

MOMENTUM

Country and Global Leadership



THE BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI) CHECKLIST

Integrating BFHI into Maternal and Newborn Health Services and Quality of Care

BACKGROUND

The Baby-Friendly Hospital Initiative (BFHI) is a set of standards to protect, promote, and support optimal breastfeeding during the critical first hours and days while a mother-baby pair receive delivery and postnatal services in health facilities. The Ten Steps to Successful Breastfeeding (the Ten Steps) are at the core of BFHI (Box 1). Since its launch in 1991, BFHI has been implemented in many countries and significant evidence links



www.USAIDMomentum.org
TWITTER: @USAID_Momentum
FACEBOOK: USAID Momentum

implementation of the Ten Steps with improved breastfeeding practices, including exclusive breastfeeding.^{1,2} However, sustained implementation and monitoring is challenging, especially when it requires dedicated resources outside routine standards. To ensure integration, scale-up, and sustainability of the Ten Steps, the BFHI implementation guidance³ was revised in 2018 based on analysis and lessons learned from implementation since 1992.

In 2015, the World Health Organization (WHO) published a vision and framework for quality care for women, newborns, and children and subsequently published quality-of-care (QoC) standards, statements, and measures for facility-based maternal and newborn (2016),⁴ pediatric and young adolescent (2018),⁵ and small, sick newborn (SSNB) (2020)⁶ health care services.



Box 1: The BFHI's Ten Steps of Successful Breastfeeding*

1. **Critical Management Procedures:** necessary to ensure that care is delivered consistently and ethically
 - a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
 - b. Have a written infant feeding policy that is routinely communicated to staff and parents.
 - c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.

Key Clinical Procedures: standards for the individual care of mothers and infants

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

* World Health Organization and United Nations Children's Fund. 2018. Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: implementing the revised Baby-friendly Hospital Initiative 2018.

¹ Pérez-Escamilla R, Martinez JL, Segura-Pérez S. Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. *Maternal and Child Nutrition*. 2016;12(3):402-17.

² Kramer MS, Chalmers B, Hodnett ED, et al. Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus. *JAMA*. 2001;285:413–20.

³ World Health Organization (WHO) and UNICEF. 2018. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. <https://www.who.int/publications/i/item/9789241513807>

⁴ WHO. 2016. [Standards of care to improve maternal and newborn quality of care in health facilities](#).

⁵ WHO. 2018. [Standards for improving the quality of care for children and young adolescents in health facilities](#).

⁶ WHO.2020. [Standards for improving quality of care for small and sick newborns in health facilities](#).

Nutrition care and services, including the Ten Steps, are an important component of these standards. The 2020 SSNB standards include nutrition quality standards specific to preterm and/or low-birthweight (LBW) newborns with/without complications, including assisted feeding with mother's milk. In 2020, the WHO also published BFHI guidance to specifically address breast-milk feeding and special feeding recommendations for SSNBs.⁷ Based on the revised BFHI guidance, WHO also published an updated BFHI training course for health workers providing maternity and newborn services.⁸ In addition, a new competency verification toolkit was developed in 2020 to shift the focus from standalone training to ensuring that staff are equipped with the knowledge, skills, and attitudes to implement the Ten Steps.⁹ These publications each intend to support advocacy and encourage the integration of the Ten Steps within existing maternal and newborn health care, including SSNB services and QoC.

The Ten Steps of BFHI can be mapped to WHO's maternal and newborn health (MNH) and SSNB quality statements and measures across several quality domains. This provides an opportunity to integrate BFHI quality standards by co-leveraging BFHI and MNH/SSNB QoC activities at national, sub-national, and health facility levels. However, BFHI quality improvement (QI) activities and monitoring remain vertical. There is a need to promote the integrated implementation of BFHI's Ten Steps and the QoC standards and measures within existing sub-national and facility-level MNH QI plans and capacity development activities. This should include materials and tools, including QI/supportive supervision and coaching tools, to appropriately incorporate BFHI QoC performance indicators within facility MNH QI measures and monitoring systems.

PURPOSE AND AUDIENCE

This checklist, developed by the U.S. Agency for International Development's MOMENTUM Country and Global Leadership project, aims to provide health facilities and district managers with practical guidance to ensure the integration and institutionalization of the BFHI Tens Steps within routine antenatal care (ANC), intrapartum care and postnatal care (PNC), including SSNB services and QI activities. The checklist may also be used by health facility managers and health workers involved in maternal and newborn care and nutrition, including ministry of health sub-national and district health managers. The checklist can also support district health offices and facilities to track the integration of the Ten Steps.

UNICEF's BFHI facility appraisal tool¹⁰ has been adapted for use in this checklist to assess gaps and opportunities to integrate the Ten Steps (Table 1). The appraisal tool and recommended actions can be adapted to suit the context of a particular facility.



⁷ WHO and UNICEF. 2020. Protecting, promoting and supporting breastfeeding: the Baby-friendly Hospital Initiative for small, sick and preterm newborns. <https://www.who.int/publications/i/item/9789240005648>

⁸ WHO. 2020. Baby-friendly Hospital Initiative training course for maternity staff: customisation guide. <https://www.who.int/publications/i/item/9789240008915>

⁹ WHO and UNICEF. 2020. Competency verification toolkit: ensuring competency of direct care providers to implement the baby-friendly hospital initiative: Web annex B: competency verification form (sorted by BFHI step). <https://apps.who.int/iris/bitstream/handle/10665/333683/9789240009363-eng.pdf?sequence=1&isAllowed=y>

¹⁰ WHO/UNICEF. 2004. BFHI: Hospital Self-Appraisal and Monitoring Tool: section 3.

The checklist presents the BFHI Tens Steps and WHO's MNH and SSNBs QoC nutrition specific statements, standards and measures, alongside targeted actions for integration throughout the continuum of MNH care services and QoC/QI efforts.

It is a key assumption of this checklist that the ministry of health (national and sub-national) has established the necessary supportive policies and procedures to enable BFHI at the facility level, as described under Step 1: *Critical Management Procedure*. It is further assumed that the ministry of health is committed to scaling up BFHI by integrating the Tens Steps within existing MNH policies, procedures, and service delivery. This checklist may still be informative for facilities that are not yet supported in this way but are interested in making this transition.

NB: This is not a BFHI assessment tool for accreditation or certification.

STEP-BY-STEP GUIDE

STEP 1: CONDUCT BFHI FACILITY APPRAISAL

FACILITY APPRAISAL TEAM TO ASSESS CURRENT PRACTICE OF THE TEN STEPS OF SUCCESSFUL BREASTFEEDING DURING ANC AND PNC AND IDENTIFY OPPORTUNITIES AND ACTIONS FOR INTEGRATION

Districts and/or health facilities committed to implementing the Ten Steps within an integrated MNH/QI approach, should undertake a participatory appraisal of current practices related to the Ten Steps during ANC, intrapartum, and PNC services. This step intends to identify opportunities to integrate the Ten Steps into existing procedures/protocols, MNH services, QoC efforts, and health management information systems (HMIS).

Facilities should use this self-appraisal tool, modified from the [UNICEF/WHO BFHI Hospital Self-Appraisal and Monitoring Tool](#), to assess existing practices, identify gaps, and leverage actions to integrate the Ten Steps into MNH and QoC (QI, measures, and monitoring) service packages.

Facility appraisal teams should consist of district health department representatives, facility managers, and two to three health providers (ANC, PNC, neonatal intensive care units [NICU], and QI teams).

The district health office should decide whether to conduct the appraisal in one or more facilities within its catchment area. Unless there is significant variation among facilities, the appraisal can take place in just one facility, with recommended actions applied to all facilities. If there is significant variation, multiple facilities may be appraised.

