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# Centers of Excellence for Breastfeeding in Viet Nam

## Mother survey questionnaire

*A document developed by Viet Nam's Ministry of Health with the support from Alive & Thrive, Da Nang Learning & Research Center for Newborn Care and Human Milk regarding the detailed questionnaires of the Post hospital discharge mother phone survey on breastfeeding & newborn care.*

Viet Nam, August 6, 2019

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

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

This document presents 11 questions of the Post hospital discharge mother phone survey on breastfeeding & newborn care under Criterion 3.

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## Post hospital discharge phone survey on breastfeeding & newborn care

### Methodology

The Viet Nam's Ministry of Health conducts the mother phone survey on breastfeeding & newborn care for central – level hospitals while the provincial Departments of Health implement the surveys for provincial or district level hospitals.

The hospitals are required to provide the list of mothers discharged from the hospital quarterly to the survey implementers who will randomly selects 100 mothers for a provincial hospital and 50 mothers for a district hospital participating in the survey. 70% of selected survey samples should be C-section cases.

The survey should be conducted during the first week of the quarter. Its result is encrypted, entered in the software for analysis and well informed to the hospitals for their improvement.

### Questionnaire

**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)                                                                                                                                |
| 1a  | Is your child a boy or a girl?                                                          | 1) Boy<br>2) Girl<br>9) Others (twins, etc.)                                                                                                                         |
| 2   | Is s/he breastfed?                                                                      | 1) Yes (move to Question 2a)<br>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)<br>2) Breastmilk and formula milk<br>3) Breastmilk and water<br>9) Breastmilk and other drinks/ foods |
| 3   | Did you deliver him/her vaginally or via C-section?                                     | 1) Vaginally<br>2) Via C-section                                                                                                                                     |
| 3a  | Is your baby pre-term?                                                                  | 1) <37 weeks (<259 days)<br>2) ≥37 weeks (≥259 days)                                                                                                                 |
| 4   | Was s/he placed on your chest/abdomen for skin-to-skin contact immediately after birth? | 1) Yes (move to question 5a)<br>0) No (move to question 5b)<br>8) No answer                                                                                          |

| No. | Question                                                                                                | 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<br>2) More than 90 minutes<br>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<br>2) From one to six hours<br>3) More than six hours<br>9) Don't know/ don't remember                                                                                                                                                                                      |
| 6   | Was your child breastfed within 90 minutes after birth?                                                 | 1) Yes<br>0) No<br>8) No answer<br>9) Don't know/don't remember                                                                                                                                                                                                                                                  |
| 7   | Was your child given water or formula milk during the hospital stay?                                    | 1) Yes<br>0) No<br>8) No answer<br>9) Don't know/don't remember                                                                                                                                                                                                                                                  |
| 8   | Did you receive breastfeeding counseling from doctors and nurses during your hospital stay?             | 1) Yes<br>0) No<br>8) No answer<br>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)<br>0) No<br>8) No answer<br>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<br>2) C-section delivery<br>3) The mother is sick, thus not able to breastfeed her baby<br>4) The baby is sick or born preterm, thus not able to breastfeed<br>5) The mother wants to feed her baby with formula milk<br>6) No answer<br>7) Don't know/don't remember |

| No. | Question                                                                                                                                                  | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>2) Formula company staff marketing formula milk for children under 24 months at the hospital<br>3) Formula milk products for children under 24 months being displayed for sales or introduced by health staff<br>4) Persons asking for your phone number and calling you to introduce breastmilk substitutes after birth, feeding bottles, or artificial pacifiers<br>5) Advertisements of formula milk for pregnant women and postpartum mothers<br>6) Feeding bottles and artificial pacifiers being advertised and displayed for sale<br>9) Other types of advertisements/marketing about formula milk for babies aged less than 24 months (describe)<br>0) No abovementioned forms seen |
| 11  | Did you have a birth companion of choice at the delivery ward?                                                                                            | 1) Yes<br>2) No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12  | What is your ethnicity?                                                                                                                                   | 1) Kinh<br>2) E De<br>3) M'Nong<br>4) Co Tu<br>5) Xo Dang<br>9) Others (Specify in 12a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12a | Please specify your ethnicity?                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 13  | Do you have any recommendations for the hospital to better support breastfeeding?                                                                         | 1) Yes (Note down the comments)<br>2) No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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