fed by bottle it can result in improper suckling pattern when breastfeeding involves unnecessary expense 	<p>Adequate:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ○</p>	

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7.8	<p>Why is it recommended that all breastfeeding mothers be taught to express their milk by hand? <i>[Probe: Anything else?]</i></p> <hr/> <p>Key points (2 needed):</p> <ul style="list-style-type: none"> • <i>helps baby to attach</i> • <i>relieves engorgement</i> • <i>deals with blocked ducts</i> • <i>better for expressing colostrum</i> • <i>mother may need to express her milk to maintain milk production if she and her baby are separated</i> <p>Could you please describe and demonstrate how you would teach hand expression? <i>[Note: Ask the respondent to describe how she/he would teach a mother, using a breast model to demonstrate, or to teach the assessor, as if teaching a mother.]</i></p> <p>Key points:</p> <ul style="list-style-type: none"> ○ <i>Encourage the milk to flow (through relaxation, massage, warmth, thinking of the baby, etc.)</i> ○ <i>Position her fingers (or thumb and finger) opposite each other and back from the nipples.</i> ○ <i>Compress and release the breast.</i> ○ <i>Repeat in all parts of the breast.</i> 	<p>Adequate:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
II.A. 7S	<p>Summarize:</p> <p>If the staff member answer at least three out of four question from 7-1 to 7-8 and their answers are adequate check Yes</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Step 2.3
II.A. 8	<p>Do you teach women who are <u>not breastfeeding</u> how to prepare their feeds for their infants?</p> <p>What information would you discuss with a mother on how to prepare and give artificial feedings in a safe manner? <i>[Probe: Anything else?]</i> _____</p> <p>Key points (2 needed):</p> <ul style="list-style-type: none"> ○ <i>boiling and cooling water before mixing feeds</i> ○ <i>correct proportions for mixing locally available artificial feeds</i> ○ <i>methods for keeping feed clean</i> ○ <i>importance of hygiene</i> ○ <i>importance of cup feeding</i> 	<p>Adequate:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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	<p>What are the IPC precaution you teach a mother with confirmed or suspected COVID-19 to apply during and before breast feeding or</p> <p>Could you please tell me what are the hospital policy of the infant feeding during COVID-19 pandemic?</p> <p>Key points:</p> <p><i>Teach the mother with confirmed or suspected COVID-19 to do the following :</i></p> <ul style="list-style-type: none"> ○ <i>Wash hands frequently with soap and water or use alcohol-based hand rub and especially before touching the baby;</i> ○ <i>Wear a medical mask during any contact with the baby, including while feeding;</i> ○ <i>Sneeze or cough into a tissue. Then dispose of it immediately and wash hands again;</i> ○ <i>Routinely clean and disinfect surfaces after touching them.</i> 	<p>Adequate:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	S.1.2
II.A. 9	<p>Have you received training on managing women and/or infant suspected or infected covid19?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	S.2.1



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II.B. Interview with Non-Clinical Staff Member (No)

Name of assessor: _____

Name of health facility: _____

Name of ward/unit: _____

Date: _____

Instructions: This interview is for staff members who do not provide health care for mothers and/or babies but have some contact with them. Types of staff members interviewed may include, for example, care attendants, social workers, clerical staff, housekeeping and catering staff, and other staff in similar categories. Go through the non-clinical staff list with the senior maternity officer in advance to try to insure that the pool of names in the sample only includes staff members of this type.

Introduction: Describe why you would like to interview the staff member and that the information will be kept confidential. Point out that the purpose of the assessment is not to test the person you are interviewing but to determine how the maternity services are doing as a whole and that individual results are pooled to give overall feedback.

Question	Response	Key in Summary sheets
II.B. 1. When did you start working here in the maternity services?	_____ [Month/Year]	
II.B. 2. What type of work do you do? <i>[Probe for whether respondent works in an “auxiliary” capacity, not providing clinical care, but having some contact with mothers and babies If staff member provides health care directly for mothers and babies or has no contact with them, thank him or her and do not conduct interview]</i>	<i>has contact with mothers</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
II.B. 3. Have you received any pre-service or in-service training on breastfeeding during the previous 2 years? <i>[If needed, probe re whether the breastfeeding policy and/or his or her role in promoting and supporting breastfeeding was discussed]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
II.B. 4. Can you tell me some of the reasons breastfeeding is important for the baby or mother? _____ Key points (1 needed): <i>(specific) health benefits for... baby bonding</i> <i>(specific) health benefits for mother..... good nutrition</i>	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
II.B. 5. Can you mention some possible practices in maternity services that would support breastfeeding? _____ Key points (1 needed): <i>early initiation of breastfeeding</i> <i>rooming in</i> <i>teaching the mother to breastfeed</i> <i>feeding on demand or baby’s cue</i> <i>encouraging exclusive breastfeeding</i> <i>no use of bottles, teats or pacifiers</i> <i>other points related to the 10 Steps</i>	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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II.B. 6.	What types of things can you do here to provide support to women so they can feed their babies well?	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
II.B.7	What are the IPC measures you should take when dealing with a mother with confirmed or suspected COVID-19	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>END: Thank you for taking the time to answer these questions</i>			



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II.C. Interview with Mother (No. ____)

Name of assessor: _____
Name of health facility: _____
Name of ward/unit: _____
Date: _____ Time: _____

General information (collect prior to interview if possible)
Hours since birth _____ hours
Type of delivery:
<input type="checkbox"/> Vaginal (V)
<input type="checkbox"/> C-section without general anaesthesia (i.e., local, regional, epidural) (C-WGA)
<input type="checkbox"/> C-section with general anaesthesia (C-GA)

Instructions: Interview for mother of baby at least 1500 grams in weight and 32 weeks gestation and on the postnatal ward rather than in special care. The mother should have given birth at least 6 hours earlier and be as close to discharge as possible. Go through the list of postpartum mothers with the senior maternity officer in advance to try to insure that the pool of names in the sample only includes mothers who meet these requirements.

