

COMPETENCY VERIFICATION TOOLKIT

**ENSURING COMPETENCY OF DIRECT
CARE PROVIDERS TO IMPLEMENT
THE BABY-FRIENDLY HOSPITAL
INITIATIVE**

WEB ANNEX A

**COMPETENCY VERIFICATION FORM (SORTED BY
DOMAIN AND COMPETENCY)**



ISBN (WHO) 978-92-4-000935-6 (electronic version)

© **World Health Organization and the United Nations Children's Fund (UNICEF), 2020**

Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/) licence.

Performance indicator and expected answers	National options	Competent	Needs improvement
DOMAIN 1: CRITICAL MANAGEMENT PROCEDURES TO SUPPORT THE TEN STEPS			
Competency 01. Implement the Code in a health facility			
1. List at least 3 products that are covered by the Code.	Question or case study		
<ul style="list-style-type: none"> ✓ Breast-milk substitutes (including infant formula, i.e. any formulas or milks (or products that could be used to replace breast milk) that are specifically marketed for feeding infants and young children up to the age of 3 years, including special-needs, follow-up and growing-up formulas). ✓ Other foods and beverages promoted to be suitable for feeding a baby during the first six months of life when exclusive breastfeeding is recommended. This would include baby teas, juices and water. ✓ Feeding bottles and teats. 			
2. Describe at least 3 ways a direct care provider protects breastfeeding in practice	Question or case study		
<ul style="list-style-type: none"> ✓ Avoid giving mother formula samples just in case. ✓ Avoid offering formula in the first few hours after birth. ✓ Avoid telling a mother she doesn't produce enough milk without first conducting a thorough breastfeeding assessment. ✓ Explain to the mother the negative effect of introducing partial bottle-feeding (mixed feeding). ✓ Explain to the mother the social and financial implications of formula. ✓ Avoid using pictures, posters, diagrams, etc. with breastfeeding infants in the healthcare facility that are produced or distributed by companies whose products fall under the Code. 			
3. Describe at least 1 way a direct care provider should respond if offered information provided by manufacturers and/or distributors of products within the scope of the Code.	Question or case study		
<ul style="list-style-type: none"> ✓ Accept only scientific and factual information. ✓ Make sure information is free from commercial interests. ✓ Refuse to accept information that promotes a commercial interest. ✓ Make sure all information states the superiority of breastfeeding. ✓ Make sure information does not imply an equivalency between breastfeeding and a breast-milk substitute. 			
4. Describe at least 1 type of financial or material inducement that might be offered to a direct care provider by a manufacturer and/or distributor of products within the scope of the Code.	Question or case study		

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Promotional items (e.g. pens, note pads, coffee mugs, measuring tapes, posters with company logos, mouse pads, badge holders). ✓ Free meals. ✓ Free seminars with or without continuing education credits. ✓ Scholarships/grants/honoraria. ✓ Free product or sample for personal use or distribution to patients, pregnant women, mothers of infants and young children, or members of their families. 			
5. Describe at least 1 harm of a direct care provider accepting financial or material inducements.	Question or case study		
<ul style="list-style-type: none"> ✓ Appearance of product endorsement. ✓ Potential obligation to favour that company's products over other products. ✓ Ethical conflict of interest as direct care provider. ✓ May be subtly influenced by the inducement and inadvertently undermine breastfeeding. 			
6. Explain at least 2 ways that the facility ensures that there is no promotion of infant formula, feeding bottles, or teats in any part of facilities providing maternity and newborn services, or by any of the direct care providers.	Question or case study		
<ul style="list-style-type: none"> ✓ No posters or educational materials with images of infants being bottle-fed. ✓ Images and posters with breastfeeding infants. ✓ Products falling under the Code are kept out of the sight of parents. ✓ No written or electronic material from infant feeding product companies given to future or actual parents. ✓ Someone from the facility is mandated to regularly inspect materials that parents could see e.g. in waiting rooms, in a boutique within the healthcare facility. ✓ Products falling under the Code are not given to mothers. ✓ Representatives from infant feeding product companies should not seek direct or indirect contact of any kind with mothers and families in the hospital. 			
Competency 02. Explain a facility's infant feeding policies and monitoring systems			
7. Describe at least 2 elements that are in the facility's infant feeding policy.	Question or case study		
<ul style="list-style-type: none"> ✓ All Ten Steps. ✓ The Code. ✓ Support to all mothers, including the ones who decide not to breastfeed. ✓ How the facility monitors progress towards the Ten Steps. 			
8. Explain at least 3 ways that the infant feeding policy affects a direct care provider's work at this facility.	Question or case study		

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Policy drives practice. ✓ Mandatory compliance with the Code. ✓ Practice according to the Ten Steps. ✓ Inform everyone about the policy (staff, parents, general public). ✓ Know where someone can get a copy of the policy. ✓ Support is given to pregnant women and mothers to make informed decisions on infant feeding. ✓ Practices are monitored in the facility. 			
9. Explain at least 2 reasons why monitoring of hospital practices is important to ensure quality of care.	Question or case study		
<ul style="list-style-type: none"> ✓ Identify where the standards are not being met to facilitate correct implementation of practices. ✓ Everyone in the facility is impacted. ✓ To assess progress in implementation of evidence-based practices. ✓ Use as an incentive towards achievement of goals. 			
10. Explain at least 2 ways practices are monitored in this facility.	Question or case study		
<ul style="list-style-type: none"> ✓ Regular audits, including competency verification. ✓ Breastfeeding initiation and exclusivity rates are collected, compiled and shared with everyone concerned. ✓ Use of supplements and justifications are monitored. ✓ Each step has specific elements that are regularly or periodically monitored and communicated. 			
