

# Model Hospital Breastfeeding Policies: Self –Appraisal Questionnaire

## Introduction to the Hospital Self-Appraisal Questionnaire

This questionnaire will help your hospital determine the strengths and challenges of current hospital practices around breastfeeding support. All hospitals are encouraged to bring their key management and clinical staff together to review the Self-Appraisal Questionnaire and develop a plan of action based on the results.

### Instructions:

1. The maternity care supervisor and other key management and clinical staff members should review the Self-Appraisal Questionnaire and have a qualified staff person (lactation consultant) complete the questionnaire.
2. Return the completed questionnaire, with contact information for a manager and the person who completed the form, to the State Breastfeeding Coordinator at the address below.
3. The breastfeeding coordinator will contact your hospital to review the form by phone or via e-mail, and help you identify a plan of action based on your hospital's goals and the results of the self-appraisal at no cost to your organization.
4. Any information from your hospital will be de-identified if it is compiled and shared for the purpose of program evaluation.

**Complete the questionnaire and return it to:**  
**Breastfeeding Coordinator**  
**Prevention Services Division**  
**Colorado Department of Public Health and Environment**  
**4300 Cherry Creek Drive South**  
**Denver, Colorado 80246**

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1. **Hospital Name:**

\_\_\_\_\_

2. **Hospital Address**

\_\_\_\_\_

**Please answer the following questions to the best of your ability.**

**Name and title of the person filling out the questionnaire:**

\_\_\_\_\_

3. The hospital is \_\_\_\_\_

- Solely a maternity hospital       A government hospital

(Mark all that apply)

- A general hospital       A private hospital  
 A teaching hospital       Other (specify)

4. Name and title of hospital director or administrator: \_\_\_\_\_

Telephone and extension: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Name and title of the director of maternity services \_\_\_\_\_

Telephone and extension: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Name and title of the director of antenatal services/clinic \_\_\_\_\_

Telephone and extension: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Number of maternity beds (postpartum): \_\_\_\_\_

8. Average daily number of mothers with full term babies in the postpartum unit(s): \_\_\_\_\_

9. Does the hospital have a Special Care Unit (SCN) or a Neonatal Intensive Care Unit (NICU)?

Yes  No *If yes, average daily census:*

10. Are there rooms on the maternity floor designated as “well baby nurseries”?

Yes  No *If yes, average daily census:*

11. What percentage of mothers attends the hospital’s antenatal (prenatal) clinic? \_\_\_\_\_  No antenatal clinic

12. Does the hospital hold antenatal clinics at other sites outside the hospital?  Yes  No

*If yes, describe where they are held:*

13. The following staff has direct responsibility for assisting women with breastfeeding (BF) or feeding breast milk substitutes (BMS)

	BF	BMS		BF	BMS
Nurses			General physicians		
Midwives			Pediatricians		
SCN/NICU Nurses			Obstetricians		
Registered Dietitians			Infant feeding counselors		
Nutritionists			Lay/peer counselors		
Lactation consultants (IBCLC)			Other staff (specify)		

14. Are there breastfeeding and/or infant feeding committees in the hospital?  Yes  No

*If yes, please describe:*

**Hospital Data (Last Calendar year)**

15. Total births in the last calendar year: \_\_\_\_\_ of which:

\_\_\_\_\_ % were cesarean births

\_\_\_\_\_ % were admitted to SCN/NICU

\_\_\_\_\_ % were to mothers who did not receive antenatal care in this facility

16. Total number of babies discharged from the hospital in the last calendar year: \_\_\_\_\_ of which:

\_\_\_\_\_ % mothers stated they wanted to breastfeed  
\_\_\_\_\_ % started breastfeeding  
\_\_\_\_\_ % were breastfeeding at discharge  
\_\_\_\_\_ % were exclusively breastfed from birth (or fed expressed breast milk)  
\_\_\_\_\_ % received at least one feed of formula, water or other fluids in the hospital  
\_\_\_\_\_ % received at least one feed of formula, water or other fluids in the hospital because of documented medical reason or mothers' informed choice.

Are the data:     from records?     an estimate?

Please describe sources:

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**Below are the ten steps that represent model hospital policies that have been shown to increase breastfeeding initiation and duration rates. Please answer the questions under each step.**

***STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.***

- 1.1 Does the health facility have an explicit written policy for protecting, promoting and supporting breastfeeding?  
 Yes    No    In Process
- 1.2 Does the hospital have an interdisciplinary, culturally appropriate team whose goal is to reduce institutional barriers to breastfeeding such as mother-infant separation?  
 Yes    No    In Process
- 1.3 Does the policy protect breastfeeding by prohibiting all promotion of and group instruction for using breast milk substitutes, feeding bottles and nipples?  
 Yes    No    In Process
- 1.4 Is the breastfeeding policy available so all staff who take care of mothers and babies can refer to it?  
 Yes    No    In Process
- 1.5 Is the breastfeeding policy posted or displayed in all areas of the health facility that serve mothers, infants, and/or children?  
 Yes    No    In Process
- 1.6 Is there a mechanism for evaluating the effectiveness of the policy?  
 Yes    No    In Process

***STEP 2. Train all health care staff in skills necessary to implement this policy.***

- 2.1 Are all staff aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding?  
 Yes    No    In Process
- 2.2 Are all staff caring for women and infants oriented to the breastfeeding policy of the hospital on their arrival?

Yes  No  In Process

2.3 Is training on breastfeeding and lactation management given to all staff caring for women and babies within six months of hiring?