Introduction: Describe to the mother why you would like to interview her (to learn about the information and care she has received). Mention that, if she agrees to be interviewed, the information will be kept confidential (you might ask if her baby is a boy or a girl and/or the baby's name, if appropriate).

Question	Response	Key in Summary sheets
II.C. 1. When was your baby (or baby's name) born? <i>[Probe for date and time. If mother has not given birth at least 6 hours earlier, thank her and do not continue the interview]</i>	[DD/MM/YY] Time: _____ > 6 hours ago: Yes No	
II.C. 2. Is this your first baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
II.C. 3. What type of delivery did you have? <i>[Probe, if Caesarean, for type of anaesthesia or ask staff member]</i> Vaginal (V) or C-section without general anaesthesia (C-WGA)..... Continue to Q4a If C-section with general anaesthesia (C-GA) ..Go to Q5a	<input type="checkbox"/> V <input type="checkbox"/> C- WGA <input type="checkbox"/> C – GA	



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II.C. 4a	<p><i>[If vaginal or C-section without general anaesthesia:]</i></p> <p>How soon after birth was your baby given to you? <i>[Probe, if necessary. If time is listed in chart, review for verification]</i></p> <hr/> <p><i>[If “Yes” tick “Yes” in 4S and go to Q6a. If “No” continue with Q4b]</i></p>	<p>Immediately or < 5 minutes:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
II.C. 4b.	<p>Do you know why your baby was not given to you immediately? <i>[If yes, probe to determine why and whether the delay was medically justified. Check with staff later, if necessary]</i></p>	<p>Delay medically justified:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
II.C. 4c	<p><i>[If there was skin-to-skin contact:]</i></p> <p>How long was your baby with you skin-to-skin without separation that first time? _____ minutes _____ hour(s) <i>[If 60 minutes or more (“Yes”) go to Q 6a. If less, continue to Q6a.]</i></p>	<p>60 minutes or more:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
II.C. 4S	<p>Summarize:: Answer to 4a or 4b and 4c is “Yes”:</p> <p>Mothers of term infants report that their babies were placed in skin-to-skin contact with them immediately or within 5 minutes after birth and that this contact lasted 1 hour or more, unless there were documented medically justifiable reasons for delayed contact. <i>[Go to Q6a]</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>	Step 4.1
II.C. 5a.	<p><i>[If C-section with general anaesthesia:]</i></p> <p>How soon after you were responsive and alert was your baby placed with you? <i>[Probe, if necessary. If time is listed in chart, review for verification]</i></p> <hr/> <p><i>[If within a few minutes (“Yes”), tick “Yes” in 5S and go to Q6a. If “No” continue with Q5b.]</i></p>	<p>Within a few minutes:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
II.C. 5b.	<p>Do you know why your baby was not placed with you soon after you were responsive and alert?</p>	<p>Delay medically justified:</p>	



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	<i>[If yes, probe to determine why and whether the delay was medically justified. Check with staff later, if necessary]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
II.C. 5S	<i>Summarize: Answer to 5a or 5 b is "Yes":</i> [Baby placed with mother within a few minutes of when she was alert and responsive and that this contact lasted 1 hour or more, unless there were documented medically justifiable reasons for delayed contact.]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
II.C. 6a.	Do you put your baby to the breast within 1 hour after birth <i>[If "Yes" tick "yes" in Q6S. If "No" go to 6b]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
II.C. 6b.	<i>[If less than 60 minutes:]</i> What was the reason the initiation of breast feeding delayed or your baby was separated from you? <i>[List reason below. Probe to determine if it was for a medically justified reason, checking with staff, if necessary: _____]</i>	Medically justified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
II.C. 6S	<i>Answer to 6a is "Yes" or answer to 6 b is "Yes":</i> [Mother report that their babies were put to the breast within 1 hour after birth, unless there were documented medically justifiable reasons.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 4.2
II.C. 7a	<i>[If breastfeeding:]</i> Has anyone on the staff offered you any help with breastfeeding since you held your baby the first time? <i>[If "Yes", continue to Q7b. If "No", tick "No" in Q7S]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
II.C. 7b	<i>[If offered help:]</i> How long after birth was this help offered? _____	Help offered within 6 hours of birth: <input type="checkbox"/> Yes <input type="checkbox"/> No	
II.C. 7S		<input type="checkbox"/> Yes	Step 5.1



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	<p>Summarize: Answers to both 7a and 7b are “Yes”: breastfeeding mothers of term infants report that someone on the staff offered assistance with breastfeeding within 6 hours after birth</p>	<input type="checkbox"/> No	
II.C. 8a	<p><i>[If breastfeeding:]</i> Can you show and describe to me how you position your baby for breastfeeding? <i>[Note: Ask the mother this question even if she hasn’t been given any advice by the staff. Encourage the mother to demonstrate by actually ask her to hold her baby or a doll in position and describe how she does it]</i></p> <hr/> <p>Key points: Positioning: Baby should be held close, facing the breast. Baby’s head and body should be in a straight line. Baby should be supported at head and shoulders (and body as well, if newborn). <i>[Note: Pass if generally correct, with no practices that hinder effective breastfeeding]</i></p>	<p>Positioning correct: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
II.C. 8b	<p><i>[If breastfeeding:]</i> Can you show and describe to me how you baby can suckle and transfer milk? <i>[Note: Ask the mother this question even if she hasn’t been given any advice by the staff. Encourage the mother to demonstrate by actually or describe how]</i></p> <hr/> <p>Key points: Good attachment The baby’s mouth is wide open. The lower lip is turned out. The chin is touching the breast (or nearly so). More areola is visible above the baby’s mouth than below.</p>	<p>Positioning correct: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
II.C. 8S	<p>Answers to both 8a and 8b are “Yes”: Summarize: the breastfeeding mother is able to demonstrate how to position her baby for breastfeeding and that the baby can suckle and transfer milk.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 5.3
II.C. 9	<p>Can you tell me what will facilitate milk production for your baby <i>[Note: Ask the mother this question even if she hasn’t been given any advice by the staff]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 5.4