DOMAIN 2: FOUNDATIONAL SKILLS: COMMUNICATING IN A CREDIBLE AND EFFECTIVE WAY			
Competency 03. Use listening and learning skills whenever engaging in a conversation with a mother			
11. Demonstrate at least 3 aspects of listening and learning skills when talking with a mother.	Observation		
<ul style="list-style-type: none"> ✓ Ask open ended questions. ✓ Use responses and gestures which show interest (smile, nod head, etc.). ✓ Reflect back what the mother says. ✓ Empathize – express that you understand how she feels in a culturally appropriate manner. ✓ Avoid words which sound judgmental (good-bad-normal-wrong). 			
12. Demonstrate at least 3 ways to adapt communication style and content when talking with a mother.	Observation		
<ul style="list-style-type: none"> ✓ Use helpful non-verbal communication (sit down with the mother, avoid crossing arms over chest, use or avoid eye contact as culturally appropriate, etc...). 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Respond to the particular barriers that the individual mother faces. ✓ Use sensitivity and care to address challenges that the mother may be facing. ✓ Respond to the individual mothers' and families' needs, preferences and values. 			
Competency 04. Use skills for building confidence and giving support whenever engaging in a conversation with a mother			
13. Demonstrate at least 2 ways to encourage a mother to share her views, taking time to understand and consider these views.	Observation		
<ul style="list-style-type: none"> ✓ Give time to the mother to explain her concerns to get the clear picture of what to emphasize. ✓ Acknowledge what she thinks and feels. ✓ Address her concerns with factual information provided in a sensitive and respectful manner. ✓ Assist her to identify workable solutions responsive to her specific concerns and circumstances. 			
14. Describe at least 3 aspects of building confidence and giving support when talking with a mother.	Observation		
<ul style="list-style-type: none"> ✓ Elicit respectfully what she knows. ✓ Recognize and affirm what is going well for the dyad. ✓ Give positive feedback and emotional support to support the mothers' confidence and self-efficacy in breastfeeding. ✓ Determine with her what needs improvement. ✓ Enable a mother to achieve her goals for breastfeeding. ✓ Give practical help. 			
DOMAIN 3: PRENATAL PERIOD			
Competency 05. Engage in antenatal conversation about breastfeeding			
15. Engage in a conversation with a pregnant woman on 3 aspects of the importance of breastfeeding.	Observation		
<p>Use Foundational Skills to discuss the following:</p> <ul style="list-style-type: none"> ✓ Global recommendations on early initiation of breastfeeding and skin-to-skin immediately following birth and for at least one hour. ✓ Global recommendations on exclusive breastfeeding for the first 6 months. ✓ Global recommendations on breastfeeding until 2 years old or more. ✓ Risks of non-breastfeeding for both mother and baby. <p><u>For baby:</u></p> <ul style="list-style-type: none"> ✓ The microbiota of non-exclusively breastfed infants is different from exclusively breastfed ones. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Supplementation with artificial milk significantly alters the intestinal microflora. ✓ Higher risk of the following: <ul style="list-style-type: none"> – Acute diseases (respiratory infections, diarrhoeas, otitis, dermatitis). – Allergies and infections. – Chronic diseases (asthma, diabetes, obesity). – Cancers during infancy, leukaemia. – Death before 2 years old from all causes. – Necrotizing enterocolitis. – SIDS (sudden infant death syndrome). – Decreased cognitive development. <p><u>For mother, using formula means:</u></p> <ul style="list-style-type: none"> ✓ Offering unneeded supplements may endanger adequate milk production. ✓ Higher risk of the following: <ul style="list-style-type: none"> – Postnatal depression. – Breast cancer. – Ovarian cancer. – Hypertension. ✓ – Type 2 diabetes. 			
16. Assess at least 3 aspects of a pregnant woman's knowledge about breastfeeding in order to fill the gaps and correct inaccuracies.	Observation		
<p>Use Foundational Skills to discuss additional information on breastfeeding according to her needs and concerns including:</p> <ul style="list-style-type: none"> – advantages of exclusive breastfeeding. – how to initiate and establish breastfeeding after birth. – the importance of skin-to-skin contact immediately after birth. – typical breastfeeding patterns. – responsive feeding and feeding cues. – rooming-in. – the importance of colostrum. – healthcare practices and the help that mother will receive after birth. <p>Support in a respectful manner a woman who may not be considering breastfeeding to make an informed decision about feeding her infant.</p>			
17. Engage in a conversation with a pregnant woman about at least 4 care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding.	Observation		
<p>Use Foundational Skills to discuss the following:</p> <ul style="list-style-type: none"> ✓ Importance of a positive childbirth experience. ✓ Immediate and uninterrupted skin-to-skin. ✓ Breastfeeding initiation within the first hour. ✓ Recognition of feeding cues. ✓ Prompt response to feeding cues. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Basics of good positioning and attachment. ✓ How breastfeeding functions. ✓ breast milk expression (why, how, practice touching her breast, get familiar with massage etc.) 			
