Helsedirektoratet
Norwegian Directorate of Health

Self-assessment for the community child health service

This form should be completed as part of the designation process for community child health services seeking recognition as a Baby-Friendly Community Health Service (BFCHS).

If all child health facilities within a municipality or district adhere to the same practices, only one shared form needs to be completed. However, if practices differ between facilities, a separate form should be completed for each health center

Please make sure that all necessary fields are completed

Clear form

Who was responsible for completing the form?

Date:

Name: Position:

Information about the community child health service(s)

Name of community child health service(s)

Name of the hospital (s) where women give birth

Who holds the main responsibility for the routines and practices of breastfeeding counselling in the community health service?

- ☐ Head nurse / Unit Leader
- ☐ Delegated to appointed staff
- ☐ None

Address of the community health service

Phone:

District: Municipality: County:

Head of the community child health service (name and position):

Opening hours (days and times):

Phone hours:

Is staff available by mobile phone? YES ☐ NO ☐

Name of the community health service(s) providing pregnancy and antenatal care

No.of children born in

Number of pregnant women who attended antenatal care in 20

What is the percentage of pregnant women who receive antenatal care in the community health system?

A Baby-Friendly Community Health Service (s) must:

Step 1a. Comply fully with the WHO International Code of marketing of Breastmilk Substitutes (the Code) and relevant World Health Assembly resolutions.

	Yes	No
1a.1 Is there any advertising of infant formula at the child health center?	☐	☐
1a.2 Are employees informed about the Code and relevant World Health Assembly resolutions?	☐	☐
1a.3 Is there any promotion of pacifiers or baby bottles within the health service?	☐	☐

Step 1b. Have a written infant feeding policy that is routinely communicated to staff and parents.

	Yes	No
1b.1 Does the health service have a written infant feeding policy that includes all six steps of BFCHS?	☐	☐
1b.2 Is the infant feeding policy integrated into the health service's formal quality assurance system?	☐	☐
1b.3 Is the infant feeding policy well-known among all personnel caring for pregnant women, mothers, and infants?	☐	☐
1b.4 Is the infant feeding policy accessible to all personnel caring for pregnant women, mothers, and infants?	☐	☐

1b.5 When was the infant feeding policy last revised?

Step1c.: Establish ongoing monitoring of compliance with the Baby-Friendly Standard in the community health services data-management systems.

	Yes	No
1c.1 Is breastfeeding status assessed at all child check-ups until breastfeeding ends?	☐	☐

	Yes	No
1c.2 Is breastfeeding status documented in the child's health record?	☐	☐
1c.3 Is breastfeeding prevalence in the district recorded?	☐	☐

Step 2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding

2.1 Do all staff providing breastfeeding counselling have up-to-date knowledge about breast milk and practical breastfeeding support?	☐	☐
2.2 Are all new staff informed about the community health service's infant feeding policy?	☐	☐
2.3 Do all new staff providing counselling receive training in practical breastfeeding counselling, routines for promoting and supporting breastfeeding, and how to resolve breastfeeding difficulties?	☐	☐
2.4 Is staff competence assessed, and is necessary training provided within three months of employment?	☐	☐
2.5 Does the community health service have a written training plan on breastfeeding counselling?	☐	☐
2.6 Are all healthcare personnel assisting mothers with infant nutrition assessed for their competence in providing breastfeeding support according to the WHO/UNICEF BFHI standards?	☐	☐
2.7 Has breastfeeding been a topic in in-service training within the last year?	☐	☐

Step 3. Discuss the importance and management of breastfeeding with pregnant women and their families.

	Yes	No
3.1 Does the community health service provide antenatal care?(if no-->step 4)	☐	☐
3.2 Does the community health service have a routine that ensures all pregnant women are informed about breastfeeding?	☐	☐
3.3 How is this routine?		
- A conversation is conducted to assess the pregnant woman's existing knowledge and her intentions regarding breastfeeding	☐	☐
- The health service has a written protocol outlining the key topics that pregnant women should be informed about?	☐	☐
- The pregnant woman receives information about where to find written/online information about breastfeeding.	☐	☐
- The health service informs the maternity/postpartum unit if the pregnant woman has previously experienced breastfeeding issues.	☐	☐
- It is documented in the health record that the information has been provided.	☐	☐

Other? Describe:

3.4 Does the health service ensure that the pregnant woman is informed about:

	Yes	No
- the importance of breastfeeding, for mother and child	☐	☐
- global recommendations on breastfeeding, and the risks of giving formula or other breast-milk substitutes	☐	☐
- the importance of immediate and sustained skin-to-skin contact	☐	☐
- the importance of early initiation of breastfeeding	☐	☐
- the importance of rooming-in	☐	☐
- recognition of feeding cues	☐	☐
- the basics of good positioning and attachment	☐	☐

Other? Describe:

	Yes	No
3.5 Do you prioritize breastfeeding counselling for pregnant women who have experienced breastfeeding difficulties and first-time mothers?	☐	☐

Step 4. Establish a coordinated chain of support between antenatal care, maternity/neonatal units, and the community health services

4.1 Is the community health service familiar with the infant feeding policy at the local hospitals?	☐	☐
4.2 Do you have a routine for collaboration between the community health service and maternity, postnatal, or neonatal wards regarding hospital discharge?	☐	☐

4.3 Once the community health center has been notified that the family are home, are there routines in place specifying how soon the health service should contact the family?

If yes, what is the routine?

- We contact them the same day ☐
- We contact them within 48 hours ☐
- We contact them within one week ☐
- We contact them within two weeks ☐
- Other; please describe:

	Yes	No
4.4 Has it been clarified who is responsible for contacting the family?	☐	☐
4.5 Is there a checklist for how the breastfeeding situation should be assessed during the first contact with the family?	☐	☐

	Yes	No
4.6 Does the community health service perform routine check-ups of the child during the first six weeks?	☐	☐
If yes, describe timing and type:		
If yes, is the child weighed during these check-ups?	☐	☐
4.7 Do breastfeeding mothers receive information on where they can seek help if they need counselling outside the health center's opening hours?	☐	☐

Step 5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

	Yes	No
5.1 Does the community health service have a checklist of topics to be discussed regarding breastfeeding at the first meeting between healthcare personnel and the family?	☐	☐
5.2 Can all relevant healthcare personnel provide counselling on optimal breastfeeding positions and effective latch techniques?	☐	☐
5.3 Is the mother's breastfeeding position and the child's latch routinely observed during the first meeting with the family?	☐	☐
5.4 Are mothers informed about responsive feeding?	☐	☐
5.5 Do mothers receive information on how to maintain or increase their milk production?	☐	☐
5.6 Do all relevant healthcare personnel have knowledge of hand expression and cup feeding, and can they counsel on these techniques?	☐	☐
5.7 Does the health center have routines for follow-up of insufficient weight gain in the first months after birth?	☐	☐

Describe how the community health services defines "insufficient weight gain"

Describe what actions are taken:

	Yes	No
5.8 Do all relevant healthcare personnel have necessary knowledge to ensure follow-up on breastfeeding difficulties according to evidence-based guidelines?	☐	☐
5.9 Are public, evidence-based websites, documents, and forms used for information on breastfeeding challenges/difficulties?	☐	☐

Step 6. Provide the support mothers need to enable them to breastfeed exclusively for about six months, with continued breastfeeding along with introducing appropriate complementary foods for up to 1 year of age or longer if mutually desired.

	Yes	No
6.1 Do all relevant healthcare personnel know the recommendation on exclusive breastfeeding for six months?	☐	☐
6.2 Does the written information distributed at the health center support exclusive breastfeeding for six months?	☐	☐
6.3 Do all relevant health personnel have knowledge about conditions or situations where exclusive breastfeeding is not possible?	☐	☐
6.4 Does the health center have policies to ensure that mothers who are not breastfeeding, or partially BF, receive counselling on the correct use of infant formula?	☐	☐
6.5 Does the health center have policies for routinely discussing parents' right to breastfeeding breaks after returning to work or studies?r	☐	☐

Thank you for filling out the form. Please ensure that all required fields are completed

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