



Centers of Excellence for Breastfeeding in Viet Nam

Evaluation Checklists

A document developed by Viet Nam's Ministry of Health, with the support from Alive & Thrive and Da Nang Learning & Research Center for Newborn Care and Human Milk, detailing criteria to evaluate a hospital's candidacy to be a Center of Excellence for Breastfeeding.

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Hospitals are eligible to be designated as Centers of Excellence for Breastfeeding (CoE) if they meet the following rigorous criteria:

- ✓ Criterion 1. Achieve Grade 4 in Criterion E1.3 on breastfeeding, as stipulated in the National Hospital Standards and Accreditation.
- ✓ Criterion 2. Meet the independent qualification for supportive supervision of early essential newborn care (EENC) and breastfeeding.
- ✓ Criterion 3. Receive positive feedback from quarterly patient satisfaction surveys conducted via mobile phones with mothers after hospital discharge.

This document presents eight Evaluation Checklists under the Criterion 2.

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Evaluation Guidelines

1. Criteria for designating Centers of Excellence for Breastfeeding

For hospitals to be deemed Centers of Excellence for Breastfeeding they must meet the following three criteria:

- **Criterion 1.** Achieve Grade 4 on Criterion E1.3 on breastfeeding as stipulated in the National Hospital Standards and Accreditation (a maximum of one year before the assessment).
- **Criterion 2.** Meet the independent qualification for supportive supervision of Early Essential Newborn Care (EENC) and Breastfeeding.
- **Criterion 3.** Meet the requirements in quarterly patient satisfaction surveys conducted via mobile phones with mothers after hospital discharge.

2. Request for designation

If hospitals achieve Criterion 1:

- Central hospitals shall submit a request to the Ministry of Health (MOH) to sign up for the Centers of Excellence for Breastfeeding Initiative.
- Provincial/ district hospitals shall submit a request to the provincial Department of Health (DOH) to sign up for the Centers of Excellence for Breastfeeding Initiative.

3. Evaluation Criterion 3

After receiving a request to register as a Center of Excellence for Breastfeeding, MOH/DOH/Centre for Disease Control (CDC) assigns staff to conduct surveys via mobile phone with mothers after hospital discharge.

After the mother survey via mobile phone has conducted and provided results for at least one quarter, MOH/DOH/CDC form an evaluation team to assess checklists of Early Essential Newborn Care (EENC) and Breastfeeding in the hospitals.

4. Evaluation Criterion 2

4.1. Composition of the evaluation team

MOH/DOH will assign a team to assess Centers of Excellence for Breastfeeding. The evaluation team usually consists of four to five members (not from the hospital that is being assessed).

- The evaluation team assessing central level hospitals is led by representatives from the Maternal and Child Health Department, Ministry of Health with the participation of EENC and breastfeeding experts.
- The evaluation team assessing provincial/ district level hospitals is led by the provincial Department of Health with the participation of the provincial CDC (Reproductive Health Care Division) or an equivalent unit, staff specialized in breastfeeding and EENC from obstetric and/or pediatric hospitals.

4.2. Number of evaluations

With hospitals that have not yet achieved the title, MOH/DOH can conduct one to two assessments/hospital/year until the hospital fulfils the necessary criteria to be deemed as a Center of Excellence for Breastfeeding. After five years MOH/DOH will re-evaluate the hospital to ensure it still meets the standards of a Center of Excellence for Breastfeeding.