DOMAIN 4: BIRTH AND IMMEDIATE POSTPARTUM			
Competency 06. Implement immediate and uninterrupted skin-to-skin			
18. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the mother.	Question or case study		
<ul style="list-style-type: none"> ✓ Temperature within normal limits. ✓ Placenta expelled in a timely manner following the surge of maternal oxytocin, so less postnatal anaemia. ✓ Surge of oxytocin resulting in adequate uterine involution, secured milk production. ✓ Serum gastrin remains low, meaning less stress for the mother. ✓ Breastfeeding is facilitated because of the hormones involved with skin-to-skin contact. ✓ Bonding is facilitated (visual contacts, touch, en-face position, affectionate behaviours). ✓ Mother's voice and movements are soft, she shows patience in her attempts to latch or to stimulate her baby. ✓ Maternal feeling of well-being (oxytocin and endorphins are elevated). ✓ Fewer postnatal depressive symptoms. ✓ Less maternal negligence and baby abandonment. ✓ Mutual reciprocity; maternal sensitivity is increased. ✓ Mother can calm her baby more easily. 			
19. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the infant.	Question or case study		
<ul style="list-style-type: none"> ✓ Microbiota is colonized with mother's flora. ✓ Temperature is maintained within normal limits. ✓ Oxygenation and arterial gases are maintained within normal limits. ✓ Heart rate is maintained within normal limits and initial tachycardia is reduced soon after birth. ✓ Stress of being born is reduced (plasma gastrin remains low). ✓ Glycemia is maintained within normal limits. ✓ Cortisol level is low, promoting low stress post-birth and pre-feeding behaviours. ✓ Normal neuromotor organization is promoted. ✓ Breastfeeding is facilitated following hormonal surge, proximity to breast (odours, breast massage with baby's fists, placement of the tongue) and facility to follow instinctive 9 stages (pre-feeding behaviours leading to adequate milk production, efficient sucks, exclusivity, smooth transition to breastfeeding). 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Initial weight loss and gain are within normal limits in the early postnatal period. ✓ Pain reduced during painful procedures such as heel stick and intramuscular injections. ✓ Baby is not in distress (cries less after the initial cry). ✓ Bonding is facilitated (visual contacts, en-face position, alertness, vocalizations, calm). 			
20. Explain at least 3 points of how to routinely implement immediate, uninterrupted and safe skin-to-skin between mother and infant, regardless of method of birth.	Question or case study		
<ul style="list-style-type: none"> ✓ Naked baby is immediately placed prone on the mother's bare chest and not placed under the warmer or elsewhere before this contact. ✓ Baby is not dried before being placed on the mother. When the baby has been placed skin-to-skin, his head and back are well dried to prevent evaporation. ✓ Valid for vaginal births or caesareans under regional anaesthesia. ✓ Baby is assessed while on his mother as the skin-to-skin contact will reduce his stress of being born. ✓ Stability of the baby (e.g. absence of apnoea, desaturation and bradycardia) is assessed after it is placed on the mother. 			
21. Explain at least 3 safety aspects to assess when mother and baby are skin-to-skin during the first 2 hours postpartum, regardless of method of birth.	Question or case study		
<ul style="list-style-type: none"> ✓ Observation of the newborn (colour, breathing and free movement of head and chest). ✓ Observation of the mother (well-being, alertness, pain level). ✓ Description to parents of what to observe and who to contact. ✓ Observation is done regularly by one designated healthcare professional according to written procedure (may be called policy, protocol, procedure or guideline). ✓ Support of the baby in case of caesarean section, to avoid falls. 			
22. List at least 3 reasons why skin-to-skin should NOT be interrupted.	Question or case study		
<ul style="list-style-type: none"> ✓ If skin-to-skin is interrupted: ✓ Hormonal secretion of oxytocin and endorphins has to be re-started later on. ✓ Baby's cortisol will be higher indicating a higher level of stress. ✓ Temperature is not maintained within normal limits, especially if ambient room temperature is cold which will then affect the baby's glycemia (blood glucose level). ✓ There is a risk of microbiome being "contaminated" by germs other than the mother's. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ The human innate sequence of the newborn (instinctual pre-feeding behaviours) will be affected. ✓ There will be a delay in the completion of this innate process (instinctual pre-feeding behaviours). 			
23. Explain at least 2 reasons when skin-to-skin could be interrupted for medically justifiable reasons.	Question or case study		
<ul style="list-style-type: none"> ✓ In presence of a critical medical issue. ✓ Mother is not well (fainting, dizziness, etc). ✓ Baby is unstable as per WHO/UNICEF definitions (e.g. apnoea, desaturation and bradycardia). ✓ If a delay or interruption of early skin-to-skin has been necessary, ensure that mother and infant are placed skin-to-skin as soon as clinically possible. ✓ All of the above should be explained in the chart. 			
24. *WHERE APPLICABLE* Explain how to maintain skin-to-skin during transfer of mother and infant to another room or other recovery area.	Question or case study		
<p>OPTION 1</p> <ol style="list-style-type: none"> 1. Keep baby skin-to-skin with the mother, covered with a dry blanket. 2. Make sure the baby is secure. <p>OPTION 2</p> <ol style="list-style-type: none"> 1. Place baby skin-to-skin on the support person, covered with a dry blanket. 2. Return infant skin-to-skin with the mother when the mother is able. 			
Competency 07. Facilitate breastfeeding within the first hour, according to cues			
25. Engage in a conversation with a mother including at least 3 reasons why suckling at the breast in the first hour is important, when the baby is ready.	Observation		
<p>Use Foundational Skills to discuss reasons why it is important:</p> <ul style="list-style-type: none"> ✓ Triggers the production of breast milk. ✓ Facilitates the progress of lactogenesis. ✓ Increases uterine contractions. ✓ Reduces risk of infant mortality. ✓ Mother learns how to recognize her infant's cues and effective latch. 			