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	<p>Key points</p> <ul style="list-style-type: none"> ○ Frequent feeds ○ Feed on demand ○ having baby attached correctly to remove milk ○ Drink Plenty of Fluids ○ Be relax <p><i>If the mothers of term infants described at least two ways to facilitate milk production for their infants. Tick yes</i></p>		
II.C. 10	<p>What signs would you look for that indicate your baby consumes adequate milk</p> <p>Key points</p> <ul style="list-style-type: none"> ○ Baby finishes feed by him/herself and seems satisfied ○ The breast is softer after the feed. ○ Baby sleep well ○ Baby gaining weight after the first twoweeks. ○ After the first few days • baby should have at least six wet nappies a day. ○ From day 4 baby should also pass at least two yellow stools very day, for the first few weeks. <p><i>If the mother can describe at least two indicators of whether a breastfed baby consumes adequate milk. Tick yes</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 5.5
II.C. 11	<p>[If breastfeeding:] What have you been told by the staff about how to recognize when your baby is hungry? [Probe: Anything else?]</p> <p>_____</p> <p>_____</p> <p>Key points (2 needed): <u>Early hunger cue</u> Smacking or licking lips Opening and closing mouth Sucking on lips, tongue, hands, fingers, toes, toys, or clothing <u>Active hunger cue</u> Rooting around on the chest of whoever is carrying him Trying to position for nursing, either by lying back or pulling on your clothes Fidgeting or squirming around a lot Hitting you on the arm or chest repeatedly Fussing or breathing fast <u>Late hunger cue</u> Moving head frantically from side to side Crying</p>	<p>Describe at least two feeding cues</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	Step 8.1
II.C. 12	<p>[If breastfeeding:]</p>		Step 8.2



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	<p>What advice have you been given by the staff about how often and how long your baby should feed? Or How long should he/she be fed? [Probe: Anything else?]</p> <p>_____</p> <p>_____</p> <p>Key points: Baby should be fed when he wants to or whenever he is hungry. Baby should be fed for as long as he wants. [Note: A response such as that the baby should be fed on a strict schedule (for example, every 2 hrs or 3 hrs) or feed only for a specific number of minutes is not good advice]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No advice given																
II.C. 13	<p>[If breastfeeding or intending to breastfeed:]</p> <p>Did any of the staff show\teach you how to express your milk when it needed?</p> <p>Can you describe and demonstrate how you were shown to express your milk? [Note: Ask the respondent to describe how she/he would hand express, using a breast model to demonstrate or her own breast, if acceptable]</p> <p>_____</p> <p>Key points:</p> <ul style="list-style-type: none"> ○ Encourage the milk to flow (through relaxation, massage, warmth, thinking of the baby, etc.) ○ Position her fingers (or thumb and finger) opposite each other and back from the nipples. ○ Compress and release the breast. ○ Repeat in all parts of the breast. 	<p>Adequate</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Step 5.6															
II.C. 14.	<p>Can you tell me what your baby has been fed since birth? Has your baby received any:</p> <table border="1" data-bbox="381 1564 1042 1743"> <tr> <td>Breast milk?.....</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Plain water?.....</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Sweetened or flavoured water?.....</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Infant formula?.....</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Tinned, powdered or fresh milk?.....</td> <td>Yes</td> <td>No</td> </tr> </table> <p>Anything else? (please describe:)</p> <p>_____</p> <p>[If received only breast milk (expressed, and vitamins, mineral supplements or medicine are acceptable as well),</p>	Breast milk?.....	Yes	No	Plain water?.....	Yes	No	Sweetened or flavoured water?.....	Yes	No	Infant formula?.....	Yes	No	Tinned, powdered or fresh milk?.....	Yes	No	<p>Documented medical indication for supplementation in their medical record.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	Step 6.4
Breast milk?.....	Yes	No																
Plain water?.....	Yes	No																
Sweetened or flavoured water?.....	Yes	No																
Infant formula?.....	Yes	No																
Tinned, powdered or fresh milk?.....	Yes	No																



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	<p><i>[If received anything other than breast milk:]</i> Can you tell me why your baby was given [fluids or formula]?</p> <hr/> <p><i>[Probe to determine if the fluids or foods were given for justified medical reasons.]</i></p> <p>The term breastfed babies who received supplemental feeds have a documented medical indication for supplementation in their medical record.</p>		
II.C. 15	Did you stayed with your baby since birth, without separation lasting for more than 1 hour	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 7.1
II.C. 16	Did any of the staff offer to discuss with you the risks of using feeding bottles, teats and pacifiers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 9.1
II.C. 17	Has the staff member informed you where they can access breastfeeding support in their community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Step 10.1
II.C. 18	<p><i>[If not breastfeeding:]</i></p> <p>Did any of the staff offer to discuss with you the various feeding options and helped you to decide what was suitable in your situations</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Step 6.2
II.C. 19	<p><i>[If not breastfeeding:]</i></p> <p>Has anyone on the staff discussed with you the safe preparation, feeding and storage of breast-milk substitutes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No oNot want help	Step 6.3
Interview mother with suspected or confirmed COVID-19 while applying full IPC measures and keeping distance 2m at least or conduct phone interview			
II.C. 20	<p>Did you practice skin-to-skin contact with your baby immediately?</p> <p>If no, Is there were any medically justifiable reasons for delayed contact.</p> <p>If yes. Does the clinical staff supported you to apply protective measures?</p> <p><i>[Probe to determine what type of IPC measures were applied]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	S. 3.1