To assess the competency of the health workers, the appraisal team should review the WHO's competency verification toolkit, sorted by the BFHI steps.¹¹ It would be too time-consuming to assess all 16 competencies, categorized into seven domains, for the Ten Steps of BFHI. For the purpose of this checklist, the appraisal team should refer to Annex 1 to review the 16 competencies specific to breastfeeding management and

¹¹ Refer to pages 8–13 of the WHO BFHI Verification toolbox for lists of competency performance indicators with associated competency and relevant BFHI step, which address skills and attitudes, and how they can be verified: [Competency verification toolkit: Ensuring competency of direct care providers to implement the Baby-Friendly Hospital Initiative \(who.int\)](#) and [Web Annex B. Competency verification form \(sorted by BFHI step\)](#)

support and identify two to four BFHI steps (Steps 3–10) from a manageable number of competency domains to observe in a particular unit (ANC, intrapartum, and PNC) to assess the competency of health workers.

If the facility appraisal team encounters any observations or “No” responses, they should identify and detail appropriate recommended actions in the “Comments of action for improvement” column.

The team should anticipate spending one day conducting the appraisal using the checklist and a half-day the next day to review the assessment results and collectively agree on an action plan.

TABLE 1: MOMENTUM’S ADAPTED FACILITY BFHI APPRAISAL TOOL/CHECKLIST

Ten Steps of Successful Breastfeeding	Yes	No	Comments or Action for Improvement
Does the facility have infant feeding/breast-milk feeding policies that are compliant with national Baby-Friendly Hospital Initiative (BFHI) guidance/breastfeeding (BF) policy (BFHI Step 1 A, B, C)?			
Check facility compliance with national or International Code of Marketing of Breast-milk Substitutes (BFHI Step 1.A).			
Does the facility comply with the national infant and young child feeding (IYCF) or BFHI/BF policy by prohibiting all promotion of and group instruction on using breast-milk substitutes, feeding bottles, and teats?			
Does the facility comply with national IYCF or BFHI/BF policy by prohibiting distribution of samples gift packs with breast-milk substitutes and supplies or promotional materials for these products to pregnant women and others, as well as free gifts for the staff and hospital?			
Does the facility BF policy or maternity, postnatal care (PNC), or newborn care guidelines mandate support for mothers with medical indications for alternative feeding or for HIV-positive women to make informed choices about feeding their infants?			
Does the facility routinely communicate its written IYCF/BF policy to all health care staff (BFHI Step 1B)?			
Does the health facility have a written BF or IYCF policy that addresses all 10 steps to successful BF during antenatal care (ANC), intrapartum, and PNC services including small and sick newborn (SSNB) care?			
Does the facility include the BF or IYCF policy in ANC, intrapartum, and PNC procedures and protocols?			
<ul style="list-style-type: none"> • ANC 			
<ul style="list-style-type: none"> • Intrapartum 			
<ul style="list-style-type: none"> • PNC 			
Is the BF or IYCF policy available so that all staff who take care of mothers and babies can refer to it?			

Ten Steps of Successful Breastfeeding	Yes	No	Comments or Action for Improvement
Is the BF policy or the Ten Steps posted or displayed in ANC, delivery room, postnatal maternity wards, newborn corners including neonatal intensive care units (NICUs) and PNC visit rooms of the health facility?			
Is the BF policy or the Ten Steps displayed in language(s) and written with wording most commonly understood by mothers and staff or in visual presentation/pictorial posters for illiterate mothers/caregivers?			
Is there maternal and newborn health (MNH) quality-of-care (QoC) committee(s) in the facility? [If yes:] Please describe facility BFHI or nutrition focal person representation:			
Are BFHI performance or quality measures monitored and integrated into facility monitoring and data management systems (BFHI Step 1C)¹²?			
Does the facility track early initiation of BF (EIBF) and exclusive breast-milk feeding as part of district health information system (DHIS)/health management information system (HMIS) performance measures?			
Does the facility improvement plan and goal include BFHI quality measures and indicators?			
If the facility is implementing MNH/SSNB QoC, does the facility MNH quality improvement (QI) and quality assurance process incorporate and monitor BFHI standards and indicators?			
Does the facility QI coaching/mentoring tool include competencies of EIBF and EBF?			
Does the facility QI tools track and use EIBF and exclusive breast-milk feeding quality measures in MNH/SSNBs QoC or QI performance measures?			
Do the facility's ANC monitoring records track BF counseling?			
Does the facility's maternity and PNC monitoring records track immediate skin-to-skin contact and EIBF in the first hour?			
Does the facility MNH QI teams monitor immediate skin-to-skin contact, EIBF, and EBF/breast milk QoC indicators?			
If the facility has a system in place to conduct regular health care facility assessments, does it assess immediate skin-to-skin contact, EIBF, EBF/breast milk or competency of health providers skill supporting breast milk feeding?			

