

COMPETENCY VERIFICATION TOOLKIT

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

**WEB ANNEX D**

**EXAMINER'S RESOURCE (SORTED BY BFHI STEP)**



ISBN (WHO) 978-92-4-000938-7 (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	KSA	Responses/Practices of concern	Recommended Resources
<b>Step 1.A. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly Resolutions</b>			
1. List at least 3 products that are covered by the Code.	Question or case study		
<ul style="list-style-type: none"> <li>✓ 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).</li> <li>✓ 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.</li> <li>✓ Feeding bottles and teats.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unaware that all formulas 0-36 months are covered by the Code.</li> <li>✗ Unaware that bottles and teats are covered.</li> <li>✗ Unaware about infant foods and drinks.</li> <li>✗ Includes breast pumps.</li> <li>✗ Includes pacifiers.</li> <li>✗ Includes nipple shields.</li> <li>✗ Includes nipple creams.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1a. (1)</li> <li>• BFHI Training Materials Session 20. (4)</li> <li>• UNICEF/WHO online Code course. (7)</li> <li>• WHO Code and subsequent resolutions of WHA- <a href="https://www.who.int/nutrition/netcode/resolutions/en/(8-9)">https://www.who.int/nutrition/netcode/resolutions/en/(8-9)</a></li> </ul>
2. Describe at least 3 ways a direct care provider protects breastfeeding in practice	Question or case study		
<ul style="list-style-type: none"> <li>✓ Avoid giving mother formula samples just in case.</li> <li>✓ Avoid offering formula in the first few hours after birth.</li> <li>✓ Avoid telling a mother she doesn't produce enough milk without first conducting a thorough breastfeeding assessment.</li> <li>✓ Explain to the mother the negative effect of introducing partial bottle-feeding (mixed feeding).</li> <li>✓ Explain to the mother the social and financial implications of formula.</li> <li>✓ 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.</li> </ul>	K	<p>Direct care provider says:</p> <ul style="list-style-type: none"> <li>✗ "Breast is best, but...."</li> <li>✗ "Formula is not really risky...."</li> <li>✗ "It's just one bottle...."</li> <li>✗ "Let me just show you/give you this in case you need to prepare formula."</li> <li>✗ "Parents don't notice those things."</li> <li>✗ "They gave me these beautiful/useful/updated materials, and I hate not to use them...."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1a. (1)</li> <li>• BFHI Training Materials Session 20. (4)</li> <li>• UNICEF/WHO online Code course. (7)</li> <li>• WHO Code and subsequent resolutions of WHA- <a href="https://www.who.int/nutrition/netcode/resolutions/en/(8-9)">https://www.who.int/nutrition/netcode/resolutions/en/(8-9)</a></li> <li>• WHO Model Chapter 9.1.2. (10)</li> <li>• ABM Protocol 7. (11)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
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"> <li>✓ Accept only scientific and factual information.</li> <li>✓ Make sure information is free from commercial interests.</li> <li>✓ Refuse to accept information that promotes a commercial interest.</li> <li>✓ Make sure all information states the superiority of breastfeeding.</li> <li>✓ Make sure information does not imply an equivalency between breastfeeding and a breast-milk substitute.</li> </ul>	K	<p>Direct care provider says:</p> <ul style="list-style-type: none"> <li>✗ "They gave me these beautiful/useful/updated materials, and I hate not to use them...."</li> <li>✗ "They don't buy us nice office supplies anymore, and these pens/pads/post-its are useful."</li> <li>✗ "They said it was evidence-based information."</li> <li>✗ "Parents don't notice those things."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1a. (1)</li> <li>• BFHI Training Materials Session 20. (4)</li> <li>• UNICEF/WHO online Code course. (7)</li> <li>• WHO Code and subsequent resolutions of WHA- <a href="https://www.who.int/nutrition/netcode/resolutions/en/">https://www.who.int/nutrition/netcode/resolutions/en/</a></li> <li>• WHO Model Chapter 9.1.2. (8-9)</li> <li>• Global Strategy 2.26. (2)</li> </ul>
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		
<ul style="list-style-type: none"> <li>✓ Promotional items (e.g. pens, note pads, coffee mugs, measuring tapes, posters with company logos, mouse pads, badge holders).</li> <li>✓ Free meals.</li> <li>✓ Free seminars with or without continuing education credits.</li> <li>✓ Scholarships/grants/honoraria.</li> <li>✓ Free product or sample for personal use or distribution to patients, pregnant women, mothers of infants and young children, or members of their families.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Direct care provider says:</li> <li>✗ "They gave me these beautiful/useful/updated materials, and I hate not to use them...."</li> <li>✗ "They don't buy us nice office supplies anymore, and these pens/pads/post-its are useful."</li> <li>✗ "Parents like getting free stuff."</li> <li>✗ "Parents don't notice those things."</li> <li>✗ "I can't afford to go to that conference if I have to pay for it myself."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1a. (1)</li> <li>• BFHI Training Materials Session 20. (4)</li> <li>• UNICEF/WHO online Code course. (7)</li> <li>• WHO Code and subsequent resolutions of WHA- <a href="https://www.who.int/nutrition/netcode/resolutions/en/">https://www.who.int/nutrition/netcode/resolutions/en/</a> (8-9)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
			<ul style="list-style-type: none"> <li>• WHO Model Chapter 9.1.2. (10)</li> </ul>
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"> <li>✓ Appearance of product endorsement.</li> <li>✓ Potential obligation to favour that company's products over other products.</li> <li>✓ Ethical conflict of interest as direct care provider.</li> <li>✓ May be subtly influenced by the inducement and inadvertently undermine breastfeeding.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Direct care provider says:</li> <li>✗ "Parents don't notice those things."</li> <li>✗ "I can't afford to go to that conference if I have to pay for it myself."</li> <li>✗ "I am not susceptible to conflict of interest, even if others are."</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 20. (4)</li> <li>• UNICEF/WHO online Code course. (7)</li> <li>• WHO Code and subsequent resolutions of WHA- <a href="https://www.who.int/nutrition/netcode/resolutions/en/">https://www.who.int/nutrition/netcode/resolutions/en/</a> (8-9)</li> </ul>
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"> <li>✓ No posters or educational materials with images of infants being bottle-fed.</li> <li>✓ Images and posters with breastfeeding infants.</li> <li>✓ Products falling under the Code are kept out of the sight of parents.</li> <li>✓ No written or electronic material from infant feeding product companies given to future or actual parents.</li> <li>✓ 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.</li> <li>✓ Products falling under the Code are not given to mothers.</li> <li>✓ Representatives from infant feeding product companies should not seek direct or indirect contact of any kind with mothers and families in the hospital.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Direct care provider says:</li> <li>✗ "They don't buy us nice office supplies anymore."</li> <li>✗ "These pens/pads/post-its are useful."</li> <li>✗ "Parents don't notice those things."</li> <li>✗ "We don't have time to check for materials in the waiting rooms."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1a. (1)</li> <li>• BFHI Training Materials Session 20. (4)</li> <li>• UNICEF/WHO online Code course. (7)</li> <li>• WHO Code and subsequent resolutions of WHA- <a href="https://www.who.int/nutrition/netcode/resolutions/en/">https://www.who.int/nutrition/netcode/resolutions/en/</a> (8-9)</li> <li>• WHO Model Chapter 9.1.2. (10)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<b>Step 1.B. Have a written infant feeding policy that is routinely communicated to staff and parents.</b>			
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"> <li>✓ All Ten Steps.</li> <li>✓ The Code.</li> <li>✓ Support to all mothers, including the ones who decide not to breastfeed.</li> <li>✓ How the facility monitors progress towards the Ten Steps.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unaware of Infant Feeding Policy.</li> <li>✗ Unaware that all 10 Steps are covered.</li> <li>✗ Unaware that support is for all mothers, independent of feeding method.</li> <li>✗ Unaware of monitoring of Infant Feeding Policy.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1b. (1)</li> <li>• BFHI Trainer's Guide Session 1. (4)</li> <li>• WHO Model Chapter 4.2. (10)</li> </ul>
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		
<ul style="list-style-type: none"> <li>✓ Policy drives practice.</li> <li>✓ Mandatory compliance with the Code.</li> <li>✓ Practice according to the Ten Steps.</li> <li>✓ Inform everyone about the policy (staff, parents, general public).</li> <li>✓ Know where someone can get a copy of the policy.</li> <li>✓ Support is given to pregnant women and mothers to make informed decisions on infant feeding.</li> <li>✓ Practices are monitored in the facility.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unaware of the necessity of Code compliance.</li> <li>✗ Unaware of all Ten Steps.</li> <li>✗ Unaware of how to access Infant Feeding Policy.</li> <li>✗ Unaware that support is for all mothers, independent of feeding method.</li> <li>✗ Unaware of monitoring of Infant Feeding Policy.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1b. (1)</li> <li>• BFHI Trainer's Guide Session 1. (4)</li> <li>• WHO Model Chapter 4.2. (10)</li> </ul>
<b>Step 1.C. Establish ongoing monitoring and data management systems.</b>			
9. Explain at least 2 reasons why monitoring of hospital practices is important to ensure quality of care.	Question or case study		