4.3. Evaluation methodology

Checklist Name	Methodology	People in charge	Notes
Checklist 1. Interviewing women who are ≥ 07 months pregnant	Interview five pregnant women (seven months or longer) at the Antenatal Care Examination Room.	Members of the evaluation team	“Pass” if 4/5 pregnant women have a total score of ≥ 7/9 points
Checklist 2. Early essential newborn care during and after vaginal deliveries (for breathing babies)	Assess the practice of EENC for breathing babies by observing at least three vaginal delivery cases; or the practice on markin in case no vaginal delivery cases are available at the time of the assessment.	Members of the evaluation team (EENC and breastfeeding experts)	“Pass” if 3/3 vaginal delivery cases have a total score of ≥ 72/80 points
Checklist 3. Early essential newborn care during and after C-Section delivery (for breathing babies)	Assessing EENC in C-Section deliveries (breathing babies) by observing at least two C-Section delivery cases; or the practice on markin in case no C-Section delivery cases are available at the time of the assessment.	Members of the evaluation team (EENC and breastfeeding experts)	“Pass” if 2/2 C-Section delivery cases have a total score of ≥ 40/44 points
Checklist 4. Interviewing post-partum mothers of full-term babies	Interviewing 10 mothers (or all mothers if less than 10) at the Post-Natal Department and Newborn Department (only interview those who delivered in the hospital).	Members of the evaluation team (EENC and breastfeeding experts)	“Pass” if 8/10 mothers have a total score of ≥ 15/18 points
Checklist 5. Observing mothers breastfeeding their babies	Observing five mothers breastfeeding at the Post-Natal Department.	Members of the evaluation team (EENC and breastfeeding experts)	“Pass” if 4/5 mothers have a total score of ≥ 23/28 points
Checklist 6.	Observing five medical staff conduct breastfeeding	Members of the evaluation team	“Pass” if 4/5 medical staff have a total

Checklist Name	Methodology	People in charge	Notes
Observing medical staff providing breastfeeding counseling	counseling at the Post-Natal Department.		score of $\geq 26/28$ points
Checklist 7. Hospital quality criterion on breastfeeding	Reviewing Hospital Quality Criterion.	Members of the evaluation team	“Pass” if all requirements are met
Checklist 8. Breastfeeding enabling environment	Observing the breastfeeding enabling environment.	Members of the evaluation team	“Pass” if all requirements are met

*For Checklist 2 and 3, in case there is no birth on the day, the assessment can be evaluated on the markin.

4.4. Steps to organize an evaluation in the hospital

Usually, an assessment in a hospital will be completed in a day (morning, afternoon) and the steps to conduct the assessment are as below.

Step 1: Evaluation team meeting

- Assign the task of evaluating the checklist to each member of the team. Each member will be in charge of evaluating one to two checklists depending on their expertise/experience. Example: The auditor who is an obstetrician/pediatrician will be assigned to assess Checklists 2 and 3 (related to the observation of EENC implementation during vaginal delivery/delivery via C-section).
- Working program agreement (working schedule, direction etc.).

Step 2: Meeting between the evaluation team and representatives of hospital directors, Head/Vice Head or staff of the Department of Obstetrics and Pediatrics

- Introduction.
- A representative of the team informs the specific working program and asks for coordination and support during the assessment.

Step 3: Evaluation

- Members of the team assess simultaneously assigned checklists.

Step 4: Evaluation team meeting for result summary

After all of the checklists are assessed the team members will have a meeting (in private) to allow:

- Each member of the team to summarize the evaluation results of the assigned checklist.
- Evaluation results of all checklists and telephone survey results (previously conducted by MOH/DOH/CDC) to be synthesized into the general assessment form.
- Discussions and conclusions on the final result of the evaluation.

Step 5: Final meeting with the hospital

- A representative of the evaluation team informs the hospital of the assessment results and specifies the strengths and weaknesses of the hospital.
- The hospital gives feedback on evaluation results.
- Summarize and finish the evaluation.

If the hospital meets all standards in the checklists as well as the requirements in surveys via mobile phone with mothers after discharge hospital, MOH/DOH will issue a decision to recognize the hospital as a Center of Excellence for Breastfeeding.

