







Centers of Excellence for Breastfeeding in Viet Nam

Mothers/caregivers survey questionnaire

This document, developed by Viet Nam's Ministry of Health with support from Alive & Thrive, Da Nang Learning & Research Center for Newborn Care and Human Milk, and leading obstetric and pediatric hospitals in Viet Nam, provides details on phone-survey questionnaires for mothers/caregivers to evaluate a hospital's candidacy for the Center of Excellence for Breastfeeding designation.

Viet Nam, December 29, 2021

Hospitals can be designated as Centers of Excellence for Breastfeeding (CoE) by creating a breastfeeding-friendly environment, including:

- Providing breastfeeding counseling to pregnant women during antenatal care
- Promoting skin-to-skin contact for newborns for at least 90 minutes and early initiation of breastfeeding within the first hour after birth
- Conducting Kangaroo mother care for low birthweight and preterm babies
- Enabling mothers to exclusively breastfeed their babies during hospital stays
- Ensuring proper breastfeeding practices for mothers after hospital discharge

The Viet Nam's Ministry of Health has approved the guideline on designation criteria and mechanism for Centers of Excellence for Breastfeeding in Decision No. 5913 dated December 29, 2021. This document provides details on phone-survey questionnaires under Criterion 3, which are used to collect feedback from mothers/caregivers of infants under one month of age.

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Phone-survey questionnaire on breastfeeding & newborn care posthospital discharge

Methodology

1. Create a list of phone numbers for the survey

1.1. For hospitals with only obstetric department

- Investigators check the list of phone numbers provided by discharged mothers from the preceding quarter, remove invalid numbers, and separate the list into vaginal and cesarean births
- Sample size requirements: For hospitals not yet recognized as Centers of Excellence for Breastfeeding, central/provincial hospitals must complete 100 successful surveys per quarter (50 vaginal births and 50 cesarean births), while district hospitals must complete 50 successful surveys per quarter (25 vaginal births and 25 cesarean births). Hospitals that are already recognized as Centers of Excellence for Breastfeeding must submit 20 successful surveys per quarter (10 vaginal births and 10 cesarean births). Please noted that if the percentage of cesarean births in a quarter does not reach 50 percent, all cesarean births should be selected. The Ministry of Health, Department of Health will also randomly select 5 percent of mothers who were previously surveyed from each hospital and re-survey them for quality assurance.
- Survey participants are randomly selected from the two lists of phone numbers (vaginal and cesarean births). The investigator continues with this method until enough responses are collected.

1.2. For hospitals with only pediatric/neonatal department

- Investigators check the list of phone numbers provided by mothers/caregivers of children under one month treated at the hospital from the preceding quarter, remove invalid numbers, and separate the list into pre-term and full-term births.
- Sample size requirements: For hospitals not yet recognized as Centers of Excellence for Breastfeeding, central/provincial hospitals must complete 100 successful surveys per quarter (50 full-term births and 50 pre-term births), while district hospitals must complete 50 successful surveys per quarter (25 full-term births and 25 pre-term births). Hospitals that are already recognized as Centers of Excellence for Breastfeeding must submit 20 successful surveys per quarter (10 full-term births and 10 pre-term births). Please noted that if the percentage of pre-term births in a quarter does not reach 50 percent, all pre-term births should be selected. The Ministry of Health, Department of Health will also randomly select 5 percent of mothers who were previously surveyed from each hospital and re-survey them for quality assurance.
- Survey participants are randomly selected from the two lists of phone numbers (full-term and pre-term births). The investigator continues with this method until enough responses are collected.

1.3. For hospitals with both obstetric and pediatric/neonatal departments

- Follow the guidelines as described in sub-sections 1.1. and 1.2.
- Breastfeeding, central/provincial hospitals must complete 100 successful surveys per quarter (80 discharged mothers (40 vaginal births and 40 cesarean births) and 20 mothers/caregivers of children under one month old (10 full-term births and 10 pre-term births)), while district hospitals must complete 50 successful surveys per quarter (40 discharged mothers (20 vaginal births and 20 cesarean births) and 10 mothers/caregivers of children under one month old (05 full-term births and 05 pre-term births)). Hospitals that are already recognized as Centers of Excellence for Breastfeeding must submit 20 successful surveys per quarter (05 vaginal births, 05 cesarean births, 05 full-term births and 05 pre-term births).

