Using the Self-Appraisal Tool to Review Policies and Practices

Any hospital or birth center that is interested in receiving a Certificate of Intent to implement the principles of the Global Baby-Friendly Hospital Initiative should—as a first step—appraise its current practices in relation to the Ten Steps to Successful Breastfeeding.

The checklist that follows will permit a hospital, birthing center, or other health facility giving maternity care to make a quick initial appraisal or review of its practices in support of breastfeeding. Completion of this initial self-review form is the first stage of the process of meeting the requirements to receive a Certificate of Intent from Baby-Friendly USA.

Facilities are encouraged to bring their key management and clinical staff together to complete the Self-Appraisal Tool and develop a plan of action based on the results of the self appraisal. Suggestions for specific action for an in-house group of management and clinical staff are to establish 1) a written breastfeeding policy, 2) a written curriculum for any training in lactation management given to staff caring for mothers and babies, 3) a written outline of the content to be covered in prenatal education about breastfeeding. Existence of such written documents provides evidence of on-going institutional commitment to breastfeeding and ensures continued promotion even with changes in staff.

Facilities participating in the Certificate of Intent program may access technical assistance toward the full implementation of the Ten Steps from Baby-Friendly USA staff. Facilities are encouraged to participate in the Certificate of Intent program early in their journey toward Baby-Friendly status.

To apply for a Certificate of Intent, a facility submits a packet to Baby-Friendly USA including:

- A completed self-appraisal tool
- Letter of support from a chief administrative officer of the facility
- Payment of Annual Fee

The receipt of a Certificate of Intent is but the first step along the formal pathway to the Baby-Friendly award. Participating in the Certificate of Intent program allows a facility to access technical support from Baby-Friendly USA regarding the implementation of all aspects of the Ten Steps. An on-site external assessment is performed when all of the Ten Steps have been fully implemented. If assessment results are satisfactory, the Baby-Friendly designation may be granted. The designation is renewable every five years through reassessment or submission of an acceptable quality improvement project.

For more information, please contact:
Baby-Friendly USA
327 Quaker Meeting House Road, E. Sandwich, MA 02537
Tel (508) 888-8092 Fax (508) 888-8050
Email: Info@babyfriendlyusa.org website: http://www.babyfriendlyusa.org
FACILITY DATA SHEET

Facility Name: ______________________________________________________________
Address: ___________________________________________________________________
City: __________________________ State _______ ZIP __________

Billing address (if different) ____________________________________________________
____________________________________________________________________________

Primary Baby-Friendly contact person: ___________________________________________
Title & Department: _____________________________________________________________
Phone number: __________________________ Fax: ________________________________
Email address: _________________________________________________________________

Secondary contact person: ______________________________________________________
Title & Department: _____________________________________________________________
Phone number: __________________________ Fax: ________________________________
Email address: _________________________________________________________________

Facility Chief Administrative Officer: _____________________________________________
Title: __________________________
Phone: __________________________
Email address: __________________________

Type of Facility:
☐ Free standing Birth Center
☐ Hospital—government funded (type: _____________________)
☐ Hospital—private not for profit
☐ Hospital—private for-profit

System membership: ___________________________________________________________

Teaching Facility for:
☐ nursing
☐ internship
☐ residency (specialities): _____________________________________________________
**FACILTY CENSUS DATA**

Total beds in hospital: __________________

Number of beds:

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

Total deliveries in prior year (20____): ______

Number of births:

- _____ were by Cesarean Section
- _____ were low birth weight babies (<2,500 g)
- _____ were in special care during their stay

Cesarean rate: _____%
Low birth weight rate: _____%
Special care rate: _____%

Infant feeding data for deliveries from records or staff reports:

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

__________%
__________%
__________%

How was this infant feeding data obtained?

- [ ] from records
- [ ] estimated by ______________________________

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

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

1.1 Does the health facility have an explicit written policy for protecting, promoting, and supporting breastfeeding that addresses all Ten Steps to Successful Breastfeeding in maternity services? □ Yes  □ No

1.2 Does the policy protect breastfeeding by prohibiting all promotion of and group instruction for using breast milk substitutes, feeding bottles and nipples? . . □ Yes  □ No

1.3 Is the breastfeeding policy available so all staff who take care of mothers and babies can refer to it? □ Yes  □ No

1.4 Is the breastfeeding policy posted or displayed in all areas of the health facility that serve mothers, infants, and/or children? □ Yes  □ No

1.5 Is there a mechanism for evaluating the effectiveness of the policy? □ Yes  □ No

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

2.1 Are all staff aware of the advantages of breastfeeding and acquainted with the facility’s policy and services to protect, promote, and support breastfeeding? . . □ Yes  □ No

2.2 Are all staff caring for women and infants oriented to the breastfeeding policy of the hospital on their arrival? □ Yes  □ No

2.3 Is training on breastfeeding and lactation management given to all staff caring for women and infants within six months of hiring? □ Yes  □ No

2.4 Does the training cover at least eight of the Ten Steps? □ Yes  □ No

2.5 Is the training on breastfeeding and lactation management at least 18 hours in total, including a minimum of 3 hours of supervised clinical experience? □ Yes  □ No

2.6 Has the health care facility arranged for specialized training in lactation management of specific staff members? □ Yes  □ No

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

3.1 Does the facility include a prenatal care clinic? A prenatal inpatient unit? . . □ Yes  □ No

3.2 If yes, are most pregnant women attending these prenatal services informed about the benefits and management of breastfeeding? □ Yes  □ No

3.3 Do prenatal records indicate whether breastfeeding has been discussed with the pregnant woman? □ Yes  □ No

3.4 Is a mother’s prenatal record available at the time of delivery? □ Yes  □ No
3.5 Are pregnant women protected from oral or written promotion or group instruction for artificial feeding?  

☐ Yes  ☐ No

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

4.1 Are mothers who have had normal, vaginal deliveries given their babies to hold skin-to-skin within 30 minutes of delivery, and allowed to remain with them for at least an hour?  

☐ Yes  ☐ No

4.2 Are the mothers offered help by a staff member to initiate breastfeeding during this first hour?  

☐ Yes  ☐ No

4.3 Are mothers who have had cesarean deliveries given their babies to hold, with skin contact, within a half hour after they are able to respond to their babies?  

☐ Yes  ☐ No

4.4 Do the babies born by cesarean stay with their mothers, with skin contact, at this time for 60 minutes?  

☐ Yes  ☐ No

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

5.1 Does nursing staff offer all mothers further assistance with breastfeeding within six hours of delivery?  

☐ Yes  ☐ No

5.2 Are most breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding?  

☐ Yes  ☐ No

5.3 Are breastfeeding mothers shown how to express their milk or given information on expression and/or advised of where they can get help should they need it?  

☐ Yes  ☐ No

5.4 Are staff members or counselors who have specialized training in breastfeeding and lactation management available full-time to advise mothers during their stay in health care facilities and in preparation for discharge?  

☐ Yes  ☐ No

5.5 Does a woman who has never breastfed or who has previously encountered problems with breastfeeding receive special attention and support from the staff of the health care facility?  

☐ Yes  ☐ No

5.6 Are mothers of babies in special care helped to establish and maintain lactation by frequent expression of milk?  

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

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

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

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

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

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

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

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

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

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

**STEP 8. Encourage breastfeeding on demand.**

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

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

¹ Low-cost: below 80% open-market retail cost.
**STEP 9. Give no artificial teats or pacifiers to breastfeeding infants.**

9.1 Are babies who have started to breastfeed cared for without any bottle feedings?  

- [ ] Yes  
- [ ] No

9.2 Are babies who have started to breastfeed cared for without using pacifiers?  

- [ ] Yes  
- [ ] No

9.3 Do breastfeeding mothers learn that they should not give any bottles or pacifiers to their babies?  

- [ ] Yes  
- [ ] No

9.4 By accepting no free or low-cost feeding bottles, nipples, or pacifiers, does the facility and its staff demonstrate that these should be avoided?  

- [ ] Yes  
- [ ] No

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

10.1 Does the facility give education to key family members so that they can support the breastfeeding mother at home?  

- [ ] Yes  
- [ ] No

10.2 Are breastfeeding mothers referred to breastfeeding support groups, if any are available?  

- [ ] Yes  
- [ ] No

10.3 Does the facility have a system of follow-up support for breastfeeding mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls?  

- [ ] Yes  
- [ ] No

10.4 Does the facility encourage and facilitate the formation of mother-to-mother or health care worker-to-mother support groups?  

- [ ] Yes  
- [ ] No

10.5 Does the facility allow breastfeeding counseling by trained mother-to-mother support group counselors in its maternity services?  

- [ ] Yes  
- [ ] No

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