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Centers of Excellence for Breastfeeding in Viet Nam

Evaluation Checklists

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 obstetrics and pediatrics hospitals in Viet Nam, provides details on criteria to evaluate a hospital's candidacy to be a Center of Excellence for Breastfeeding.

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 12 checklists to evaluate a hospital's candidacy to be a Center of Excellence for Breastfeeding under the Criterion 2.

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Evaluation Guidelines

1. Criteria for designating Centers of Excellence for Breastfeeding

For hospitals to be designated as Centers of Excellence for Breastfeeding, they must satisfy the following criteria:

1.1. For hospitals with only obstetrics department and no neonatal department:

Criterion 1. Achieve a Grade 4 on Criterion E1.3 on breastfeeding, as specified in the National Hospital Standards and Accreditation (within a maximum of one year before the assessment).

Criterion 2. Attain independent qualification for supportive supervision of Early Essential Newborn Care (EENC) and Breastfeeding.

Criterion 3. Meet requirements in quarterly patient satisfaction surveys conducted via mobile phones with mothers after hospital discharge.

1.2. For hospitals with only neonatal department and no obstetrics department:

Criterion 1. Self-assess and document the accomplishment of the following:

- 80% of preterm infants < 37 weeks, low birthweight < 2,000g with stable respiratory status undergoing Kangaroo Mother Care (KMC) continuously (≥ 20 hours/day, intermittent ≤ 30 minutes).
- 90% of mothers are allowed to visit their babies at least once a day in the Neonatal Resuscitation Unit.
- 80% of mothers receive breastfeeding consultation.
- 80% of babies are exclusively breastfed or breastfed during their hospital stay.
- No violation of Decree 100/2014/ND-CP.

Criterion 2. Meet the independent qualification of the assessment checklists.

Criterion 3. Receive positive feedback from quarterly patient satisfaction surveys conducted via mobile phones with mothers/caregivers after hospital discharge.

1.3. For hospitals that have both obstetrics and neonatal departments: Meet all the criteria mentioned above.

2. Request for designation

Upon achieving 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 of Criterion 3

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

infants < 1 month old after hospital discharge (*for more details, see the Mothers/caregivers survey questionnaire*)

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

4. Evaluation of 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 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/KMC 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, EENC/KMC from obstetrics and/or pediatrics hospitals.

4.2. Number of evaluations

With hospitals that have not yet achieved the title, MOH/DOH can conduct one to two assessments per hospital per 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	Location	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	Obstetrics department	“Pass” if 4/5 pregnant women have a total score of ≥ 7/9 points
Checklist 2. Early essential newborn care during and after vaginal childbirths (for breathing babies)	Assess the practice of EENC for breathing babies by observing at least three vaginal childbirths; or the practice on markin in case no vaginal childbirths are available at the time of the assessment.	Members of the evaluation team (EENC and breastfeeding experts)	Obstetrics department	“Pass” if 3/3 vaginal childbirths have a total score of ≥ 72/80 points

Checklist Name	Methodology	People in charge	Location	Notes
Checklist 3. Early essential newborn care during and after cesarean childbirth (for breathing babies)	Assessing EENC in cesarean childbirths (breathing babies) by observing at least two cesarean childbirths; or the practice on markin in case no cesarean childbirths are available at the time of the assessment.	Members of the evaluation team (EENC and breastfeeding experts)	Obstetrics department	“Pass” if 2/2 cesarean childbirths have a total score of \geq 38/42 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 gave birth in the hospital).	Members of the evaluation team (EENC and breastfeeding experts)	Obstetrics department	“Pass” if 8/10 mothers have a total score of \geq 14/18 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)	Obstetrics department	“Pass” if 4/5 mothers have a total score of \geq 20/26 points
Checklist 6. Observing medical staff providing breastfeeding counseling	Observing five medical staff conduct breastfeeding counseling at the Post-Natal Department.	Members of the evaluation team	Obstetrics department	“Pass” if 4/5 medical staff have a total score of \geq 25/28 points
Checklist 7. Hospital quality criterion on breastfeeding	Reviewing Hospital Quality Criterion.	Members of the evaluation team	Obstetrics department	“Pass” if all requirements are met
Checklist 8. Breastfeeding enabling environment	Observing the breastfeeding enabling environment.	Members of the evaluation team	Obstetrics & Neonatal Department	“Pass” if all requirements are met

