



Your Hospital—How Close Is It to Baby-Friendly?

Taking the time to complete this checklist and sharing it with hospital administrators, health workers and your friends can help improve the maternity services in your community. You may wish to adapt the checklist or link it to other activities in your community, as needed.

Yes No ?

- 1. During my pregnancy, I was told about the importance of breastfeeding and instructed how to breastfeed. (Step 3)
- 2. The staff was knowledgeable and supportive of breastfeeding. (Step 2)
- 3. My baby and I had skin-to-skin contact immediately following the birth. (Step 4)
- 4. I was given the opportunity to offer my baby the breast for the first time within: (Step 4) 30 mins (2 points) 1 hour (1 point) more than 1 hour (0 point)
- 5. I was shown how to breastfeed my baby, and if we are ever separated, how to keep up my milk supply. (Step 5)
- 6. I was shown how to express my milk or given information about expression. (Step 5)
- 7. I was encouraged and helped to breastfeed without the use of any other foods or liquids for my baby. (Steps 5 & 6)
- 8. My baby received only mother's milk (NO other foods or drinks). (Step 6)
- 9. My baby remained with me at all times during our stay at the hospital, except for periods of up to an hour for hospital procedures. (Step 7)
- 10. I was instructed to breastfeed whenever my baby wanted to suckle or if my breasts felt full, and to wake him if he slept too long. (Step 8)
- 11. My baby was exclusively breastfed, WITHOUT the use of artificial teats (rubber or silicon nipples of any type), dummies (pacifiers or soothers) or nipple shields, which can interfere with suckling. (Step 9)
- 12. I was NOT given any formula, breast-milk substitutes, bottles or teats (rubber or silicon nipples) either in the hospital or when I left it. (International Code)
- 13. I was told when and how to schedule an appointment for my baby and me to check our progress, when we were discharged from the hospital. (Step 10)
- 14. I was told how to contact a breastfeeding mothers' support group or other source of support when I was discharged from hospital. (Step 10)
- 15. I saw a written breastfeeding policy, which reflects the WHO/UNICEF Ten Steps, posted at the hospital. This is displayed in a language I can understand. (Step 1)
- 16. To the best of my knowledge, the hospital accepts NO free or subsidized supplies of breast-milk substitutes, bottles, teats or pacifiers from manufacturers or distributors of these products. (International Code)
- 17. Overall, I believe my breastfeeding experience was improved by this hospital/maternity facility.

How you can make a difference:

- Complete this Baby-Friendly Hospital Initiative checklist if you have recently given birth, or ask someone who has recently given birth to answer the questions.
- All "Yes" responses score **1 point**. Question 4 has different point values.
- Add up the points and write the total in the box provided.
- Let the hospital administrators know how their hospital measures up to the global Baby-Friendly standards.
- Share this checklist with pregnant women you know to help them select a maternity facility.

TOTAL SCORE

How does your community hospital/maternity facility measure up?

- 17-18 Congratulations!** Your facility is doing a wonderful job in protecting, supporting, and promoting breastfeeding.
- 14-16 Keep up the good work!** Your facility is helping breastfeeding mothers and babies effectively. Find out how you can be even more helpful by contacting one of the organizations promoting breastfeeding in your area.
- 11-13 Your facility could do more** to assist breastfeeding. The organizations promoting BFHI can provide technical assistance for implementing the Ten Steps and the International Code.
- 0-10 Breastfeeding mothers and babies are not receiving enough help and support** at your facility. Find out why breastfeeding support is important so you can begin to make changes immediately that will improve infants' health and increase your patients' satisfaction.

Add all the points and compare

with the scoring instructions to left. Send this form to the administrator of your hospital or maternity facility. Include a personal note suggesting the facility post the Ten Steps on the reverse side of this Checklist. Please also send a copy of your completed questionnaire to your country or community BFHI group or committee and to WABA Health Care Practices Task Force, PO Box 1200, 10850 Penang, Malaysia. Fax 60-4-657-2655. Include the name and location of the hospital. Thank you!