Evaluation Checklists

Checklist 1. Interviewing women who are ≥ 07 months pregnant

If respondent's answer is YES/CORRECT: 1 point

If respondent's answer is NO/INCORRECT: 0 points

Interview Question	Pregnant woman				
	#1	#2	#3	#4	#5
Receiving breastfeeding counseling by health staff during antenatal care visits					
1. Benefits of breastfeeding					
2. Harmful effects of feeding bottles and formula milk					
3. Size of the baby's stomach during the first 03 days after birth					
4. Duration of exclusive breastfeeding					
5. Duration of continued breastfeeding					
Being able to list three benefits of breastfeeding					
6. Correctly list three benefits of breastfeeding					
Knowing the definition of exclusive breastfeeding					
7. Correct (no water, no honey, can take medicines in accordance with a doctor's prescription)					
8. Correct (exclusive breastfeeding in the first six months)					
9. Correct (continued breastfeeding up to 24 months)					
TOTAL SCORE					

"PASS" if 4/5 pregnant women (interviewees) have a total score $\geq 7/9$ points

Checklist 2. Early essential newborn care during and after vaginal deliveries (for breathing babies)

Complete and correct practice (2 points); Partial practice (1 point); No practice (0 points)

Contents of Observation	Case 1	Case 2	Case 3
I. PRE-BIRTH PREPARATION			
1. Checked room temperature; turned off fans.			
2. Washed hands (first time).			
3. Placed dry, clean cloth on mother's abdomen.			
4. Prepared newborn resuscitation area; turned on bed warmers (dry, clean and warm bed).			
5. Checked if the bag valve bag and masks were functional.			
6. Checked the suction balloons (or suction devices) on the delivery table.			
7. Washed hands (second time).			
8. Two pairs of sterile gloves worn (if there was only one attendant).			
9. Arranged forceps, cord clamp (ties) and scissors in easy-to-use order.			
10. Checked if mother was ready (bulged perineum, baby's head in and out at the vagina), then the delivery process.			
II. DELIVERY			
<i>Delivery of the head</i>			
11. Supported the perineum with one hand, using a gauze (or sterile towel).			
12. Index and middle fingers of the other hand applied gentle downward pressure to the top of the baby's head to keep the head flexed (bent downwards).			
13. When the top of baby's head was revealed, one hand held it upwards so that the forehead, eyes, nose, mouth and chin came out. Asked the mother not to push during this period.			
14. Still supported the perineum with the other hand to prevent tears.			
15. Waited until the baby's head turned naturally, then the birth attendant helped the baby's occiput to turn completely to one side (left or right).			
<i>Delivery of shoulder</i>			
16. Checked if the cord was wrapped around the baby's neck. If yes, loosened it. If it was wrapped too tightly, used two medical hemostats			

Contents of Observation	Case 1	Case 2	Case 3
to clamp the cord in two places and to cut in between, then continued the delivery support.			
17. Placed palms on the baby's temples.			
18. Slightly pulled the baby towards the attendant's legs and asked the mother to push slightly until the upper shoulder was delivered.			
19. For the delivery of the lower shoulder, used one hand to hold the baby's head so that the back of the baby's head lay between the thumb and index fingers, and pulled the baby's head upwards.			
20. The other hand still supported the perineum to prevent tears during delivery of the shoulders.			
<i>Delivery of bottom and legs</i>			
21. The hand holding the back of the baby's head remained in that position, while the hand supporting the perineum moved along with the baby's chest, abdomen, bottom and legs.			
22. One the baby's feet were delivered, quickly caught them so that the feet lay between the index, middle and ring fingers of the attendant's hand that was holding the baby's bottom. The baby was held in a horizontal position.			
III. EARLY POSTPARTUM & NEWBORN CARE ACTIVITIES			
23. Called out time of birth (in hours, minutes, seconds) and sex of the newborn.			
24. Started drying within five seconds after birth.			
25. Dried the baby thoroughly (eyes, face, head, chest, belly, arms, legs, back, bottom and reproductive organ) within 30 seconds.			
26. Removed the wet cloth.			
27. Placed the newborn skin-to-skin with the mother.			
28. Covered the baby's body with dry cloth and the baby's head with a hat.			
29. Checked for a second baby.			
30. Injected oxytocin IM to the mother within one minute.			
31. Removed the first pair of gloves			
32. Checked for cord pulsations before clamping; clamped after cord pulsations stopped (usually one to three minutes)			
33. Placed the first clamp at two cm from the umbilical base; stripped the umbilical cord blood towards the mother			