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Identify where the standards are not being met to facilitate correct implementation of practices.</li> <li>✓ Everyone in the facility is impacted.</li> <li>✓ To assess progress in implementation of evidence-based practices.</li> <li>✓ Use as an incentive towards achievement of goals.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to describe monitoring.</li> <li>✗ Unaware of auditing.</li> <li>✗ Unaware of what data is collected.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1c. (1)</li> <li>• WHO/UNICEF Guidance Tables 1 and 2 in Appendix 1. (1)</li> <li>• WHO. Monitoring the building blocks. Introduction. (12)</li> </ul>
10. Explain at least 2 ways practices are monitored in this facility.	Question or case study		
<ul style="list-style-type: none"> <li>✓ Regular audits, including competency verification.</li> <li>✓ Breastfeeding initiation and exclusivity rates are collected, compiled and shared with everyone concerned.</li> <li>✓ Use of supplements and justifications are monitored.</li> <li>✓ Each step has specific elements that are regularly or periodically monitored and communicated.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to describe monitoring.</li> <li>✗ Unaware of auditing.</li> <li>✗ Unaware of what data is collected.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.1. Step 1c. (1)</li> <li>• WHO/UNICEF Guidance Tables 1 and 2 in Appendix 1. (1)</li> <li>• WHO. Monitoring the building blocks. Introduction. (12)</li> </ul>
<b>Foundational skills: communicating in a credible and effective way</b>			
11. Demonstrate at least 3 aspects of listening and learning skills when talking with a mother.	Observation		
<ul style="list-style-type: none"> <li>✓ Ask open ended questions.</li> <li>✓ Use responses and gestures which show interest (smile, nod head, etc.).</li> <li>✓ Reflect back what the mother says.</li> <li>✓ Empathize – express that you understand how she feels in a culturally appropriate manner.</li> <li>✓ Avoid words which sound judgmental (good-bad-normal-wrong).</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Ask only closed questions.</li> <li>✗ Tell the mother instead of listening, reflecting back, and responding to her.</li> <li>✗ Neglect to listen to the mother.</li> <li>✗ Neglect to respond, nod, use hum or words.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 3. (4)</li> <li>• BFHI Training Materials Session 10. (4)</li> <li>• BFHI Training Materials- Session 15. (4)</li> <li>• WHO Model Chapter 5.2. (10)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
		<ul style="list-style-type: none"> <li>✗ Use judgment words (good-bad-wrong-normal).</li> </ul>	<ul style="list-style-type: none"> <li>• WHO Model Chapter 5.3. (10)</li> <li>• WHO Counselling Guidelines. (13)</li> </ul>
12. Demonstrate at least 3 ways to adapt communication style and content when talking with a mother.	Observation		
<ul style="list-style-type: none"> <li>✓ Use helpful non-verbal communication (sit down with the mother, avoid crossing arms over chest, use or avoid eye contact as culturally appropriate, etc...).</li> <li>✓ Respond to the particular barriers that the individual mother faces.</li> <li>✓ Use sensitivity and care to address challenges that the mother may be facing.</li> <li>✓ Respond to the individual mothers' and families' needs, preferences and values.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Neglect to look at the mother when speaking with her.</li> <li>✗ Neglect to take into account the non-verbal aspect of the discussion.</li> <li>✗ Ignore challenges the mother has.</li> <li>✗ React without sensitivity or care.</li> <li>✗ Use hands-on approach without first asking mother.</li> <li>✗ Use complex technical language.</li> <li>✗ Use infantilizing language.</li> <li>✗ Uses jargon inappropriately in interaction with others</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 3. (4)</li> <li>• BFHI Training Materials Session 10. (4)</li> <li>• BFHI Training Materials-Session 15. (4)</li> <li>• WHO Model Chapter 5.2. (10)</li> <li>• WHO Model Chapter 5.3. (10)</li> <li>• WHO Counselling Guidelines. (13)</li> </ul>
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"> <li>✓ Give time to the mother to explain her concerns to get the clear picture of what to emphasize.</li> <li>✓ Acknowledge what she thinks and feels.</li> <li>✓ Address her concerns with factual information provided in a sensitive and respectful manner.</li> <li>✓ Assist her to identify workable solutions responsive to her specific concerns and circumstances.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Tell mother what she should do instead of engaging in a conversation with her (give orders instead of suggesting).</li> <li>✗ Neglect to take time for the mother.</li> <li>✗ Give her a handout and tell her to read it.</li> <li>✗ Give standardized information to all mothers.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 4. (4)</li> <li>• BFHI Training Materials Session 10. (4)</li> <li>• BFHI Training Materials-Session 15. (4)</li> <li>• WHO Model Chapter 5.2. (10)</li> <li>• WHO Model Chapter 5.3. (10)</li> </ul>



Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
14. Describe at least 3 aspects of building confidence and giving support when talking with a mother.	Observation		
<ul style="list-style-type: none"> <li>✓ Elicit respectfully what she knows.</li> <li>✓ Recognize and affirm what is going well for the dyad.</li> <li>✓ Give positive feedback and emotional support to support the mothers' confidence and self-efficacy in breastfeeding.</li> <li>✓ Determine with her what needs improvement.</li> <li>✓ Enable a mother to achieve her goals for breastfeeding.</li> <li>✓ Give practical help.</li> </ul>		<ul style="list-style-type: none"> <li>✗ Neglect to recognize/ praise the mother's efforts or wishes (not showing empathy).</li> <li>✗ Give theory and not practical help.</li> <li>✗ Neglect to explain her care.</li> <li>✗ Use judgment words (good-bad-normal).</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 4. (4)</li> <li>• BFHI Training Materials Session 10. (4)</li> <li>• BFHI Training Materials-Session 15. (4)</li> <li>• WHO Model Chapter 5.2. (10)</li> <li>• WHO Model Chapter 5.3. (10)</li> </ul>
<b>Step 3. Discuss the importance and management of breastfeeding with pregnant women and their families.</b>			
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"> <li>✓ Global recommendations on early initiation of breastfeeding and skin-to-skin immediately following birth and for at least one hour.</li> <li>✓ Global recommendations on exclusive breastfeeding for the first 6 months.</li> <li>✓ Global recommendations on breastfeeding until 2 years old or more.</li> <li>✓ Risks of non-breastfeeding for both mother and baby.</li> </ul> <p><u>For baby:</u></p> <ul style="list-style-type: none"> <li>✓ The microbiota of non-exclusively breastfed infants is different from exclusively breastfed ones.</li> <li>✓ Supplementation with artificial milk significantly alters the intestinal microflora.</li> <li>✓ Higher risk of the following:</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Unable to describe global recommendations.</li> <li>✗ Unable to describe at least 3 aspects related to the importance of breastfeeding.</li> <li>✗ Unable to describe risks of not breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2. Step 3. (1)</li> <li>• WHO/UNICEF Guidance 2.2. Step 6. (1)</li> <li>• BFHI Training Materials Session 1. (4)</li> <li>• BFHI Training Materials Session 2. (4)</li> <li>• BFHI Training Materials Session 17. (4)</li> <li>• BFHI Training Materials Session 18. (4)</li> <li>• WHO Model Chapter 1.3. (10)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>– Acute diseases (respiratory infections, diarrhoeas, otitis, dermatitis).</li> <li>– Allergies and infections.</li> <li>– Chronic diseases (asthma, diabetes, obesity).</li> <li>– Cancers during infancy, leukaemia.</li> <li>– Death before 2 years old from all causes.</li> <li>– Necrotizing enterocolitis.</li> <li>– SIDS (sudden infant death syndrome).</li> <li>– Decreased cognitive development.</li> </ul> <p><u>For mother, using formula means:</u></p> <ul style="list-style-type: none"> <li>✓ Offering unneeded supplements may endanger adequate milk production.</li> <li>✓ Higher risk of the following: <ul style="list-style-type: none"> <li>– Postnatal depression.</li> <li>– Breast cancer.</li> <li>– Ovarian cancer.</li> <li>– Hypertension.</li> </ul> </li> <li>✓ – Type 2 diabetes.</li> </ul>			<ul style="list-style-type: none"> <li>• WHO Model Chapter 4.3. (10)</li> <li>• Global Strategy 2.10. (2)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 19 (14)</li> </ul>
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"> <li>– advantages of exclusive breastfeeding.</li> <li>– how to initiate and establish breastfeeding after birth.</li> <li>– the importance of skin-to-skin contact immediately after birth.</li> <li>– typical breastfeeding patterns.</li> <li>– responsive feeding and feeding cues.</li> <li>– rooming-in.</li> <li>– the importance of colostrum.</li> <li>– healthcare practices and the help that mother will receive after birth.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Neglect to address additional information according to her needs and concerns.</li> <li>✗ Talk only about the technical aspects of breastfeeding.</li> <li>✗ Unaware of what to tell a mother who is unsure about breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2. Step 3. (1)</li> <li>• BFHI Training Materials Session 17. (4)</li> <li>• BFHI Training Materials Session 18. (4)</li> <li>• WHO Model Chapter 4.3. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 19. (14)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
Support in a respectful manner a woman who may not be considering breastfeeding to make an informed decision about feeding her infant.			
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		
Use Foundational Skills to discuss the following: <ul style="list-style-type: none"> <li>✓ Importance of a positive childbirth experience.</li> <li>✓ Immediate and uninterrupted skin-to-skin.</li> <li>✓ Breastfeeding initiation within the first hour.</li> <li>✓ Recognition of feeding cues.</li> <li>✓ Prompt response to feeding cues.</li> <li>✓ Basics of good positioning and attachment.</li> <li>✓ How breastfeeding functions.</li> <li>✓ breast milk expression (why, how, practice touching her breast, get familiar with massage etc.)</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Ignore the links between difficulties in labour and positive breastfeeding experience.</li> <li>✗ Unaware of the importance of skin-to-skin and feeding within the first 1-2 hours for all infants.</li> <li>✗ Suggest/recommend set time for feeding and set duration for each suckling period.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2. Step 3. (1)</li> <li>• BFHI Training Materials Session 17. (4)</li> <li>• BFHI Training Materials Session 18. (4)</li> <li>• WHO Model Chapter 4.2 Step 3 (10)</li> <li>• ABM Protocol 19. (14)</li> <li>• WHO Guidelines: Intrapartum care 3.5.3. (15)</li> </ul>
29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.	Observation		
Use Foundational Skills to discuss the importance of exclusivity: <p><u>For baby.</u></p> <ul style="list-style-type: none"> <li>✓ Baby will learn to breastfeed more quickly.</li> <li>✓ Baby will learn how to self-regulate.</li> <li>✓ Provides all the nutrients needed for physical and neurological growth and development.</li> <li>✓ The effects of breastfeeding are greater when breastfeeding is exclusive.</li> <li>✓ Colostrum is rich in protective factors.</li> <li>✓ The microbiota (intestinal flora) of non-exclusively breastfed infants is different from exclusively breastfed ones.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Unable to list at least 3 reasons.</li> <li>✗ Give standardized information to all mothers.</li> <li>✗ Argue that one bottle of formula doesn't make any difference.</li> <li>✗ Argue that exclusive breastfeeding is not reasonable and hard to accomplish.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 6. (1)</li> <li>• BFHI Training Materials Session 1. (4)</li> <li>• WHO Model Chapter 1.3, 1.5. (10)</li> <li>• WHO Model Chapter 4.6 Step 6. (10)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Even one dose of formula changes the microbiota.</li> </ul> <p><u>For mother.</u></p> <ul style="list-style-type: none"> <li>✓ Frequent, exclusive breastfeeding helps build up a mother's milk supply.</li> <li>✓ Less risk of engorgement.</li> <li>✓ Breasts will feel more comfortable due to regular emptying.</li> </ul>			
<b>Step 4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.</b>			
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"> <li>✓ Temperature within normal limits.</li> <li>✓ Placenta expelled in a timely manner following the surge of maternal oxytocin, so less postnatal anaemia.</li> <li>✓ Surge of oxytocin resulting in adequate uterine involution, secured milk production.</li> <li>✓ Serum gastrin remains low, meaning less stress for the mother.</li> <li>✓ Breastfeeding is facilitated because of the hormones involved with skin-to-skin contact.</li> <li>✓ Bonding is facilitated (visual contacts, touch, en-face position, affectionate behaviours).</li> <li>✓ Mother's voice and movements are soft, she shows patience in her attempts to latch or to stimulate her baby.</li> <li>✓ Maternal feeling of well-being (oxytocin and endorphins are elevated).</li> <li>✓ Fewer postnatal depressive symptoms.</li> <li>✓ Less maternal negligence and baby abandonment.</li> <li>✓ Mutual reciprocity; maternal sensitivity is increased.</li> <li>✓ Mother can calm her baby more easily.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Direct care provider says:</li> <li>✗ "Well it is more because mothers want to have their babies close to them."</li> <li>✗ "We do it for bonding."</li> <li>✗ "Mother recognises her infant."</li> <li>✗ "Mother can stimulate her infant."</li> <li>✗ "Not so many benefits for mother."</li> <li>✗ "Mother focuses on her baby and not so on the birthing room routines."</li> <li>✗ "Mother is calmer because her infant is calmer."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 4. (1)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• WHO Guidelines: Intrapartum Care 3.5.2. (15)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> </ul>
19. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the infant.	Question or case study		

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Microbiota is colonized with mother's flora.</li> <li>✓ Temperature is maintained within normal limits.</li> <li>✓ Oxygenation and arterial gases are maintained within normal limits.</li> <li>✓ Heart rate is maintained within normal limits and initial tachycardia is reduced soon after birth.</li> <li>✓ Stress of being born is reduced (plasma gastrin remains low).</li> <li>✓ Glycemia is maintained within normal limits.</li> <li>✓ Cortisol level is low, promoting low stress post-birth and pre-feeding behaviours.</li> <li>✓ Normal neuromotor organization is promoted.</li> <li>✓ 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).</li> <li>✓ Initial weight loss and gain are within normal limits in the early postnatal period.</li> <li>✓ Pain reduced during painful procedures such as heel stick and intramuscular injections.</li> <li>✓ Baby is not in distress (cries less after the initial cry).</li> <li>✓ Bonding is facilitated (visual contacts, en-face position, alertness, vocalizations, calm).</li> </ul>	K	<p>Direct care provider says:</p> <ul style="list-style-type: none"> <li>✗ "Well, it is more because mothers want to have their babies close to them."</li> <li>✗ "They link skin-to-skin to many benefits, but I doubt most of that research."</li> <li>✗ "We do it for bonding."</li> <li>✗ "I doubt about the benefits for the infant as very often the baby cries more."</li> <li>✗ "They say, the baby's temperature is better, but I'm not sure."</li> <li>✗ "They say breastfeeding is facilitated because baby is so close to the nipple."</li> <li>✗ "It decreases the baby's heart rate."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 4. (1)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• WHO Guidelines: Intrapartum Care 3.5.2. (15)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> <li>• ABM Protocol 23. (18)</li> </ul>
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"> <li>✓ Naked baby is immediately placed prone on the mother's bare chest and not placed under the warmer or elsewhere before this contact.</li> <li>✓ 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.</li> <li>✓ Valid for vaginal births or caesareans under regional anaesthesia.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Dry head and back hastily.</li> <li>✗ Leave wet blankets on the baby.</li> <li>✗ Neglect to expand the baby enough on the mother's chest.</li> <li>✗ State that it is too dangerous to place twins on the mother's body.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 4. (1)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• WHO/UNICEF Frequently Asked Questions on BFHI Guidance. (19)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Baby is assessed while on his mother as the skin-to-skin contact will reduce his stress of being born.</li> <li>✓ Stability of the baby (e.g. absence of apnoea, desaturation and bradycardia) is assessed after it is placed on the mother.</li> </ul>		<ul style="list-style-type: none"> <li>✗ Lift/remove dry blanket to make observations.</li> <li>✗ Interrupt skin-to-skin for non-medically justifiable reasons during the first hour: initial assessment, routine measurements, routine medication.</li> <li>✗ Assess the baby before placing him skin-to-skin on the mother's chest.</li> <li>✗ Assess a near term or premature before placing him skin-to-skin is really important.</li> <li>✗ Avoid re-starting skin-to-skin as soon as possible after it has been interrupted and this, for non-medically justifiable reasons.</li> <li>✗ Refuse to place babies skin-to-skin immediately with their mothers at caesareans.</li> <li>✗ Argue that cannot place babies skin-to-skin at caesareans because other direct care providers do not agree.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO Model Chapter 4.4. (10)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> </ul>
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"> <li>✓ Observation of the newborn (colour, breathing and free movement of head and chest).</li> <li>✓ Observation of the mother (well-being, alertness, pain level).</li> <li>✓ Description to parents of what to observe and who to contact.</li> <li>✓ Observation is done regularly by one designated healthcare professional according to written procedure (may be called policy, protocol, procedure or guideline).</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Omit to inform parents about what to observe.</li> <li>✗ Omit to correct harmful situations:</li> <li>✗ Baby rest on his two arms.</li> <li>✗ Baby is sidelying.</li> <li>✗ Haemostat clamps under the baby.</li> <li>✗ Baby under many warm blankets.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 4. (1)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• WHO Guidelines: Intrapartum Care 3.5.2. (15)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
✓ Support of the baby in case of caesarean section, to avoid falls.		<ul style="list-style-type: none"> <li>✗ Baby not breathing.</li> <li>✗ Baby turning blue.</li> <li>✗ Mother who cannot see her baby's face.</li> <li>✗ Direct care provider says:</li> <li>✗ "Baby is usually so calm that there is no need for close supervision."</li> <li>✗ "Parents check on their baby, so there is no need for close professional supervision."</li> <li>✗ "Baby is safe on the support person so no need to make regular observation as the person is alert and awake."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO Model Chapter 4.4. (10)</li> <li>• ABM Protocol 7. (11)</li> </ul>
22. List at least 3 reasons why skin-to-skin should NOT be interrupted.	Question or case study		
<ul style="list-style-type: none"> <li>✓ If skin-to-skin is interrupted:</li> <li>✓ Hormonal secretion of oxytocin and endorphins has to be re-started later on.</li> <li>✓ Baby's cortisol will be higher indicating a higher level of stress.</li> <li>✓ 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).</li> <li>✓ There is a risk of microbiome being "contaminated" by germs other than the mother's.</li> <li>✓ The human innate sequence of the newborn (instinctual pre-feeding behaviours) will be affected.</li> <li>✓ There will be a delay in the completion of this innate process (instinctual pre-feeding behaviours).</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to explain at least 3 reasons.</li> <li>✗ Direct care provider says: <ul style="list-style-type: none"> <li>- "it is required by the BFHI."</li> <li>- "they make big fuss about this but in fact, I see that babies are not affected at all."</li> <li>- "really, the temperature is sometimes not normal, so we have to place the baby under the warmer."</li> <li>- "mother will feel insecure."</li> <li>- "infant will cry more."</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 4. (1)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• WHO Model Chapter 4.4. (10)</li> <li>• ABM Protocol 7. (11)</li> </ul>
23. Explain at least 2 reasons when skin-to-skin could be interrupted for medically justifiable reasons.	Question or case study		

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ In presence of a critical medical issue.</li> <li>✓ Mother is not well (fainting, dizziness, etc).</li> <li>✓ Baby is unstable as per WHO/UNICEF definitions (e.g. apnoea, desaturation and bradycardia).</li> <li>✓ 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.</li> <li>✓ All of the above should be explained in the chart.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Use routine separation after a c-section.</li> <li>✗ Need to first assess the baby.</li> <li>✗ Need to give baby ocular/vitamin K prophylaxis immediately after birth.</li> <li>✗ Need to wait until the episiotomy is sewn up.</li> <li>✗ Argue that mothers are often nauseated.</li> <li>✗ Argue that baby is breathing too fast; need to calm him down under the warmer first.</li> <li>✗ Argue that baby is crying too much.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Frequently Asked Questions on BFHI Guidance. (19)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> </ul>
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"> <li>1. Keep baby skin-to-skin with the mother, covered with a dry blanket.</li> <li>2. Make sure the baby is secure.</li> </ol> <p>OPTION 2</p> <ol style="list-style-type: none"> <li>1. Place baby skin-to-skin on the support person, covered with a dry blanket.</li> <li>2. Return infant skin-to-skin with the mother when the mother is able.</li> </ol>	K	<ul style="list-style-type: none"> <li>✗ Have the support person hold the baby until mother returns to her room.</li> <li>✗ Have the support person excluded from the recovery room.</li> <li>✗ Use safety reasons to avoid transferring mother and baby skin-to-skin.</li> <li>✗ Place the baby under the warmer until skin-to-skin is re-established in the recovery room, even in the presence of a support person.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 6. (4)</li> </ul>
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		



Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<p>Use Foundational Skills to discuss reasons why it is important:</p> <ul style="list-style-type: none"> <li>✓ Triggers the production of breast milk.</li> <li>✓ Facilitates the progress of lactogenesis.</li> <li>✓ Increases uterine contractions.</li> <li>✓ Reduces risk of infant mortality.</li> <li>✓ Mother learns how to recognize her infant's cues and effective latch.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Unable to explain at least 3 reasons.</li> <li>✗ Direct care provider says:</li> <li>✗ "because the BFHI requires it."</li> <li>✗ "because if the infant is fed, there is no more worry about the baby's glycemia."</li> <li>✗ "mother can rest safely after first suckling."</li> <li>✗ "it reassures the mother that the baby will know how to suck."</li> <li>✗ "baby has to be separated because he is near term or preterm."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 1.1 and 2.2 Step 4. (1)</li> <li>• WHO/UNICEF Frequently Asked Questions on BFHI Guidance. (19)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• WHO Model Chapter 2.5. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> </ul>
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"> <li>✓ 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).</li> <li>✓ Position the newborn on the mother to facilitate visual contact and recognition of the baby's awakening and hunger cues by the mother.</li> <li>✓ Ensure the infant can spontaneously lift his head at all times to facilitate optimal breathing and first sucking.</li> <li>✓ 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.</li> <li>✓ Ensure the infant's nose and mouth are visible at all times.</li> <li>✓ Ensure the mother is responsive.</li> <li>✓ Ensure both mother and support person know what to assess and how to get help if needed.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Give too little information about what to assess for safety.</li> <li>✗ Unable to explain what to observe on the infant.</li> <li>✗ Neglect to listen when mother says she cannot see her baby's face.</li> <li>✗ Leave wet blankets on.</li> <li>✗ Neglect to explain basic safety aspects:</li> <li>✗ baby not expanded enough on the mother's chest.</li> <li>✗ baby under many warm blankets.</li> <li>✗ blanket tight around the baby's head hindering movement of the head.</li> <li>✗ blanket tight around the baby to keep temperature stable.</li> <li>✗ mother flat on her bed.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 6. (4)</li> <li>• WHO Model Chapter 4.4. (10)</li> <li>• ABM Protocol 7. (11)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
		✗ mother holding her baby by the back of the head and the direct care provider not explaining how this hinders baby's head movement.	
27. Describe to a mother at least 3 pre-feeding behaviours babies show before actively sucking at the breast.	Observation		
<ul style="list-style-type: none"> <li>✓ The pre-feeding behaviours of the baby include:</li> <li>✓ • a short rest in an alert state to settle to the new surroundings</li> <li>✓ • bringing their hands to their mouth and making sucking motions and sounds</li> <li>✓ • touching the nipple with the hand</li> <li>✓ • focusing on the dark area (areola) of the breast, which acts like a target</li> <li>✓ • moving towards the breast and rooting</li> <li>✓ • finding the nipple area and attaching with a wide-open mouth.</li> </ul>	K-S-A	✗ Unable to explain at least 3 behaviours.	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 6. (4)</li> </ul>
<b>Step 5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.</b>			
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"> <li>✓ Importance of exclusive breastfeeding for the first 6 months.</li> <li>✓ Mother-infant eye-to-eye and body contact while feeding.</li> <li>✓ Feeding cues and signs of an adequate latch, swallowing, milk transfer and infant satisfaction and how to recognize all of them.</li> <li>✓ Average feeding frequency (at least 8 times per 24h) with some infants needing more frequent feedings.</li> <li>✓ How to breastfeed in a comfortable position and without pain.</li> <li>✓ Infants should be fed in response to feeding cues, offered both breasts per feeding and fed until they seem satisfied.</li> <li>✓ How to ensure/enhance milk production and let down.</li> <li>✓ Why and how to hand express colostrum/breast milk.</li> </ul>	K	✗ Any answer inconsistent with responses in the left column.	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5, 6, 7, 8, 9, 10. (1)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• BFHI Training Materials Session 19. (4)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ How to correctly use and care for her breast pump (for a mother who needs to pump).</li> <li>✓ Effects of pacifiers/ artificial teats on breastfeeding and why to avoid them until lactation is established.</li> <li>✓ Very few medications or mother's illnesses contraindicated during breastfeeding.</li> <li>✓ Accurate information resources.</li> <li>✓ Reasons for a breastfeeding mother to avoid tobacco, alcohol and other drugs.</li> <li>✓ Safe sleeping instructions (how to make co-sleeping safer).</li> <li>✓ Recognize signs of undernourishment or dehydration in the infant and warning signs for calling a health professional management of most common breastfeeding difficulties.</li> </ul>			<ul style="list-style-type: none"> <li>• WHO Model Chapter 1.3. (10)</li> <li>• WHO Model Chapter 2.1, 2.8, 2.9, 2.11, 2.12. (10)</li> <li>• WHO Model Chapter 3.1 and Box 1. (10)</li> <li>• WHO Model Chapter 4.5 and Box 6, 7, 4.6. (10)</li> <li>• WHO Model Chapter 5.5.2, Figure 15 and Box 14. (10)</li> <li>• WHO Model Chapter 7. (10)</li> <li>• ABM Protocol 2. (20)</li> <li>• ABM Protocol 6. (21)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> <li>• ABM Protocol 12. (22)</li> </ul>
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"> <li>✓ Minimum feeding frequency is 8 times per 24 hours.</li> <li>✓ 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.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Explain that mother is to feed the baby only 8 times per 24h.</li> <li>✗ Argue that feeding patterns are determined by the mother so that the infant is correctly trained to a feeding schedule.</li> <li>✗ Explain that cluster feeding indicates low milk transfer and baby necessitates supplementation.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• WHO Model Chapter 2.12. (10)</li> <li>• WHO Model Chapter 4.6. (10)</li> <li>• ABM Protocol 5. (16)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
			<ul style="list-style-type: none"> <li>ABM Protocol 7. (11)</li> </ul>
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"> <li>✓ Baby sucks regularly, rhythmically at the breast with occasional pauses.</li> <li>✓ Rhythmic swallowing is seen or heard.</li> <li>✓ No clicking sounds when feeding.</li> <li>✓ Breasts can feel softer after feeds and regain fullness in-between feeds.</li> <li>✓ Urine output is progressively increasing to at least 4 heavy diapers/nappies per day and is pale yellow.</li> <li>✓ Number of stools is progressively increasing after the first day.</li> <li>✓ Stools changing from meconium (dark) to yellow.</li> <li>✓ Baby appears satisfied, not crying.</li> <li>✓ Weight stabilizes by day 4.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Unaware of or unable to recognize ineffective milk transfer.</li> </ul>	<ul style="list-style-type: none"> <li>WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>BFHI Training Materials Session 11. (4)</li> <li>BFHI Training Materials Session 12. (4)</li> <li>BFHI Training Materials Session 13. (4)</li> <li>WHO Model Chapter 5.4 and Box. (10)</li> <li>WHO Model Chapter 7.2, 7.3, 7.10, 7.11. (10)</li> <li>ABM Protocol 5. (16)</li> <li>ABM Protocol 7. (11)</li> </ul>
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"> <li>✓ Infant is able to latch and transfer milk.</li> <li>✓ Infant has rhythmic bursts of suckling with brief pauses.</li> <li>✓ Infant releases the breast at the end of feed in obvious satiation.</li> <li>✓ Infant shows similar behaviours if he takes the second breast.</li> <li>✓ Mother's hand supports the baby's neck and shoulders, without pushing the baby's head onto the breast.</li> <li>✓ Mother ensures the baby's postural stability.</li> <li>✓ Mother's breasts and nipples are comfortable and intact after the feed.</li> <li>✓ Mother admits no breast or nipple pain.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> </ul>	<ul style="list-style-type: none"> <li>WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>BFHI Training Materials Session 8. (4)</li> <li>BFHI Training Materials Session 10. (4)</li> <li>BFHI Training Materials Session 11. (4)</li> <li>BFHI Training Materials Session 12. (4)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
✓ Signs/symptoms that could require further evaluation and monitoring as assessed.			<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 13. (4)</li> <li>• BFHI Training Materials- Session 15. (4)</li> <li>• WHO Model Chapter 5.4.3. (10)</li> <li>• WHO Model Chapter 5.4.3 and Box 13. (10)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> </ul>
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"> <li>✓ Make sure the mother understands why it's important to adopt a comfortable and safe position.</li> <li>✓ Explain why to remove blankets or clothes that are in-between mother and infant.</li> <li>✓ Help the mother identify how to hold her baby to best facilitate the baby's innate reflexes and latching.</li> <li>✓ Explain principles of position or holding baby (baby faces breast, close to mother, whole body supported).</li> <li>✓ 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.</li> <li>✓ Offer additional help to a mother who had a caesarean to attain a comfortable position.</li> <li>✓ Help the mother identify useful positions for a weaker baby.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Unaware of the need for a mother to be comfortable before demonstrating and/or explaining.</li> <li>✗ Use a hands-on approach touching the mother's breasts or infant's head/body.</li> <li>✗ Argue that it's quicker to demonstrate initiation of breastfeeding with hands-on approach.</li> <li>✗ Argue that it is very important for the mother to try different positions very early on so she can choose the one she prefers.</li> <li>✗ Argue that it is very important to make a mother try as many different positions as possible in the first 6 hours after caesarean so she can</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 8. (4)</li> <li>• BFHI Training Materials Session 9. (4)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 4.4. (10)</li> <li>• WHO Model Chapter 2.8. (10)</li> <li>• WHO Model Chapter 2.9. (10)</li> <li>• WHO Model Chapter 2.11. (10)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
		<p>adopt the one which doesn't trigger pain.</p> <p>✗ Say that the baby can be placed close to the mother in any position so that the mother can decide how to reach out and take her baby.</p>	<ul style="list-style-type: none"> <li>• WHO Model Chapter 4.5 and Box 6. (10)</li> <li>• WHO Model Chapter 7.15. (10)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> </ul>
34. Demonstrate how to help a mother achieve an effective and comfortable latch, noting at least 5 points.	Observation		
<p>Using Foundational Skills:</p> <ul style="list-style-type: none"> <li>✓ First observe mother breastfeeding before recommending changes.</li> <li>✓ Make sure the mother brings the baby to the breast and not the breast to the baby.</li> <li>✓ Infant's mouth is wide open.</li> <li>✓ Infant's chin is touching the breast.</li> <li>✓ More areola visible above the baby's mouth than below.</li> <li>✓ Lower lip is everted.</li> <li>✓ Infant's cheeks are full, and no dimpling is evident.</li> <li>✓ Nipples are intact and not pinched after the feeding.</li> <li>✓ Absence of maternal pain.</li> <li>✓ Explain/demonstrate to mother how to release a latch that is painful or shallow without hurting herself.</li> <li>✓ Inform the mother to release or remove the baby from the breast when the latch is painful or shallow.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Unaware of signs of a problematic latch.</li> <li>✗ Omit to observe that:</li> <li>✗ a large part of areola is visible and not in the baby's mouth.</li> <li>✗ infant's lips are pinched on the areola.</li> <li>✗ infant is not aligned with the mother's body.</li> <li>✗ infant is making a clicking sound.</li> <li>✗ infant doesn't suck rhythmically.</li> <li>✗ infant's nose is pushed into the breast.</li> <li>✗ Infant is not sucking.</li> <li>✗ State it is normal in the first hours for the mother to experience nipple pain.</li> <li>✗ Argue that if the baby is sucking, it means everything is ok.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>• BFHI Training Materials Session 5. (4)</li> <li>• BFHI Training Materials Session 8. (4)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 2.7. (10)</li> <li>• WHO Model Chapter 2.8. (10)</li> <li>• WHO Model Chapter 2.9. (10)</li> <li>• WHO Model Chapter 2.10. (10)</li> <li>• WHO Model Chapter 2.11. (10)</li> <li>• WHO Model Chapter 4.5 and Box 6. (10)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
			<ul style="list-style-type: none"> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> </ul>
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"> <li>1. Creating a comfortable environment to facilitate the let-down reflex</li> <li>2. Washing hands.</li> <li>3. Having a clean bowl/container to catch the milk.</li> <li>4. Massaging the whole breast gently.</li> <li>5. Shaping a “C” around the breast with fingers, push back toward the chest wall away from the areola.</li> <li>6. Pushing fingers towards the chest and squeeze fingers together rhythmically, then pause.</li> <li>7. Expressing milk from both breasts.</li> <li>8. Expecting that a session will last 10-20 minutes as milk flow decreases.</li> </ol>	K-S-A	<ul style="list-style-type: none"> <li>✗ Omit to explain the need for a clean technique.</li> <li>✗ Omit to suggest breast massage before expression.</li> <li>✗ Omit to explain how to do compression.</li> <li>✗ Neglect to correct the mother’s movement when she is sliding fingers from breast to areola.</li> <li>✗ Try to have mother express for a too short time (only a few minutes).</li> <li>✗ Demonstrate directly on the mother’s breast using ‘hands-on’ technique.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 2.2, 2.5, 2.6. (10)</li> <li>• WHO Model Chapter 4.5 and Box 7. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> </ul>
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		
<p>Using Foundational Skills:</p> <ul style="list-style-type: none"> <li>✓ First observe a mother breastfeeding before recommending changes.</li> <li>✓ 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.</li> <li>✓ Guide a mother to bring baby to the breast and not breast to baby.</li> <li>✓ Help a mother identify the most useful positions for weaker babies.</li> <li>✓ Show how to do breast compression which may be useful with preterm, low tone or babies with a weak suck.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Unaware that stable preterm infants do not necessarily demonstrate the same behaviours as term babies.</li> <li>✗ Argue that preterm or late preterm babies cannot latch effectively and need formula.</li> <li>✗ Argue that preterm babies can't latch properly until reaching a certain gestational age.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 9. (4)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Show a mother how to express milk into the baby's mouth.</li> <li>✓ Help a mother identify how and when to release a latch that is painful or shallow (more frequent with preterm infants) without hurting herself.</li> </ul>		<ul style="list-style-type: none"> <li>✗ Unaware of what constitutes a shallow latch.</li> <li>✗ Unaware of the clinical aspects of support for preterm babies "It is the same thing as usual."</li> <li>✗ Unaware of specificities of the latch of preterm infants.</li> <li>✗ Neglect to offer individualized care.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO Model Chapter 6.1. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> <li>• ABM Protocol 16. (26)</li> <li>• Neo-BFHI Core document. (27)</li> </ul>
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		
<p>Using Foundational Skills, discuss the following:</p> <ul style="list-style-type: none"> <li>✓ Facilitate prolonged skin-to-skin (Kangaroo Mother Care) to improve stabilization of temperature, breathing and heart rate.</li> <li>✓ 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.</li> <li>✓ Observe the baby latch + suck + swallow.</li> <li>✓ Monitor closely for frequently encountered problems such as hypoglycaemia, poor feeding, hyperbilirubinemia.</li> <li>✓ 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.</li> <li>✓ Suggest frequent hand expression and compression of the breast to a mother.</li> <li>✓ Explain how to hand express milk (see below).</li> <li>✓ Explain/demonstrate how to cup feed the expressed breast milk.</li> <li>✓ Explain the negative effects of pacifiers and teats while breastfeeding is being established.</li> <li>✓ Describe medications that can affect breastfeeding.</li> <li>✓ Explain safe sleeping.</li> <li>✓ Explain the signs of undernourishment or dehydration in the infant.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Argue that a late preterm reacts exactly the same as a term infant.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>• BFHI Training Materials Session 5. (4)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 6.1. (10)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 8. (25)</li> <li>• ABM Protocol 10. (17)</li> <li>• ABM Protocol 12. (22)</li> <li>• ABM Protocol 16. (26)</li> </ul>



Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Explain appropriate storage and handling of expressed breast milk.</li> <li>✓ Describe maintenance of lactation during separation or illness of mother or baby.</li> </ul>			
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 lactating breasts (sore nipples, engorgement, mother who thinks she doesn't have enough milk, infants who have difficulty sucking).	Observation		
<p>Use Foundational Skills to discuss:</p> <ul style="list-style-type: none"> <li>✓ Frequent skin-to-skin.</li> <li>✓ 24h rooming-in.</li> <li>✓ Importance of skin-to-skin and rooming-in for both parents.</li> <li>✓ 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.</li> <li>✓ Baby can remain at her breast for as long as he desires.</li> <li>✓ Unrestricted frequency and responsive feeding.</li> <li>✓ Avoidance of pacifiers/dummies and/or bottles during the first weeks.</li> <li>✓ Typical feeding patterns: day and night for the first weeks and at least 8 times per 24h, expecting more often during the first week.</li> <li>✓ Mother's perception of adequate milk supply (also versus colostrum).</li> <li>✓ How the mother can confirm reliable and adequate milk production by observing specific signs in the baby.</li> <li>✓ Breastfeeding takes practice, patience, and persistence.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Unaware of direct links between clinical practices and breastfeeding.</li> <li>✗ Recommend scheduled feeds with set duration.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>• BFHI Training Materials Session 5. (4)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• BFHI Training Materials Session 19. (4)</li> <li>• WHO Model Chapter 2.7, 2.8, 2.9, 2.10, 2.11. 2.12. (10)</li> <li>• WHO Model Chapter 4.5. (10)</li> <li>• WHO Model Chapter 5.4.3 and Box 13. (10)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<b>Step 6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.</b>			
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"> <li>✓ Baby will learn to breastfeed more quickly.</li> <li>✓ Baby will learn how to self-regulate.</li> <li>✓ Provides all the nutrients needed for physical and neurological growth and development.</li> <li>✓ The effects of breastfeeding are greater when breastfeeding is exclusive.</li> <li>✓ Colostrum is rich in protective factors.</li> <li>✓ The microbiota (intestinal flora) of non-exclusively breastfed infants is different from exclusively breastfed ones.</li> <li>✓ Even one dose of formula changes the microbiota.</li> </ul> <p><u>For mother.</u></p> <ul style="list-style-type: none"> <li>✓ Frequent, exclusive breastfeeding helps build up a mother's milk supply.</li> <li>✓ Less risk of engorgement.</li> </ul> <p>Breasts will feel more comfortable due to regular emptying.</p>	K-S-A	<ul style="list-style-type: none"> <li>✗ Unable to list at least 3 reasons.</li> <li>✗ Give standardized information to all mothers.</li> <li>✗ Argue that one bottle of formula doesn't make any difference.</li> </ul> <p>Argue that exclusive breastfeeding is not reasonable and hard to accomplish.</p>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 6. (1)</li> <li>• BFHI Training Materials Session 1. (4)</li> <li>• WHO Model Chapter 1.3, 1.5. (10)</li> </ul> <p>WHO Model Chapter 4.6 Step 6. (10)</p>
41. Explain at least 3 aspects of appropriate storage of breast milk.	Question or case study		
<ul style="list-style-type: none"> <li>✓ Labelling and dating of the expressed milk.</li> <li>✓ Container options for storage (bags, plastic or glass bottles).</li> <li>✓ Hygienic storage.</li> <li>✓ Temperature and duration of storage.</li> <li>✓ Signs of improper storage and spoilage.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Unable to mention 3 aspects of appropriate storage.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 4.5 Step 5. (10)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
			<ul style="list-style-type: none"> <li>• WHO Interim Guidelines on COVID-19 (23) Global Strategy. (2)</li> <li>• ABM Protocol 8. (25)</li> </ul>
42. Explain at least 3 aspects of handling of expressed breast milk.	Question or case study		
<ul style="list-style-type: none"> <li>✓ Proper care of containers and feeding devices.</li> <li>✓ Order of milk use:               <ol style="list-style-type: none"> <li>1. Fresh before stored.</li> <li>2. If using stored/frozen milk, use oldest stored milk first.</li> </ol> </li> <li>✓ Thawing and heating techniques.</li> <li>✓ Handling of previously frozen and thawed human milk (do not refreeze).</li> <li>✓ When to discard any remaining milk.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Unable to mention 3 aspects of appropriate handling.</li> <li>✗ Use microwave to defrost human milk.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 13. (4)</li> <li>• ABM Protocol 8. (25)</li> </ul>
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"> <li>✓ HIV, when mothers could not adhere to treatment throughout the breastfeeding period or national health authorities do not recommend breastfeeding for HIV-infected mothers.</li> <li>✓ Ebola virus.</li> <li>✓ Herpes simplex virus type 1 - active and on breast.</li> <li>✓ Specific maternal medications, substances and illnesses (see WHO "Acceptable medical reasons...").</li> </ul> <p><u>Infant contraindications.</u></p> <ul style="list-style-type: none"> <li>✓ Galactosemia.</li> <li>✓ Congenital lactase deficiency.</li> <li>✓ Some inborn errors of metabolism may require supplementation (phenylketonuria, maple syrup disease).</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to list at least 2 contraindications listed on the left column.</li> <li>✗ Mother with COVID-19 infection.</li> <li>✗ List maternal/infant illness other than those listed on the left column.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 14. (4)</li> <li>• WHO Model Chapter Annex 1. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• WHO Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts Interim guidance. 17 March 2020. (28)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
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"> <li>✓ Hypoglycaemia.</li> <li>✓ Signs or symptoms that may indicate inadequate milk intake (significant dehydration, weight loss or delayed bowel movements).</li> <li>✓ Hyperbilirubinemia associated with poor breast milk intake despite appropriate intervention.</li> <li>✓ Some inborn errors of metabolism.</li> </ul> <p><u>Maternal indications.</u></p> <ul style="list-style-type: none"> <li>✓ Delayed lactogenesis resulting in inadequate intake by the infant).</li> <li>✓ Insufficient milk production related to insufficient gland tissue.</li> <li>✓ Breast pathology or prior breast surgery resulting in poor milk production.</li> <li>✓ Temporary mother-infant separation and no expressed milk available.</li> <li>✓ Temporary suspension of breastfeeding.</li> <li>✓ Intolerable pain during feedings.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Hungry newborn: crying, fussy, frequent feeding, unsatisfied infant after breastfeeding (without further exploring the mother's/parent's reason and without informed decision).</li> <li>✗ Hyperbilirubinemia/need for phototherapy.</li> <li>✗ Mother's tiredness.</li> <li>✗ Following a mother/parent's request (without further exploration of the reasons).</li> <li>✗ Lack of resources, staff time or knowledge.</li> <li>✗ Neglect to first assess and offer skilled help.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 14. (4)</li> <li>• WHO Model Chapter Annex 1. (10)</li> <li>• ABM Protocol 3. (29)</li> </ul>
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"> <li>✓ It may interfere with the establishment of milk production.</li> <li>✓ It decreases the infant's suckling at breast, potentially creating a cycle of insufficient milk and supplementation.</li> <li>✓ Even one dose of formula significantly alters the intestinal microbiota.</li> <li>✓ It increases the risks of diseases and allergies.</li> <li>✓ Prelacteal feeds reduce importance of colostrum.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to describe risks of not breastfeeding exclusively.</li> <li>✗ Argue that small amount of formula doesn't do any harm.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 2. (4)</li> <li>• BFHI Training Materials Session 14. (4)</li> <li>• WHO Model Chapter 4.6 Step 6. (10)</li> <li>• ABM Protocol 3. (29)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
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.	K	<ul style="list-style-type: none"> <li>✗ Unable to list all options.</li> <li>✗ Unable to correctly order available options.</li> <li>✗ Offer formula as the only choice of supplement.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 6. (1)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• BFHI Training Materials Session 14. (4)</li> <li>• WHO Model Chapter 6.4. (10)</li> <li>• ABM Protocol 3. (29)</li> <li>• ABM Protocol 10. (17)</li> </ul>
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: ✓ 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.	K-S-A	<ul style="list-style-type: none"> <li>✗ Omit to evaluate the presence of a medical indication for supplementation.</li> <li>✗ Emphasize only the importance of exclusive breastfeeding.</li> <li>✗ Correct her decision or directly agree with mother's decision, without prior exploration about mother's concerns, values or beliefs related to mixed-feeding.</li> <li>✗ Disregard mother's concerns about father needing to get involved in baby's care.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 6. (1)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• BFHI Training Materials Session 14. (4)</li> <li>• ABM Protocol 3. (29)</li> <li>• ABM Protocol 7. (11)</li> </ul>
52. Demonstrate at least 3 important items of safe preparation of infant formula to a mother who needs that information.	Observation		

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
Using Foundational Skills, demonstrate: <ul style="list-style-type: none"> <li>✓ Cleaning and sterilizing feeding and preparation equipment.</li> <li>✓ Use of boiled water.</li> <li>✓ Add powdered formula while water is above 70 degrees C.</li> <li>✓ Exact amount of formula as instructed on the label.</li> <li>✓ Cool the feed quickly to feeding temperature.</li> <li>✓ Check temperature of formula before feeding.</li> <li>✓ Discard formula not used within 2 hours.</li> <li>✓ For using liquid formula concentrate: follow manufacturer's instructions.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Omit the hygiene of the container.</li> <li>✗ Neglect to address the need to wash hands.</li> <li>✗ Neglect to insist about using boiled water.</li> <li>✗ Omit that the powder needs to be added while the water is above 70°C.</li> <li>✗ Omit to prepare formula according to water:powder ratio on the label.</li> <li>✗ Neglect checking the temperature before feeding to the baby.</li> <li>✗ Avoid discarding reconstituted formula after 2 hours.</li> <li>✗ Suggest using previously boiled water stored in a thermos.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 14-Medical indications for supplementary feeding. (4)</li> <li>• WHO Guidelines for the safe preparation, storage and handling of powdered infant formula. (30)</li> <li>• WHO Model Chapter 6.5 Box 17. (10)</li> </ul>
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"> <li>✓ Hold the baby fairly upright for feeds.</li> <li>✓ Allow the baby to drink at his/her own pace.</li> <li>✓ Baby may need short breaks during the feed and may need to burp sometimes (paced feeding).</li> <li>✓ When the baby ends the feed in satiation, hold the baby upright and gently rub or pat his back to bring up any wind.</li> <li>✓ Look out for and respect satiation cues.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Lie the baby down flat and feed a bottle.</li> <li>✗ Force the baby to take a bottle.</li> <li>✗ Insist on having the baby finish a bottle.</li> <li>✗ Omit to explain responsive feeding.</li> <li>✗ Leave infant with a bottle.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO Guidelines for the safe preparation, storage and handling of powdered infant formula. (30)</li> <li>• UNICEF UK Baby-Friendly Initiative Infosheet on responsive feeding. (24)</li> </ul>
<b>Step 7. Enable mothers and their infants to remain together and to practice rooming in 24 hours a day.</b>			
35. Engage in a conversation with a mother regarding 2 aspects related to the importance of rooming-in 24h/day.	Observation		

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<p>Using Foundational Skills, discuss the importance of rooming-in:</p> <ul style="list-style-type: none"> <li>✓ To learn how to recognize and respond to her baby's feeding cues.</li> <li>✓ To facilitate establishment of breastfeeding.</li> <li>✓ To facilitate mother and baby's bonding/attachment.</li> <li>✓ To enable frequent, unrestricted responsive feeding.</li> <li>✓ To increase infant's and mother's well-being (less stress).</li> <li>✓ To improve infection control (lower risk of spreading infectious diseases).</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Offer standardized information.</li> <li>✗ Argue that mother needs to rest.</li> <li>✗ State that separation happens because tests have to be performed and weight to be measured.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 7. (1)</li> <li>• BFHI Training Materials Session 5. (4)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 4.6 Step 7. (10)</li> <li>• WHO COVID-19 Interim Guidelines. (23)</li> <li>• Global Strategy. (1)</li> <li>• ABM Protocol 6. (21)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> </ul>
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"> <li>✓ For justifiable medical reasons affecting the mother (e.g. Mother is unconscious or unable to hold her baby).</li> <li>✓ For justifiable medical reasons affecting the baby (e.g. baby needs respiratory support or is unstable).</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Need for the baby to be removed for all examinations, weighing, routine monitoring, procedures.</li> <li>✗ Need for the mother to rest.</li> <li>✗ Stating that a sleeping mother is a risk to her baby.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 7. (1)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• WHO Model Chapter 4.7 Step 7. (10)</li> <li>• ABM Protocol 6. (21)</li> <li>• ABM Protocol 7. (11)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
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		
Using Foundational Skills, discuss the following: <ul style="list-style-type: none"> <li>✓ She will help her baby heal and grow better.</li> <li>✓ She will be able to breastfeed sooner and better.</li> <li>✓ She will be able to express breast milk more easily.</li> <li>✓ She can feed her baby (using tube or other means).</li> <li>✓ Her baby needs her touch, her warmth and her voice.</li> <li>✓ When the mother is not able, the presence of significant others is also important.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Direct care provider says:</li> <li>✗ "Mother's presence interferes with caring for the baby."</li> <li>✗ "Mother's visits must be restricted to certain hours."</li> <li>✗ "The baby is too fragile for visitors, including the mother."</li> <li>✗ "Mother brings bacteria in the intensive care unit."</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 7. (1)</li> <li>• BFHI Training Materials Session 6. (4)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• WHO Model Chapter 4.6 Step 7. (10)</li> <li>• WHO Model Chapter 6.1.4. (10)</li> <li>• Neo-BFHI Core document. (27)</li> </ul>
<b>Step 8. Support mothers to recognize and respond to their infants' feeding cues.</b>			
37. Describe at least 2 early feeding cues and 1 late feeding cue.	Question or case study		
<u>Early cues.</u> <ul style="list-style-type: none"> <li>✓ Baby is waking up slowly.</li> <li>✓ Salivating or rooting.</li> <li>✓ Putting fingers or fist in or around his mouth.</li> <li>✓ Vocalizing.</li> <li>✓</li> </ul> <u>Late cues.</u> <ul style="list-style-type: none"> <li>✓ Crying.</li> <li>✓ Going back to sleep.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to describe early feeding cues.</li> <li>✗ Unaware of the difference between early and late feeding cues.</li> <li>✗ Suggest that we should let the baby cry before feeding him.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 8. (1)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• WHO Model Chapter 2.12. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• UNICEF UK Baby-Friendly Initiative Infosheet on responsive feeding. (24)</li> </ul>



Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
38. Describe at least 4 reasons why responsive feeding is important.	Question or case study		
<ul style="list-style-type: none"> <li>✓ Breastfeeding is facilitated following hormonal surge.</li> <li>✓ Faster development of milk supply (no delay in lactogenesis II).</li> <li>✓ Less breast engorgement.</li> <li>✓ Initial weight loss and gain are within normal limits in early postnatal period.</li> <li>✓ Mother learns to respond to her baby.</li> <li>✓ Less crying so less temptation to supplement.</li> <li>✓ Avoids triggering stress (elevated cortisol levels).</li> <li>✓ Baby learns to self-regulate intake.</li> <li>✓ Is essential to nurturing care.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Argue that a mother should adopt a schedule of feeds and restrict duration of feeds.</li> <li>✗ Argue that if a mother does not schedule feeds, she is always stuck with the baby and not free to live her own life.</li> <li>✗ Suggest that responsive feeding may be ok for the first 2-3 days but then, when the milk comes, we should recommend scheduled feeding.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• WHO Model Chapter 2.12. (10)</li> <li>• WHO Model Chapter 4.6 Step 8. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• UNICEF UK Baby-Friendly Initiative Infosheet on responsive feeding. (24)</li> </ul>
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"> <li>✓ Eliminate restrictions on the frequency or length of the infant's feeds.</li> <li>✓ Respond promptly to infants' cues for feeding, closeness and/or comfort.</li> <li>✓ Is essential to nurturing care.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to explain why responsive feeding is also for bottle-fed babies.</li> <li>✗ Argue that responsive feeding is ok for the first few days, but feeds should be scheduled after that.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 8. (1)</li> <li>• WHO Training Material Session 1. (4)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• WHO Model Chapter 4.6, Step 8 (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• UNICEF UK Baby-Friendly Initiative Infosheet on responsive feeding. (24)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
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		
Using Foundational Skills, discuss the following: <ul style="list-style-type: none"> <li>✓ Breastfeeding at the breast is guided by the infant's competence and stability rather than a certain gestational/postnatal/postmenstrual age or weight.</li> <li>✓ How to recognize discrete signs of transition from deep to active sleep and waking up.</li> <li>✓ Mother is guided not to interrupt the deep sleep stage just for routine feeding.</li> <li>✓ Mother encouraged to observe her infant's signs of interest in rooting and sucking.</li> <li>✓ Mother breastfeeds when her infant shows such signs.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Explain to mother that breastfeeding will be difficult because the baby has not reached a certain gestational/postnatal/postmenstrual age or weight.</li> <li>✗ Argue that babies should be fed at a set interval.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Trainer's Guide Session 7. (4)</li> <li>• WHO Model Chapter 2.12. (10)</li> <li>• WHO Model Chapter 4.6 (10)</li> <li>• WHO Model Chapter 6.1.2 and 6.1.4. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> <li>• Neo-BFHI Core Document. (27)</li> </ul>
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"> <li>✓ Mother's expectations of how a baby behaves.</li> <li>✓ What strategies she has used to calm her baby.</li> <li>✓ Mother's response to infant's cues for feeding.</li> <li>✓ Baby's needs for closeness and/or comfort.</li> <li>✓ Signs of good positioning and effective latching.</li> <li>✓ Suckling, swallowing, and milk transfer.</li> <li>✓ Infant's feeding patterns.</li> <li>✓ Infant's sleep-wake patterns.</li> <li>✓ Mother's level of anxiety or tiredness.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Explain that it is normal for a baby to cry frequently. It is his way of talking to you.</li> <li>✗ Suggest that the baby needs to learn when it is time to eat so to let the baby cry a little.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 12. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 5.4.3 Box 11, Box 13. (10)</li> <li>• WHO Model Chapter 7.10, 7.11. (10)</li> <li>• ABM Protocol 7. (11)</li> </ul>
<b>Step 9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.</b>			

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
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"> <li>✓ Hygienic measures for preparation (hands and utensils).</li> <li>✓ How to express breast milk.</li> <li>✓ How to store expressed breast milk.</li> <li>✓ How to handle expressed breast milk.</li> <li>✓ How to safely prepare formula.</li> <li>✓ Ensure the baby is fully awake, alert and interested in feeding.</li> <li>✓ Hold the baby fairly upright for feeds.</li> <li>✓ Tip the cup so the milk just reaches the baby's lips.</li> <li>✓ Let the baby lap the milk at his own pace.</li> <li>✓ When the baby ends the feed in satiation, hold the baby upright and gently rub or pat his back to bring up any wind.</li> <li>✓ Look out for and respect satiation cues.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Demonstrate careless hygiene for the milk preparation and holding the baby.</li> <li>✗ Omit the preparation of the equipment.</li> <li>✗ Neglect to hold the baby in sitting/upright position.</li> <li>✗ Pour the milk in the baby's mouth instead of allowing the baby to lap the milk from the cup.</li> <li>✗ Ignore the baby's cues while cup feeding.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 4.6 Step 9 Box 8. (10)</li> </ul>
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"> <li>✓ Hold the baby fairly upright for feeds.</li> <li>✓ Allow the baby to drink at his/her own pace.</li> <li>✓ Baby may need short breaks during the feed and may need to burp sometimes (paced feeding).</li> <li>✓ When the baby ends the feed in satiation, hold the baby upright and gently rub or pat his back to bring up any wind.</li> <li>✓ Look out for and respect satiation cues.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Lie the baby down flat and feed a bottle.</li> <li>✗ Force the baby to take a bottle.</li> <li>✗ Insist on having the baby finish a bottle.</li> <li>✗ Omit to explain responsive feeding.</li> <li>✗ Leave infant with a bottle.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO Guidelines for the safe preparation, storage and handling of powdered infant formula. (30)</li> <li>• UNICEF UK Baby-Friendly Initiative Infosheet on responsive feeding. (24)</li> </ul>
55. Describe at least 2 alternative feeding methods other than feeding bottles.	Question or case study		