¹² See Annex 2 for potential BFHI indicators that facilities can adapt and use to monitor implementation and integration measures of the Ten Steps.

Ten Steps of Successful Breastfeeding	Yes	No	Comments or Action for Improvement
Assess competency and skills of health workers providing ANC, intrapartum care, and PNC, including NICU care, to support BF (BFHI Step 2).^{13,14}			
Are all health workers who provide ANC, intrapartum care, and PNC, including NICU care, aware of the importance of BF and acquainted with the facility's BF policy and services to protect, promote, and support BF?			
Are all health workers who care for women and infants in ANC, intrapartum care, and PNC oriented to the BF or IYCF policy of the facility before they commence work? ¹⁵			
Are all health providers caring for women and infants in ANC, intrapartum care, and PNC oriented on facility BFHI quality standards and measures?			
<p>Is training on BF and lactation management given to all health workers caring for women and infants in ANC, intrapartum care, and PNC within 6 months of their arrival?¹⁶</p> <p>Note: This training can be a separate IYCF/BFHI training or training on BF as part of ANC, intrapartum, or newborn trainings. Check the training material curriculum for content (Ten Steps of Successful BF, BF problems, skills for supporting BF) and duration of BF and lactation management content.</p>			
Does the training cover all the "Ten Steps to Successful Breastfeeding" and the protection of BF?			
Is the training on BF and lactation management at least 20 hours in total, including a minimum of 3 hours of supervised clinical experience?			
Does the facility have lactation experts or midwives/nurses with special training on supporting feeding of small, sick, and/or preterm newborns/infants?			

¹³ Use randomly selected health workers providing ANC, intrapartum, and PNC services: At least 80% of health workers who provide ANC, intrapartum, and PNC care are trained on breastfeeding during the previous 2 years or, if they have been providing these services less than 6 months, have received orientation on the BF or IYCF policy and their roles in implementing it

¹⁴ Use WHO competency verification tool to assess the competency of health workers as described above. Districts and facilities can use the WHO competency verification tool to assess all the 16 competency domains (see annex 1). However, since it is time consuming to verify all 16 competencies and the BFHI checklist is mainly focused on observation of integration of the Tens Steps as part of ANC, intrapartum care, and PNC care, MOMENTUM recommends identifying competency domains relevant to assess a selection of three to four BFHI steps. As part of the first step of the BFHI checklist, the district or facility appraisal team will identify priority BFHI steps and the corresponding competency domains and methods of assessing competencies. For example, when assessing NICUs/surgical intensive care, Domain 6 (Helping mothers and babies with special needs) competencies 12–15 are the more important competency to assess for BFHI Step 5-9.

¹⁵ Review training records to assure that an on-going, effective system is in place for training new staff and providing periodic refresher courses for those currently on the job.

¹⁶ Review IYCF, MNH, PNC, and SSNB training materials.

