



Ireland



Centers of Excellence for Breastfeeding Model in Viet Nam



To be a center of excellence, a facility must...



Counsel and support mothers to initiate breastfeeding within the first hour postpartum by conducting proper early essential newborn care for all childbirths



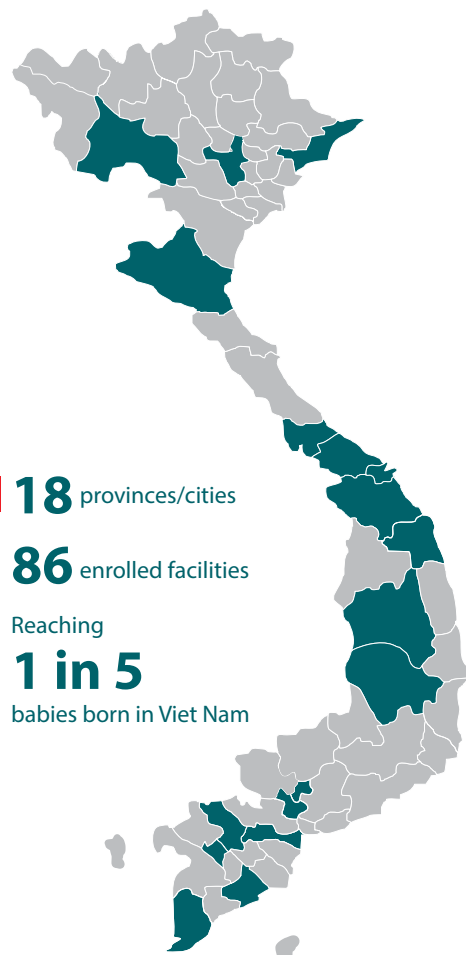
Conduct Kangaroo mother care for low birthweight and preterm babies



Counsel and ensure exclusive breastfeeding at hospital discharge



Not promote breastmilk substitutes



 **18** provinces/cities

 **86** enrolled facilities

Reaching
 **1 in 5**
babies born in Viet Nam

Disclaimer: The map does not reflect a position by agencies on the legal status of any country or area or the delimitation of any frontiers.

About the designation

What are Centers of Excellence for Breastfeeding?

Hospitals can receive this designation if they create an environment that is breastfeeding-friendly. This involves promoting skin-to-skin contact for newborns, ensuring that mothers can successfully initiate early breastfeeding, and enabling mothers to exclusively breastfeed regardless of whether giving birth vaginally or via cesarean section. This designation serves as a useful reference for families when choosing where to give birth or seek medical treatment for infants.

The Center of Excellence for Breastfeeding initiative aims to realize the WHO and UNICEF's recommendation to integrate Baby Friendly Hospital Initiative more fully into the healthcare system to ensure that all facilities in a country implement the Ten Steps.

Who assigns this designation?

Central hospitals are accredited by the Ministry of Health (MOH), while provincial, district, and private hospitals are accredited by provincial Departments of Health (DOHs). Various groups are involved in the comprehensive evaluation of a hospital's candidacy to be designated as a Center of Excellence. These include independent assessors in early essential neonatal care, breastfeeding, and Kangaroo mother care, as well as women who have recently given birth or caregivers of children younger than one month old at the facility.

What happens after receiving the designation?

Once a hospital has been evaluated and meets the relevant criteria, it receives a standardized signboard with a recognizable logo for public display. The accreditation is also published in the media and on breastfeeding community social media platforms. The hospital's performance is then re-evaluated annually by itself and every five years by the MOH/DOH/Centers for Disease Control and Prevention (CDC), while independent call centers conduct quarterly surveys to assess level of satisfaction among mothers after hospital discharge and mothers/caregivers of infants under one month old. If the hospital fails to maintain its standards and meet supportive supervision qualifications, its accreditation may be withdrawn.



Legal framework

What regulations support Centers of Excellence for Breastfeeding?

Ministry of Health's Decision No. 5913 (2021).

