

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

The health facility has a written breastfeeding or infant feeding policy that addresses all 10 Steps, mother-friendly care and protects breastfeeding by upholding the International Code of Marketing of Breast-milk Substitutes. It also requires that mothers who are not breastfeeding receive information on infant feeding and guidance on selecting options likely to be suitable for their situations. It is mandatory that all staff abide by this policy. The policy includes an audit process to regularly audit implementation and compliance with the policy. (refer to policy checklist)

The policy is available so that all staff who take care of mothers and babies can refer to it. Summaries of the policy covering, at minimum, the Ten Steps, the Code and subsequent WHA Resolutions, and support for mothers who are not breastfeeding, are visibly posted in all areas of the health care facility which serve pregnant women, mothers, infants, and/or children. These areas include the antenatal care, labour and delivery areas, maternity wards and rooms, all infant care areas, including well baby observation areas (if there are any), and any infant special care units. The summaries are displayed in the language(s) and written with wording most commonly understood by mothers and staff.

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

The head of maternity services reports that all health care staff members who have any contact with pregnant women, mothers, and/or infants, have received orientation on the breastfeeding/infant feeding policy at the start of their employment.

A copy of the curricula or course session outlines for training in breastfeeding promotion and support for various types of staff is available for review, and a training schedule for new employees is available.

Documentation of training indicates that 80% or more of the clinical staff members who have contact with mothers and/or infants and have been on the staff 6 months or more have received training, either at the hospital or prior to arrival that covers all 10 Steps, and the Code and subsequent WHA resolutions and mother-friendly care. It is likely that at least 20 hours of targeted training will be needed to develop the knowledge and skills necessary to adequately support mothers including supervised clinical practice.

Documentation of training also indicates that non-clinical staff members have received training that is adequate, given their roles, to provide them with the skills and knowledge needed to support mothers in successfully feeding their infants.

Training on how to provide infant feeding support for non-breastfeeding mothers is also provided to staff. A copy of the course session outlines for training on supporting non-breastfeeding mothers is also available for review. The training covers key topics such as:

- the risks and benefits of various feeding options,
- helping the mother choose what is acceptable, feasible, affordable, sustainable and safe (AFASS) in her circumstances,
- the safe and hygienic preparation, feeding and storage of breast-milk substitutes,
- how to teach the preparation of various feeding options, and
- how to minimize the likelihood that breastfeeding mothers will be influenced to use formula.

The type and percentage of staff receiving this training is adequate, given the facility's needs.

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Out of the randomly selected clinical staff members*:

- at least 80% confirm that they have received the described training or, if they have been working in the maternity services less than 6 months, have, at minimum, received orientation on the policy and their roles in implementing it
- at least 80% are able to answer 4 out of 5 questions on breastfeeding support and promotion correctly
- at least 80% can describe two issues that should be discussed with a pregnant woman if she indicates that she is considering giving her baby something other than breast milk

Out of the randomly selected non-clinical staff members**:

- at least 70% confirm that they have received orientation and/or training concerning breastfeeding since they started working at the facility
- at least 70% are able to describe at least one reason why breastfeeding is important,
- at least 70% are able to mention one possible practice in maternity services that would support breastfeeding.
- at least 70% are able to mention at least one thing they can do to support women so they can feed their babies well.

* *These include staff members providing clinical care for pregnant women, mothers and their babies.*

** *These include staff members providing non-clinical care for pregnant women, mother and their babies or having contact with them in some aspect of their work.*

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

If the hospital has an affiliated antenatal clinic and/or antenatal in-patients, the head of maternity or antenatal services reports that at least 80% of the pregnant women who are provided with antenatal care receive information about breastfeeding. Documentation of the antenatal discussion is encouraged.

A written description of the minimum content of the antenatal information and any written materials provided to all pregnant women is available. The antenatal discussion covers the importance of breastfeeding, supportive labour and birth practices, the importance immediate skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24 hour basis, feeding on cue or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, the risks of giving formula or other breast-milk substitutes, and that breastfeeding continues to be important after 6 months when other foods are given.