Checklist Name	Methodology	People in charge	Location	Notes
Checklist 9 Interview mothers of premature and low birth weight babies who stayed with them after being treated in the Neonatal Intensive Care Unit	Interviewing mothers of premature and low birth weight babies	Members of the evaluation team	Neonatal Department	“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	Observing five health workers guide mothers/caregivers to put baby in KMC position	Members of the evaluation team (KMC experts)	Neonatal Department	“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	Observing five health workers guide mothers to massage breasts and express milk in KMC position	Members of the evaluation team (KMC experts)	Neonatal Department	“Pass” if 4/5 health workers score \geq 38/42 points
Checklist 12 Observe health workers guiding mothers to feed baby in KMC position	Observing five health workers guide mothers to feed baby in KMC position	Members of the evaluation team (KMC experts)	Neonatal Department	“Pass” if 4/5 health workers score \geq 36/40 points

*For Checklist 2, 3, 10-12 in the event of no births/patients on the day, the assessment can be evaluated on the manikin.

* For hospitals with only obstetrics department and no neonatal department: evaluate checklist 1-8; For hospitals with only neonatal department, no obstetrics department: evaluate checklist 8-12; For hospitals that have both obstetrics and neonatal departments: evaluate all checklists.

4.4. Steps to organize an evaluation in the hospital

Usually, a hospital assessment is completed in a day (morning, afternoon), and the steps to conduct the assessment are outlined 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 two to three checklists depending on their expertise/experience. Example: The auditor, an obstetrician, will be assigned to assess Checklists 2 and 3 (*related to the observation of EENC implementation during vaginal/cesarean childbirths*). The auditor, a pediatrician, will be assigned to assess Checklists 9-12 (*related to the observation/interview of KMC implementation*).
- Agree on the working program, including the schedule, direction etc.

Step 2: Meeting between the evaluation team and representatives of hospital (directors, head/vice head or staff of the obstetrics and pediatrics departments)

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

Step 3: Evaluation

- Team members simultaneously assess assigned checklists.

Step 4: Evaluation team meeting for result summary

After assessing all checklists, team members have a private meeting to:

- Allow each member of the team to summarize the evaluation results of the assigned checklist(s).
- Synthesize evaluation results of all checklists and telephone survey results (previously conducted by MOH/DOH/CDC) into the general assessment form.
- Discuss and draw 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 provides feedback on evaluation results.
- Summarize and conclude the evaluation.

If the hospital meets all standards in the checklists and fulfills the requirements in surveys via mobile phones with mothers/caregivers after hospital discharge, 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 \geq 07 months pregnant

If respondent's answer is YES/RIGHT: 1 point
If respondent's answer is NO/WRONG: 0 point

Interview Question	Pregnant woman				
	#1	#2	#3	#4	#5
RECEIVE BREASTFEEDING COUNSELING BY HEALTH STAFF DURING ANTENATAL CARE VISITS					
1. Benefits of breastfeeding					
2. Harmful effects of feeding bottles and formula milk					
3. Baby stomach size in his/her first three days after birth					
4. Duration of exclusive breastfeeding					
5. Duration of continued breastfeeding					
BE ABLE TO LIST THREE BENEFITS OF BREASTFEEDING					
6. Correctly list three benefits of breastfeeding					
KNOW THE DEFINITION OF EXCLUSIVE BREASTFEEDING					
7. Correct (no water, no honey, can take medicines in accordance with doctors' prescription)					
8. Correct (exclusive breastfeeding in the first 6 months)					
KNOW THE DEFINITION OF CONTINUED BREASTFEEDING					
9. Correct (Continued breastfeeding up to 24 months)					
TOTAL SCORE					