2. Phone-survey

Requirements

- Ensure phones and computers are fully charged before surveying.
- Conduct the survey within the first month of each quarter.
- Schedule the interview between 10:00-11:30 and 15:00-17:00, avoiding early morning, noon and late evening.
- Arrange working desks for tablets, phones, and lists to enable note-taking.

Steps of survey

- Open the phone(s).
- Open tablet(s).
- Enter the mothers/caregivers' information from the list into the tablet.
- Start the call.
- Be mindful of the person answering the phone and handle responses appropriately. For example:
 - If it is an incorrect number, apologize and remove the number from the list.
 - If their partner or another person answers, politely request to call back later.
 - If the call is not answered or the phone number cannot be reached, the investigators need to call back three times (allowing at least 30 minutes between calls). Then if the call is still not answered, the investigators can remove the phone number from the survey list.
- Explain and clarify the purpose and content of the call to ensure mothers/caregivers feel secure.
- As the interview commences, the investigators ask the questions in order and records their answers.
- Once mothers/caregivers have completed the survey, express gratitude to them and provide any other necessary advice if appropriate.
- Record whether a mother/caregiver has been interviewed or whether a call appointment has been arranged for another time and any other relevant information.

Check survey quality

- Investigators summarize and provide the list of successful surveys for each hospital.
- Supervisors from the Ministry of Health/Department of Health (not the survey investigators) will
 randomly select 5 percent of the mothers who were previously surveyed and re-survey them for
 quality assurance.

3. Survey forms of 63 provinces/cities

A separate survey form was created for each province/city. For new participating provinces/cities, please contact the Maternal and Child Health Department to get the corresponding survey link.

4. Mothers' experience survey progress and phone survey results

For information on the progress and results of the mothers' experience survey, please visit the Maternal and Child Health Department's portal at: https://bmte.vn. Each provincial Department of Health and Center for Disease Control and Prevention will receive login information for their own data from the Maternal and Child Health Department.

Questionnaire for obstetric department

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

| No. | Question | Answer |
|-------------|--|--|
| 0. | Confirm interview participation | 1) The mother agrees to answer the phone |
| | | 2) The caregiver agrees to answer the phone |
| | | 3) The mother refused to answer the phone after a thorough explanation (Stop interview) |
| | | 4) The mother is busy and makes an appointment for another day (Stop interview) |
| | | 5) Wrong or unavailable phone number (Stop interview) |
| | | 6) The baby has passed away (Stop interview) |
| 00. | The mother's general information Name: | |
| 1. | How old is your youngest child? | (Note down the child's age in months) (≤ 06 months) |
| 1 a. | What is your baby's gender? | 1) Male 2) Female 9) Other: |
| 2. | In the last 24 hours, has the baby been breastfed? | Yes (Move to question 2a) No (Move to question 3) Feeding on someone else's breastmilk (Move to question 2a) |

| No. | Question | Answer |
|------|---|--|
| 2a. | Apart from breastfeeding, do you feed your child anything else? | 1) Yes (Move to question 2b)2) No – Breastfeeding only |
| 2b. | Besides breastmilk, what else do you give your child to eat or drink? (Multiple choice question) | 1) Water 2) Formula milk 9) Other (Specify): |
| 3. | Did you deliver him/her vaginally or via cesarean? | Vaginally Via cesarean |
| 3a. | How many weeks pregnant were you when you gave birth? | 1) < 37 weeks (less than 259 days) 2) ≥ 37 weeks (259 days or more) |
| Now, | I would like to ask about the time you gave b | irth at the hospital |
| 4. | Was s/he placed on your chest/abdomen for skin-to-skin contact immediately after birth? | Yes (Move to question 4a) No (Move to question 5) No answer (Move to question 5) Don't know/don't remember (Move to question 5) |
| 4a. | How long was s/he in skin-to-skin contact with you? | Under 90 minutes More than 90 minutes Don't know/don't remember (All answers → move to question 5) |
| 5. | How long after birth was your child returned to stay with you? | 1) Immediately or <1 hour 2) From 1 to 6 hours 3) > 6 hours 9) Don't know/don't remember |
| 6. | Was your baby breastfed for the first time before getting separated from you? | Yes No No answer Don't know/don't remember |