Ten Steps of Successful Breastfeeding	Yes	No	Comments or Action for Improvement
Can trained health workers describe where they can refer mothers and where they can seek additional guidance, if needed, on BF and infant feeding problems?			
Do non-clinical staff, such as care attendants, clerical staff, and housekeeping and catering staff, also receive orientation on the BF/infant feeding policy, why BF is important, and what is done to support women so they can successfully feed their babies?			
Are pregnant women and family members receiving BF counseling during ANC visits (BFHI Step 3)?			
Are most pregnant women receiving antenatal services informed about the benefits and management of BF?			
Are pregnant women who are at increased risk for preterm delivery or birth of a sick infant provided counseling about BF and special feeding recommendation and support they need to feed their premature, low-birthweight, or sick babies?			
Does antenatal education, either that is provided orally or in written form, cover key topics related to the importance and management of BF?			
Are pregnant women protected from oral or written promotion of and group instruction for artificial feeding?			
Are the pregnant women who receive antenatal education able to describe why BF is important and how to deal with simple BF management problems?			
Assess facility delivery room, postnatal maternity wards, and neonatal units practices to see if mothers are supported to initiate BF within one hour of birth and maintain exclusively breast-milk feeding during immediate PNC (BFHI Steps 4-9).			
Check delivery room/maternity ward practice if mothers are supported to initiate BF within 1 hour of birth.			
Are mothers given their babies to hold skin-to-skin immediately after birth or as soon as possible and allowed to remain with them for at least 1 hour?			
Are mothers who have had cesarean deliveries with general anesthesia given their babies to hold skin-to-skin as soon as they are sufficiently alert to hold the infant?			
Are mothers or family members with small, sick, and/or preterm infants supported to hold their babies with skin-to-skin contact as soon after birth as the mother's and infant's conditions are stable? ¹⁷			

¹⁷ WHO defines stable infant condition as the absence of severe apnea, desaturation, and bradycardia. Stable condition should be clearly defined in the neonatal ward's skin-to-skin care policy or facility protocol.

Ten Steps of Successful Breastfeeding	Yes	No	Comments or Action for Improvement
Are all mothers supported or encouraged to initiate BF as soon as possible after birth, within the first hour after delivery?			
Are mothers who are not able to initiate BF during the first hour after birth, or family members, supported to provide skin-to-skin contact and are mothers supported to breastfeed as soon as they are able?			
Are mothers of small, sick, and/or preterm infants admitted to the neonatal ward helped with BF as soon as feasible after the infant is admitted?			
Check postnatal maternity ward and neonatal care units including NICUs if mothers are supported to maintain exclusively BF or breast-milk feeding.			
Do health workers offer all mothers further assistance with BF within 6 hours of delivery?			
Are mothers with small, sick, and/or preterm infants offered special assistance with BF or breast-milk expression within 3 hours after delivery or as soon as possible if the mother is unstable?			
Are mothers should be encouraged to breastfeed or express milk at least seven to eight times, or more, every 24 hours including once at night?			
Are first-time mothers or mothers who have previously encountered problems with BF given special attention and support from the staff providing maternity and newborn services?			
Are mothers with small, sick, and/or preterm infants who have difficulties in establishing or maintaining a milk supply provided individualized support by lactation experts?			
Do facilities provide or show mothers who are expressing breast-milk how to use a clean and dry glass or food-grade hard plastic container with a secure lid for milk collection and storage?			
Do maternity staff educate mothers on problems of BF and how to prevent and manage, for example, engorged breasts, ways to ensure a good milk supply, prevention of cracked and sore nipples?			
Are all mothers of term infants supported to practice responsive feeding, such as how to recognize and respond to infant feeding cues? Note: Preterm/very low-birthweight infants may not exhibit any feeding cues in the first few weeks of life, depending on gestational age. As the newborn matures and begins to exhibit feeding cues, mothers can be taught to recognize these cues.			
Do mothers and infants remain together in the same room 24 hours a day, unless separation is medically indicated?			