Yes  No  In Process

2.4 Which of the following concepts are included in the training

Babies should be exclusively breastfed in the hospital

Rooming in

The skin-to-skin exchange and initiation of breastfeeding within one hour of birth

No pacifier use in the hospital

How to provide breastfeeding support and consultant/counselor information to a mother before discharge

2.5 Has the health care facility arranged for specialized lactation training management for specific staff members?

Yes  No  In Process

***STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.***

3.1 Does the facility include a prenatal care clinic or offer a pre-natal class?

Yes  No  In Process

3.2 If yes, are most pregnant women attending these prenatal services informed about the benefits and management of breastfeeding?

Yes  No  In Process

3.3 Do prenatal records indicate whether breastfeeding has been discussed with the pregnant woman?

Yes  No  In Process

3.4 Is a mother's prenatal record available at the time of delivery?

Yes  No  In Process

3.5 Are pregnant women exposed to oral or written promotion or group instruction for artificial feeding?

Yes  No  In Process

3.6 Are staff familiar with the effects of labor and delivery medications on breastfeeding?

Yes  No  In Process

***STEP 4. Help mothers initiate breastfeeding within an hour of birth.***

4.1 Are mothers who have had normal, vaginal deliveries given their babies to hold skin-to-skin within 60 minutes of, and delivery allowed to remain with them for at least an hour after birth?

Yes  No  In Process

4.1 Are mothers and babies encouraged to remain together as much as possible during the hospital stay?

Yes  No  In Process

4.2 Are mothers offered help by a staff member to initiate breastfeeding during this first hour?

Yes  No  In Process

4.3 Are mothers who have had cesarean deliveries given their babies to hold, with skin-to-skin contact, within a half hour after they are able to respond to their babies?

Yes  No  In Process

4.4 Do the cesarean born babies experience skin-to skin contact after birth with their mothers for 60 minutes or longer?

Yes  No  In Process

4.5 If breastfeeding is delayed due to medical condition (s) of the mother or baby, the baby is put skin-to-skin and allowed to approach the breast as soon as possible after they are stable?

Yes  No  In Process

***STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.***

5.1 Does nursing staff offer all mothers further assistance with breastfeeding within six hours of delivery?

Yes  No  In Process

5.2 Are most breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding?

Yes  No  In Process

5.3 Does the staff assess breastfeeding techniques and effectiveness at least once every 8 hours?

Yes  No  In Process

5.4 Are breastfeeding mothers shown how to express milk or pump and advised where they can get help should they need it?

Yes  No  In Process

5.5 Are staff members or counselors who have specialized training in breastfeeding and lactation management available full-time to advise mothers during their stay in health care facilities and in preparation for discharge?

Yes  No  In Process

5.6 Does a woman who has never breastfed or who has previously encountered problems with breastfeeding receive special attention and support from the staff?

Yes  No  In Process

5.7 Are mothers of babies in special care helped to establish and maintain lactation by frequent expression or pumping of milk?

Yes  No  In Process

***STEP 6. Do not give sterile water, glucose water, or breast milk substitutes (formula) to a breastfeeding infant without the mother's informed consent and /or physician's specific order.***

6.1 Are breastfeeding babies given only breast milk, unless specifically ordered for a clinical condition by physician or with the mother's informed consent?

Yes  No  In Process

6.2 Is education regarding supplementation, including risks of introducing formula and/or water to the newborn, discussed with the mother prior to supplementation and prior to obtaining consent for supplementation?

Yes  No  In Process

6.3 Does the health facility and staff refuse free or low-cost supplies of breast milk substitutes, paying close to retail market price for formula?

Yes  No  In Process

6.4 Is all promotion of breast milk substitute, including in gift packs, absent from the facility?

Yes  No  In Process

***STEP 7. Practice rooming in 24 hours a day.***

7.1 Is Education regarding the benefits of rooming in provided to all mothers?

Yes  No  In Process

7.2 Do mothers and infants remain together 24 hours a day, except for periods of up to an hour for hospital or if separation is medically indicated?

Yes  No  In Process

7.3 Are mothers and babies are encouraged to remain together during the hospital stay

Yes  No  In Process

7.4 Does rooming-in start within an hour of a normal birth?

Yes  No  In Process

7.5 Does rooming-in start within an hour of when a cesarean mother can respond to her baby?

Yes  No  In Process

***STEP 8. Encourage breastfeeding on demand.***

8.1 By placing no restrictions on the frequency or length of breast feedings, does staff show they are aware of the importance of breastfeeding on demand?

Yes  No  In Process

8.2 Are mothers advised to breastfeed their babies whenever their babies are displaying feeding cues and to observe for active suckling and swallowing?

Yes  No  In Process

8.3 Are mothers educated on the “supply and demand” principle of milk production?

Yes  No  In Process

***STEP 9. Give no pacifiers to breastfeeding infants in the first month...***

9.1 Are breastfed newborns cared for without using pacifiers?

Yes  No  In Process

9.2 Are breastfeeding mothers taught to use a pacifier during their baby’s first month life?

Yes  No  In Process

***STEP 10. At discharge, mothers are given contact information regarding community resources for breastfeeding support.***

10.1 Are breastfeeding newborns babies seen by a pediatrician or other knowledgeable and experienced health care professional at 3-5 days of age as recommended by the AAP?

Yes  No  In Process

10.2 Are breastfeeding mothers routinely referred to a breastfeeding support group and given the telephone number of a lactation specialist or community resource for breastfeeding assistance?

Yes  No  In Process

10.3 Does the facility give education to key family members so that they can support the breastfeeding mother at home?

Yes  No  In Process

10.4 Are breastfeeding mothers referred to breastfeeding support groups, if any are available?

Yes  No  In Process

10.5 Does the facility have a system of follow-up support for breastfeeding mothers after are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls?

Yes  No  In Process

10.6 Does the facility encourage and facilitate the formation of mother-to-mother or health care worker-to-mother support groups?

Yes  No  In Process

Comments: