

Technical Guidance –1 (On Self-Assessment)

Question	Indicator	Technical Advice
1.	What activities are being implemented in your hospital?	All the Guidelines given in the Technical Guidance -3- “Model Breastfeeding Policy for the Maternity Hospitals” should be followed and practiced.
2.	Does your hospital have a written Guidance for the 10 steps to successful breastfeeding?	All the Guidelines given in the Technical Guidance - 3 - “Model Breastfeeding Policy for the Maternity Hospitals” should be followed and practiced.
3.	What % of staff working in the maternity and new-born care services is trained (trained by credible organisations like: BPNI, UNICEF, NIPCCD, NHM, ICDS, MoWCD, MoHFW et cetra) in lactation support and skilled counselling on breastfeeding? (With at least 4 days training programme addressing WHO’s Ten Steps to successful breastfeeding).	Conduct a 4-day skill training of the maternity staff in breastfeeding /lactation management.
4.	Does your hospital have an ongoing monitoring and data-management system on early initiation of breastfeeding and exclusive breastfeeding at discharge?	Hospital should make a monitoring and data management system to record the early initiation of breastfeeding and exclusive breastfeeding at the time of discharge from the hospital. (Refer to the template for Hospital database on feeding practices in the excel sheet)
5.	Please provide following information about the IMS Act implementation in the hospital – (i) Has the staff received any training on the implementation of the IMS Act? (ii) Does your hospital display the posters of baby food or feeding bottle companies? (iii) Did the health workers in your hospital (doctor/nurses/any other) receive any sponsorship or benefits from the baby food and feeding bottle companies for research,	There should be an in-service training of the hospital staff on the IMS Act and all that comes under its purview. This will empower the staff and help keep a check on any violation of the Act.



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	<p>conference, travel etc during last one year?</p> <p>(iv) What specific steps have you undertaken to ensure implementation of the IMS Act?</p>	
6.	<p>What % of pregnant mothers received skilled counselling on breastfeeding during last one month in your hospital?</p>	<p>Provide breastfeeding counselling through a trained staff during antenatal period to all the pregnant mothers and their families to help women decide the feeding method of their babies. There should be an inclusion in the hospital policy about counselling mothers on the use and risks of feeding bottles, teats and pacifiers, like given in point 11 in Technical Guidance - 3- "Model Breastfeeding Policy for the Maternity Hospitals". You can also consider using programmes like www.idecide.org.in for this purpose.</p>
7.	<p>(i) What practical assistance is provided in your hospital to the mothers having vaginal births for skin-to-skin contact, early initiation and exclusive breastfeeding?</p> <p>(ii) What practical assistance is provided in your hospital to the mothers having caesarean births for skin-to-skin contact, early initiation and exclusive breastfeeding?</p> <p>(iii) What support is provided to the mothers with low-birth-weight babies (1800-2500 gms) in your facility to practice successful breastfeeding?</p>	<p>The Hospital should –</p> <ul style="list-style-type: none"> (i) Keep a record of the ANC counselling and share it with the attending doctor at birth. (ii) Plan for assisting a caesarean section mother and normal delivery through skilled counsellor. (iii) Plan to assist a mother having low birth weight babies through a skilled /trained counsellor.
8.	<p>How many mothers having breastfeeding problems were provided lactation support and skilled support in your hospital during last one month?</p> <ul style="list-style-type: none"> (i) Engorgement of breast (ii) Inverted nipple (iii) Sore nipple (iv) Breast abscess 	<p>Preferably, the 4-day training course curriculum should be used to train the majority of the hospital's maternity team.</p> <p>Key staff member may receive training at a higher level i.e., BPNI's 7-day course that provides infant and young child feeding (IYCF) skill-set to provide support to</p>



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	(v) Other Problems	mothers in order to prevent and solve breastfeeding related problems and avoid unnecessary usage of formula.
9.	i. What % of infants born in your hospital were given infant formula during last 1 month? ii. In what conditions infant formula was used in your facility during the last one month? (Tick one /More) iii. What % of new-borns were given the pre-lacteal feeds (before beginning to breastfeed) e.g., milk, honey, ghutti, glucose water etc. in your hospital during last one month?	For the infants born in the hospital following records should be maintained - <ul style="list-style-type: none"> i) if given infant formula (with reasons) ii) If given pre-lacteal feeds e.g., milk, honey, ghutti etc. (with reasons) iii) Also, whether WHO guidance followed or not. (Refer to the template for Hospital database on feeding practices in the excel sheet)
10.	(i) Are feeding bottle, teats, nipple shields and pacifiers used in your hospital? (ii) In what conditions feeding bottle, teats and pacifiers are used? (iii) Are the lactating mothers counselled in your hospital about the risks of feeding bottles, teats and pacifiers?	As stated in Technical Guidance - 3, Point 11 of “Model Breastfeeding Policy for the Maternity Hospitals, –“The hospital staff counsels mothers on the use and risks of feeding bottles, teats and pacifiers”, it should be included in the hospital policy.
11. a	Does your hospital follow rooming-in of normal babies with their mothers 24 hours a day? (i) Normal Vaginal Births	The hospital should develop a plan that enables the mother and child to be together for 24 – hours a day in case of normal vaginal births
11.b	Does your hospital follow rooming-in of normal babies with their mothers 24 hours a day? (ii) Caesarean Births	The hospital should develop a plan that enables the mother and child to be together for 24 – hours a day in case of caesarean births
12.	Does your hospital provide follow-up support to the mother such as link to a skilled person to sustain exclusive breastfeeding, at the time of discharge?	A formal mechanism should be developed by the hospital to assist and support mothers in continuing to breastfeed after being discharged, such as scheduling a visit with a counsellor.