Ten Steps of Successful Breastfeeding	Yes	No	Comments or Action for Improvement
Do mothers of small, sick, and/or preterm infants who need to be in a NICU for treatment have no restrictions for visiting her infant and have adequate space to express milk adjacent to their infants?			
Do mothers of very low-birthweight or preterm infants, who decided not to breastfeed because of insufficient breast milk, report that staff discussed the option of human donor milk, if available and culturally acceptable?			
Do neonatal ward staff support mothers to use cups or spoons if expressed milk or other feeds are medically indicated for term infants?			
Do neonatal wards support mothers to use a cup as the preferred method for feeding expressed or donor breast-milk to preterm infants or sick infants who are not able to breastfeed?			
Do NICUs use nasogastric tube feeding for breast milk for very preterm infants with no suck-swallow-breathe coordination or critically sick newborns?			
Do health workers support mothers on non-nutritive suckling at the breast or skin-to-skin care as the preferred method for pain control and calming newborns?			
Do the neonatal ward staff promote non-nutritive sucking with a pacifier or a clean finger only when the mother is not available for skin-to-skin care or BF?			
Assess whether mothers are supported to provide alternative feeding in the facility's postnatal maternity wards and neonatal units.			
Did mothers who decided not to breastfeed, because of justified maternal or infant related medical reasons based on the facility guide or protocol, report that the staff had discussed with them the risks and benefits of various feeding options after their deliveries? ¹⁸			
Are mothers who decided not to breastfeed or breast-milk feed taught about safe preparation and storage of breast-milk substitutes and how to respond adequately to their child's feeding cues?			
Do neonatal ward staff support mothers to use cups or feeding bottles?			

¹⁸ The 2009 WHO "Acceptable medical reasons for use of breast-milk substitutes" describes the few conditions for which supplementation may be needed, or breastfeeding is contraindicated. http://apps.who.int/iris/bitstream/10665/69938/1/who_fch_cah_09.01_eng.pdf.

Ten Steps of Successful Breastfeeding	Yes	No	Comments or Action for Improvement
Check if the facility pre-discharge care considers ongoing support on feeding after mothers and infants are discharged from the facility.			
Do health workers discuss plans with mothers who are close to discharge for how they will feed their babies at home?			
Does the facility include feeding in the PNC pre-discharge checklist?			
Does the facility have already identified community resources ¹⁹ for continued and consistent BF support for mothers and families, especially for mothers with preterm and low-birthweight babies?			
Are mothers and families referred to community resources for help with feeding problem?			

STEP 2: SUMMARIZE AND SHARE FINDINGS AND RECOMMENDED ACTIONS FOR KEY STAKEHOLDERS:

Results of the appraisal should be shared with facility and district management and any existing MNH QI teams to agree on the findings and recommended actions. The appraisal findings and recommended actions should be mapped against overall facility actions and MNH service delivery points (Table 2).

TABLE 2: TOOL TO SUMMARIZE KEY FINDINGS AND ACTIONS

BFHI Ten Steps along the Continuum of Care	Summary Findings	Recommended Actions	Responsible
Compliance with National infant and young child feeding (IYCF)/breastfeeding (BF)/Baby-Friendly Hospital Initiative (BFHI) Policy: Facility has infant feeding/breast-milk feeding policy compliant with national BFHI guidance or BF policy			
Facility compliance with national or International Code of Marketing of Breast-milk Substitutes			
Facility routinely communicates its written IYCF/BF policy to all health care staff			
Facility monitors BFHI performance or quality measures as part of maternal and newborn health (MNH) quality improvement or facility HMIS			

¹⁹ Community resources vary by country, but includes community health services, community health workers, home visitors, mother-to-mother support groups, breastfeeding clinics, lactation consultants, peer counsellors, or phone lines.

BFHI Ten Steps along the Continuum of Care	Summary Findings	Recommended Actions	Responsible
Health Provider Competency: Health workers providing MNH services have competency and skills to support BF			
For existing health workers providing MNH care/services			
For new health workers			
System for monitoring training			
ANC Services Promote and Protect BF: Pregnant women are receiving BF counseling and support during antenatal care (ANC) visits			
ANC services prepare pregnant women for BF			
ANC services protect pregnant women from promotion of breast-milk substitutes			
Maternity and Neonatal Care and Services: Mothers get support to initiate BF			
Delivery room/maternity ward practice skin-to-skin contact			
Delivery room/maternity ward support EIBF			
Delivery room/maternity ward support mothers and family members of small and sick newborns on early initiation of feeding and skin-to-skin contact			
Neonatal intensive care unit (NICU) provides a conducive environment for mothers or caregivers to feed breast milk (BF or expressed breast milk)			
Postnatal ward and NICU provide individualized support by lactation experts for mothers, who have difficulties in establishing or maintaining a milk supply, with small and sick newborns			
Postnatal wards practice rooming-in of mother and infant			
Postnatal health workers inform and support mothers on common BF problems			
Postnatal maternity wards and neonatal units support mothers who qualify and opt for alternative feeding			
Pre-Discharge Care			
Facility has system and tools to talk with mothers before discharge about how they will feed their babies at home			
Facility has system to link mothers to community BF support			