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<p>II.C. 21</p>	<p>Did you put your baby to the breast within 1 hour after birth, while applying appropriate ICP measures?</p> <p>If no, Is there were any medically justifiable reasons for delayed breast feeding.</p> <p>If yes. Does the clinical staff supported you to apply protective measures?</p> <p><i>[Probe to determine what type of IPC measures were applied]</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>	<p>S.3.2</p>
<p>II.C. 22</p>	<p>Did you stayed with your baby since birth, without separation lasting for more than 1 hour</p> <p>If no, Is there were any medically justifiable reasons for separation</p> <p>If yes. Did you keep safe physical distance between you and the baby of >6 feet(2m)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>	<p>S.3.3</p>
<p>II.C. 23</p>	<p>Was there a time required to be separated from you baby?</p> <p>if yes , Did any of the staff support you to express your milk for the baby?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>	<p>S.3.4</p>
<p>II.C. 24</p>	<p>As part of your postnatal care, has a staff member informed you on applying appropriate IPC measures before and during breastfeeding? if yes , what are these measures ?</p> <p><i>Key points (2 needed):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Wash hands frequently with soap and water or use alcohol-based hand rub and especially before touching the baby; <input type="checkbox"/> Wear a medical mask during any contact with the baby, including while feeding; <input type="checkbox"/> Sneeze or cough into a tissue. Then dispose of it immediately and wash hands again; <input type="checkbox"/> Routinely clean and disinfect surfaces after touching them. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>	<p>S.4.2</p>

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II.E. Interview with Pregnant Woman (No. ____)

Name of assessor: _____

Name of health facility: _____

Name of clinic/unit: _____

Date: _____

Instructions: Interviews should be for healthy pregnant women who are in their third trimester and have been seen at least twice, antenatal, either at this hospital or at off-site antenatal clinics affiliated with the hospital, if they exist. If there is an in-patient antenatal ward and many healthy pregnant women there, some of these women can be included as well. If possible, determine beforehand which potential respondents meet the criteria so the interviews can be limited to these women.

Introduction: Describe why you would like to do the interview (to learn more about her experiences here and what information about infant feeding has been discussed with her). Mention that, if she agrees to be interviewed, the information will be kept confidential.

Question	Response	Key in Summary sheets
I would like to ask you a few questions about what you have been told about feeding and caring for your baby. II.E. 1. How many weeks pregnant are you? <i>[Note: If woman is less than 28 weeks pregnant thank her and do not interview]</i>	____ weeks	
II.E.2 How many times have you seen a health worker in this facility for this pregnancy? <i>[Note: If the woman reports that she has been seen less than 2 times thank her and do not interview]</i>	____ times	
II.E. 3 As part of your antenatal care, has a staff member talked with you individually or offered a group talk or class that included information about breastfeeding.	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not told anything	Step 3.2
II.E. 4 What has the staff said, if anything, about <i>Key points (2 needed):</i> 1. The importance of breastfeeding; 2. Global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and the fact that breastfeeding continues to be important after 6 months when other foods are given; 4. The importance of immediate and sustained skin-to-skin contact; 5. The importance of early initiation of breastfeeding; 6. The importance of rooming-in; 7. The basics of good positioning and attachment;	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not told anything	Step 3.3

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	<p>8. <i>Recognition of feeding cues.</i></p> <p>The respondent could recall basic information presented or discussed with her on at least <u>two out of the above topics</u></p>		
<p>I.I.E. 5</p>	<p>As part of your antenatal care, has a staff member informed you on applying appropriate IPC measures before and during breastfeeding if you have symptoms of respiratory tract infection ? if yes , what are these measures</p> <p><i>Key points (2 needed):</i></p> <ul style="list-style-type: none"> ○ Wash hands frequently with soap and water or use alcohol-based hand rub and especially before touching the baby; ○ Wear a medical mask during any contact with the baby, including while feeding; ○ Sneeze or cough into a tissue. Then dispose of it immediately and wash hands again; ○ Routinely clean and disinfect surfaces after touching them. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not told anything</p>	<p>S.4.1</p>
<p>END: Thank you very much for taking the time to answer these questions</p>			

<p>S.1 .2</p>	<p>ما هي التدابير الوقائية التي يجب الأم (المصابة بـ COVID-19 أو المشتبه باصابتها) ان تقوم بها أثناء وقبل الرضاعة الطبيعية</p> <p>هل يمكن أن تخبرني ما هي سياسة المستشفى الخاصة بتغذية الرضع أثناء جائحة COVID-19 ؟</p>	<p>Yes = Adequate response No = In adequate response</p>										
<p>S.2 .1</p>	<p>هل تلقيت تدريباً حول كيفية التعامل مع الامهات أو المواليد المصابين أو المشتبه باصابتهم بكوفيد-19</p>	<p>Yes = Adequate response No = In adequate response</p>										