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Open cup or spoon.</li> <li>✓ Dropper or syringe.</li> <li>✓ Tube-feeding device with finger.</li> <li>✓ Tube feeding device at the breast.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Unable to list 2 alternate feeding methods.</li> <li>✗ Use tube feeding and nothing else because it is easier and faster.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 4.6 Step 9. (10)</li> <li>• WHO Model Chapter 6.1.2, 6.4. (10)</li> <li>• ABM Protocol 3. (29)</li> <li>• ABM Protocol 10. (17)</li> </ul>
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		
<p>Use Foundational Skills to:</p> <ul style="list-style-type: none"> <li>✓ Explore the reasons for a mother's request for a feeding bottle, teat or pacifier.</li> <li>✓ Address her concerns behind her request.</li> <li>✓ Educate on the risks of feeding bottles, teats or pacifier use, especially on suckling and nutritional status.</li> <li>✓ Suggest alternatives to calm a baby.</li> <li>✓ List possible hygiene risks related to inadequate cleaning of feeding utensils.</li> <li>✓ 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.</li> <li>✓ Suggest that pacifiers may replace suckling, which can lead to a reduction of maternal milk production.</li> <li>✓ Alert the mother that a pacifier prevents the mother from observing the infant's subtle feeding cues, which may delay feeding.</li> <li>✓ Explain that the use of feeding bottles with teats in preterm infants interferes with learning to suckle at the breast.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Unable to list at least 3 risks.</li> <li>✗ Unaware of the difference between bottle feeding and breastfeeding.</li> <li>✗ Talk about the risks of bottles, teats and pacifiers without first exploring the reasons for mother's request.</li> <li>✗ Argue that there is no such thing as nipple confusion.</li> <li>✗ Argue that bottles/teats/pacifiers can help mothers overcome the difficulties of breastfeeding.</li> <li>✗ Forbid mothers to use bottles, teats and pacifiers.</li> <li>✗ State that baby needs a pacifier to prevent sudden infant death syndrome (SIDS).</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 9. (1)</li> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• WHO Model Chapter 3.1. Guiding Principle 4. (10)</li> <li>• WHO Model Chapter 4.6 Step 9. (10)</li> <li>• WHO Model Chapter 6.1.2. (10)</li> <li>• ABM Protocol 3. (29)</li> <li>• ABM Protocol 7. (11)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
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"> <li>✓ Offer the breast again.</li> <li>✓ Skin-to-skin with mother or support person.</li> <li>✓ Hold the infant.</li> <li>✓ Walk, move around.</li> <li>✓ Rock.</li> <li>✓ Sing.</li> <li>✓ Interact with the baby.</li> <li>✓ Massage.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Wait until the baby cries before feeding it.</li> <li>✗ Let the baby cry it out. Don't let him/her manipulate you.</li> <li>✗ Discourage a mother from placing her infant skin-to-skin with her and/or breastfeeding during painful procedures.</li> <li>✗ Suggest swaddling/tight bundling of the baby.</li> <li>✗ Offer to hold the baby.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 7. (4)</li> <li>• WHO Model Chapter 7.11. (10)</li> </ul>
<b>Step 10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.</b>			
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 lactating breasts (sore nipples, engorgement, mother who thinks she doesn't have enough milk, infants who have difficulty sucking).	Observation		
<p>Use Foundational Skills to discuss:</p> <ul style="list-style-type: none"> <li>✓ Frequent skin-to-skin.</li> <li>✓ 24h rooming-in.</li> <li>✓ Importance of skin-to-skin and rooming-in for both parents.</li> <li>✓ 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.</li> <li>✓ Baby can remain at her breast for as long as he desires.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Offer any answer inconsistent with responses in the left column.</li> <li>✗ Unaware of direct links between clinical practices and breastfeeding. Recommend scheduled feeds with set duration.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5. (1)</li> <li>• BFHI Training Materials Session 5. (4)</li> <li>• BFHI Training Materials Session 6. (4)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Unrestricted frequency and responsive feeding.</li> <li>✓ Avoidance of pacifiers/dummies and/or bottles during the first weeks.</li> <li>✓ Typical feeding patterns: day and night for the first weeks and at least 8 times per 24h, expecting more often during the first week.</li> <li>✓ Mother's perception of adequate milk supply (also versus colostrum).</li> <li>✓ How the mother can confirm reliable and adequate milk production by observing specific signs in the baby.</li> <li>✓ Breastfeeding takes practice, patience, and persistence.</li> </ul>			<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• BFHI Training Materials Session 19. (4)</li> <li>• WHO Model Chapter 2.7, 2.8, 2.9, 2.10, 2.11. 2.12. (10)</li> <li>• WHO Model Chapter 4.5. (10)</li> <li>• WHO Model Chapter 5.4.3 and Box 13. (10)</li> <li>• ABM Protocol 5. (16)</li> <li>• ABM Protocol 7. (11)</li> </ul>
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"> <li>✓ Follow-up visits by a healthcare provider.</li> <li>✓ Primary healthcare centres.</li> <li>✓ Community healthcare providers.</li> <li>✓ Home visitors.</li> <li>✓ Breastfeeding clinics.</li> <li>✓ Nurses, midwives, lactation consultants.</li> <li>✓ Peer counsellors, mother-to-mother support groups.</li> <li>✓ Code-compliant infant feeding phone/help lines (e.g. no phone lines from infant feeding products companies).</li> <li>✓ ** Add locally available resources</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to list at least 2 local sources of information.</li> <li>✗ Suggest infant feeding product manufacturers' websites or help lines.</li> <li>✗ Unaware of the type of local services offered so may not be timely to respond to the mother's needs.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidan+J63ce 2.2 Step 10. (1)</li> <li>• BFHI Training Materials Session 19. (4)</li> <li>• WHO Model Chapter 4.7 Step 10. (10)</li> <li>• WHO Model Chapter 5.1 and Box 9. (10)</li> <li>• ABM Protocol 2. (20)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> <li>• ABM Protocol 12. (22)</li> <li>•</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
			<ul style="list-style-type: none"> <li>** Add locally available resources</li> </ul>
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"> <li>✓ Regular meetings.</li> <li>✓ Regular exchange of information.</li> <li>✓ Discussion on population-based needs for resources in the community and at the healthcare facility.</li> <li>✓ Sharing the same/similar material with parents.</li> <li>✓ Forms for automatic referral at discharge.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to describe at least 2 ways.</li> <li>✗ State that no one attends the meetings, but everyone reads the minutes.</li> <li>✗ Explain that there is no engagement by the facility.</li> <li>✗ Argue that there is no need for engagement by the facility.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 10. (1)</li> <li>• BFHI Training Materials Session 19. (4)</li> <li>• WHO Model Chapter 4.7 Step 10. (10)</li> <li>• WHO Model Chapter 5.6. (10)</li> <li>• ABM Protocol 7. (11)</li> </ul>
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"> <li>✓ Review mother's understanding of her baby's unique feeding cues,</li> <li>✓ Review baby's ability to achieve a comfortable latch, and</li> <li>✓ Review signs of milk transfer with infant swallowing.</li> <li>✓ Review signs of adequate of adequate intake (stools and urine).</li> <li>✓ Review mother's understanding of her baby's need to feed frequently at least 8 times in 24 hours or more.</li> <li>✓ Review with mother the importance of eye-to-eye contact with baby while feeding.</li> <li>✓ 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.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Any answer inconsistent with responses in the left column.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO/UNICEF Guidance 2.2 Step 5, 6, 7, 8, 9, 10. (1)</li> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• BFHI Training Materials Session 13. (4)</li> <li>• BFHI Training Materials Session 19. (4)</li> <li>• WHO Model Chapter 1.3. (10)</li> <li>• WHO Model Chapter 2.1, 2.8, 2.9, 2.11, 2.12. (10)</li> </ul>

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Review mother's position (how she holds baby) to assure comfortable, pain-free feeds.</li> <li>✓ Review mother's understanding of ensuring / enhancing milk production and let-down.</li> <li>✓ Review mother's understanding of hand-expressing colostrum/breastmilk and why this is helpful.</li> <li>✓ Reinforce mother's awareness of risks of other fluids and importance of exclusive breastfeeding for 6 months.</li> <li>✓ Reinforce mother's awareness of risks and uses of pacifiers and teats.</li> <li>✓ Reinforce that very few medications or illnesses are contraindicated during breastfeeding.</li> <li>✓ Provide mother with accurate sources of information and how to get help if needed.</li> <li>✓ Provide the mother with information for continued breastfeeding and general health support in the community.</li> <li>✓ Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding.</li> <li>✓ *as applicable* Appropriate guidance specific to the mother-infant dyad.</li> <li>✓ *as applicable* Reinforce mother's understanding of safe sleeping (breastfeeding and co-sleeping) arrangements.</li> <li>✓ *as applicable* Observe mother's ability to correctly use and care for her breast pump.</li> <li>✓ *as applicable* Observe mother's ability to correctly prepare and use infant formula.</li> </ul>			<ul style="list-style-type: none"> <li>• WHO Model Chapter 3.1 and Box 1. (10)</li> <li>• WHO Model Chapter 4.5 and Box 6, 7, 4.6. (10)</li> <li>• WHO Model Chapter 5.5.2, Figure 15 and Box 14. (10)</li> <li>• WHO Model Chapter 7. (10)</li> <li>• ABM Protocol 2. (20)</li> <li>• ABM Protocol 6. (21)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> <li>• ABM Protocol 12. (22)</li> </ul>
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		



Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<p>Using Foundational Skills, explain the following signs:</p> <ul style="list-style-type: none"> <li>✓ Usually sleeping for more than 4 hours.</li> <li>✓ Baby apathetic.</li> <li>✓ Irritable or weak cry.</li> <li>✓ Always awake.</li> <li>✓ Never seeming satisfied.</li> <li>✓ Inability to suck.</li> <li>✓ More than 12 feeds per day.</li> <li>✓ Most feeds lasting more than 30 minutes.</li> <li>✓ No signs of swallowing with at least every 3–4 sucks.</li> <li>✓ Scant urine per day.</li> <li>✓ No stools per day.</li> <li>✓ Fever.</li> </ul>	K-S-A	<ul style="list-style-type: none"> <li>✗ Omit to observe or look for signs of undernourishment.</li> <li>✗ Unable to list signs of undernourishment.</li> <li>✗ Omit to observe signs in the mother, only in the baby.</li> <li>✗ Argue that a baby sleeps through the night in the first week.</li> <li>✗ State she hates to wake a sleeping baby.</li> <li>✗ Explain that all babies cry, and it is better to let him cry it out.</li> <li>✗ Respond that it is great to feed only 6 times a day this early on.</li> <li>✗ Say that if a baby is at the breast, everything is fine.</li> <li>✗ Insist that the mother keep trying to put the baby to the breast.</li> <li>✗ Explain that newborns don't urinate much and these diapers are very absorbent.</li> <li>✗ Tell mother "Don't worry, that's normal" without first verifying signs and symptoms.</li> <li>✗ State that no assessment is necessary so early on.</li> <li>✗ Turn the concern around by saying "You will learn to love your baby" or "Cheer up! Your baby is fine!"</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 7. (4)</li> <li>• BFHI Training Materials Session 12. (4)</li> <li>• BFHI Training Materials Session 19. (4)</li> <li>• WHO Model Chapter 5.5 and Figure15. (10)</li> <li>• WHO Model Chapter 7.10 and Table 9. (10)</li> <li>• ABM Protocol 7. (11)</li> <li>• ABM Protocol 10. (17)</li> </ul>
64. Describe at least 3 warning maternal signs for a mother to contact a health care professional after discharge.	Question or case study		

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
<ul style="list-style-type: none"> <li>✓ Persistent painful latch.</li> <li>✓ Breast lumps.</li> <li>✓ Breast pain.</li> <li>✓ Fever.</li> <li>✓ Doubts about milk production.</li> <li>✓ Aversion to the child.</li> <li>✓ Profound sadness.</li> <li>✓ Any doubt about breastfeeding self-efficacy.</li> </ul>	K	<ul style="list-style-type: none"> <li>✗ Unable to describe at least 3 warning signs.</li> <li>✗ Argue she doesn't have to inform mothers about warning signs since the hospital is not directly involved in post-discharge care.</li> </ul>	<ul style="list-style-type: none"> <li>• BFHI Training Materials Session 11. (4)</li> <li>• BFHI Training Materials Session 19. (4)</li> <li>• ABM Protocol 2. (20)</li> <li>• ABM Protocol 7. (11)</li> </ul>