26. Demonstrate at least 3 aspects of safe care of the newborn in the first 2 hours post-birth.	Observation		
<ul style="list-style-type: none"> ✓ Mother is in a semi-recumbent position (elevate the head of the mother's bed/stretcher to 30 degrees or more to avoid the baby's flat prone position). 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Position the newborn on the mother to facilitate visual contact and recognition of the baby's awakening and hunger cues by the mother. ✓ Ensure the infant can spontaneously lift his head at all times to facilitate optimal breathing and first sucking. ✓ Visually check the infant's breathing, colour, responsiveness to stimulation when checking the mother's vital signs and without removing the blanket to avoid a decrease in temperature. ✓ Ensure the infant's nose and mouth are visible at all times. ✓ Ensure the mother is responsive. ✓ Ensure both mother and support person know what to assess and how to get help if needed. 			
27. Describe to a mother at least 3 pre-feeding behaviours babies show before actively sucking at the breast.	Observation		
<p>The pre-feeding behaviours of the baby include</p> <ul style="list-style-type: none"> ✓ a short rest in an alert state to settle to the new surrounding ✓ bringing their hands to their mouth and making sucking motions and sounds ✓ touching the nipple with the hand ✓ focusing on the dark area (areola) of the breast, which acts like a target ✓ moving towards the breast and rooting ✓ finding the nipple area and attaching with a wide-open mouth. 			
DOMAIN 5: ESSENTIAL ISSUES FOR A BREASTFEEDING MOTHER			
Competency 08. Discuss with a mother how breastfeeding works			
28. Describe at least 6 essential issues that every breastfeeding mother should know or demonstrate.	Question or case study		
<ul style="list-style-type: none"> ✓ Importance of exclusive breastfeeding for the first 6 months. ✓ Mother-infant eye-to-eye and body contact while feeding. ✓ Feeding cues and signs of an adequate latch, swallowing, milk transfer and infant satisfaction and how to recognize all of them. ✓ Average feeding frequency (at least 8 times per 24h) with some infants needing more frequent feedings. ✓ How to breastfeed in a comfortable position and without pain. ✓ Infants should be fed in response to feeding cues, offered both breasts per feeding and fed until they seem satisfied. ✓ How to ensure/enhance milk production and let down. ✓ Why and how to hand express colostrum/breast milk. ✓ How to correctly use and care for her breast pump (for a mother who needs to pump). ✓ Effects of pacifiers/ artificial teats on breastfeeding and why to avoid them until lactation is established. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Very few medications or mother's illnesses contraindicated during breastfeeding. ✓ Accurate information resources. ✓ Reasons for a breastfeeding mother to avoid tobacco, alcohol and other drugs. ✓ Safe sleeping instructions (how to make co-sleeping safer). ✓ Recognize signs of undernourishment or dehydration in the infant and warning signs for calling a health professional management of most common breastfeeding difficulties. 			
29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.	Observation		
<p>Use Foundational Skills to discuss the importance of exclusivity:</p> <p><u>For baby.</u></p> <ul style="list-style-type: none"> ✓ Baby will learn to breastfeed more quickly. ✓ Baby will learn how to self-regulate. ✓ Provides all the nutrients needed for physical and neurological growth and development. ✓ The effects of breastfeeding are greater when breastfeeding is exclusive. ✓ Colostrum is rich in protective factors. ✓ The microbiota (intestinal flora) of non-exclusively breastfed infants is different from exclusively breastfed ones. ✓ Even one dose of formula changes the microbiota. <p><u>For mother.</u></p> <ul style="list-style-type: none"> ✓ Frequent, exclusive breastfeeding helps build up a mother's milk supply. ✓ Less risk of engorgement. ✓ Breasts will feel more comfortable due to regular emptying. 			
30. Engage in a conversation with a mother regarding 2 elements related to infant feeding patterns in the first 36 hours of life.	Observation		
<p>Using Foundational Skills, explain that:</p> <ul style="list-style-type: none"> ✓ Minimum feeding frequency is 8 times per 24 hours. ✓ Cluster feeding (many cue-based feedings close together in time) is common and normal in the first 24-36 hours and is not an indication of inadequate supply. 			
31. Describe to a mother at least 4 signs of adequate transfer of milk in the first few days.	Observation		
<p>Using Foundational Skills, explain that:</p> <ul style="list-style-type: none"> ✓ Baby sucks regularly, rhythmically at the breast with occasional pauses. ✓ Rhythmic swallowing is seen or heard. ✓ No clicking sounds when feeding. ✓ Breasts can feel softer after feeds and regain fullness in-between feeds. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Urine output is progressively increasing to at least 4 heavy diapers/nappies per day and is pale yellow. ✓ Number of stools is progressively increasing after the first day. ✓ Stools changing from meconium (dark) to yellow. ✓ Baby appears satisfied, not crying. ✓ Weight stabilizes by day 4. 			
Competency 09. Assist mother getting her baby to latch			
32. Evaluate a full breastfeeding session observing at least 5 points.	Observation		
<p>Using Foundational Skills, assess the following:</p> <ul style="list-style-type: none"> ✓ Infant is able to latch and transfer milk. ✓ Infant has rhythmic bursts of suckling with brief pauses. ✓ Infant releases the breast at the end of feed in obvious satiation. ✓ Infant shows similar behaviours if he takes the second breast. ✓ Mother's hand supports the baby's neck and shoulders, without pushing the baby's head onto the breast. ✓ Mother ensures the baby's postural stability. ✓ Mother's breasts and nipples are comfortable and intact after the feed. ✓ Mother admits no breast or nipple pain. ✓ Signs/symptoms that could require further evaluation and monitoring as assessed. 			