Approves the guideline on designation criteria and mechanism for Centers of Excellence for Breastfeeding.

Ministry of Health's Decision No. 6858 (2016). Issues the National Hospital Standards and Accreditation that institutionalizes the World Health Organization's Ten Steps to Successful Breastfeeding in Criteria E1.3.

Ministry of Health's Circular No. 38 (2016). Promotes breastfeeding in health facilities and designates baby-friendly hospitals.

Government Decree No. 100 (2014). Regulates the trade and use of breastmilk substitutes, feeding bottles, and pacifies for young children.

Ministry of Health's Decision No. 4673 (2014) and 6734 (2016). Approves the guidelines for maternal and early essential newborn care during and after vaginal and cesarean childbirths.

Accreditation

What are the essential accreditation components?

360° demand-push accreditation. The accreditation is a recognizable indicator of outstanding care for mothers deciding where to give birth or seek medical treatment for infants. This in turn encourages hospitals to continue iterating and improving their care, creating a cycle of advancement and progress.

Application of real-time mobile phone surveys.

The use of real-time surveys conducted over the phone helps regularly monitor compliance and rapidly adjust designations as needed. The system also helps validate self-reported data on early essential newborn care, breastfeeding support, Kangaroo mother care and compliance with the Government Decree No. 100 (2014).

District hospital expansion. Expanding beyond obstetric and pediatric hospitals aims to catalyze productive competition among hospitals in cultivating supportive breastfeeding services for mothers, while decreasing overload among central and provincial hospitals.

What is the accreditation process?

- 1 Hospitals self-assess and meet the entry standards specified in the Ministry of Health's Decision No. 5913 (2021)
- 2 Hospitals sign up for the Centers of Excellence for Breastfeeding (CoE) initiative
- 3 MOH/DOH/CDC establishes the CoE assessment team and assigns personnel to conduct phone surveys of mothers/caregivers
- 4 CoE assessment and quarterly phone survey of mothers/caregivers conducted
- 5 CoE designation is granted to hospitals that meet the criteria and maintain positive survey results from mothers/caregivers
- 6 Annual self-assessment conducted by CoEs and every five-year re-assessment by MOH/DOH/CDC

Accreditation criteria

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

- ✓ Criterion 1. Satisfy the entry standards specified in the Ministry of Health's Decision No. 5913 (2021)
- ✓ Criterion 2. Meet the independent qualification for supportive supervision of early essential newborn care, breastfeeding, Kangaroo mother care, and compliance with the Government Decree No. 100 (2014)
- ✓ Criterion 3. Receive positive feedback from patient satisfaction surveys conducted quarterly via mobile phones with mothers after hospital discharge and mothers/caregivers of infants under one month old



GIACOMO PIROZZI | ALIVE & THRIVE

Post-accreditation

How is the accreditation reviewed and maintained?

Hospital maintains annual internal performance monitoring

Phone survey of mothers/caregivers continues quarterly

Full re-assessment five year post-accreditation

Accreditation tools

Criterion 2 Checklists:

	Checklist #	Checklist Name	Notes
Criteria for obstetric services	Checklist 1	Interviewing women who are ≥ 07 months pregnant	"Pass" if 4/5 pregnant women (interviewees) have total score $\geq 7/9$ points
	Checklist 2	Early essential maternal and newborn care during and after vaginal childbirth (for breathing babies)	"Pass" if 3/3 vaginal childbirth cases have total score $\geq 72/80$ points
	Checklist 3	Early essential maternal and newborn care during and after cesarean childbirth (for breathing babies)	"Pass" if 2/2 cesarean childbirth cases have total score $\geq 38/42$ points
	Checklist 4	Interviewing postpartum mothers of full-term babies	"Pass" if 8/10 mothers have total score $\geq 14/18$ points
	Checklist 5	Observing breastfeeding mothers	"Pass" if 4/5 mothers have total score $\geq 20/26$ points
	Checklist 6	Observing medical staff providing breastfeeding advice	"Pass" if 4/5 medical staffs have total score $\geq 25/28$ points
	Checklist 7	Hospital Quality Criteria	"Pass" if all requirements are met
General criteria	Checklist 8	Breastfeeding enabling environment	"Pass" if all requirements are met
Criteria for pediatric services	Checklist 9	Interview mothers of premature and low birth weight babies who stayed with them after being treated in the Neonatal Intensive Care Unit	"Pass" if 8/10 mothers have total score $\geq 9/12$ points
	Checklist 10	Observe health workers guiding mothers/caregivers to put baby in KMC position	"Pass" if 4/5 health workers score $\geq 25/28$ points
	Checklist 11	Observe health workers guiding mothers to massage breasts and express milk in KMC position	"Pass" if 4/5 health workers score $\geq 38/42$ points
	Checklist 12	Observe health workers guiding mothers to feed baby in KMC position	"Pass" if 4/5 health workers score $\geq 36/40$ points

- For hospitals with only obstetric department: use Checklist 1-8
- For hospitals with only pediatric/neonatal department: use Checklist 8-12
- For hospitals with both obstetric and pediatric/neonatal departments: use Checklist 1-12

Scoring: "Pass" if all required checklist results are "Pass".

Criterion 3 Interview Questions:

Questions	Criteria
Criteria for obstetric services	
1. Was your baby placed on your chest/abdomen for skin-to-skin contact immediately after birth?	"Pass" if over 80% of vaginal birth mothers and 50% of cesarean birth mothers answer "Yes".
2. How long was your baby in skin-to-skin contact with you?	"Pass" if over 80% of vaginal birth mothers and 50% of cesarean birth mothers answer "More than 90 minutes".
3. How long after birth was your baby returned to stay with you?	"Pass" if over 95% of vaginal birth mothers answer "Immediately after giving birth".
4. Was your baby breastfed for the first time before getting separated from you?	"Pass" if over 80% of vaginal birth mothers and 50% of cesarean birth mothers answer "Yes".
5. Was your child given water or formula milk during the hospital stay?	"Pass" if over 90% of both vaginal and cesarean birth mothers answer "No".
6. Did the medical staff provide you with breastfeeding counseling during your hospital stay?	"Pass" if over 80% of both vaginal and cesarean birth mothers answer "Yes".
Criteria for pediatric services	
7. Was your baby incubated in the Kangaroo position (≥ 20 hours/day, intermittent ≤ 30 minutes/time)?	"Pass" if over 80% of mothers with preterm infant < 37 weeks, $< 2,000$ g answer "Yes".
8. Were you allowed to lie with your baby or visit your baby at least once a day while s/he was quarantined in the Neonatal Resuscitation unit?	"Pass" if over 90% of mothers were either not quarantined or allowed to visit their babies at least once a day in the unit.
9. What did your baby drink during the hospital stays?	"Pass" if over 80% of babies were exclusively breastfed or fed with breastmilk in other ways (from their mother or from a Human Milk Bank) during their stay.
10. How was your baby fed breastmilk?	"Pass" if less than 20% of babies received breastmilk from a feeding bottle.
11. Did the medical staff provide you with breastfeeding counseling during your hospital stay?	"Pass" if over 80% of mothers answer "Yes."
General criteria	
12. 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)	"Pass" if 100% of mothers/caregivers' answer "No" (excluding cases specifically prescribed by doctors).
13. Did you observe any advertising or marketing of formula milk for babies under 24 months, feeding bottles, or artificial pacifiers in the hospital?	"Pass" if 100% of mothers/caregivers answer "No".

- For hospitals with only obstetric department: use questions under Criteria for obstetric services (1-6) and General criteria (12-13)
- For hospitals with only pediatric/neonatal department: use questions under Criteria for pediatric services (7-11) and General criteria (12-13)
- For hospitals with both obstetric and pediatric/neonatal departments: use questions 1-13

Scoring: "Pass" if all required criteria are "Pass".