"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)

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

Observation criteria	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 newborn ambu bag and masks were functional.			
6. Checked suction balloons (or suction devices) on the childbirth table.			
7. Washed hands (second time).			
8. Wore two pairs of sterile gloves (if there was only one attendant).			
9. Arranged forceps, cord clamp (ties), scissors in easy-to-use order.			
10. Checked if mother was ready (bulged perineum, baby's head in and out at vagina), then started childbirth process.			
II. CHILDBIRTH			
<i>Delivery of head</i>			
11. Supported perineum with one hand, using a gauze (or sterile towel).			
12. Index and middle fingers of the other hand applied gentle downward pressure on the top of baby's head to keep head flexed (bent downwards).			

Observation criteria	Case 1	Case 2	Case 3
13. When the top of baby's head was revealed, one hand held it upwards so that forehead, eyes, nose, mouth and chin came out. Asked mother not to push during this period.			
14. Still supported perineum with the other hand to prevent tears.			
15. Waited until baby's head turned naturally, then the birth attendant helped 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 baby's neck. If yes, loosen it. If it was wrapped too tightly, used two medical hemostats to clamp the cord in two places and cut in between, then continued the childbirth support.			
17. Palms placed on baby's temples.			
18. Slightly pulled baby towards the attendant's legs and asked mother to push slightly until the upper shoulder was delivered.			
19. For the delivery of the lower shoulder, used one hand to hold baby's head so that the back of baby's head lied between thumb and index fingers, and pull baby's head upwards.			
20. The other hand still supported perineum to prevent tears during delivery of shoulders.			
<i>Delivery of bottom and legs</i>			
21. One hand holding the back of baby's head remained in that position, other hand supporting perineum moved along with baby's chest, abdomen, bottom and legs.			
22. One of baby's feet were delivered, quickly caught them so that the feet lay between index, middle and ring fingers of attendant's hand holding baby's bottom. Baby was held in a horizontal position.			
III. IMMEDIATE POSTPARTUM ACTIVITIES FOR MOTHER AND NEWBORN			

Observation criteria	Case 1	Case 2	Case 3
23. Called out time of birth (in hours, minutes, seconds), and sex of newborn.			
24. Started drying within 5 seconds after birth.			
25. Dried thoroughly (eyes, face, head, chest, belly, arms, legs, back, bottom and reproductive organ) for 30 seconds.			
26. Removed wet cloth.			
27. Placed newborn skin-to-skin with mother.			
28. Covered baby's body with dry cloth and head with a hat.			
29. Checked for a second baby.			
30. Injected oxytocin IM to mother within 1 minute.			
31. Removed the first pair of gloves.			
32. Checked for cord pulsations before clamping, clamped after cord pulsations stopped (usually 1–3 minutes).			
33. Placed the first clamp at 2 cm from umbilical base, stripped umbilical cord blood towards mother.			
34. Applied the second clamp at 3 cm from the first clamp (which is 5 cm from the umbilical base). Cut close to the first clamp using sterile scissors.			
35. One hand held cord clamp. The other hand placed on mother's abdomen above the pubic symphysis to hold and push uterus towards breastbone once the uterus contracted firmly.			
36. Pulled the umbilical cord steadily and gently out of the birth canal while one hand placed on mother's abdomen and pushed uterus in the opposite direction.			
37. When the placenta was visible at vulva, lifted the umbilical cord so that the load of placenta pulled its membranes out. If placenta membranes			

Observation criteria	Case 1	Case 2	Case 3
did not detach, held placenta with both hands and spanned it in one direction so that membranes came off.			
38. Applied abdominal uterine massage until uterus contracted well and in every 15 minutes during the first 2 hours after birth.			
39. Examined placenta: only initiated routine examination of placenta after uterus contracted well and there was no sign of bleeding.			
40. Counseled mother on feeding cues (drooling, mouth opening, tonguing/licking, biting hand, crawling). Explained to mother that her baby would be put in skin-to-skin contact with mother continuously 90 minutes after birth and finish the first breastfeeding time before separating the baby from mother for weight measurement and receipt of other types of care.			
TOTAL SCORE			

