

COMPETENCY VERIFICATION TOOLKIT

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

**WEB ANNEX G**

**OBSERVATION TOOLS FOR KNOWLEDGE,  
SKILLS, AND ATTITUDES VERIFICATION**

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## Observation tool 1: Engage in antenatal conversation about breastfeeding (PI #15, 16, 17, 29)

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ELEMENT OF OBSERVATION	Y	N	U	N/A	REMARKS
<b>Use of Foundational skills</b> throughout interaction (PI #11, 12, 13, 14)					
<b>15. Engage in a conversation with a pregnant woman on 3 aspects of the importance of breastfeeding.</b>					
Early initiation of breastfeeding and skin-to-skin immediately and for at least one hour.					
Exclusive breastfeeding for the first 6 months.					
Breastfeeding until 2 years old or more.					
Risks of non-breastfeeding:					
<b>FOR BABY</b>					
Microbiota changes with formula introduction.					
Higher risk of the following: – Acute diseases (respiratory infections, diarrhoeas, otitis, dermatitis. – Allergies and infections. – Chronic diseases (asthma, diabetes, obesity). – Cancers during infancy, leukaemia. – Death before 2 years old from all causes. – Necrotizing enterocolitis. – SIDS (sudden infant death syndrome). – Decreased cognitive development.					
<b>FOR MOTHER, USING FORMULA MEANS:</b>					
Unneeded supplements impair milk production.					
Higher risk of the following: – Postnatal depression. – Breast cancer. – Ovarian cancer. – Hypertension. – Type 2 diabetes.					
<b>16. Assess at least 3 aspects of a pregnant woman's knowledge about breastfeeding in order to fill the gaps and correct inaccuracies.</b>					
Discuss additional information on breastfeeding according to her needs and					

concerns including:					
Exclusive breastfeeding (EBF).					
Initiate and establish breastfeeding.					
Immediate skin-to-skin contact after birth.					
Typical breastfeeding patterns.					
Responsive feeding and feeding cues.					
Rooming-in.					
The importance of colostrum.					
Postpartum care to support breastfeeding.					
Support informed infant feeding decisions.					
<b>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.</b>					
Importance of a positive childbirth experience.					
Immediate and uninterrupted skin-to-skin.					
Breastfeeding initiation within the first hour.					
Recognition of feeding cues.					
Prompt response to feeding cues.					
Basics of good positioning and attachment.					
How breastfeeding functions.					
Breast milk expression (why, how, practice touching her breast, get familiar with massage)					
<b>29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.</b>					
FOR BABY					
Learns to breastfeed more quickly.					
Baby self-regulates milk intake.					
Complete nutrition for growth & development.					
Exclusive breastfeeding is superior to partial.					
Colostrum is rich in protective factors.					
Microbiota changes with formula introduction.					
One dose of formula changes the microbiota.					
FOR MOTHER					
Frequent, effective, exclusive breastfeeding supports milk production.					
Prevents or reduces engorgement.					
Breasts are comfortable with regular feeds.					

## Observation tool 2: Immediate and uninterrupted skin-to-skin contact/early initiation of breastfeeding (PI #20, 21, 25, 26, 27)

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Use of Foundational skills throughout interaction (PI #11, 12, 13, 14)					
<b>20. Demonstrate 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.</b>					
Naked baby is immediately placed prone on the mother's bare chest and not placed under the warmer or elsewhere before this contact.					
Baby is not dried before being placed on the mother. When the baby has been placed skin-to-skin, the head and back are well dried to prevent evaporation.					
Valid for vaginal births or caesareans under regional anaesthesia.					
Baby is assessed while on the mother as skin-to-skin contact will reduce the stress of being born.					
Stability of the baby (e.g. absence of apnoea, desaturation and bradycardia) is assessed after being placed on the mother.					
<b>21. Demonstrate 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.</b>					
Observe newborn's colour, breathing and free movement of head and chest.					
Observe mother's well-being, alertness, pain level.					
Describe to parents what to observe and who to contact for help.					
Designate one healthcare professional to regularly observe according to written procedure.					
Continuous observation of baby to assure safety.					
<b>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.</b>					
Triggers the production of breast milk.					
Facilitates the progress of lactogenesis.					
Increases uterine contractions.					
Reduces risk of infant mortality.					