| No. | Question | Answer |
|-----|--|---|
| 7. | During the hospital stay, apart from breastfeeding, did you give your baby anything else (except taking medicine as prescribed by the doctor)? | Yes (Move to question 7a) No (Move to question 8) No answer (Move to question 8) Don't know/don't remember (Move to question 8) |
| 7a. | During the hospital stay, besides breastmilk, what else do you give your baby to eat or drink? (Multiple choice question) | Water Formula milk Other (Specify): |
| 8. | During the hospital stay, did the medical staff give you advice and guidance on breastfeeding? | 1) Yes 2) 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 under 24 months? (except for cases specifically prescribed by doctors)(*)? | Yes (Move to question 9a) No (Move to question 10) No answer (Move to question 10) Don't know/don't remember (Move to question 10) |
| 9a. | Why were you counseled about how to use formula milk by doctors/nurses? | Having little breastmilk/no breastmilk Cesarean childbirth Mother is sick, thus not able to breastfeed her baby Baby is sick or born pre-term, thus not able to breastfeed Mother wants to feed her baby with formula milk Other (Specify): |

| No. | Question | Answer |
|------|---|--|
| 10. | advertisement/marketing of formula milk for babies aged under 24 months, feeding hottles and artificial pacifiers in the | 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 numbers and calling you (during or after your hospital stay) to introduce breastmilk substitutes for children under 24 months, feeding bottle, or artificial pacifiers | |
| | | 5) Advertisements of formula milk for pregnant women and postpartum mothers and/or promotional gifts |
| | | 6) Feeding bottles and artificial pacifiers being advertised and displayed for sales |
| | 9) Other types of advertisements/marketing about formula milk for babies aged less than 24 months (Move to question 10a) | |
| | | 0) No above mentioned forms seen |
| 10a. | Describe other forms of advertising and marketing of formula milk? | |
| 11. | Do you have any comments for the hospital to better support breastfeeding? | 1) Yes (Move to question 11a) 2) No (Stop interview) |
| 11a. | Comments for the hospital to better support breastfeeding | |

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

(*) Cases prescribed by doctors are:

- Babies whose mothers are seriously ill and cannot breastfeed or express milk
- Babies whose mothers are being irradiated or must take drugs that are contraindicated for breastfeeding such as anti-thyroid drugs, anti-cancer drugs, etc.
- Babies with metabolic diseases cannot tolerate breastmilk.

Questionnaire for pediatric/neonatal department

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

| No. | Question | Answer |
|-----|--|--|
| 0. | Confirm interview participation | 1) The mother agrees to answer the phone |
| | | 2) The caregiver agrees to answer the phone |
| | | 3) The mother refused to answer the phone after a thorough explanation (Stop interview) |
| | | 4) The mother is busy and makes an appointment for another day (Stop interview) |
| | | 5) Wrong or unavailable phone number (Stop interview) |
| | | 6) The baby has passed away (Stop interview) |
| 00. | The mother's general information Name: | |
| 1. | How old is your youngest child? | (Note down the child's age in months) |
| 1a. | What is your baby's gender? | 1) Male 2) Female 9) Other |
| 2. | In the last 24 hours, has the baby been breastfed? | Yes (Skip to question 2a) No (Skip to sentence 3) Feeding on someone else's breastmilk (Skip to question 2a) |
| 2a. | Apart from breastfeeding, do you feed your baby anything else to eat or drink? | 1) Yes (Skip to question 2b)2) No – Breastfeeding only (Skip to question 3) |