“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)

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

Activity	Case 1	Case 2
I. 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 childbirth, wore sterile clothes and gloves (surgeon and midwife waiting to hold baby).		
6. Arranged cord clamp.		
7. Placed dry, clean cloth on mother's legs beneath surgical cut at the time of baby childbirth.		
II. IMMEDIATE POSTPARTUM/ NEWBORN ACTIVITIES		
8. Called out time of birth (in hours, minutes, seconds), and sex of newborn.		
9. Placed the newborn on dry cloth on mother's legs.		
10. Started drying within 5 seconds after birth.		
11. Dried thoroughly and stimulated baby in a proper order (eyes, face, head, chest, belly, arms, legs, back, bottom and reproductive organ) in 30 seconds.		
12. Removed wet cloth, covered the baby's body with dry cloth and head with a hat.		
13. Checked for a second baby.		
14. Injected oxytocin IM to mother within 1 minute.		
15. Checked for cord pulsations before clamping, clamped after cord pulsations stopped (usually 1–3 minutes).		
16. Placed a clamp at 2 cm from umbilical base, stripped umbilical cord blood towards mother.		
17. Applied the second clamp at 3 cm from the first clamp (which is 5 cm from the umbilical base). Cut close to the first clamp using sterile scissors.		

Activity	Case 1	Case 2
18. Handed baby to a waiting midwife/nurse.		
19. Placed baby upside down on mother's chest in skin-to-skin contact.		
20. Covered baby's back with dry cloth.		
21. Counseled mother on feeding cues (drooling, mouth opening, tonguing/licking, biting hand, crawling) and helped baby attach to breast. Explained to mother that her baby would be put in skin-to-skin contact with mother continuously 90 minutes after birth and finish the first breastfeeding time before separating the baby from mother for weight measurement and receipt of other types of care.		
TOTAL SCORE		

“PASS” if 2/2 cesarean childbirth cases have total score $\geq 38/42$ points

Checklist 4. Interviewing postpartum mothers of full-term babies

Content	Vaginal childbirth					Cesarean childbirth				
	#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 point)										
2. Was the baby placed in skin-to-skin contact with the mother right after birth? (No = 1 point; Yes = 0 point)										
3. How long was the baby kept in skin-to-skin contact with the mother after birth? (≥ 90 minutes = 1 point; < 90 minutes = 0 point)										
4. How long was the baby breastfed for the first time after birth? (15-19 min = 1 point; other = 0 point)										
5. How long after birth was the baby bathed? (≥ 24 hours = 1 point; < 24 hours = 0 point)										
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 point)										
7. Since childbirth, was the baby fed anything other than breastmilk? (No = 1 point; Yes = 0 point)										
8. Were feeding bottles and artificial pacifiers used for the baby? (No = 1 point; Yes = 0 point)										
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 point.)										
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 point)										

Content	Vaginal childbirth					Cesarean childbirth				
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
11. Did the mother receive any counseling from staff on breastfeeding benefits? (No = 1 point; Yes = 0 point)										
12. Did the mother receive any counseling from staff on feeding cues? (No = 1 point; Yes = 0 point)										
13. Did the mother receive any counseling from staff on how to position the baby? (No = 1 point; Yes = 0 point)										
14. Did the mother receive any counseling from staff on how to attach the baby for breastfeeding? (No = 1 point; Yes = 0 point)										
15. Did the mother receive any counseling from staff on signs of good attachment? (No = 1 point; Yes = 0 point)										
16. Was the mother able to correctly tell 8-12 times of breastfeeding within 24 hours or upon the baby's need? (No = 1 point; Yes = 0 point)										
17. Was the mother able to correctly describe/ tell the baby's stomach size in the first three days after birth? (No = 1 point; Yes = 0 point)										
18. Was the baby given Vitamin K1 injection after the first breastfeed and skin-to-skin contact of 90 minutes? (No = 1 point; Yes = 0 point)										
TOTAL SCORE										