Contents of Observation	Case 1	Case 2	Case 3
34. Applied the second clamp at three cm from the first clamp (which is five cm from the umbilical base). Cut close to the first clamp using sterile scissors			
35. One hand held the cord clamp. The other hand was placed on the mother's abdomen above the pubic symphysis to hold and push the uterus towards the breastbone once the uterus contracted firmly.			
36. Pulled the umbilical cord steadily and gently out of the birth canal while one hand was placed on the mother's abdomen and pushed the uterus in the opposite direction.			
37. When the placenta was visible at the vulva, lifted the umbilical cord so that the load of placenta pulled its membranes out. If the placenta membranes did not detach, held the placenta with both hands and span it in one direction so that the membranes came off.			
38. Applied abdominal uterine massage until the uterus contracted well and then every 15 minutes during the first two hours after birth.			
39. Examined the placenta: only initiated the routine examination of the placenta after the uterus contracted well and there was no sign of bleeding.			
40. Counseled the mother on feeding cues (drooling, mouth opening, tonguing/licking, biting hand, crawling). Explained to the mother that her baby would be placed in skin-to-skin contact with the mother continuously for at least 90 minutes after birth and would finish the first breastfeeding time before separation from the mother for weight measurement and receiving other types of care.			
TOTAL SCORE			

"PASS" if 3/3 vaginal delivery cases have a total score $\geq 72/80$ points

Checklist 3. Early essential newborn care during and after C-Section delivery (for breathing babies)

Complete and correct practice (2 points); Partial practice (1 point); No practice (0 points)

Activity	Case 1	Case 2
I. PRE-BIRTH PREPARATION		
1. Checked room temperature; turned off fans.		
2. Washed hands by nurses/midwives.		
3. Prepared newborn resuscitation area, turned on bed warmers.		
4. Checked if newborn ambu bag and masks were functional.		
5. Washed hands before gloving for delivery; wore sterile clothes and gloves (surgeon and midwife waiting to hold the baby).		
6. Arranged the cord clamp.		
7. Placed dry, clean cloth on mother's legs beneath the surgical cut at the time of baby delivery.		
II. EARLY POSTPARTUM & NEWBORN CARE ACTIVITIES		
8. Called out the time of birth (in hours, minutes, seconds) and sex of the newborn.		
9. Placed the newborn on the dry cloth on the mother's legs.		
10. Started drying within five seconds after birth.		
11. Dried thoroughly and stimulated the baby in the proper order (eyes, face, head, chest, belly, arms, legs, back, bottom and reproductive organ) within 30 seconds.		
12. Removed the wet cloth; covered the baby's body with dry cloth and the baby's head with a hat.		
13. Checked for a second baby.		
14. Injected oxytocin IM to the mother within one minute.		
15. Checked for cord pulsations before clamping; clamped after cord pulsations stopped (usually one to three minutes).		
16. Placed a clamp at two cm from the umbilical base; stripped the umbilical cord blood towards mother.		
17. Applied the second clamp at three cm from the first clamp (which is five cm from the umbilical base). Cut close to the first clamp using sterile scissors.		
18. Handed the baby to a waiting midwife/nurse.		
19. Placed the baby upside down on the mother's chest in skin-to-skin contact.		
20. Covered the baby's back with a dry cloth.		
21. Counseled the mother on feeding cues (drooling, mouth opening, tonguing/licking, biting hand, crawling) and helped the baby attach to the breast. Explained to the mother that her baby would be placed in skin-to-skin contact with the mother continuously for at least 90 minutes after birth and would finish the first breastfeeding time before separation from the mother for weight measurement and receiving other types of care.		
TOTAL SCORE		