33. Demonstrate at least 3 aspects of how to help a mother achieve a comfortable and safe position for breastfeeding within the first 6 hours after birth and later as needed during the hospital stay.	Observation		
<p>Using Foundational Skills:</p> <ul style="list-style-type: none"> ✓ Make sure the mother understands why it's important to adopt a comfortable and safe position. ✓ Explain why to remove blankets or clothes that are in-between mother and infant. ✓ Help the mother identify how to hold her baby to best facilitate the baby's innate reflexes and latching. ✓ Explain principles of position or holding baby (baby faces breast, close to mother, whole body supported). ✓ Use a hands-off (or hands-on-hands) approach to promote a mother's empowerment. Hands-on is only used after asking permission and when additional help is necessary. ✓ Offer additional help to a mother who had a caesarean to attain a comfortable position. ✓ Help the mother identify useful positions for a weaker baby. 			
34. Demonstrate how to help a mother achieve an effective and comfortable latch, noting at least 5 points.	Observation		
Using Foundational Skills:			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ First observe mother breastfeeding before recommending changes. ✓ Make sure the mother brings the baby to the breast and not the breast to the baby. ✓ Infant's mouth is wide open. ✓ Infant's chin is touching the breast. ✓ More areola visible above the baby's mouth than below. ✓ Lower lip is everted. ✓ Infant's cheeks are full, and no dimpling is evident. ✓ Nipples are intact and not pinched after the feeding. ✓ Absence of maternal pain. ✓ Explain/demonstrate to mother how to release a latch that is painful or shallow without hurting herself. ✓ Inform the mother to release or remove the baby from the breast when the latch is painful or shallow. 			
Competency 10. Help a mother respond to feeding cues			
35. Engage in a conversation with a mother regarding 2 aspects related to the importance of rooming-in 24h/day.	Observation in mother's room		
<p>Using Foundational Skills, discuss the importance of rooming-in:</p> <ul style="list-style-type: none"> ✓ To learn how to recognize and respond to her baby's feeding cues. ✓ To facilitate establishment of breastfeeding. ✓ To facilitate mother and baby's bonding/attachment. ✓ To enable frequent, unrestricted responsive feeding. ✓ To increase infant's and mother's well-being (less stress). ✓ To improve infection control (lower risk of spreading infectious diseases). 	to prevent misidentification of baby		Did not listen to mother saying she was tired, please take baby out of my room. Only told mom to keep her baby to feed him when hungry
36. Explain 2 situations: 1 for the mother and 1 for the infant, when it is acceptable to separate mother and baby while in hospital.	Question or case study		
<ul style="list-style-type: none"> ✓ For justifiable medical reasons affecting the mother (e.g. Mother is unconscious or unable to hold her baby). ✓ For justifiable medical reasons affecting the baby (e.g. baby needs respiratory support or is unstable). 			
37. Describe at least 2 early feeding cues and 1 late feeding cue.	Question or case study		
<p><u>Early cues.</u></p> <ul style="list-style-type: none"> ✓ Baby is waking up slowly. ✓ Salivating or rooting. ✓ Putting fingers or fist in or around his mouth. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Vocalizing. ✓ <u>Late cues.</u> ✓ Crying. ✓ Going back to sleep. 			
38. Describe at least 4 reasons why responsive feeding is important.	Question or case study		
<ul style="list-style-type: none"> ✓ Breastfeeding is facilitated following hormonal surge. ✓ Faster development of milk supply (no delay in lactogenesis II). ✓ Less breast engorgement. ✓ Initial weight loss and gain are within normal limits in early postnatal period. ✓ Mother learns to respond to her baby. ✓ Less crying so less temptation to supplement. ✓ Avoids triggering stress (elevated cortisol levels). ✓ Baby learns to self-regulate intake. ✓ Is essential to nurturing care. 			
39. Describe at least 2 aspects of responsive feeding (also called on-demand or baby-led feeding) independent of feeding method.	Question or case study		
<ul style="list-style-type: none"> ✓ Eliminate restrictions on the frequency or length of the infant's feeds. ✓ Respond promptly to infants' cues for feeding, closeness and/or comfort. ✓ Is essential to nurturing care. 			
Competency 11. Help a mother manage milk expression			
40. Demonstrate to a mother how to hand express breast milk, noting 8 points.	Observation		
<p>Use Foundational Skills to discuss the importance of:</p> <ol style="list-style-type: none"> 1. Creating a comfortable environment to facilitate the let-down reflex 2. Washing hands. 3. Having a clean bowl/container to catch the milk. 4. Massaging the whole breast gently. 5. Shaping a "C" around the breast with fingers, push back toward the chest wall away from the areola. 6. Pushing fingers towards the chest and squeeze fingers together rhythmically, then pause. 7. Expressing milk from both breasts. 8. Expecting that a session will last 10-20 minutes as milk flow decreases. 			
41. Explain at least 3 aspects of appropriate storage of breast milk.	Question or case study		
<ul style="list-style-type: none"> ✓ Labelling and dating of the expressed milk. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Container options for storage (bags, plastic or glass bottles). ✓ Hygienic storage. ✓ Temperature and duration of storage. ✓ Signs of improper storage and spoilage. 			
42. Explain at least 3 aspects of handling of expressed breast milk.	Question or case study		
<ul style="list-style-type: none"> ✓ Proper care of containers and feeding devices. ✓ Order of milk use: <ol style="list-style-type: none"> 1. Fresh before stored. 2. If using stored/frozen milk, use oldest stored milk first. ✓ Thawing and heating techniques. ✓ Handling of previously frozen and thawed human milk (do not refreeze). ✓ When to discard any remaining milk. 			