Out of the randomly selected pregnant women in their third trimester who have completed at least two antenatal visits:

- at least 70% confirm that a staff member has talked with them individually or offered a group talk that includes information on breastfeeding
- at least 60% are able to adequately describe what was discussed about three of the following topics: the importance of breastfeeding, the importance early skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, feeding on cue or baby-led feeding, frequent feeding to help assure enough milk, good positioning and attachment, exclusive breastfeeding for the first 6 months, and that breastfeeding continues to be important after 6 months when other foods are given. (See also Mother-friendly care criteria)

STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.

This Step is now interpreted as:

Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.

Out of the randomly selected mothers in the maternity wards who had vaginal births or caesarean sections without general anaesthesia:

- at least 80% confirm that their babies were placed in skin-to-skin contact with them immediately or within five minutes after birth and that this contact continued for at least an hour, unless there were clinically/medically justifiable reasons for delayed or discontinued contact, or mother requested contact to end.
- at least 80% also confirm that they were encouraged to look for signs for when their babies were ready to breastfeed during this first period of contact and offered help, if needed. (The baby should not be forced to breastfeed but, rather, supported to do so when ready.)

(Note: Mothers may have difficulty estimating time immediately following birth. If time and length of skin-to-skin contact following birth is listed in the mothers' charts, this can be used as a cross-check.)

If any of the randomly selected mothers have had caesarean deliveries with general anaesthesia, at least 50% should report that their babies were placed in skin-to-skin contact with them as soon as the mothers were responsive and alert, with the same procedures followed as above.

At least 80% of the randomly selected mothers with babies in special care report that they have held their babies skin-to-skin for an appropriate length of time, if not, the staff could provide justifiable reasons why they could not.

Observations of vaginal and caesarean deliveries without general anaesthesia, if necessary to confirm adherence to Step 4, show that in at least 80% of the cases babies are placed with their mothers to hold skin-to-skin within five minutes after birth for at least 60 minutes, and that the mothers are shown how to recognize the signs that their babies are ready to breastfeed and offered help, or there are justified reasons for not following these procedures.

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

The head of maternity services reports that mothers who have never breastfed or who have previously encountered problems with breastfeeding receive special attention and support both in the antenatal and postpartum periods.

Observations of staff demonstrating how to safely prepare and feed breast-milk substitutes confirm that in 75% of the cases, the demonstrations were accurate and complete, and the mothers were asked to give “return demonstrations”.

Out of the randomly selected clinical staff members:

- at least 80% report that they teach mothers how to position and attach their babies for breastfeeding and are able to describe or demonstrate correct techniques for both, or can describe to whom (on that shift) to refer mothers for this advice.
- at least 80% report that they teach mothers how to hand expression and can describe or demonstrate an acceptable technique for this, or can describe to whom (on that shift) to refer mothers for this advice.
- at least 80% report that they teach mothers who are not breastfeeding how to prepare their feeds and describe adequately what they would discuss, or can describe to whom (on that shift) they can be referred for this advice.

Out of the randomly selected mothers (including caesarean):

- at least 80% of those who are breastfeeding report that nursing staff offered further assistance with breastfeeding the next time they fed their babies or within six hours of birth
- at least 80% of those who are breastfeeding are able to demonstrate or describe what signs would indicate that their babies are attached and suckling well.
- at least 80% of those who are breastfeeding report that they were shown how to express their milk by hand or given written information and told where they could get help if needed
- at least 80% of the mothers who are not breastfeeding report that they have been offered information on preparing and giving their babies’ feeds, and have been asked to prepare feeds themselves after being shown how, and can describe the information that they were given.

