

Paediatric Unit Data Sheet

The Self Appraisal Questionnaire is designed to help hospitals to review their existing practices. The questionnaire presents an opportunity to consider where improvements need to be made in order to support breastfeeding in areas where infants and young children are cared for.

When completing the questionnaire, it is recommended that you observe practices, and check the level of knowledge of staff and mothers in an informal manner, rather than merely assuming the knowledge exists and that the practices are carried out.

Questions to which the answer is "No" may indicate an area that may need to be addressed. Hospitals may choose to focus on one specific area at a time or may decide on a larger project. Assistance is available from the Baby Friendly Initiative in developing practices that support, protect and promote breastfeeding.

Date this form was completed: **Form completed by:**

Hospital Data

Hospital Name:

- The hospital is:
- solely a paediatric hospital
 - a general hospital
 - a teaching hospital
 - a health board hospital
 - a privately run hospital
 - other (please specify)
- Tick all that apply

Name and title of the person responsible for paediatric services:
.....

Telephone and extension:

Number of cots/ beds: overall under 1 year olds

Does the hospital have a SCBU/NICU?

Does the hospital have an Intensive Care Paediatric Unit?

Is the maternity unit of the hospital participating in the Baby Friendly Hospital Initiative?
 Yes No no maternity unit

Is the Breastfeeding Friendly Paediatric Unit a designated project of the hospital within the Health Promoting Hospitals Network? Yes No

Does the hospital use a quality system such as:
 TQM ISO QA Other (please specify) No specific system

Ten Steps to Supporting Breastfeeding in Paediatric Units

- Step 1: Have a written breastfeeding policy, which is formulated in conjunction with the maternity services (where relevant).
- Step 2: Train health care staff caring for breastfeeding children in the skills necessary to implement the policy.
- Step 3. Provide parents with evidence-based written and verbal information about the benefits and management of breastfeeding and breastmilk feeding.
- Step. 4. Plan all nursing and medical care to minimise disturbance to the breastfeeding and parent-child relationship.
- Step 5. Support mothers in their feeding method, assisting in the establishment and maintenance of breastfeeding and/or the safe expression and storage of breast milk.
- Step 6. Use alternative techniques conducive to breastfeeding, if a baby is unable to feed at the breast.
- Step 7. Provide facilities that allow parents and children to be together 24 hours a day in order to promote breastfeeding on demand.
- Step 8. Provide mothers with an environment and facilities that meet their needs for privacy, information and appropriate nutrition.
- Step 9. Give no bottles or pacifiers to breastfeeding children unless medically indicated and with parents' permission.
- Step 10. Provide parents with information about breastfeeding support services and groups during admission and on discharge from hospital.

**Breastfeeding Supportive Paediatric Unit (BSPU)
Self-Appraisal Checklist**

Step 1: Have a written breastfeeding policy, which is formulated in conjunction with the maternity services (where relevant).	Yes	No
Does the unit have a written breastfeeding policy that addresses all 10 Steps to Supporting Breastfeeding in a Paediatric Unit?		
Are <i>all</i> staff working in the unit aware of the policy and their responsibilities within it?		
Is compliance with the policy compulsory for all staff?		
Is compliance with the policy audited on at least an annual basis?		
Is this policy displayed in all areas of the hospital that serve mothers and children and translated into other languages, where appropriate?		
Does the policy protect breastfeeding by prohibiting all promotion of breastmilk substitutes, feeding bottles and teats?		
Is the policy consistent with the policy in the maternity services of the hospital (where relevant) in order to ensure continuity of advice and practice?		

All staff (including nursing, medical, dietetic, physiotherapy, play staff, reception, catering, housekeeping, porters, administrative and management) should be aware of the policy and their role in supporting it.