DOMAIN 6: HELPING MOTHERS AND BABIES WITH SPECIAL NEEDS			
Competency 12. Help a mother to breastfeed a low-birth-weight or sick baby			
43. Help a mother achieve a comfortable and safe position for breastfeeding with her preterm, late preterm, or weak infant at the breast, noting at least 4 points.	Observation		
Using Foundational Skills: <ul style="list-style-type: none"> ✓ First observe a mother breastfeeding before recommending changes. ✓ Preterm, late preterm, or some weaker infants will require more time, more patience as they may not open mouth upon stimulation or may not open their mouths wide enough. ✓ Guide a mother to bring baby to the breast and not breast to baby. ✓ Help a mother identify the most useful positions for weaker babies. ✓ Show how to do breast compression which may be useful with preterm, low tone or babies with a weak suck. ✓ Show a mother how to express milk into the baby's mouth. ✓ Help a mother identify how and when to release a latch that is painful or shallow (more frequent with preterm infants) without hurting herself. 			
44. Engage in a conversation with a mother of a preterm, late preterm, or low-birth-weight infant not sucking effectively at the breast, including at least 5 points.	Observation		
Using Foundational Skills, discuss the following: <ul style="list-style-type: none"> ✓ Facilitate prolonged skin-to-skin (Kangaroo Mother Care) to improve stabilization of temperature, breathing and heart rate. ✓ Engage in a conversation with a mother about why it may be necessary to wake up the baby within 3-4 hours if he doesn't demonstrate cues. ✓ Observe the baby latch + suck + swallow. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Monitor closely for frequently encountered problems such as hypoglycaemia, poor feeding, hyperbilirubinemia. ✓ Engage in a conversation with a mother about how to avoid excessive neonatal weight loss (more than 7% on day 3) and adjust feeding plan accordingly. ✓ Suggest frequent hand expression and compression of the breast to a mother. ✓ Explain how to hand express milk (see below). ✓ Explain/demonstrate how to cup feed the expressed breast milk. ✓ Explain the negative effects of pacifiers and teats while breastfeeding is being established. ✓ Describe medications that can affect breastfeeding. ✓ Explain safe sleeping. ✓ Explain the signs of undernourishment or dehydration in the infant. ✓ Explain appropriate storage and handling of expressed breast milk. ✓ Describe maintenance of lactation during separation or illness of mother or baby. 			
45. Engage in a conversation with a mother separated from her preterm or sick infant regarding at least 2 reasons to be with her infant in the intensive care unit.	Observation		
<p>Using Foundational Skills, discuss the following:</p> <ul style="list-style-type: none"> ✓ She will help her baby heal and grow better. ✓ She will be able to breastfeed sooner and better. ✓ She will be able to express breast milk more easily. ✓ She can feed her baby (using tube or other means). ✓ Her baby needs her touch, her warmth and her voice. ✓ When the mother is not able, the presence of significant others is also important. 			
46. Engage in a conversation with a mother of a preterm, late preterm or vulnerable infant (including multiple births) regarding the importance of observing at least 2 subtle signs and behavioural state shifts to determine when it is appropriate to breastfeed.	Observation		
<p>Using Foundational Skills, discuss the following:</p> <ul style="list-style-type: none"> ✓ Breastfeeding at the breast is guided by the infant's competence and stability rather than a certain gestational/postnatal/postmenstrual age or weight. ✓ How to recognize discrete signs of transition from deep to active sleep and waking up. ✓ Mother is guided not to interrupt the deep sleep stage just for routine feeding. ✓ Mother encouraged to observe her infant's signs of interest in rooting and sucking. ✓ Mother breastfeeds when her infant shows such signs. 			
Competency 13. Help a mother whose baby needs fluids other than breast milk			

Performance indicator and expected answers	National options	Competent	Needs improvement
47. List at least 2 potential contraindications to breastfeeding for a baby and 2 for a mother.	Question or case study		
<p><u>Maternal contraindications.</u></p> <ul style="list-style-type: none"> ✓ HIV, when mothers could not adhere to treatment throughout the breastfeeding period or national health authorities do not recommend breastfeeding for HIV-infected mothers. ✓ Ebola virus. ✓ Herpes simplex virus type 1 - active and on breast. ✓ Specific maternal medications, substances and illnesses (see WHO "Acceptable medical reasons..."). <p><u>Infant contraindications.</u></p> <ul style="list-style-type: none"> ✓ Galactosemia. ✓ Congenital lactase deficiency. ✓ Some inborn errors of metabolism may require supplementation (phenylketonuria, maple syrup disease). 			
48. Describe at least 4 medical indications for supplementing breastfed newborns: 2 maternal indications and 2 newborn indications, when breastfeeding is not improved following skilled assessment and management.	Question or case study		
<p><u>Infant indications.</u></p> <ul style="list-style-type: none"> ✓ Hypoglycaemia. ✓ Signs or symptoms that may indicate inadequate milk intake (significant dehydration, weight loss or delayed bowel movements). ✓ Hyperbilirubinemia associated with poor breast milk intake despite appropriate intervention. ✓ Some inborn errors of metabolism. <p><u>Maternal indications.</u></p> <ul style="list-style-type: none"> ✓ Delayed lactogenesis resulting in inadequate intake by the infant). ✓ Insufficient milk production related to insufficient gland tissue. ✓ Breast pathology or prior breast surgery resulting in poor milk production. ✓ Temporary mother-infant separation and no expressed milk available. ✓ Temporary suspension of breastfeeding. ✓ Intolerable pain during feedings. 			