STEP 3: IMPLEMENTATION PLAN

PREPARE A PLAN TO INTEGRATE THE TEN STEPS INTO MNH SERVICES AND QUALITY IMPROVEMENT AND MEASURES

Facility/districts should use the appraisal results to prepare a plan to address the identified areas for action to facilitate integration of the Ten Steps within the facility's MNH continuum of care and QoC improvement activities. The plan should include:

- Recommended actions, e.g., review MNH protocols and procedures; strengthen competencies of health providers; monitor progress during ANC, intrapartum care, and PNC, including SSNB care; and implement MNH QI activities
- Identify individuals responsible for each action
- How and which measures to track progress

STEP 4: ESTABLISH SYSTEM TO MONITOR QUALITY IMPLEMENTATION OF THE TEN STEPS

FACILITIES SHOULD HAVE A SYSTEM/PROTOCOL, INCLUDING BFHI INDICATORS, TO MONITOR AND TRACK PROGRESS OF INTEGRATED IMPLEMENTATION AND COMPLIANCE TO THE BFHI'S TEN STEPS.

As much as possible, facilities should select indicators that are easily collected and integrated within ongoing HMIS and MNH QI assessments and reviews (see Annex 2 for suggested indicators). Facilities should identify one to two sentinel indicators, preferably “early initiation of breastfeeding” and “exclusive breast-milk feeding,” that can be collected through regular monitoring. In addition, district health offices and facilities should reach a consensus on the indicators and frequency of collection and review, taking into account their existing HMIS/QI processes and capacity to collect and utilize information for action.

ANNEX 1: LIST OF COMPETENCIES NECESSARY FOR IMPLEMENTING THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

DOMAIN 1: Critical management procedures to support the Ten Steps
01. Implement the Code of Marketing of Breast-milk Substitutes in the health facility
02. Explain the facility's infant feeding policies and monitoring systems
DOMAIN 2: Foundational skills: communicating in a credible and effective way
03. Use listening and learning skills whenever engaging in a conversation with a mother
04. Use skills for building confidence and giving support whenever engaging in a conversation with a mother
DOMAIN 3: The prenatal period
05. Engage in antenatal conversation about breastfeeding
DOMAIN 4: Birth and immediate postpartum
06. Implement immediate and uninterrupted skin-to-skin contact
07. Facilitate breastfeeding within the first hour, according to cues
DOMAIN 5: Essential issues to support a breastfeeding mother
08. Discuss with a mother how breastfeeding works
09. Assist the mother with getting her baby to latch
10. Help a mother respond to feeding cues
11. Help a mother manage milk expression
DOMAIN 6: Helping mothers and babies with special needs
12. Help a mother to breastfeed a low-birthweight or sick baby
13. Help a mother whose baby needs fluids other than breast milk
14. Help a mother who is not feeding her baby directly at the breast
15. Help a mother prevent or resolve difficulties with breastfeeding
DOMAIN 7: Care at discharge
16. Ensure seamless transition after discharge

ANNEX 2: SUGGESTED INDICATORS FOR FACILITY-BASED MONITORING OF CRITICAL MANAGEMENT PROCEDURES AND KEY CLINICAL PRACTICES OF THE TEN STEPS²⁰