| No. | Question | Answer |
|-----|--|--|
| 2b. | Besides breastmilk, what else do you give your baby to eat or drink? (Multiple choice question) | 1) Water2) Formula milk9) Other (Specify): |
| Now | | r baby was being treated in the hospital. |
| 3. | Did the baby weigh < 2,000 g on admission? | 1) Yes (Move to question 4) 2) No (Move to question 5) |
| 4. | Was the baby incubated in the Kangaroo position? | 1) Yes (Move to question 4a and 4b) 2) No (Move to question 5) |
| 4a. | How long was your baby incubated in Kangaroo position? | 1) < 20 hours/day 2) ≥ 20 hours/day |
| 4b. | How long was your baby put out of Kangaroo position? | 1) ≤ 30 minutes/time2) > 30 minutes/time |
| 5. | Were you allowed to lie down with your baby or encouraged to visit him/her at least once a day while the baby was quarantined in the neonatal intensive care unit? | 1) Yes 2) No |
| 6. | During the hospital stay, did you feed your baby water or formula milk? | Yes (Move to question 6a) No – Breastfeeding only (Move to question 6b) No answer (Move to question 6b) Don't know/don't remember (Move to question 6b) |
| 6a. | During the hospital stay, besides breastmilk, what else do you give your baby to eat or drink? (Multiple choice question) | 1) Water 2) Formula milk 9) Other (Specify): |
| 6b. | During the hospital stay, from which sources did your baby receive breastmilk? | Your milk Donated milk from the Human Milk Bank Other mothers' milk (All answers- Move to question 7) |

| No. | Question | Answer |
|-----|--|--|
| 7. | How did your baby have breastmilk? | Direct breastfeeding (Move to question 8) Cup Spoon Cylinder Nasogastric tube Feeding bottle (From 2-6 – Move to question 7a) |
| 7a. | Did you breastfeed your baby directly before feeding him using spoon, syringe, nasogastric tube or feeding bottle? | 1) Yes 2) No |
| 8. | During the hospital stay, did the medical staff give you advice and guidance on breastfeeding? | 1) Yes 2) 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 under 24 months? (except for cases specifically prescribed by doctors)(*)? | Yes (Move to question 9a) No (Move to question 10) No answer (Move to question 10) Don't know/don't remember (Move to question 10) |
| 9a. | Why were you counseled about how to use formula milk by doctors/nurses? | Having little breastmilk/no breastmilk Mother is sick, thus not able to breastfeed her baby Baby is sick or born preterm, thus not able to breastfeed Mother wants to feed her baby with formula milk Other (Specify): No answer Don't know/don't remember |
| 10. | Did you see any forms of advertisement/marketing of formula milk for babies aged under 24 months, feeding bottles | Posters or advertisements of infant formula for babies aged under 24 months Formula company staff marketing formula milk for children under 24 months at the hospital |

| No. | Question | Answer |
|------|--|---|
| | and artificial pacifiers in the hospital? | 3) Formula milk products for children under 24 months being displayed for sales or introduced by health staff |
| | (Multiple choice question) | 4) Persons asking for your phone numbers and calling you (during or after your hospital stay) to introduce breastmilk substitutes for children under 24 months, feeding bottle, or artificial pacifiers |
| | | 5) Advertisements of formula milk for pregnant women and postpartum mothers and/or promotional gifts |
| | | 6) Feeding bottles and artificial pacifiers being advertised and displayed for sales |
| | | 9) Other types of advertisements/marketing about formula milk for babies aged less than 24 months (Move to question 10a) |
| | | 0) No above mentioned forms seen |
| 10a. | Describe other forms of advertising and marketing of formula milk? | |
| 11. | Do you have any comments for | 1) Yes (Move to question 11a) |
| | the hospital to better support breastfeeding? | 2) No (Stop interview) |
| 11a. | Comments for the hospital to better support breastfeeding | |

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

(*) Cases prescribed by doctors are:

- Babies whose mothers are seriously ill and cannot breastfeed or express milk.
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