Recognition of infant's cues and effective latch.					
<b>26. Demonstrate at least 3 aspects of safe care of the newborn in the first 2 hours post-birth.</b>					
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).					
Position the newborn to facilitate visual contact and mother's recognition of the baby's awakening and hunger cues.					
Ensure the infant can spontaneously lift his head at all times to facilitate optimal breathing and first sucking.					
Visually check the infant's breathing, colour, responsiveness to stimulation when checking the mother's vital signs and without removing the blanket to avoid a decrease in temperature.					
Ensure the infant's nose and mouth are visible at all times.					
Ensure the mother is responsive.					
Reinforce to mother and support person what to assess and how to get help if needed.					
<b>27. Describe to a mother at least 3 pre-feeding behaviours babies show before actively sucking at the breast.</b>					
Short rest in an alert state to settle to the new surroundings.					
Brings hands to mouth and makes sucking motions and sounds.					
Touches the nipple with the hand.					
Focuses on the dark areola of the breast (a target).					
Moves towards the breast and roots.					
Finds the nipple area and attaches with a wide-open mouth.					

**Observation tool 3: Observe and support mothers to maintain comfortable, adequate and effective breastfeeding (PI #29, 30, 31,32, 33, 34, 35, 57)**

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<b>Use of Foundational skills</b> throughout interaction (PI #11, 12, 13, 14)					
<b>30. Engage in a conversation with a mother regarding 2 elements related to infant feeding patterns in the first 36 hours of life.</b>					
Minimum feeding frequency is 8 times/24 hours.					
Cluster feeding is common and is not an indication of inadequate supply.					
<b>31. Describe to a mother at least 4 signs of adequate transfer of milk in the first few days.</b>					
Regular, rhythmic sucking with occasional pauses.					
Audible swallowing occurs.					
No clicking sounds when feeding.					
Breasts softer after feeds and fuller before feeds.					
Increasing pale yellow urine output to at least 4 heavy diapers/nappies per day by day 4.					
Number of stools increases after the first day.					
Stools changing from meconium to yellow.					
Baby appears satisfied, not crying.					
Weight stabilizes by day 4.					
<b>32. Evaluate a full breastfeeding session observing at least 5 points.</b>					
Infant is able to latch and transfer milk.					
Rhythmic bursts of suckling with brief pauses.					
Releases the breast at the end of feed in obvious satiation.					
Similar behaviours if baby takes the other breast.					
Mother's hand supports the baby's neck and shoulders, without pushing the baby's head onto the breast.					
Mother ensures the baby's postural stability.					
Breasts and nipples are comfortable and intact					



after the feed.					
Absence of breast or nipple pain.					
Signs/symptoms that could require further evaluation and monitoring as assessed.					
<b>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.</b>					
Reinforce mother's understanding of importance of adoption a comfortable and safe position.					
Explain why to remove blankets or clothes that are in-between mother and infant.					
Reinforce the mother's ability to hold her baby to facilitate the baby's innate reflexes and latching.					
Explain principles of positioning (baby faces breast, close to mother, whole body supported).					
Use a hands-off (or hands-on-hands) approach to promote a mother's empowerment. Hands-on is only used after asking permission and when additional help is necessary.					
Offer additional help to a mother who birthed by caesarean to attain a comfortable position.					
Help the mother identify useful positions for a weaker baby.					
<b>34. Demonstrate how to help a mother achieve an effective and comfortable latch, noting at least 5 points.</b>					
First observe mother breastfeeding before recommending changes.					
Make sure the mother brings the baby to the breast and not the breast to the baby.					
Infant's mouth is wide open.					
Infant's chin is touching the breast.					
More areola visible above the baby's mouth than below.					
Lower lip is everted.					
Infant's cheeks are full without dimpling.					
Nipples are intact and not pinched post-feeding.					
Absence of maternal pain.					
Guide the mother to release a painful or shallow latch without hurting herself.					
Reinforce releasing or removing the baby from the breast when the latch is painful or shallow.					
<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).</b>					
Frequent skin-to-skin.					

24h rooming-in.					
Importance of skin-to-skin and rooming-in for both parents.					
Infant's cues, signs of a good latch and milk transfer, infant swallowing, and how to remove a baby from the breast if in pain.					
Baby can remain at breast for as long as desired.					
Unrestricted frequency and responsive feeding.					
Avoidance of pacifiers/dummies and/or bottles during the first weeks.					
Typical feeding patterns: day and night for the first weeks and at least 8 times per 24h, expecting more often during the first week.					
Mother's perception of adequate milk supply (also versus colostrum).					
Observation of specific signs baby signs to confirm reliable and adequate milk production.					
Breastfeeding takes practice, patience, and persistence.					
<b>29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.</b>					
FOR BABY					
Learns to breastfeed more quickly.					
Baby self-regulates milk intake.					
Complete nutrition for growth & development.					
Exclusive breastfeeding is superior to partial.					
Colostrum is rich in protective factors.					
Microbiota changes with formula introduction.					
One dose of formula changes the microbiota.					
FOR MOTHER					
Frequent, effective, exclusive breastfeeding supports milk production.					
Prevents or reduces engorgement.					
Breasts are comfortable with regular feeds.					
<b>35. Engage in a conversation with a mother regarding 2 aspects related to the importance of rooming-in 24h/day.</b>					
Recognize and respond to baby's feeding cues.					
Facilitate establishment of breastfeeding.					
Facilitate mother-baby bonding/attachment.					
Enable frequent, unrestricted responsive feeding.					
Increase mother-baby well-being (less stress).					
Improve infection control (lower risk of spreading infectious diseases).					

## Observation tool 4: Demonstrate how to hand express breast milk (PI #40)

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<b>Use of Foundational skills</b> throughout interaction (PI #11, 12, 13, 14)					
<b>40. Demonstrate to a mother how to hand express breast milk, noting 8 points.</b>					
Creating a comfortable environment to facilitate the let-down reflex.					
Washing hands.					
Having a clean bowl/container to catch the milk.					
Massaging the whole breast gently.					
Shaping a "C" around the breast with fingers, push back toward the chest wall away from the areola.					
Pushing fingers towards the chest and squeeze fingers together rhythmically, then pause.					
Expressing milk from both breasts.					
Expecting that a session will last 10-20 minutes as milk flow decreases.					

## Observation tool 5: Help a mother to breastfeed a preterm, low-birth-weight or sick baby (PI #43, 44, 45, 46)

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<b>Use of Foundational skills</b> throughout interaction (PI #11, 12, 13, 14)					
<b>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.</b>					
Observe a mother breastfeeding before recommending changes.					
Preterm, late preterm, or some weaker infants will require more time, more patience as they may not open mouth upon stimulation or may not open their mouths wide enough.					
Guide a mother to bring baby to the breast and not breast to baby.					
Help a mother identify the most useful positions for weaker babies.					
Teach breast compression to assist the mother with preterm, low tone or baby with a weak suck.					
Show a mother how to express milk into the baby's mouth.					
Guide the mother to release a painful or shallow latch without hurting herself.					
<b>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.</b>					
Facilitate prolonged skin-to-skin (Kangaroo Mother Care) to improve stabilization of temperature, breathing and heart rate.					
Reinforce why it may be needed to wake the baby within 3-4 hours if cues are not demonstrated.					
Observe the baby latch + suck + swallow.					
Monitor closely for problems such as hypoglycaemia, poor feeding, hyperbilirubinemia.					

Reinforce how to avoid excessive neonatal weight loss (more than 7% on day 3) and adjust feeding plan accordingly.					
Suggest frequent hand expression and compression of the breast to a mother.					
Explain how to hand express milk.					
Explain/demonstrate how to cup feed the expressed breast milk.					
Explain the impact of using pacifiers and teats on the establishment breastfeeding.					
Describe medications that can affect breastfeeding.					
Explain safe sleeping.					
Explain the signs of undernourishment or dehydration in the infant.					
Explain appropriate storage and handling of expressed breast milk.					
Describe maintenance of lactation during separation or illness of mother or baby.					
<b>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.</b>					
Help her baby heal and grow better.					
Be able to breastfeed sooner and better.					
Be able to express breast milk more easily.					
Be able to feed her baby (using tube or device).					
Baby needs her touch, her warmth and her voice.					
When the mother is not able, the presence of significant others is also important.					
<b>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.</b>					
Breastfeeding is guided by the infant's competence and stability rather than a certain gestational/postnatal/postmenstrual age or weight.					
How to recognize discrete signs of transition from deep to active sleep and waking up.					
Mother is guided not to interrupt the deep sleep stage just for routine feeding.					
Mother encouraged to observe her infant's signs of readiness to root and suck.					
Mother breastfeeds when her infant shows subtle feeding cues.					