“PASS” if 8/10 mothers have total score ≥ 14/18 points

Checklist 5. Observing breastfeeding mothers

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

Activity	Breastfeeding mother				
	#1	#2	#3	#4	#5
BABY'S POSITION					
1. Hold the baby close to ensure that the baby's tummy touches the mother's tummy.					
2. Support the whole body of the baby, not only neck and shoulder.					
3. Ensure the baby's ear, shoulder and bottom are in line in parallel with the baby's spine.					
4. The baby's face approaching the mother's breast and the baby's nose opposite to 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, lower lip beneath the nipple.					
SIGNS OF GOOD ATTACHMENT					
8. Baby's chin touches mother's breast.					
9. Baby's mouth is wide open with round cheeks.					
10. 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. Sometimes, with short pauses; no sounds made when suckling.					
TOTAL SCORE					

"PASS" if 4/5 mothers have total score \geq 20/26 points

Checklist 6. Observing medical staff providing breastfeeding advice

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

Activity	Medical staff				
	#1	#2	#3	#4	#5
Guiding the mother to hold her baby in the right position					
1. Hold the baby close to ensure that the baby's tummy touches the mother's tummy.					
2. Support the whole body of the baby, not only neck and shoulder.					
3. Ensure the baby's ear, shoulder and bottom are in line and in parallel with the baby's spine.					
4. The baby's face approaching the mother's breast and the baby's nose opposite to the mother's nipple.					
Guiding the mother on how to attach the baby					
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 lower lip beneath the nipple.					
Guiding the mother to know signs of good attachment					
8. Baby's chin touches mother's breast.					
9. Baby's mouth is wide open with round cheeks.					
10. 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. Sometimes, with short pauses; no sounds made when suckling.					
14. The mother felt that her breast was empty after breastfeeding (empty one breast before moving to the other).					
TOTAL SCORE					

“PASS” if 4/5 medical staffs have total score \geq 25/28 points

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

Checklist 7. Hospital Quality Criteria

Criteria	Authentication sources	Requirement
1. The number of health workers of the obstetrics department who were trained in breastfeeding counseling and support accounts for 95% or higher.	Breastfeeding training certificate issued by a training institution (code B-C).	95% or above
2. A percentage of breastfeeding counselors were trained on breastfeeding and received training certificates.	Hospital's decision to assign 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 knowledge and skills to provide counseling, guidance and support to breastfeeding mothers, 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, operation plan).	Yes
4. The rate of vaginal childbirths with complete EENC procedures within 1 hour after birth reaches at least 80%.	EENC data of the hospital	80% or above. Maintains EENC monitoring system (books or software)
5. The rate of cesarean childbirths with complete EENC procedures reaches at least 50% of the cases that are eligible for EENC application.	EENC data of the hospital	50% or above. Maintains EENC monitoring system (books or software)
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 childbirths). 	Hospital observation	No violation

Pass if all requirements are met

Checklist 8. Breastfeeding enabling environment

Content	Antenatal care room	Childbirth room	Postnatal ward	Neonatal ward	Requirement
1. Have a written breastfeeding policy on board, with all WHO's 10 steps to successful breastfeeding.					Yes
2. Publicly ban the use of formula milk and related products.					Yes
3. Have pictures to promote breastfeeding.					Yes
4. Have breastfeeding 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 formula companies at the hospital? (Even when the baby formula milk 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
9. Have a separate, clean area, equipped with documents to support mothers with nutrition while breastfeeding, correct feeding position, breast massage, manual or machine milking.					Yes
10. Have tools to help mothers express milk when the baby is not yet breastfed (e.g., premature babies, babies with facial deformities) available at the hospital.					Yes
11. Have breastmilk substitutes, feeding bottles, and artificial pacifiers for sale in the hospital canteen.					No

Pass if all requirements are met.

Checklist 9. Interview mothers of premature and low birth weight babies who stayed with them after being treated in the Neonatal Intensive Care Unit (n=10)

** Select mothers of children <37 weeks and <2000 grams at birth*

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
1. During the baby's quarantine, was the mother encouraged to visit the baby at least once a day? (Yes = 1 point, No = 0 point)										
2. During the mother-baby quarantine, did the hospital medical staff give the mother advice and guidance to express milk for the baby? (Yes = 1 point, No = 0 point)										
3. During hospital treatment, was the baby given anything other than breastmilk (excluding fluids, drugs, special milk according to medical requirements)? (Yes = 0 points, No = 1 point)										
4. During hospital treatment, does the baby completely not drink breastmilk from a bottle (the child is breastfed directly or breastmilk is fed through a cup, spoon, syringe, nasogastric tube)? (Yes = 1 point, No = 0 point)										
5. In the past 24 hours, was the baby performed KMC for ≥ 20 hours? (Yes = 1 point, No = 0 point)										
6. Was the baby separated from the mother (who performed KMC) for more than 30 minutes? (Yes = 0 points, No = 1 point)										
7. Did the mother receive advice and practical guidance from the medical staff on the following breastfeeding-related contents? (Yes = 1 point, No = 0 point)										
8. Benefits of breastfeeding										
9. Signs the baby wants to be breastfeed										

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
10. How to position the baby when breastfeeding										
11. How to help the baby latch on the breast										
12. Signs the baby is latching on well										
13. How to express and store breastmilk										
TOTAL SCORE										

“PASS” if 8/10 mothers have total score \geq 9/12 points

Checklist 10. Observing health workers guiding mothers/caregivers to put baby in KMC position

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

Steps	#1	#2	#3	#4	#5
DISCUSS THE KMC METHOD WITH THE MOTHER					
1. Three basic elements of KMC.					
2. At least three consecutive KMC benefits.					
INSTRUCTIONS ON HOW TO PREPARE FOR KMC					
3. Wash hands before taking care of the baby.					
4. Prepare coats and slings for the mother; hats and diapers for the baby.					
5. Have the mother wear a sling and an open front jacket.					
6. Undress the child, make sure the baby has the hat on; change the diaper if needed.					
7. Wash hands for a second time after touching diapers.					
INSTRUCTION ON PUTTING THE BABY IN THE KMC POSITION					
8. One hand holds the head, one hand holds the buttocks, put the baby in between the breasts, the baby's chest is close to the mother's chest vertically with the arms and legs in the folded position.					
9. Make sure the baby's head is slightly tilted, the head is tilted to one side, and the arms are in a folded position on the mother's chest.					
10. Pull the whole sling over the baby's legs, pull the top edge of the sling to the child's ears and pull the bottom edge down to hug the baby's bottom, the baby's feet are inside the sling in a frog-like position.					
11. Adjust the sling firmly so that when the mother moves, the baby does not fall.					
12. Check that the child is breathing easily and that the shirt is not too tight on the child's chest.					
13. Button up mother's coat and cover it with a towel/blanket if necessary; make sure the mother is comfortable.					
14. Wash hands after taking care of the baby.					
TOTAL SCORE					

“PASS” if 4/5 health workers score ≥ 25/28 points

Checklist 11. Observing health workers guiding mothers to massage breasts and express milk in KMC position

