

No: 3451/QD-BYT

Hanoi, August 6, 2019

DECISION

On approval of the document “Centers of Excellence for Breastfeeding Assessment Criteria and Designation Mechanism”

THE MINISTER OF HEALTH

- Pursuant to the Government's Decree No. 75/2017/ND-CP dated June 20, 2017 regulating the functions, tasks, powers and organizational structure of the Ministry of Health (MOH);
- Pursuant to Decree No. 100/2014/ND-CP dated November 6, 2014 regulating the promotion and use of breast milk substitutes, feeding bottles, and artificial pacifiers for young children;
- Pursuant to Circular No. 38/2016/TT-BYT dated November 31, 2016 regulating breastfeeding promotion measures at health facilities;
- At the proposal of the Director-General of the Maternal and Child Health Department of MOH.

DECIDES:

Article 1. To approve the document “Centers of Excellence for Breastfeeding Assessment Criteria and Designation Mechanism” attached to this Decision.

Article 2. The document “Centers of Excellence for Breastfeeding Assessment Criteria and Designation Mechanism” provides a basis for a medical facility with an obstetrics department to conduct the evaluation and designation according to MOH guidelines.

Article 3. This Decision takes effect from the date of signing.

Article 4. The Chief of the MOH Office, the Director-General of the Maternal and Child Health Department, the Director-General of the Medical Services Administration; the Heads of relevant units of MOH; the Directors of Departments of Health (DOH) of provinces and centrally run cities; and the Heads of related units are responsible for implementing this Decision./.

Recipients:

- As listed in Article 4;
- Minister of Health (for reporting);
- Vice Ministers (for cooperation/ collaboration);
- The MOH E-portal;
- For filing: Admin; Maternal and Child Health Dept.

ON BEHALF OF THE MINISTER DEPUTY MINISTER

Nguyen Viet Tien

Centers of Excellence for Breastfeeding

Assessment Criteria and Designation Mechanism

(Issued together with Decision No. 3451/QD-BYT dated August 6, 2019)

I. Legal framework for developing the criteria

- The Government's Decree No. 100/2014/ND-CP dated November 6, 2014 regulating the trade in and use of nutritional products, feeding bottles, and artificial pacifiers for infants and young children;
- Circular No. 38/2016/TT-BYT dated November 31, 2016 regulating breastfeeding promotion measures at health facilities;
- Decision No. 4128/QD-BYT dated July 29, 2016 on approval of the national guidelines for reproductive health services;
- Decision No. 4673/QD-BYT dated November 10, 2014 on approval of the guidelines for for maternal and newborn essential care during and after vaginal deliveries;
- Decision No. 6743/QD-BYT dated November 15, 2016 on approval of the guidelines for for maternal and newborn essential care during and after cesarean deliveries;
- Decision No. 6858/QD-BYT dated November 18, 2016 on approval of the National Hospital Quality Standards.

II. Criteria for designating Centers of Excellence for Breastfeeding

A hospital 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 prior to to the assessment), as stipulated in the National Standard for Hospital 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 phone with mothers after hospital discharge.

III. Designation Criteria Guidelines

1. Request for designation

If meeting Criterion 1:

- Hospitals directly under MOH shall submit a request to MOH regarding the establishment of the designation team.
- Hospitals directly under a provincial DOH shall submit a request to the DOH regarding the establishment of the designation team.