	Indicator/Measure	Target	Frequency ²¹	Source of verification
BFHI Management Procedures				
Steps 1A and 1B: Compliance with National IYCF/BF/BFHI policy	Existence of a written BF policy accessible for providers and mothers at ANC, maternity wards, and neonatal care rooms/units	Exist and accessible	Annually	Observation
	Alignment of MNH (ANC, intrapartum, and PNC) clinical protocols or QI standards related to breastfeeding with national IYCF/BF/BFHI standards	All protocols are aligned and consistent	Annually	Review of MNH clinical protocols/guidance and MNH QI standards
	There are no educational materials, handouts, and sample bags/gifts accessed by pregnant women, caregivers, families, and health workers	No inappropriate information or promotion of products within the national IYCF/BF policy or the national scope of the Code of Marketing of Breast-milk Substitutes	Monthly	Observation of facility especially maternity ward, newborn corners/NICUs, and ANC and PNC service delivery areas
Step 1C: Ongoing monitoring and QI system	BFHI implementation process and outcome measures/standards are integrated to facility HMIS	Exists	Annually	Review of facility records and HMIS
	Breastfeeding quality measures/indicators are integrated into facility MNH QI and reviews to monitor and improve implementation of the Ten Steps	Part of facility QI	Quarterly	Review of MNH QI meeting notes and records

²⁰ Please note that these indicators do not include all global standards and indicators for the Tens Steps as facilities need to keep monitoring systems simple to facilitate integration within existing MNH and QI monitoring activities.

²¹ Facilities can decide the frequency based on their monitoring system.

	Indicator/Measure	Target	Frequency ²¹	Source of verification
Step 2: Competency of health workers providing MNH services	Percentage of health workers who provide antenatal, intrapartum, and postnatal care are trained on breastfeeding during the previous 2 years	At least 80% of health workers trained on breastfeeding during the previous 2 years	Biannually	Survey of health workers
	Facility has a system to orient new health workers assigned to MNH services on the breastfeeding policy and to take the required breastfeeding training	System exist	Annually	Document review
Clinical Procedures (Steps 3–10):				
Pregnant women receive breastfeeding counseling and support during ANC visits	Percentage of mothers who received ANC at the facility report having received prenatal counseling on breastfeeding	At least 80% of mothers received prenatal counseling on breastfeeding	Biannually	Facility ANC register or interviews with mothers
	There is a protocol for antenatal discussion of breastfeeding that includes at a minimum: <ul style="list-style-type: none"> • The importance of breastfeeding • Exclusive breastfeeding for the first 6 months • The risks of giving formula or other breast-milk substitutes • Feeding of SSNBs 	Exist	Annually	Review of ANC protocol or counseling materials
Postnatal mothers get support to initiate breastfeeding early	Percentage of mothers of term infants report that their babies were put to the breast within 1 hour after birth	At least 80%	Biannually	Interview with mothers or maternity clinical records

	Percentage of mothers of preterm or sick infants report having been helped to express milk within 1–2 hours after birth, if the mother’s condition is stable	At least 70% ²²	Biannually	Interview with mothers or maternity clinical records
	Percentage of term infants who experienced immediate skin-to-skin contact as part of facility maternity/PNC	At least 80%	Biannually	Maternity register or interview with mothers
Postnatal mothers get support to exclusively breastfeed their infants	Percentage mothers of term infants report that someone on the staff offered assistance with breastfeeding within 6 hours after birth	At least 80%	Biannually	Interview with mothers
	Percentage of term infants who received only breast milk (exclusive breast-milk feeding) throughout their stay at the facility	At least 75%	Biannually	Interview with mothers
	Percentage of mothers of SSNBs and term infants who opt for alternative feeding report they have been taught about the risks of using feeding bottles, teats, and pacifiers	At least 80%		
Pre-discharge	Facility has system to link mothers with community support groups	Exists	Annually	Facility checklists or records

²² The 80% threshold for the early initiation of breastfeeding, as specified in the BFHI global standards for healthy newborns, is not applied to SSNBs because immediate exclusive breastfeeding may not be feasible, especially for very preterm/sick newborns.

MOMENTUM

USAIDMomentum.org

TWITTER: @USAIDMomentum

FACEBOOK: USAID Momentum



USAID
FROM THE AMERICAN PEOPLE



This brief is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under the terms of the Cooperative Agreement #7200AA20CA00002, led by Jhpiego and partners. The contents are the responsibility of MOMENTUM Country and Global Leadership and do not necessarily reflect the views of USAID or the United States Government.