49. Describe at least 3 risks of giving a breastfed newborn any food or fluids other than breast milk, in the absence of medical indication.	Question or case study		
<ul style="list-style-type: none"> ✓ It may interfere with the establishment of milk production. ✓ It decreases the infant's suckling at breast, potentially creating a cycle of insufficient milk and supplementation. ✓ Even one dose of formula significantly alters the intestinal microbiota. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ It increases the risks of diseases and allergies. ✓ Prelacteal feeds reduce importance of colostrum. 			
50. For those few health situations where infants cannot, or should not, be fed at the breast, describe, in order of preference, the alternatives to use.	Question or case study		
1. Mother's own expressed milk. 2. Donor human milk. 3. Infant formula.			
51. Engage in a conversation with a mother who intends to feed her baby formula, noting at least 3 actions to take.	Observation		
Use Foundational Skills to: <ul style="list-style-type: none"> ✓ Elicit information about why she intends to mixed feed. ✓ Assess a breastfeed to evaluate the presence of medical indications for supplementation. ✓ Manage common breastfeeding difficulties. ✓ Respond to the individual mother's and family's needs, concerns, preferences and values related to mixed feeding. ✓ Encourage mother to continue exclusive breastfeeding in the first 6 months. 			
52. Demonstrate at least 3 important items of safe preparation of infant formula to a mother who needs that information.	Observation		
Using Foundational Skills, demonstrate: <ul style="list-style-type: none"> ✓ Cleaning and sterilizing feeding and preparation equipment. ✓ Use of boiled water. ✓ Add powdered formula while water is above 70 degrees C. ✓ Exact amount of formula as instructed on the label. ✓ Cool the feed quickly to feeding temperature. ✓ Check temperature of formula before feeding. ✓ Discard formula not used within 2 hours. ✓ For using liquid formula concentrate: follow manufacturer's instructions 			
Competency 14. Help a mother who is not feeding her baby directly at the breast			
53. Demonstrate to a mother how to safely cup-feed her infant when needed, showing at least 4 points.	Observation		
Use Foundational Skills to demonstrate the following: <ul style="list-style-type: none"> ✓ Hygienic measures for preparation (hands and utensils). ✓ How to express breast milk. ✓ How to store expressed breast milk. ✓ How to handle expressed breast milk. ✓ How to safely prepare formula. ✓ Ensure the baby is fully awake, alert and interested in feeding. ✓ Hold the baby fairly upright for feeds. ✓ Tip the cup so the milk just reaches the baby's lips. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Let the baby lap the milk at his own pace. ✓ When the baby ends the feed in satiation, hold the baby upright and gently rub or pat his back to bring up any wind. ✓ Look out for and respect satiation cues. 			
54. Describe to a mother at least 4 steps to feed an infant a supplement in a safe manner.	Observation		
Using Foundational Skills, explain the following: <ul style="list-style-type: none"> ✓ Hold the baby fairly upright for feeds. ✓ Allow the baby to drink at his/her own pace. ✓ Baby may need short breaks during the feed and may need to burp sometimes (paced feeding). ✓ When the baby ends the feed in satiation, hold the baby upright and gently rub or pat his back to bring up any wind. ✓ Look out for and respect satiation cues. 			
55. Describe at least 2 alternative feeding methods other than feeding bottles.	Question or case study		
<ul style="list-style-type: none"> ✓ Open cup or spoon. ✓ Dropper or syringe. ✓ Tube-feeding device with finger. ✓ Tube feeding device at the breast. 			
56. Engage in a conversation with a mother who requests feeding bottles, teats, pacifiers and soothers without medical indication, including at least 3 points.	Observation		
Use Foundational Skills to: <ul style="list-style-type: none"> ✓ Explore the reasons for a mother's request for a feeding bottle, teat or pacifier. ✓ Address her concerns behind her request. ✓ Educate on the risks of feeding bottles, teats or pacifier use, especially on suckling and nutritional status. ✓ Suggest alternatives to calm a baby. ✓ List possible hygiene risks related to inadequate cleaning of feeding utensils. ✓ Explain that suckling from a feeding bottle and teat may cause breastfeeding difficulty, especially if use starts before breastfeeding is established or bottle use is prolonged. ✓ Suggest that pacifiers may replace suckling, which can lead to a reduction of maternal milk production. ✓ Alert the mother that a pacifier prevents the mother from observing the infant's subtle feeding cues, which may delay feeding. ✓ Explain that the use of feeding bottles with teats in preterm infants interferes with learning to suckle at the breast. 			
Competency 15. Help a mother prevent or resolve difficulties with breastfeeding			
57. Engage in a conversation with a mother regarding at least 4 different ways to facilitate breastfeeding in order to prevent or resolve most common conditions of the	Observation		

Performance indicator and expected answers	National options	Competent	Needs improvement
lactating breasts (sore nipples, engorgement, mother who thinks she doesn't have enough milk, infants who have difficulty sucking).			