"PASS" if 2/2 C-section delivery cases have a total score \geq 40/44 points

Checklist 4. Interviewing post-partum mothers of full-term babies

Content	Vaginal delivery					C-section delivery				
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
1. Did anyone push down on the mother's belly during labor? (No = 1 point; Yes = 0 points)										
2. Was the baby placed in skin-to-skin contact with the mother right after birth? (No = 1 point; Yes = 0 points)										
3. How long was the baby kept in skin-to-skin contact with the mother after birth? (≥ 90 minutes = 1 point; < 90 minutes = 0 points)										
4. How long was the baby breastfed for the first time after birth? (15-19 min = 1 point; other = 0 points)										
5. How long after birth was the baby bathed? (≥ 24 hours = 1 point; < 24 hours = 0 points)										
6. Did the baby stay with the mother during the entire hospital stay (rooming in)? (count if in the same room) (No = 1 point; Yes = 0 points)										
7. After delivery, was the baby fed anything other than breastmilk? (No = 1 point; Yes = 0 points)										
8. Were feeding bottles and artificial pacifiers used for the baby? (No = 1 point; Yes = 0 points)										
9. Was anything applied to the cord stump and was the belly button covered with a bandage? (If the answer is "No" for both questions then 1 point; If the answer is "Yes" to one of the two questions then 0 points)										
10. Was the mother given infant formula, feeding bottles, or gifts containing images of milk product for babies aged under 24 months/feeding bottles/artificial pacifiers? (No = 1 point; Yes = 0 points)										
11. Did the mother receive any counseling from staff on breastfeeding benefits? (No = 1 point; Yes = 0 points)										
12. Did the mother receive any counseling from staff on feeding cues? (No = 1 point; Yes = 0 points)										
13. Did the mother receive any counseling from staff on how to position the baby for breastfeeding? (No = 1 point; Yes = 0 points)										

Content	Vaginal delivery					C-section delivery				
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
14. Did the mother receive any counseling from staff on how to attach the baby for breastfeeding? (No = 1 point; Yes = 0 points)										
15. Did the mother receive any counseling from staff on signs of good attachment? (No = 1 point; Yes = 0 points)										
16. Was the mother able to correctly state 8-12 times of breastfeeding within 24 hours or as needed by the baby? (No = 1 point; Yes = 0 points)										
17. Was the mother able to correctly describe/state the baby's stomach size in the first three days after birth? (No = 1 point; Yes = 0 points)										
18. Was the baby given a Vitamin K1 injection after the first breastfeed and skin-to-skin contact of at least 90 minutes? (No = 1 point; Yes = 0 points)										
TOTAL SCORE										

“PASS” if 8/10 mothers have a total score $\geq 15/18$ points

Checklist 5. Observing mothers breastfeeding their babies

Complete and correct practice (2 points); Partial practice (1 point); No practice (0 points)

Activity	Breastfeeding mother				
	#1	#2	#3	#4	#5
Baby's position					
1. Holds the baby close to ensure that the baby's tummy touches the mother's tummy.					
2. Supports the whole body of the baby, not only the neck and shoulders.					
3. Ensures the baby's ears, shoulder and bottom are in line, parallel with the baby's spine.					
4. The baby's face is approaching the mother's breast and the baby's nose is opposite the mother's nipple.					
How to attach the baby for breastfeeding					
5. Move the baby's lip to touch the mother's nipple.					
6. Wait until the baby's mouth is wide open.					
7. Move the baby to take a mouthful of breast, with the lower lip beneath the nipple.					
Signs of good attachment					
8. The baby's chin touches the mother's breast.					
9. The baby's mouth is wide open with round cheeks.					
10. The baby's lower lip turns outwards.					
11. More areola is seen above the baby's top lip.					
Signs of good suckling					
12. Slow and deep sucks.					
13. Regularly with short pauses; no sounds made when suckling.					
14. The mother feels that her breast is empty after breastfeeding (empty one breast before moving to the other).					
TOTAL SCORE					

"PASS" if 4/5 mothers have a total score $\geq 23/28$ points

Checklist 6. Observing medical staff providing breastfeeding counseling

Complete and correct practice (2 points); Partial practice (1 point); No practice (0 points)