Step 2. Train health care staff caring for breastfeeding children in the skills necessary to implement the policy.	YES	NO
Are all health care staff aware of the importance of breastfeeding/breastmilk for the ill or hospitalised child?		
Are all newly appointed staff orientated to the policy within one week of commencing work on the unit?		
Does the hospital/unit provide appropriate training in the skills necessary to implement this policy to all relevant staff?		
Are new staff caring for breastfeeding children fully trained in supporting breastfeeding within 6 months of beginning work on the unit?		
Does the training include all aspects of lactation management, including clinical experience, at a level relevant to each professional group?		
Are all relevant staff able to teach mothers to position and attach their baby effectively for breastfeeding with regard to any particular medical situations?		
Are all relevant staff fully able to teach mothers to express their milk by hand and to store it in a safe manner?		
Has the hospital arranged for specialised training in lactation management for specific staff members?		
Are health care students on the unit receiving training in breastfeeding support and lactation management?		

Specialised training refers to additional training beyond the basic skills all staff should have acquired. This specialised training would normally be to the standard of the IBCLE or similar qualification.

A curriculum or course outline for training in breastfeeding and lactation management for various types of staff should be available and a training schedule for staff should exist.

Health care students for which the hospital is responsible should have received by graduation a sufficient level of training in breastfeeding support and lactation management in order that they can fully assist breastfeeding as relevant to their role.

Step. 3. Provide parents with evidence-based written and verbal information about the benefits of breastfeeding and breastmilk feeding.	YES	NO
On or prior to admission, are all parents of newborn infants provided with information on the importance of breastfeeding/breast milk for an ill or hospitalised infant?		
Is written information describing the particular importance of breastfeeding and good breastfeeding management practices for sick or hospitalised children readily available on the unit?		
Is appropriate information on the expression of breastmilk available to mothers?		
Is all material that promotes the use of breastmilk substitutes, soothers, bottle and teats absent from the unit? (This includes posters, advertisements, calendars, pens, mugs, leaflets, bed charts and height/weight charts).		
Is <i>impartial</i> information relating to breastmilk substitutes provided only as needed and on an individual basis?		

Information on breast milk substitutes should be scientific and factually based from an impartial source - not marketing materials. Any information provided should meet the requirements of the International Code of Marketing of Breast-milk Substitutes and subsequent related resolutions.

Step 4. Plan all nursing and medical care to minimise disturbance to the breastfeeding and the parent-child relationship.	YES	NO
Are all staff aware of the effects of drugs on the initiation and maintenance of breastfeeding and do they take this into account when prescribing and administering?		
Is patient care carried out with minimal disturbance to the breastfeeding relationship?		
Are exclusively breastfeeding infants fasted for no more than 3 hours before scheduled surgical procedures?		
Following medical or surgical procedures, are babies put to the breast as soon as they are alert enough and willing to feed, unless medically contra-indicated?		
Are staff aware of the role of breastfeeding in pain control and reduction of stress and is this explained to parents?		
Where disturbance is unavoidable (e.g. acute clinical crisis or appropriately managed intervention), is a regular time for expressing breastmilk introduced in order to establish and/or maintain lactation until breastfeeding can be resumed?		

Step 5. Support mothers in their choice of feeding method, assisting in the establishment and maintenance of breastfeeding, and/or the safe expression and storage of breast milk.	YES	NO
On admission to hospital, is the child's past and current feeding history discussed with parents and recorded in the care plan?		
On admission, are mothers assured that staff will support breastfeeding, unless a medical reason for discontinuation has been explained to the parents?		
Are staff members or counsellors with specialised training in breastfeeding and lactation management available on all shifts to advise mothers on the establishment and/or management of lactation as necessary?		
When necessary, are mothers of infants who are unable to breastfeed, shown how to express their milk effectively?		
Do breastfeeding infants under six months of age receive food or drink other than breastmilk only when this is appropriate?		
Are infants over six months offered appropriate complementary weaning foods and their mothers encouraged to continue breastfeeding?		
Are suitable supports provided to enable a mother to breastfeed her older child without physical or psychological discomfort?		

Step6. If a baby is unable to feed at the breast alternative techniques conducive to breastfeeding should be used.	YES	NO
When the baby is breastfeeding or intending to breastfeed, are cup feeding, cup and spoon, or if present, a naso/oro gastric tube used to deliver expressed breast milk or medically indicated substitute feeds rather than bottle and teat, if required?		
Are staff familiar with, and trained in, feeding infants with teaspoons, cups and naso/oro gastric tubes?		
Are parents provided with information and taught how to feed their clinically stable child with alternative techniques if the child is not able to breastfeed and facilitated to provide this care in hospital?		

Step 7. Provide facilities that allow parents and children to be together 24 hours a day in order to promote breastfeeding on demand.	YES	NO
Is there provision of accommodation (including toilet/wash facilities) that allows parents to remain near their children for 24 hours a day to support child-led feeding and the successful maintenance of lactation?		
Is skin-to-skin contact between mothers and clinically stable children encouraged wherever possible in order to enhance milk production and reduce stress?		
Provided that there are no medical reasons to restrict intake, are mothers advised to breastfeed their child whenever their child wants to breastfeed, whether for food or for comfort?		

Step 8. Provide mothers with an environment and facilities that meet their needs for privacy, information and appropriate nutrition.	YES	NO
Is a dedicated room/area on or near the unit, private and suitably furnished, provided for mothers who are expressing milk?		
Is well-maintained and sterile equipment available at all times for the safe expression and storage of breastmilk?		
Does the unit encourage mothers unable to remain with their breastfeeding children to express their milk and send it to the hospital?		
Does the unit assist the mother to obtain an electric pump if this is needed?		
Does the unit provide suitable containers for the safe storage of expressed milk for the mother who is expressing at home?		
Does the unit have access to a human milk bank that meets appropriate standards?		
Does the unit use banked human milk when needed?		
Is access to suitable food and fluids available at all times to mothers staying with their breastfeeding children?		
(In a general hospital) Do mothers of breastfeeding children admitted to non-paediatric areas of the hospital have easy access to facilities for breastfeeding as well as to equipment for the expression and storage of breastmilk?		
Does the unit support the mother to maintain breastfeeding her baby when an older sibling is admitted?		
Are facilities provided for breastfeeding in areas that serve paediatric out-patients?		

Facilities should encourage and promote breastfeeding and should recognise and reflect the needs of the population served by the hospital.

A balanced diet and regular fluids are beneficial to breastfeeding mothers. Flexible arrangements are required and must be provided.

Step 9. Give no bottles or pacifiers to breastfeeding babies unless medically indicated and with parents' permission.	YES	NO
Are bottles or pacifiers only given to breastfeeding children if they are medically indicated and after discussion with the parents?		
Does the hospital refuse free or low-cost teats, bottles, pacifiers and gift packs containing these, thus avoiding inadvertent promotion of these products to mothers?		

Step 10. Provide parents with information about breastfeeding support groups during admission and on discharge from hospital.	YES	NO
Are any feeding concerns specifically discussed prior to discharge?		
Is information provided at discharge on breastfeeding follow-up services available in the hospital?		
Does the hospital offer education to key family members so that they can support the mother and breastfeeding child on return home?		
Is the child's General Practitioner, Public Health Nurse and Paediatric Community Liaison Nurse given full details of each mother's and baby's breastfeeding status on discharge in order to ensure continuity of advice and care?		
Are breastfeeding support groups encouraged to work with hospital staff in providing information about services available in the community?		
Does discharge planning provide information about local breastfeeding support groups and counsellors?		
Does the unit encourage and facilitate the formation of special interest parent-to-parent or health worker-to-parent support groups?		
Where the mother requests it, does the facility allow breastfeeding counselling by independent lactation consultants and/or trained mother-support group counsellors, as part of the health care team?		