Use Foundational Skills to discuss: <ul style="list-style-type: none"> ✓ Frequent skin-to-skin. ✓ 24h rooming-in. ✓ Importance of skin-to-skin and rooming-in for both parents. ✓ Infant's cues, signs of a good latch and milk transfer, infant swallowing, and how to remove a baby from the breast if in pain. ✓ Baby can remain at her breast for as long as he desires. ✓ Unrestricted frequency and responsive feeding. ✓ Avoidance of pacifiers/dummies and/or bottles during the first weeks. ✓ Typical feeding patterns: day and night for the first weeks and at least 8 times per 24h, expecting more often during the first week. ✓ Mother's perception of adequate milk supply (also versus colostrum). ✓ How the mother can confirm reliable and adequate milk production by observing specific signs in the baby. ✓ Breastfeeding takes practice, patience, and persistence. 			
58. Describe at least 4 elements to assess when a mother says that her infant is crying frequently.	Question or case study		
<ul style="list-style-type: none"> ✓ Mother's expectations of how a baby behaves. ✓ What strategies she has used to calm her baby. ✓ Mother's response to infant's cues for feeding. ✓ Baby's needs for closeness and/or comfort. ✓ Signs of good positioning and effective latching. ✓ Suckling, swallowing, and milk transfer. ✓ Infant's feeding patterns. ✓ Infant's sleep-wake patterns. ✓ Mother's level of anxiety or tiredness. 			
59. Describe at least 4 elements of anticipatory guidance to give to a mother on calming or soothing techniques before or as alternatives to pacifiers.	Question or case study		
<ul style="list-style-type: none"> ✓ Offer the breast again. ✓ Skin-to-skin with mother or support person. ✓ Hold the infant. ✓ Walk, move around. ✓ Rock. ✓ Sing. ✓ Interact with the baby. ✓ Massage. 			
DOMAIN 7: CARE AT DISCHARGE			
Competency 16. Ensure seamless transition after discharge			

Performance indicator and expected answers	National options	Competent	Needs improvement
60. Describe at least 2 locally available sources for timely infant feeding information and problem management.	Question or case study		
<ul style="list-style-type: none"> ✓ Follow-up visits by a healthcare provider. ✓ Primary healthcare centres. ✓ Community healthcare providers. ✓ Home visitors. ✓ Breastfeeding clinics. ✓ Nurses, midwives, lactation consultants. ✓ Peer counsellors, mother-to-mother support groups. ✓ Code-compliant infant feeding phone/help lines (e.g. no phone lines from infant feeding products companies). <p>** Add locally available resources</p>			
61. Describe at least 2 ways the healthcare facility engages with community-based programmes to coordinate breastfeeding messages and offer continuity of care.	Question or case study		
<ul style="list-style-type: none"> ✓ Regular meetings. ✓ Regular exchange of information. ✓ Discussion on population-based needs for resources in the community and at the healthcare facility. ✓ Sharing the same/similar material with parents. ✓ Forms for automatic referral at discharge. 			
62. Develop individualized discharge feeding plans with a mother that includes at least 6 points.	Observation		
<p>Using Foundational skills, assess a feed and the general health of mother and baby, then choose appropriate points that are relevant to the specific mother's and baby's needs to develop a plan, such as:</p> <ul style="list-style-type: none"> ✓ Review mother's understanding of her baby's unique feeding cues, ✓ Review baby's ability to achieve a comfortable latch, and ✓ Review signs of milk transfer with infant swallowing. ✓ Review signs of adequate of adequate intake (stools and urine). ✓ Review mother's understanding of her baby's need to feed frequently at least 8 times in 24 hours or more. ✓ Review with mother the importance of eye-to-eye contact with baby while feeding. ✓ Remind mother to let the baby finish nursing on the first breast, then offer the other breast until the baby seems satisfied by releasing the breast. ✓ Review mother's position (how she holds baby) to assure comfortable, pain-free feeds. ✓ Review mother's understanding of ensuring / enhancing milk production and let-down. ✓ Review mother's understanding of hand-expressing colostrum/breastmilk and why this is helpful. 			

Performance indicator and expected answers	National options	Competent	Needs improvement
<ul style="list-style-type: none"> ✓ Reinforce mother's awareness of risks of other fluids and importance of exclusive breastfeeding for 6 months. ✓ Reinforce mother's awareness of risks and uses of pacifiers and teats. ✓ Reinforce that very few medications or illnesses are contraindicated during breastfeeding. ✓ Provide mother with accurate sources of information and how to get help if needed. ✓ Provide the mother with information for continued breastfeeding and general health support in the community. ✓ Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding. ✓ *as applicable* Appropriate guidance specific to the mother-infant dyad. ✓ *as applicable* Reinforce mother's understanding of safe sleeping (breastfeeding and co-sleeping) arrangements. ✓ *as applicable* Observe mother's ability to correctly use and care for her breast pump. ✓ *as applicable* Observe mother's ability to correctly prepare and use infant formula. 			
63. Describe to a mother at least 4 warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge.	Observation		
<p>Using Foundational Skills, explain the following signs:</p> <ul style="list-style-type: none"> ✓ Usually sleeping for more than 4 hours. ✓ Baby apathetic. ✓ Irritable or weak cry. ✓ Always awake. ✓ Never seeming satisfied. ✓ Inability to suck. ✓ More than 12 feeds per day. ✓ Most feeds lasting more than 30 minutes. ✓ No signs of swallowing with at least every 3–4 sucks. ✓ Scant urine per day. ✓ No stools per day. ✓ Fever. 			
64. Describe at least 3 warning maternal signs for a mother to contact a health care professional after discharge.	Question or case study		
<ul style="list-style-type: none"> ✓ Persistent painful latch. ✓ Breast lumps. ✓ Breast pain. ✓ Fever. ✓ Doubts about milk production. ✓ Aversion to the child. ✓ Profound sadness. ✓ Any doubt about breastfeeding self-efficacy. 			