Activity	Medical staff				
	#1	#2	#3	#4	#5
Guiding the mother to hold her baby in a correct position					
1. Holds the baby close to ensure that the baby's tummy touches the mother's tummy.					
2. Supports the whole body of the baby, not only the neck and shoulders.					
3. Ensures the baby's ears, shoulder and bottom are in line, parallel with the baby's spine.					
4. The baby's face is approaching the mother's breast and the baby's nose is opposite the mother's nipple.					
Guiding the mother on how to attach the baby for breastfeeding					
5. Move the baby's lip to touch the mother's nipple.					
6. Wait until the baby's mouth is wide open.					
7. Move the baby to take a mouthful of breast, with the lower lip beneath the nipple.					
Guiding the mother to know the signs of good attachment					
8. The baby's chin touches the mother's breast.					
9. The baby's mouth is wide open with round cheeks.					
10. The baby's lower lip turns outwards.					
11. More areola is seen above the baby's top lip.					
Guiding the mother to know signs of good suckling					
12. Slow and deep sucks.					
13. Regularly with short pauses; no sounds made when suckling.					
14. The mother feels that her breast is empty after breastfeeding (empty one breast before moving to the other).					
TOTAL SCORE					

"PASS" if 4/5 medical staffs have a total score $\geq 26/28$ points

Note: When counseling, medical staff are not supposed to touch the baby, but just to guide the mother on how to do it.

Checklist 7. Hospital quality criterion on breastfeeding

Criteria	Authentication sources	Requirement
1- The percentage of health workers of the obstetric department who were trained on breastfeeding counseling and support is 95% or higher.	Breastfeeding training certificates.	95% or above
2- The percentage of breastfeeding counselors who were trained on breastfeeding and received training certificates.	Hospital decisions assigning breastfeeding counselors. Training certificates.	95% or above
3- There is a breastfeeding support group that meets regularly (with doctors, nurses and midwives, etc. as group members). This group has the knowledge and skills to provide counseling, guidance and support to breastfeeding mothers on how to clear blocked milk ducts, how to breastfeed properly, and how to maintain the milk supply.	Decision to establish the “Breastfeeding support group” (list of members; operational plan).	Yes
4- The rate of vaginal deliveries with complete EENC procedures reaches at least 80%.	Hospital EENC data.	80% or above EENC monitoring system (books or software) is maintained
5- The rate of C-section deliveries with complete EENC procedures reaches at least 50% of the cases that are eligible for EENC application.	Hospital EENC data.	50% or above EENC monitoring system (books or software) is maintained
6- There are no cases of violation on the marketing of breastmilk substitutes in the hospital in accordance with the Government’s Decree No. 100/2014/ND-CP dated 6 November 2014 stipulating the trade in and use of nutritional products for infants & young children, feeding bottles and pacifiers, specifically: <ul style="list-style-type: none"> • There is no case of a health worker prescribing a breastmilk substitute product for a child when it is not needed. • Breastmilk substitutes are not displayed for sale in the hospital’s canteen. • There are no breastmilk substitutes, feeding bottles or pacifiers in post-partum rooms (for vaginal deliveries). 	Hospital observation.	No violation

Checklist 8. Breastfeeding enabling environment

	Antenatal care room	Delivery room	Postnatal ward	Neonatal ward	Requirement
1. A written breastfeeding policy displayed on a board, with all of WHO's 10 steps to successful breastfeeding.					Yes
2. Publicly ban the use of formula milk and related products.					Yes
3. Have communication materials to promote breastfeeding.					Yes
4. Have breastfeeding educational materials* available for mothers and family members with easy access.					Yes
5. Encourage the use of cups and spoons rather than feeding bottles when the baby cannot suck directly from the breast.					Yes
6. Have posters, videos, photos, etc. of infant formula companies at the hospital? (including infant formula companies advertising milk for pregnant women).					No
7. Have breastfeeding counseling sessions for mothers at the hospital.					Yes
8. Have refrigerators to store expressed breastmilk.					Yes, at the Neonatal Ward

*Have a separate, clean area with educational materials for mothers on: nutrition for lactating mothers, breastfeeding positions, breast massage, and breastmilk expression by hands or pump.

Pass if all requirements are met.