## Observation tool 6: Demonstrate the skills needed for safe cup feeding an infant (PI #53, 56)

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<b>Use of Foundational skills</b> throughout interaction (PI #11, 12, 13, 14)					
<b>56. Engage in a conversation with a mother who requests feeding bottles, teats, pacifiers and soothers without medical indication, including at least 3 points.</b>					
Explore the reasons for a mother's request for a feeding bottle, teat or pacifier.					
Address her concerns behind the request.					
Discuss the risks of feeding bottles, teats or pacifier use.					
Suggest alternatives to calm a baby.					
List hygiene risks related to inadequate cleaning of feeding utensils.					
Explain that suckling from a feeding bottle and teat may cause breastfeeding difficulty, especially if use starts before breastfeeding is established.					
Discuss how pacifiers may replace suckling at the breast, which impacts maternal milk production.					
Discuss how pacifier use interferes with the observation of the infant's subtle feeding cues, which may delay feeding.					
Discuss how the use of feeding bottles with teats in preterm infants interferes with the baby's learning to suckle at the breast.					
<b>53. Demonstrate to a mother how to safely cup-feed her infant when needed, showing at least 4 points.</b>					
Hygienic measures for preparation.					
How to express breast milk.					
How to store expressed breast milk.					
How to handle expressed breast milk.					
How to safely prepare formula.					
Ensure the baby is fully awake, alert and interested in feeding.					
Hold the baby fairly upright for feeds.					

Tip the cup so the milk just reaches the baby's lips.					
Let the baby lap the milk at his own pace.					
When the baby ends the feed in satiation, hold the baby upright and gently rub or pat his back to bring up any wind.					
Look out for and respect satiation cues.					

## Observation tool 7: Help mothers who do not exclusively breastfeed (PI #51, 52, 54, 56)

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<b>Use of Foundational skills</b> throughout interaction (PI #11, 12, 13, 14)					
<b>51. Engage in a conversation with a mother who intends to feed her baby formula, noting at least 3 actions to take.</b>					
Inquire about the motivation to mixed feed.					
Evaluate medical indications to supplement.					
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 to exclusive breastfeed for the first 6 months.					
<b>52. Demonstrate at least 3 important items of safe preparation of infant formula to a mother who needs that information.</b>					
Clean/sterilize feeding/preparation equipment.					
Use of boiled water.					
Add powdered formula while water is above 70 degrees C.					
Measure formula as instructed on the label.					
Cool the feed quickly to feeding temperature.					
Check temperature of formula before feeding.					
Discard formula not used within 2 hours.					
For using liquid formula concentrate: Follow manufacturer's instructions					
<b>54. Describe to a mother at least 4 steps to feed an infant a supplement in a safe manner.</b>					
Hold the baby fairly upright for feeds.					
Allow the baby to drink at his/her own pace.					
Baby may need short breaks during the feed and may need to burp sometimes (paced feeding).					
When the baby ends the feed in satiation, hold the baby upright and gently rub or pat his back to bring up any wind.					
Observe and respect satiation cues.					





## Observation tool 8: Develop individualized discharge plans and possible warning signs on infant undernourishment and dehydration (PI #62, 63)

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<b>Use of Foundational skills</b> throughout interaction (PI #11, 12, 13, 14)					
<b>62. Develop individualized discharge feeding plans with a mother that includes at least 6 points.</b>					
Assess a feed and the general health of mother and baby, then choose relevant points specific to the mother's and baby's needs:					
Review mother's understanding of her baby's unique feeding cues.					
Review baby's ability to achieve a comfortable latch.					
Review signs of milk transfer with infant swallowing.					
Review signs of adequate of adequate intake (stools and urine).					
Review mother's understanding of her baby's need to feed frequently at least 8 times in 24 hours or more.					
Review with mother the importance of eye-to-eye contact with baby while feeding.					
Remind mother to let the baby finish nursing on the first breast, then offer the other breast until the baby seems satisfied by releasing the breast.					
Review mother's position (how she holds baby) to assure comfortable, pain-free feeds.					
Review mother's understanding of ensuring / enhancing milk production and let-down.					
Review mother's understanding of hand-expressing colostrum/breastmilk and why this is helpful.					
Reinforce mother's awareness of risks of other fluids and importance of exclusive breastfeeding for 6 months.					
Reinforce mother's awareness of risks and uses of pacifiers and teats.					

Reinforce that very few medications or illnesses are contraindicated during breastfeeding.					
Provide mother with accurate sources of information and how to get help if needed.					
Provide the mother with information for continued breastfeeding and general health support in the community.					
Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding.					
Appropriate guidance specific to the mother-infant dyad.					
*as applicable* Reinforce mother's understanding of safe sleeping (breastfeeding and co-sleeping) arrangements.					
*as applicable* Observe mother's ability to correctly use and care for her breast pump.					
*as applicable* Observe mother's ability to correctly prepare and use infant formula.					
<b>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.</b>					
Usually sleeping for more than 4 hours.					
Baby apathetic.					
Irritable or weak cry.					
Always awake.					
Never seeming satisfied.					
Inability to suck.					
More than 12 feeds per day.					
Most feeds lasting more than 30 minutes.					
No signs of swallowing at least every 3–4 sucks.					
Scant urine per day.					
No stools per day.					
Fever.					