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

Steps	#1	#2	#3	#4	#5
DISCUSS WITH MOTHER ABOUT EXPRESSING MILK AND PREPARATION					
1. Expressing milk is necessary when a premature baby is unable to suckle, sucks or gets tired easily when sucking. Express milk for full-term babies in case the mother is not available.					
2. Breastmilk is made in the milk follicles inside the udder and flows out through the nipple. Milk will not come out if only expressed at the nipple.					
3. Express milk on average 8-12 times in 24 hours.					
4. Expressing milk by hand should not be painful. If you feel pain, the milking technique is not correct and needs to be corrected.					
5. Wash the cup and lid with soap and water, then soak with boiling water. Wait until the cup cools, then empty out the water to get ready for expressing milk.					
GUIDING MOTHER TO MASSAGE BREASTS BEFORE EXPRESSING MILK					
6. Wash hands while the baby is still in the KMC position.					
7. Pull the top edge of the sling down to the baby's armpit, pull the bottom edge up the baby's hip. Hold the baby's head with one hand and the baby's bottom in the other hand. Turn the baby toward the unexpressed breast and expose the other breast to be expressed.					
8. Use the fingers to massage away from the breast towards the nipple.					
9. Fold the fingers and massage from the breast to the nipple.					
10. Use the thumb to rotate in a spring shape from the udder towards the nipple.					

Steps	#1	#2	#3	#4	#5
11. Use the thumb to press around areola.					
12. Use the thumb and forefinger to roll the nipple.					
13. Massage for three minutes.					
GUIDING MOTHER TO EXPRESS MILK					
14. The thumb and index finger form a “C” around the areola, about 2-4 cm from the center of the nipple.					
15. The thumb and index finger press towards the chest wall while pressing the breast, and then release rhythmically until the milk flows out.					
16. When the milk flow slows, move your fingers to a new position around the areola and express; continue until the milk stops flowing.					
17. Repeat on the other breast until both breasts feel empty.					
18. Cover the cup and store it in a cool place or in the refrigerator until it is time to feed your baby again; explain how long milk can be stored depending on storage conditions (room temperature, refrigerator, deep freezer).					
GUIDING MOTHER TO FEED THE BABY MILK					
19. Feed the baby small amounts with a cup or a spoon.					
20. Bring the baby back to the KMC position.					
21. Wash hands after taking care of the baby.					
TOTAL SCORE					

“Pass” if 4/5 health workers score \geq 38/42

Checklist 12. Observing health workers guiding mothers to feed baby in KMC position

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

Steps	#1	#2	#3	#4	#5
DISCUSS WITH MOTHER ON HOW TO BREASTFEED THE BABY					
1. Recognize the signs that your baby is ready to be fed.					
2. Breastfeed your baby 8-12 times in 24 hours.					
GUIDING MOTHER TO POSITION THE BABY					
3. Wash hands before taking care of the baby.					
4. Pull the top edge of the sling down to the child's armpit, pull the bottom edge up to the child's hip, hold the baby's head with one hand and hold the baby's bottom with the other hand. Rotate the baby towards the breast you want to breastfeed with.					
5. Hold the baby close to skin-to-skin contact as much as possible.					
6. Support the baby's whole body, not just the neck and shoulders.					
7. Make sure the baby's ears, shoulders and hips are in a straight line parallel to the midline of the body.					
8. The baby's face is towards the breast, the nose is opposite the nipple.					
GUIDING THE MOTHER ON HOW TO ATTACH THE BABY					
9. Move the baby's lip to touch the mother's nipple.					
10. Wait until the baby's mouth is wide open.					
11. Move the baby to take a mouthful of breast, lower lip beneath the nipple.					
GUIDING THE MOTHER TO KNOW SIGNS OF A GOOD LATCH					
12. Baby's chin touches mother's breast.					
13. Baby's mouth is wide open with round cheeks.					
14. Baby's lower lip turns outwards.					
15. More areola is seen above the baby's top lip.					

Steps	#1	#2	#3	#4	#5
DISCUSS WITH THE MOTHER ABOUT THE SIGNS OF A GOOD SUCKLING					
16. Slow and deep sucks.					
17. Sometimes, with short pauses; no sounds ade when suckling.					
18. The mother felt that her breast was empty after breastfeeding (empty one breast before moving to the other).					
GUIDING THE MOTHER TO RETURN BABY TO THE KMC POSITION					
19. Return baby to KMC position, adjust the sling.					
20. Wash hands after taking care of the baby.					
TOTAL SCORE					

“PASS” if 4/5 health workers score ≥ 36/40 points