2. Organization of the designation

2.1 Composition of the designation team

- a) Designation by MOH:
 - Led by: The Maternal and Child Health Department
 - Composition: The Maternal and Child Health Department and EENC and Breastfeeding experts
- b) Designation by a DOH:
 - Led by: DOH

- Composition: DOH, provincial Center for Disease Control (Reproductive Health Care Division) or an equivalent unit, staff specialized in breastfeeding and EENC (Obstetrics Hospital/Pediatric Hospital)

2.2 Guideline for assessment of Criterion 2

a) Assessment methodology:

- Interview five pregnant women (seven months or longer) at the Antenatal Care Examination Room (Checklist 1).
- Assess essential maternal and newborn care (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 (Checklist 2).
- Assess 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 (Checklist 3).
- Interview 10 mothers (or all mothers if less than 10) at the Post-Natal Ward and Newborn Ward (only interview those who delivered in the hospital) (Checklist 4); and observe five mothers breastfeeding (Checklist 5).
- Observe five medical staff conduct breastfeeding counseling (Checklist 6).
- Review Hospital Quality Criterion (Checklist 7) and observe the breastfeeding enabling environment (Checklist 8).

b) Qualification:

# Checklist	Checklist Name	Notes
Checklist 1	Interviewing pregnant women ≥ 7 months	"Pass" if 4/5 pregnant women have a total score $\geq 7/9$ points
Checklist 2	Observing EENC during and after vaginal deliveries (breathing babies)	"Pass" if 3/3 vaginal delivery cases have a total score $\geq 72/80$ points
Checklist 3	Observing EENC during and after C-Section deliveries (breathing babies)	"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	"Pass" if 8/10 mothers have a total score $\geq 15/18$ points
Checklist 5	Observing mothers breastfeeding their babies	"Pass" if 4/5 mothers have a total score $\geq 23/28$ points
Checklist 6	Observing medical staff counseling on breastfeeding practices	"Pass" if 4/5 medical staff have a total score $\geq 26/28$ points
Checklist 7	Hospital Quality Criterion on Breastfeeding	"Pass" if meeting all requirements
Checklist 8	Breastfeeding enabling environment	"Pass" if meeting all requirements

2.3 Guideline for Criterion 3

a) Implementation of the Post hospital discharge phone survey on breastfeeding & newborn care

- MOH conducts the survey for hospitals directly under MOH and for additional five hospitals (Quang Ninh Obstetrics and Pediatric Hospital, Da Nang Women’s and Children’s Hospital, Hung Vuong Hospital, Tu Du Hospital, and Can Tho Obstetrics and Gynecology Hospital) during the period 2019 – 2020.
- The DOH conducts the survey in provincial and district hospitals in their province.
- The survey team consists of staff with expertise in EENC and breastfeeding.

b) Methodology

- The hospital sends the list of patients discharged from the hospital during that quarter to the survey implementer.
- The implementer randomly selects 100 mothers per quarter (at least 50 C-section cases) for a provincial/city hospital and 50 mothers per quarter (at least 25 C-section cases) for a district hospital participating in the survey.
- Survey results are encrypted and entered into the software for analysis.
- Surveys are conducted during the first week of the quarter.

c) Evaluation Criteria:

Questionnaires	Criteria
Was s/he placed on your chest/abdomen for skin-to-skin contact immediately after birth?	“Pass” if more than 80% of vaginal cases and 50% of C-section cases answered “Yes”
How long was s/he in skin-to-skin contact with you?	“Pass” if more than 80% of vaginal cases and 50% of C-section cases answered “More than 1 hour”
How long after birth was your child returned to room-in with you?	“Pass” if more than 95% of vaginal cases answered that their child was returned to stay with them immediately after birth.
Was your child breastfed within 90 minutes after birth? Or: When your child was on your chest, could s/he breastfeed?	“Pass” if more than 80% of vaginal cases and 50% of C-section cases answered “Yes”
Was your child given water or formula milk during the hospital stay?	“Pass” if more than 90% of vaginal cases and C-section cases answered “No”
Were you provided with breastfeeding counseling from doctors and nurses during your hospital stay?	“Pass” if more than 80% of vaginal cases and C-section cases answered “Yes”.
Did doctors and nurses in the hospital counsel you to use formula milk?	“Pass” if 100% among vaginal cases and C-section cases answered “No” (except as correctly prescribed by doctors)
Did you see any forms of formula milk marketing in the hospital?	“Pass” if 100% of vaginal cases and C-section cases answered “No”
Conclusion:	“Pass” if all criteria are “Pass”

IV. Maintaining the “Centers of Excellence for Breastfeeding” Designation

After the designation, the hospital shall lead the annual self-assessment using the above checklists and report to DOH (for hospitals directly under DOH) or MOH (for hospitals directly under MOH). The designation is valid for five years. Three months before the expiry date, the hospital shall submit a request for extension to DOH or MOH in order to carry out re-assessment.

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 ≥ 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 ≥ 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.

Post hospital discharge phone survey on breastfeeding & newborn care

Introduction: Hello. My name is.... from the provincial Department of Health/ Ministry of Health. We would like to get some information about child feeding and support from the health staff during your hospital stay. We will ask you some questions during a period of about 5-10 minutes only. Your name and information will be kept confidential. The information you provide will help the hospital to improve their maternal and newborn care service.

No.	Question	Answer
1	How old is your youngest child?	(Note down the child's age in months)
2	Is s/he breastfed?	1) Yes (move to Question 2a) 2) No (move to Question 3)
2a	Apart from breastfeeding your child, do you let your child eat or drink anything else?	1) Exclusive breastmilk (from the biological mother or others) 2) Breastmilk and formula milk 3) Breastmilk and water 9) Breastmilk and other drinks/ foods
3	Did you deliver him/her vaginally or via C-section?	1) Vaginally 2) Via C-section
4	Was s/he placed on your chest/abdomen for skin-to-skin contact immediately after birth?	1) Yes (move to question 5a) 0) No (move to question 5b) 8) No answer 9) Don't know/ don't remember
5a	How long was s/he in skin-to-skin contact with you?	1) Less than 90 minutes 2) More than 90 minutes 9) Don't know/ don't remember
5b	How long after birth was your child returned to stay with you?	1) Immediately or less than one hour 2) From one to six hours 3) More than six hours 9) Don't know/ don't remember
6	Was your child breastfed within 90 minutes after birth?	1) Yes 0) No 8) No answer

No.	Question	Answer
		9) Don't know/don't remember
7	Was your child given water or formula milk during the hospital stay?	1) Yes 0) No 8) No answer 9) Don't know/don't remember
8	Did you receive breastfeeding counseling from doctors and nurses during your hospital stay?	1) Yes 0) No 8) No answer 9) Don't know/don't remember
9	Did doctors and nurses in the hospital counsel you to use formula milk for babies aged under 24 months?	1) Yes (move to Question 9a) 0) No 8) No answer 9) Don't know/don't remember
9a	Why were you counseled to use formula milk by doctors/nurses?	1) Having little breastmilk/ no breastmilk 2) C-section delivery 3) The mother is sick, thus not able to breastfeed her baby 4) The baby is sick or born preterm, thus not able to breastfeed 5) The mother wants to feed her baby with formula milk 6) No answer 7) Don't know/don't remember
10	Did you see any forms of advertising/marketing of formula milk for babies aged under 24 months, feeding bottles and artificial pacifiers in the hospital?	1) Posters or advertisements of infant formula for babies aged under 24 months 2) Formula company staff marketing formula milk for children under 24 months at the hospital 3) Formula milk products for children under 24 months being displayed for sales or introduced by health staff 4) Persons asking for your phone number and calling you to introduce breastmilk substitutes after birth, feeding bottles, or artificial pacifiers 5) Advertisements of formula milk for pregnant women and postpartum mothers 6) Feeding bottles and artificial pacifiers being advertised and displayed for sale

No.	Question	Answer
		9) Other types of advertisements/marketing about formula milk for babies aged less than 24 months (describe) 0) No abovementioned forms seen
11	Do you have any recommendations for the hospital to better support breastfeeding?	(Note down the comments)

Provide further counseling on breastfeeding if the mother has time and is interested. If not, thank her and end the survey.