Step 6.4	<p>هل يمكن أن تخبريني ما الذي تناولته طفلك منذ الولادة إذا تناول الطفل أي شيء آخر غير حليب الام</p> <p>هل يمكن أن تخبريني لماذا أعطيت طفلك سوائل أو حليب غير حليب الام ؟</p>	<p>N= baby who received supplemental feeds have a documented medical indication for supplementation in their medical record.</p> <p>N= Medical indication for supplementation was not documented</p> <p>0 = baby received only breast fed</p>																				
Step 7.1	<p>هل بقي طفلك بجانبك منذ الولادة ، ولم يبتعد عنك لأكثر من ساعة واحدة</p>	<p>Y=Stayed with them since birth, without separation lasting for more than 1 hour.</p> <p>N=Her baby was separated for more than 1 hour</p> <p>0 = didn't answer</p>																				
Step 8.1	<p>ماذا قال لك مقدمي الرعاية الصحية حول كيفية التعرف عندما يكون طفلك جائعاً؟</p>	<p>Y=Mother described at least two feeding cues</p> <p>N=In adequate response</p> <p>0 = didn't answer</p>																				
Step 8.2	<p>ما هي النصيحة التي قدمها لك مقدمي الرعاية الصحية حول عدد المرات والوقت الذي يجب أن ترضعي طفلك؟ أو متى يجب إرضاعه؟</p>	<p>Y=Advice have you been given by the staff about how often and how long your baby should feed? Or How long should he/she be fed?</p> <p>N = didn't received counseling</p> <p>0 = didn't answer</p>																				
Step 9.1	<p>هل ناقش معك أي من مقدمي الرعاية الصحية مخاطر استخدام زجاجات الرضاعة والحلمات واللهايات.</p>	<p>Y= have been taught about the risks of using feeding bottles, teats and pacifiers.</p> <p>N = didn't received counseling</p>																				

PART III: Summary sheets

Step 1a. Comply fully with the National Code of Marketing of Breast-milk Substitutes.			
Refer to the following tool for the data: - I.C. Review of written material, I.D observation and II.A. Staff interview.		Results	Key in assessment tool
Step.1a.1	A review of records and receipts indicates that All infant formula used in the facility have been purchased through normal procurement channels and not received through free or subsidized supplies	Complies with Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	Review of Written Materials tool - IC.5
Step.1a.2	The facility has no display of products covered under the national Code or items with logos of companies that produce breast-milk substitutes or names of products covered under the Code.	Complies with Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	Observations tool- ID.1S
Step.1a.3	The facility has a policy that describes how it abides by the national Code, including <ul style="list-style-type: none"> - procurement of breast-milk substitutes, - not accepting support or gifts from producers - not distributors of products covered by the Code - not giving samples of breast-milk substitutes to mothers 	Complies with Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	Review of Written Materials tool - IC3
Step.1a.4	Out of the randomly selected health professionals who provide antenatal, delivery and/or newborn care can explain at least two elements of the Code clinical staff members: [Y = yes, N = no] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ____ out of ____: ____%	Interview with Clinical Staff tool- IIA5
Scoring: For this step to be fully implemented, the following responses are the minimum required: Ia.1: “Yes” Step.Ia.2: “Yes” Step. Ia.3: “Yes” Step.Ia.4: 80%			
Summary: Facility completely meets the Baby-friendly criteria for Step 1a		<input type="checkbox"/> Yes	<input type="checkbox"/> No



Achievements:
Improvements required:
Improvements recommended:

Step 1b: Have a written infant feeding policy that is routinely communicated to staff and parents.

Refer to the following tool for the data: - I.C. Review of written material, I.D observation and II.A. Staff interview.		Results	Key
Step 1b.1	<p>A written breastfeeding or infant feeding policy for the hospital exists and addresses the implementation of all eight key clinical practices of the Ten Steps, Code implementation, and regular competency assessment :</p> <p> <input type="checkbox"/> Step 1a <input type="checkbox"/> Step 2 <input type="checkbox"/> Step 3 <input type="checkbox"/> Step 4 <input type="checkbox"/> Step 5 <input type="checkbox"/> Step 6 <input type="checkbox"/> Step 7 <input type="checkbox"/> Step 8 <input type="checkbox"/> Step 9 <input type="checkbox"/> Step 10 </p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Review of written material tool- IC.2
Step 1b.2	Observations in the facility confirm that a summary of the policy is visible to pregnant women, mothers and their families.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observations tool- ID.2
Step 1b.3	A review of all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence based guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Review of written material tool- IC4
Step 1b.4	<p>Out of the randomly selected _____ of clinical staff who provide antenatal, delivery and/or newborn care can explain at least two elements of the infant feeding policy that influence their role in the facility :</p> <p>[Y = yes, N = no]</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 </p>	Total: _____ out of _____: _____%	Interview with Clinical Staff tool- IIA.6
Scoring: For this step to be fully implemented, the following responses are the minimum required: Step Ib.1: "Yes" Step Ib.2: "Yes" Step Ib. 3: "Yes" Step Ia.4: 80%			
Summary: Facility completely meets the Baby-friendly criteria for Step 1b		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Achievements:			
Improvements required:			

Improvements recommended

Step 1c: Establish ongoing monitoring and data-management systems.			
<i>Refer to the I.C. Review of written material tool for the data.</i>		Results	Key
Step 1c.1	The facility has a protocol for an ongoing monitoring and data-management system to comply with the eight key clinical practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Review of written material tool- IC 6</i>
Step 1c.2	Clinical staff at the facility meet at least every 6 months to review implementation of the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Review of written material tool- IC 7</i>
Scoring: For this step to be fully implemented, the following responses are the minimum required: Step Ib.1: "Yes" Step Ib.2: "Yes"			
Summary: Facility completely meets the Baby-friendly criteria for Step 1c		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achievements:			
Improvements required:			
Improvements recommended:			



Step 2: Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.			
Refer to the following tool for the data: - I.C. Review of written material and II.A. Staff interview.		Results	Key
Step 2.1	___ out ___ of the health professionals who provide antenatal, delivery and/or newborn care report they have received pre-service or in-service training on breastfeeding during the previous 2 years..:	Total: ___ out of ___: ___% o	Review of written material tool- IC. 9
Step 2.2	___ out ___ health professionals who provide antenatal, delivery and/or newborn care report receiving competency assessments in breastfeeding in the previous 2 years..	Total: ___ out of ___: ___%	Review of written material tool- IC 11
Step 2.3	Out of the randomly selected health professionals who provide antenatal, delivery and/or newborn care are able to correctly answer three out of four questions on breastfeeding knowledge and skills to support breastfeeding.: [Y = yes, N = no] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ___ out of ___: ___%	Interview with Clinical Staff tool- IIA.7S
Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 2.1: 80% Step 2.2: 80% Step 2.3: 80%			
Summary: Facility completely meets the Baby-friendly criteria for Step 2		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achievements:			
Improvements required:			
Improvements recommended:			

Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families.

Refer to the following tool for the data: - I.C. Review of written material and II.E. Interview with Pregnant Woman.

Results

Key

Step 3.1	<p>A review of records and receipts indicates that A protocol for antenatal discussion of breastfeeding includes at a minimum:</p> <ol style="list-style-type: none"> 1. The importance of breastfeeding; 2. Global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and the fact that breastfeeding continues 3. to be important after 6 months when other foods are given; 4. The importance of immediate and sustained skin-to-skin contact; 5. The importance of early initiation of breastfeeding; 6. The importance of rooming-in; 7. The basics of good positioning and attachment; 8. Recognition of feeding cues. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Review of written material tool- IC 12</i>
Step 3.2	<p>Out of the randomly selected pregnant women who received prenatal care at the facility report having received prenatal counselling on breastfeeding. [Y = yes, N = no, 0 = didn't answer]</p> <p> <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30 </p>	<p>Total: ___ out of ___: ___%</p>	<i>Interview with Pregnant Woman tool- II.E.3</i>
Step 3.3	<p>Out of the randomly selected pregnant women who received prenatal care at the facility are able to adequately describe what was discussed about two of the topics mentioned above :</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p> <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30 </p>	<p>Total: ___ out of ___: ___%</p>	<i>Interview with Pregnant Woman tool- II.E.4</i>

Scoring: For this step to be fully implemented, the following responses are the minimum required:

Step 3.1: "Yes" to 6 out of the 8 topics

Step 3.2:	80%”		
Step 3.3	80%		
Summary: Facility completely meets the Baby-friendly criteria for Step 3		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Step not applicable because the hospital provides no antenatal services			
Achievements:			
Improvements required:			
Improvements recommended:			

Step 4: Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

Refer to the <i>II.C. Interview with Mother tool for the data: -</i>		Results	Key
Step 4.1	<p>Out of the randomly selected of mothers of term infants report that their babies were placed in skin-to-skin contact with them immediately or within 5 minutes after birth and that this contact lasted 1 hour or more, unless there were documented medically justifiable reasons for delayed contact.</p> <p>[Y = yes, N = no, 0 = skipped as had Caesarean birth with general anaesthesia or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool - <i>II.C. 4S</i>
Step 4.2	<p>Out of the randomly selected of mothers of term infants report that their babies were put to the breast within 1 hour after birth, unless there were documented medically justifiable reasons.</p> <p>[Y = yes, N = no, 0 = skipped as had Caesarean birth with general anaesthesia or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool - <i>II.C.6S</i>
Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 4.1: 80% Step 4.2: 80%”			
Summary: Facility completely meets the Baby-friendly criteria for Step		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achievements:			
Improvements required:			
Improvements recommended:			

Step 5: Support mothers to initiate and maintain breastfeeding and manage common difficulties.

Refer to the following tool for the data: - II.C. Interview with Mother tool and II.D. Interview with Mother of Baby in Special Care tool.		Results	Key
Step 5.1	<p>Out of the randomly selected breastfeeding mothers of term infants report that someone on the staff offered assistance with breastfeeding within 6 hours after birth</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool- II.C.7.S
Step 5.2	<p>Out of the randomly selected mothers of preterm or sick infants report having been helped to express milk within 1–2 hours after birth.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother of Baby in Special Care tool- II.D.6
Step 5.3	<p>Out of the randomly selected breastfeeding mothers of term infants are able to demonstrate how to position their baby for breastfeeding and that the baby can suckle and transfer milk.</p> <p>[Y = yes, N = no, 0 = skipped as not BF or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool - II.C.8S
Step 5.4	<p>Out of the randomly selected breastfeeding mothers of term infants can describe at least two ways to facilitate milk production for their infants.</p> <p>[Y = yes, N = no, 0 = skipped as not BF or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool- II.C.9
Step 5.5	<p>Out of the randomly selected of breastfeeding mothers of term infants can describe at least two indicators of whether a breastfed baby consumes adequate milk.</p> <p>[Y = yes, N = no, 0 = skipped as not BF or didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	Total: ___ out of ___: ___%	Interview with Mother tool - II.C.10



	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30		
Step 5.6	<p>Out of the randomly selected mothers of breastfed preterm and term infants can correctly demonstrate or describe how to express breast milk. [Y = yes, N = no, 0 = skipped as not BF or didn't answer]</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ___ out of ___: ___%	<i>Interview with Mother- II.C.13</i> <i>Interview with Mother of Baby in Special Care tool - II.D. 7</i>
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required:</p> <p>Step 5.1: 80%</p> <p>Step 5.2: 80%</p> <p>Step 5.3: 80%</p> <p>Step 5.4: 80%</p> <p>Step 5.5: 80%</p> <p>Step 5.6: 80%</p>			
Summary: Facility completely meets the Baby-friendly criteria for Step		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achievements:			
Improvements required:			
Improvements recommended:			

Step 6: Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

Refer to the following tool for the data: - I.D Observations tool, II.C. Interview with Mother tool and II.D. Interview with Mother of Baby in Special Care tool. I.C. Review of written material tool- IC

Results

Key



Step 6.1	<p>Out of the observed infants (preterm and term) received only breast milk throughout their stay at the facility. [Y = received only breast milk, .N = received foods and fluids other than breast milk and 0 = baby of non-breastfed mother or there is justified reason]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	<i>Observation tool- I.D.3</i>
Step 6.2	<p>Out of the selected mothers who have decided <u>not to breastfeed</u> report that the staff discussed with them the various feeding options and helped them to decide what was suitable in their situations. [Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool - <i>II.C.18</i>
Step 6.3	<p>Out of the selected mothers who have decided <u>not to breastfeed</u> report that the staff discussed with them the safe preparation, feeding and storage of breast-milk substitutes [Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool - <i>II.C.19</i>
Step 6.4	<p>Out of the of term breastfed babies who received supplemental feeds have a documented medical indication for supplementation in their medical record. [Y = yes, N = no]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool <i>II.C.14</i> + <i>Review of written material tool- I.C.14</i>
Step 6.5	<p>Out of the preterm babies and other vulnerable newborns that cannot be fed their mother's own milk are fed with donor human milk. [Y = yes, N = no]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	<i>Review of written material tool- IC.15</i>
Step	Out of the selected of mothers with babies in special care report that they have been	Total: ___ out	<i>Interview</i>

6.6	<p>offered help to start lactogenesis II (beginning plentiful milk secretion) and to keep up the supply, within 1–2 hours after their babies' births..</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	of ____: ____%	<i>with Mother of Baby in Special Care tool - II.D.6</i>
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required:</p> <p>Step 6.1: 80%</p> <p>Step 6.2: 80%</p> <p>Step 6.3: 80%</p> <p>Step 6.4: 80%</p> <p>Step 6.5: 80%</p> <p>Step 6.6: 80%</p>			
Summary: Facility completely meets the Baby-friendly criteria for Step 6		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achievements:			
Improvements required:			
Improvements recommended:			

Step 7: Enable mothers and their infants to remain together and to practice rooming-in 24 hours a

day			
<i>Refer to the following tool for the data: - II.C. Interview with Mother tool, ID Observation tool and II.D. Interview with Mother of Baby in Special Care tool.</i>		Results	Key
Step 7.1	Out of the randomly selected mothers of term infants report that their babies stayed with them since birth, without separation lasting for more than 1 hour. [Y = yes, N = no, 0 = didn't answer] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ___ out of ___: ___%	Interview with Mother tool II.C.15
Step 7.2	Observations in the postpartum wards and any well baby observation areas showed that: For ___ out of the ___ of mothers and babies are together or, if not, have medically justifiable reasons for being separated.	Total: ___ out of ___: ___%	<i>Observations tool - I.D.4</i>
Step 7.3	Out of the randomly selected of mothers of preterm infants confirm that they were encouraged to stay close to their infants, day and night [Y = yes, N = no, 0 = didn't answer] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ___ out of ___: ___%	<i>Interview with Mother of Baby in Special Care tool - II.D.8</i>
Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 7.1: 80% Step 7.2: 80% Step 7.3 80%			
Summary: Facility completely meets the Baby-friendly criteria for Step 7		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achievements:			
Improvements required:			
Improvements recommended:			

Step 8: Support mothers to recognize and respond to their infants' cues for feeding.

Refer to the II.C. Interview with Mother tool for the data:		Results	Key
Step 8.1	<p>Out of the randomly selected of breastfeeding mothers of term infants can describe at least two feeding cues. .[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool -II.C.11
Step 8.2	<p>Out of the randomly selected of breastfeeding mothers of term infants report that they have been advised to feed their babies as often and for as long as the infant wants [Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	Total: ___ out of ___: ___%	Interview with Mother tool - II.C.12
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 8.1: 80% Step 8.2: 80%”</p>			
Summary: Facility completely meets the Baby-friendly criteria for Step 8		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achievements:			
Improvements required:			
Improvements recommended:			

Step 9: Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

Refer to the following tool for the data: - II.C. Interview with Mother tool, ID Observation tool and II.D. Interview with Mother of Baby in Special Care tool		Results	Key
Step 9.1	<p>Out of the randomly selected of breastfeeding mothers of preterm and term infants report that they have been taught about the risks of using feeding bottles, teats and pacifiers.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p><input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20</p> <p><input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	<p>Interview with Mother tool -II.C.16</p>
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 9.1: 80%</p>			<p>Interview with Mother of Baby in Special Care tool II.D.9</p>
<p>Summary: Facility completely meets the Baby-friendly criteria for Step 9</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Achievements:</p>			
<p>Improvements required:</p>			
<p>Improvements recommended:</p>			

Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care.



Refer to the following tool for the data: - II.C. Interview with Mother tool, ID Observation tool , II.D. Interview with Mother of Baby in Special Care tool , I.A Interview with Head of Maternity Services tool and I.C. Review of Written Materials tool		Results	Key
Step 10.1	<p>Out of the randomly selected of mothers of preterm and term infants report that a staff member has informed them where they can access breastfeeding support in their community.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	<p>Interview with Mother tool - II.C.17+ Interview with Mother of Baby in Special Care tool -II D.10</p>
Step 10.2	<p>The facility can demonstrate that it coordinates with community services that provide breastfeeding/infant feeding support, including clinical management and mother-to-mother support.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Interview with Head of Maternity Services tool I.A 10 + Review of Written Materials tool IC.13</p>
<p>Scoring: For this step to be fully implemented, the following responses are the minimum required: Step 10.1: 80% Step 10.2: 80%”</p>			
Summary: Facility completely meets the Baby-friendly criteria for Step 10		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achievements:			
Improvements required:			
Improvements recommended:			

Supplementary steps amidst COVID-19 pandemic and emerging crisis

S.1. Have a written policies/protocols related to breast feeding during Covid19 and emerging crisis

Refer to the following tool for the data: - I.C. Review of written material, and II.A. Staff interview.		Results	Key
S.1.1	A written breastfeeding or infant feeding policy / protocols for the hospital exists and addresses - Breast feeding Practices during Covid19 and emerging crisis. - IPC measures required before and during breastfeeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Review of Written Materials tool - IC.16
S.1.2	Out of the randomly selected clinical staff who provide antenatal, delivery and/or newborn care can explain at least two elements of the infant feeding policy/ protocol during Covid19 and emerging crisis and list IPC measures required before and during breastfeeding. [Y = yes, N = no, 0 = didn't answer] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	Total: ____ out of ____: ____%	Staff interview tool .II.A. 9
Scoring: For this Supplementary step to be fully implemented, the following responses are the minimum required: S.1.1: "Yes" S.1.2: if 80% or more "Yes"			
Summary: Facility completely meets the Baby-friendly criteria for Supplementary step 1 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Achievements:			
Improvements required:			
Improvements recommended:			

S.2. Healthcare staff have knowledge, competence and skills to manage women and infant with confirmed or suspected COVID-19

Refer to the following tool for the data:- I.D observation and II.A. Staff interview.		Results	Key
S.2.1	___ out ___ of clinical staff who provide antenatal, delivery and/or newborn care received training on managing women and/or infant suspected or infected with covid19.	Total: ___ out of ___: ___ %	Review of Written Materials tool - IC.17 Staff interview tool .II.A. 10
S.2.2	Observations in the labor, postpartum wards and newborn care areas confirm that ALL staff who provide direct care have applied appropriate IPC measures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation tool ID7
Scoring: For this Supplementary step to be fully implemented, the following responses are the minimum required: S.2.1: ___ if 80% or more “Yes” S.2.2: “Yes”			
Summary: Facility completely meets the Baby-friendly criteria for Supplementary step 2 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Achievements:			
Improvements required:			
Improvements recommended:			

S.3. Strengthen the breastfeeding practices while applying appropriate ICP measures.

Refer to the following tool for the data: - II.C. Interview with Mother tool	Results	Key
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<p>S.3.1.</p>	<p>Out of the randomly selected mothers with suspected or confirmed COVID-19 have evidence (through mother interview or medical record review) that their babies were placed in skin-to-skin contact with them immediately while applying appropriate ICP measures, unless there were documented medically justifiable reasons for delayed contact.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	<p><i>Interview with Mother tool II.C. 20</i></p> <p><i>Review of Written Materials tool - IC.18</i></p>
<p>S.3.2.</p>	<p>Out of the randomly selected mothers with suspected or confirmed COVID-19 have evidence (through mother interview or medical record review) that their babies were put to the breast within 1 hour after birth, while applying appropriate ICP measures</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	<p><i>Interview with Mother tool II.C.21</i></p> <p><i>Review of Written Materials tool - IC.19</i></p>
<p>S.3.3</p>	<p>Out of the randomly selected mothers with suspected or confirmed COVID-19 have evidence (through mother interview or medical record review or observation) that they were encouraged to stay close to their infants, day and night. keeping safe physical distance of >6 feet(2m)</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	<p><i>Interview with Mother tool II.C.22</i></p> <p><i>Review of Written Materials tool - IC.20</i></p> <p><i>Observation tool ID8</i></p>
<p>S.3.4</p>	<p>Out of the severely ill mother with COVID-19 or suffer from complications have evidence of being helped to express milk while applying appropriate ICP measures.</p> <p>[Y = yes, N = no, 0 = didn't answer]</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30</p>	<p>Total: ___ out of ___: ___%</p>	<p><i>Interview with Mother tool II.C.23</i></p> <p><i>Review of Written Materials tool - IC.21</i></p>

Scoring: For this Supplementary step to be fully implemented, the following responses are the minimum required:

S.3.1: if 80% or more "Yes"

S.3.2: if 80% or more "Yes"

S.3.3: if 80% or more "Yes"

S.3.4: if 80% or more "Yes"

Summary: Facility completely meets the Baby-friendly criteria for Supplementary step 3 Yes No

Achievements:

Improvements required:

Improvements recommended:

S.4. Breastfeeding counselling provided to all pregnant women and mothers if they or their infants have suspected or confirmed COVID-19 infection.

Refer to the following tool for the data: - I.I.C. Interview with Mother too

Results

Key

Out of the randomly selected women who received prenatal care at the facility report that they received prenatal counselling on applying appropriate IPC measures before and during breastfeeding.

S.4.1

[Y = yes, N = no, 0 = didn't answer]

1 2 3 4 5 6 7 8 9 10
11 12 13 14 15 16 17 18 19 20
21 22 23 24 25 26 27 28 29 30

Total:
 ___ out
 of ___:
 ___ %

Interview with Pregnant Woman I.I.E.5

S.4.2	Out of the randomly selected mothers with suspected or confirmed COVID-19 have evidence of receiving postnatal counselling on maintaining breastfeeding while applying appropriate IPC measures before and during breastfeeding.	Total: ___ out of ___: ___%	<i>Interview with Mother tool II.C.24</i> <i>Review of Written Materials tool - IC.22</i>
	[Y = yes, N = no, 0 = didn't answer] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30		
Scoring: For this Supplementary step to be fully implemented, the following responses are the minimum required: S.4.1: if 80% or more "Yes" S.4.2: if 80% or more "Yes"			
Summary: Facility completely meets the Baby-friendly criteria for Supplementary step 4 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Achievements:			
Improvements required:			
Improvements recommended:			