Out of the randomly selected mothers with babies in special care:

- at least 80% of those who are breastfeeding or intending to do so report that they have been offered help to start their breast milk coming and to keep up the supply within 6 hours of their babies’ births
- at least 80% of those breastfeeding or intending to do so report that they have been shown how to express their breastmilk by hand
- at least 80% of those breastfeeding or intending to do so can adequately describe and demonstrate how they were shown to express their breast milk by hand
- at least 80% of those breastfeeding or intending to do so report that they have been told they need to breastfeed or express their milk 6 times or more every 24 hours to keep up their supply.
- at least 80% of the mothers who are not breastfeeding and whose babies are within 48 hours of discharge, report that they have been offered information on preparing and giving their babies’ feeds, and have been asked to prepare feeds themselves after being shown how, and can describe the information that they were given.

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

Hospital data indicate that at least 75% of the infants born in the last year have been exclusively breastfed or exclusively fed expressed breast milk from birth to discharge, and, if not, that there were documented medical/ clinical reasons or fully informed maternal choices. (not in force at this time)

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.

No materials that recommend feeding breast milk substitutes to breastfeeding infants (unless for individual medical reasons), scheduled feeds or other practices unsupportive of baby friendly practices are distributed to mothers.

The hospital has an adequate facility/space and the necessary equipment for giving demonstrations to mothers who are not breastfeeding in how to prepare formula and other feeding options in a way that does not influence breastfeeding mothers.

Observations in the postpartum wards/rooms and any well baby observation areas show that at least 80% of the breastfeeding babies are being fed only breast milk or there are acceptable clinical/medical reasons for receiving something else.

At least 80% of the randomly selected mothers report that their breastfeeding babies had received only breast milk (including expressed or banked human milk) or, if they had received anything else, there were documented medical or clinical reasons.

At least 80 % of the randomly selected mothers who are not breastfeeding report that the staff discussed with them the various feeding options and helped them to decide what were suitable in their situations.

At least 80% of the randomly selected mothers with babies in special care who have decided not to breastfeed report that staff has talked with them about risks and benefits of various feeding options.

Informed maternal choice is in the 20%. Documented – reason, amount, method, and signed by staff member

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

Observations in the postpartum wards and any well-baby observation areas and discussions with mothers and staff confirm that at least 80% of the mothers and babies are rooming-in or, if not, have documented medical or clinical reasons for not being together.

At least 80% of the randomly selected mothers report that their babies have stayed with them since they were born, or, if not, there were documented medical or clinical reasons for separation.

Informed maternal choice is in the 20%. Documented – reason, time in/time out, and signed by staff member

STEP 8. Encourage breastfeeding on demand.

The nursing officer in charge of the maternity services confirms that no restrictions are placed on the frequency or length of infant feeds, unless there is a medical indication.

Out of the randomly selected mothers:

- at least 80% report that they have been informed how to recognize when their babies are hungry and can describe at least two feeding cues.
- at least 80% report that they have been informed to feed their babies as often and for as long as the babies want or something similar.

STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

Observations in the postpartum wards/rooms and any well baby observation areas indicate that at least 80% of the breastfeeding babies observed are not using bottles or teats or, if they are, their mothers have been informed of the risks.

At least 80% of the randomly selected breastfeeding mothers report that, to the best of their knowledge, their infants have not been fed using bottles with artificial teats (nipples).

At least 80% of the randomly selected mothers who have their breastfeeding babies with them on the ward report that, to the best of their knowledge, their infants have not sucked on pacifiers.

STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The head/director of maternity services reports that:

- mothers are given information on where they can get support if they need help with feeding their babies after returning home, and the head/director can also mention at least one source of information
- the facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and this same staff member can describe at least one way this is done.
- there is a referral system in place so that mothers and babies are seen soon after discharge (preferably 2-4 days after birth and again the second week) in the community or at the facility by a person who can assess feeding and give any assistance and support if needed.

A review of documents indicates that printed information is distributed to mothers before discharge, if appropriate, on how and where mothers can find help on feeding their infants after returning home and includes information on at least one type of help available.

Out of the randomly selected mothers at least 80% report that they have been given information on how to get help from the facility or how to contact support groups, peer counsellors or other community health services if they have questions about feeding their babies after return home and can describe at least one type of help that is available.

Compliance with the International Code of Marketing of Breast-milk Substitutes

A review of the breastfeeding or infant feeding policy indicates that it upholds the Code and subsequent WHA resolutions by prohibiting:

- The display of posters or marketing materials provided by manufacturers or distributors of breast milk substitutes, bottles, teats and dummies, other feeding equipment or any other materials that promote the use of these products.
- Distribution of marketing materials, samples or gift packs with breast milk substitutes, bottles or teats, other feeding equipment or of marketing materials for these products to pregnant women or mothers or members of their families.
- Any direct or indirect contact between employees of these manufacturers or distributors and pregnant women or mothers in the facility or off-site services provided by the facility.
- Acceptance of free gifts including food, entertainment, literature, materials or equipment, money or support for in-service education or events from these manufacturers or distributors by the hospital.
- Demonstrations of preparation of infant formula for anyone that does not need them.

The head/director of maternity services reports that within the facility staff members are encouraged to not accept gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events from manufacturers or distributors of breast milk substitutes, bottles, teats, pacifiers or other feeding equipment. Management is informed by the staff member and the company of any gifts or other items given to any staff member.

A review of records and receipts indicates that any breast milk substitutes, including special formulas and other supplies, are purchased by the health care facility for the wholesale price or more.

Observations in the antenatal and maternity services and other areas where nutritionists and dieticians work indicate that no materials that promote breast milk substitutes, bottles, teats or dummies, or other designated products as per national laws, are displayed or distributed to mothers, pregnant women, or staff.

Observations indicate that the hospital keeps supplies of infant formula cans and prepared bottles out of view unless in use.

At least 80% of the randomly selected staff members can give two reasons why it is important not to give free samples or other marketing materials from formula companies to mothers or to staff members.

“Other feeding equipment” includes pumps, sterilisers, feeding cups, for example. Not enforced at this time.

Mother-friendly care

A review of the hospital policies indicates that they require mother-friendly labour and birthing practices, and training for relevant staff is provided to implement these practices, including:

- encouraging women to have companion(s) of their choice to provide continuous physical and/or emotional support during labour and birth, if desired, and no medical/clinical contraindication exists
- allowing women to drink and eat light foods during labour, if desired
- providing antenatal information and encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women
- encouraging women to walk and move about during labour, if desired, and assume positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother
- care that does not involve invasive procedures such as rupture of the membranes, episiotomies, acceleration or induction of labour, instrumental deliveries, or caesarean sections unless specifically required for a complication and the reason is explained to the mother

Out of the randomly selected clinical staff members:

- at least 80% are able to describe at least two recommended practices that can help a mother be more comfortable and in control during labour and birth
- at least 80% are able to list at least three labour or birth procedures that should not be used routinely, but only if required due to complications
- at least 80% are able to describe at least two labour and birthing practices that make it more likely that breastfeeding will get off to a good start

Out of the randomly selected pregnant women:

- at least 70% report that the staff has told them that women can have companion(s) of their choice with them throughout labour and birth and at least one reason it could be helpful
- at least 70% report that they were told at least one thing by the staff about ways to deal with pain and be more comfortable during labour, and what is best for mothers, babies and breastfeeding.

This applies to all women not just those planning to breastfeed. Information on pain relief should include any risks/side effects for infant and mother including affects on breastfeeding.

HIV and Infant Feeding Criteria is not to be brought into BFHI Ireland at this time.

Hospital breastfeeding/infant feeding policy checklist

(Note: A hospital policy does not have to have the exact wording or points as in this checklist, but should cover most or all of these key issues. Care should be taken that the policy is not too long. Shorter policies (3 to 5 pages) have been shown to be more effective as longer ones often go unread.)

The policy should clearly cover the following points:		YES	NO
Step 1:	It is mandatory for all relevant staff to follow the policy		
	The policy and their role in upholding it is routinely communicated to all (new) staff when the commence work (orientation).		
	A summary of the policy that addresses the Ten Steps, Code and support for non-breastfeeding mothers is displayed in all appropriate areas in languages and with wording staff and mothers can easily understand.		
	The process and frequency for auditing implementation and compliance with the policy.		
Step 2:	Training for all clinical staff (according to position) includes: Breastfeeding and lactation management (20 hours is likely to be needed to cover all essential topics, including 3 hours of clinical practice).		
	Feeding the infant who is not breastfed.		
	The role of the facility and its staff in upholding the International Code of Marketing and subsequent WHA resolutions.		
	New staff members, as relevant, are trained within 6 months of appointment.		
Step 3:	All pregnant women are informed of: Importance of breastfeeding Basic breastfeeding management and supportive care practices, including labour & birth practices.		
	The risks of giving supplements to their babies during the first six months. That breastfeeding continues to be important after 6 months when other foods are given		
Step 4:	All mothers and babies receive: Skin-to-skin contact immediately after birth for at least 60 minutes.		
	Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed.		
Step 5:	All breastfeeding mothers are offered assistance to learn hand expression (or given leaflet and referral for help).		
	All breastfeeding mothers are offered assistance with learning positioning and attachment.		
	All mothers who have decided <u>not</u> to breastfeeding are: Informed about risks and management of various feeding options and helped to decide what is suitable in their circumstances		
	Assisted by effective learning means to prepare their feedings of choice		
	Mothers of babies in special care units are: Offered help to initiate lactation offered help to start their breastmilk coming and to keep up the supply within 6 hours of their babies' births.		
	Shown how to express their breastmilk by hand and told they need to breastfeed or express at least 6-8 times in 24 hours to keep up their supply.		
	Given information on risks and benefits of various feeding options and how to care for their breasts if they are not planning to breastfeed.		

Step 6:	Supplements/replacement feeds are given to babies only: If medically indicated		
	If mothers have made a fully informed choice after counselling on various options and the risks and benefits of each.		
	Reasons for supplements are documented		
Step 7:	All mothers and babies room-in together, including at night.		
	Separations are only for justifiable reasons and documented.		
Step 8:	Mothers are taught how to recognize the signs that their babies are hungry and that they are satisfied.		
	No restrictions are placed on the frequency or duration of breastfeeding.		
Step 9:	Breastfed babies are not fed using bottles and teats.		
	Mothers are taught about the risks of using bottles, artificial teats/pacifiers		
	Breastfed babies are not given pacifiers or dummies.		
Step 10:	Information is provided on where to access help and support with breastfeeding/ infant feeding after return home, including at least one source (such as from the hospital, community health services, support groups or peer counsellors).		
	The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant feeding support.		
	Mothers are provided with information about how to get help with feeding their infants soon after discharge (preferably 2-4 days after discharge and again the following week).		
The Code:	The policy prohibits promotion of breast milk substitutes		
	The policy prohibits promotion of bottles, teats, and pacifiers or other feeding equipment		
	The policy prohibits acceptance of free gifts, non-scientific literature, materials or equipment, money, or support for in-service education or events, from manufacturers or distributors of breast milk substitutes, bottles, teats or pacifiers, or other feeding equipment.		
Mother-friendly care	Policies require mother-friendly practices including: Encouraging women to have constant labour and birthing companion(s) of their choice		
	Allowing woman to drink and eat light foods during labour, if desired		
	Encouraging women to walk and move about during labour, if desired, and to assume the positions of their choice while giving birth, unless a restriction is specifically required for a complication and the reason is explained to the mother		
	Not using invasive procedures such as rupture of membranes, episiotomies, induction or acceleration of labour, caesarean sections or instrumental deliveries, unless specifically required for a complication and the reason is explained to the mother		
	Encouraging women to consider the use of non-drug methods of pain relief unless analgesic or anaesthetic drugs are necessary because of complications, respecting the personal preferences of the women		

Facilities are encouraged to provide supports for their own staff when they are breastfeeding on return from maternity leave. Participation in the HPH/BFHI Breastfeeding Supportive Workplace programme is recommended.