



## Every Step Counts! How Does Your Neighbourhood Hospital/Health Facility Measure Up? Is it Baby-Friendly?

**Why should you act now? Taking the time to complete this evaluation and sharing it with hospital administrators, health workers and your friends, can help improve the services in your community. You may wish to build on this questionnaire and link it with other activities to adapt to any special circumstances.**

How can you make a difference?

1. Fill out this Baby-Friendly Hospital Initiative Survey.
2. All "Yes" responses are worth one point. Question 9 has different point values.
3. Add up all the points and write the total in the box provided.
4. Use this check-list when selecting maternity services and let hospital administrators know how their hospital compares to the global standard defined in the WHO/UNICEF Joint Statement.

	Yes	No	?
1. Before my baby was born, I was told why and how to breastfeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The staff were knowledgeable and supportive of breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was shown how to breastfeed my baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was encouraged and helped to breastfeed without the use of any other foods or liquids for my baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My breasts were examined before and after my baby's birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was instructed to breastfeed whenever my baby wanted to suck or cried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. At birth, my baby's weight was recorded on a growth chart which was given to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My baby and I had skin-to-skin contact immediately following the birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I offered my baby the breast for the first time within:			
<input type="checkbox"/> 30 min (2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1 hour (1 pt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> more than 1 hour (0 pt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My baby received only mother's milk (no other foods or drinks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My baby remained with me at all times during our stay at the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My baby was always breastfed without the use of artificial teats (rubber nipples) or dummies (pacifiers or soothers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Yes, I was not given any formula, breast-milk substitutes, bottles or teats (rubber nipples) when I left the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I was told when my baby would need to be examined and weighed and how to schedule an appointment for her/him.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I was told how to contact a breastfeeding mother's support group when I was discharged from care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The hospital has a written breastfeeding policy which reflects the WHO/UNICEF "10 Steps" and International Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Overall, I believe my breastfeeding experience was improved by this facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remember: To total the score, add all the points and compare to the chart below. Send this form to the hospital administrator. You may wish to include a personal note with the suggestion to post the Ten Steps on the reverse side of this survey. Keep a record of this form for yourself and your community/country committee.**

How does your community hospital measure up?

TOTAL SCORE

- 17 - 18 Congratulations! Your facility is doing a wonderful job in protecting, supporting, and promoting breastfeeding.
- 15 - 16 Keep up the good work! You are effectively helping breastfeeding mothers and babies. Find out how you can be even more helpful by contacting one of the sponsoring organizations.
- 13- 14 Your facility could do much more to assist breastfeeding. The sponsoring organizations have technical assistance available for suggestions on how to implement the Ten Steps.
- 0 - 12 Breastfeeding mothers and babies are having a difficult time at your facility. Find out why these issues are important so you can begin to make changes immediately that will increase the satisfaction of your patients and improve infant health.

PLEASE ALSO SEND A COPY OF THIS COMPLETED QUESTIONNAIRE TO THE ORGANIZATION AND/OR PERSON WHO GAVE IT TO YOU. YOU MAY ALSO LIKE TO SEND A COPY TO THE WABA SECRETARIAT (PLEASE INCLUDE THE NAME AND LOCATION OF THE HOSPITAL). THANK YOU!