

Baby Friendly Hospital Initiative (BFHI)

HOSPITAL EXTERNAL ASSESSMENT TOOL

Instruction to use the document:

1. The document is approved by MOH&FW
2. Any addition, adaptation or abandonment is not allowed.

CONFIDENTIAL

5.2. HOSPITAL EXTERNAL ASSESSMENT TOOL

5.1 Guide for Assessors

5.2 Hospital External Assessment Tool

PART I: Key Staff Interview, Data Sheet, Review, and Observations

I A. Interview with Head/Director of Maternity Services and Other Key Staff

I B. Hospital Data Sheet

I C. Review of Written Materials

I D. Observations

PART II: Interviews with Staff

f, Mothers and Pregnant Women

II A. Interview with Clinical Staff Member

II B. Interview with Mother

II C. Interview with Mother of Baby in Special Care

II D. Interview with Pregnant Woman

PART III: Summary sheets

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Step 7

Step 8

Step 9

Step 10

Code compliance

Mother-friendly care

Summary of results

5.3 Guidelines and Tool for External Reassessment

5.2. HOSPITAL EXTERNAL ASSESSMENT TOOL

PART I: Key Staff Interview, Data Sheet, Review, and Observations

I.A. Interview with Head/Director of Maternity Services and Other Key Staff

I.B. Hospital Data Sheet

I.C. Review of Written Materials

I.D. Observations

CONFIDENTIAL

Name of assessor:

Name of health

facility:

Date:

I.A. Interview with Head/Director of Maternity Services and Other Key Staff

Instructions: *This interview should be carried out primarily with the head or director of the maternity services or whoever is responsible for ensuring breastfeeding or infant feeding policies and procedures are implemented. Some questions may need to be answered by other key staff with responsibility for the maternity wards, antenatal services etc. The questionnaire can be completed by interviewing each of these key staff members separately or as a group.*

The purpose of this interview is to determine what senior managers responsible for maternity and other related services know about protecting, supporting and promoting breastfeeding and their facility's feeding policies and practices and also to alert them to what the BFHI assessment will involve and gain their support.

Name of head/director of maternity services: _____

Title: _____

Names and titles of other senior staff interviewed: _____

Introduction: Describe the purpose of the BFHI assessment & steps in the assessment process.

	Policies, Training, and Maternity Care	Response	Key
1.	What is the average length of hospital stay for women after delivery for vaginal births Caesarean sections? <i>[Obtain feeding rates and other information requested in I.B. Hospital Data Sheet from the Head of Maternity Services, if not already provided, or briefly verify the information, if already provided]</i>	Vaginal: ___ hours or ___ days C-sec: ___ days	
2.	Can the following items be provided to the assessment team? <i>[If these items have already been provided before the assessment, just ask how many documents still needed could be obtained].</i> Required:	Provided	
	<input type="checkbox"/> Breastfeeding/infant feeding policy	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Training curricula and/or course outlines related to breastfeeding.	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Outline of standard minimum antenatal information provided (through courses, group talks and individual discussions) on breastfeeding.	<input type="checkbox"/> Y <input type="checkbox"/> N	

	o A list of clinical staff members taking care of pregnant women and mothers and their babies with information about the number of hours of training they have received on breastfeeding management.						<input type="checkbox"/> Y <input type="checkbox"/> N	
	o For staff members who have been employed less than six months and have not yet received training, information on any orientation they have received on these topics						<input type="checkbox"/> Y <input type="checkbox"/> N	
	Provide, if available:						Provided	
	o Leaflets/printed materials for pregnant women and new mothers, including information on support for breastfeeding and infant feeding available after discharge						<input type="checkbox"/> Y <input type="checkbox"/> N	
	o Any protocols or standards related to breastfeeding and infant feeding used by the maternity services						<input type="checkbox"/> Y <input type="checkbox"/> N	
3.	Which of the staff (<i>who provide health care for pregnant women, mothers and/or infants</i>) receive orientation on the breastfeeding/infant feeding policy when they begin employment?							

	<i>[Compare the types of staff that receive orientation with the types of staff members who provide health care for pregnant women, mothers and/or infants]</i>							
	All appropriate staff members receive orientation:						<input type="checkbox"/> Y <input type="checkbox"/> N	2.1
	<i>[If "No", list additional types of staff that need orientation:]</i> _____							

4.	Which of the staff (<i>who provide health care for pregnant women, mothers and/or infants</i>) receive training on breastfeeding promotion and support?							

	<i>[Compare the types of staff that receive training with those who provide health care for pregnant women, mothers and/or infants and with analysis in I.C. 3-6]</i>							
	Who would be best to meet with to discuss details of training?							

5.	Review the training curriculum, course outlines and attendance sheets and fill in the table below: <i>[Note: Discuss with staff member responsible for training. See Q I.A.3 & 4 and Hospital Data Sheet for information on types of clinical staff caring for mothers and infants and list in 1st column. See Q I.A. 4. for added information on staff training]</i>							
	Type of clinical health worker	Number of staff* in each category	Hours of training received on BF**	Hours of supervised clinical experience	Time period over which training took place	% of staff trained***	No data available	

6	Summarize: Information in the table above indicates that 80% of appropriate clinical staff members received training of at least 20 hrs.						<input type="checkbox"/> Y <input type="checkbox"/> N	2.3

Compliance with the BMS Act 2013 and WHA Resolutions								
---	--	--	--	--	--	--	--	--

7.	Do employees of manufacturers or distributors of breast-milk substitutes, bottles, teats or pacifiers (dummies) have any direct or indirect contact with: Pregnant women? <input type="checkbox"/> Y <input type="checkbox"/> N Mothers? <input type="checkbox"/> Y <input type="checkbox"/> N <i>[If "Yes" to any:] Please describe:</i>							
	Complies with BMS Act, not allowing contact of these manufacturers or distributors with pregnant women or mothers:						<input type="checkbox"/> Y <input type="checkbox"/> N	Code 1

Date filled in: _____
by: _____

I.B. Hospital Data Sheet:

1. Hospital name and Address:
2. Name and title of hospital director or administrator:
3. Telephone or extension:
E-mail Address:
4. The Hospital is [tick all the apply]

- Medical college hospital (Government and Private)
- District hospital
- A maternity hospital
- Sadar hospital
- MCWC
- Upazila health complex
- Others specify _____

5. Total number of Hospital beds _____

Information on antenatal services

1. What percentage of mothers delivering at the hospital attends the hospital's antenatal clinic? _____ %
2. What percentage of woman arrives delivery without antenatal care _____ % _____

Information of maternity and related services

3. Number of postpartum maternity beds _____
4. Average daily number of mothers with full term babies in the postpartum unit(s) _____
5. Does the facility have unit(s) for infants needing special care (LBW, premature, ill, etc)?
 Yes No

[if 'yes'] Name of first unit _____

Average daily census _____

Information of staff responsible for assisting for breastfeeding /infant feeding

1. The following staff has direct responsibility for assisting women with breastfeeding (BF), providing counseling on complementary feeding (CF):

	BF	CF
i. Doctors / Physicians	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|-------------------------------|--------------------------|--------------------------|
| ii. Nurses | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Midwives | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. IVCSBA | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Dietician/ Nutritionist | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Lactation consultants | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. Pediatricians | <input type="checkbox"/> | <input type="checkbox"/> |
| viii. Obstetricians | <input type="checkbox"/> | <input type="checkbox"/> |
| ix. Infant feeding counsilors | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Lay /peer counsilors | <input type="checkbox"/> | <input type="checkbox"/> |
| xi. Others | <input type="checkbox"/> | <input type="checkbox"/> |

2. Are there BFHI (Baby Friendly Hospital Initiative) committee in the hospital? Yes No
[if “yes”] Please describe

3. Is there a BFHI coordinator in this hospital? yes No

[if “yes”] Name and position _____

Statistics on births

1. Total births in last 3 months/ last year _____

2. of which:

_____ % were by normal vaginal delivery

_____ % were by C. section

_____ % infants were admitted to the SCBU/NICU or similar units

Statistics on infant feeding

1. Total number of babies discharged from the hospital in last 3 months/last year _____

Of which:

2. _____ % received only breast milk

3. _____ % received feed other than breast-milk (formula, water or other fluids) in the hospital because of documented medical reason. (.....)

6.1

Data source

Please describe the sources of given information.

Name of assessor:
 Name of health facility:
 Date:

I.C. Review of Written Materials

(Policy, BMS Act compliance, training curriculum, follow-up information)

1	A written breastfeeding or infant feeding policy for the hospital exists and is attached:	<input type="checkbox"/> Y <input type="checkbox"/> N	1.1
2	<p>The policy covers the following steps to successful breastfeeding adequately:</p> <p><input type="checkbox"/>Step 1 <input type="checkbox"/>Step 2 <input type="checkbox"/>Step 3 <input type="checkbox"/>Step 4 <input type="checkbox"/>Step 5 <input type="checkbox"/>Step 6 <input type="checkbox"/>Step 7 <input type="checkbox"/>Step 8 <input type="checkbox"/>Step 9 <input type="checkbox"/>Step 10</p> <p>[Note: The policy should include guidance for how each of the “Ten Steps” and other components should be implemented. The Policy Checklist, at the end of this section, can be used to make the review]</p>		
	The policy covers all 10 steps to successful breastfeeding adequately	<input type="checkbox"/> Y <input type="checkbox"/> N	1.2
3	<p>The policy upholds the <i>International Code of Marketing of Breast-milk Substitutes</i> and subsequent WHA resolutions by prohibiting:</p> <p><input type="checkbox"/> 1. The display of posters or other materials provided by manufacturers or distributors of breast-milk substitutes, bottles, teats and dummies or any other materials that promotes the use of these products.</p> <p><input type="checkbox"/> 2. Acceptance of free gifts (including food), literature, materials or equipment, money, or support for in-service education or events from these manufacturers or distributors by the hospital.</p>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	
	The policy covers all 2 items:	<input type="checkbox"/> Y <input type="checkbox"/> N	1.3

Review of Written Information on Training on Breastfeeding Promotion & Support

4.	A written curriculum or course outline for training on Breastfeeding promotion and support is available:	<input type="checkbox"/> Y <input type="checkbox"/> N	2.2
-----------	--	---	------------

5.	<p>The course(s) used include: [tick all that apply]</p> <p><input type="checkbox"/> UNICEF/WHO Breastfeeding Promotion and Support in a Baby-friendly Hospital: A 20 hour course for maternity staff</p> <p><input type="checkbox"/> UNICEF/WHO Breastfeeding Counselling: A training course (40-hour course)</p> <p><input type="checkbox"/> Other (please list):</p> <p><input type="checkbox"/> No information on training materials is available</p>						
6.	<p>Review the attendance sheets and fill in the table below: <i>[Note: Discuss with staff member responsible for training.]</i></p>						
Type of clinical health worker	Number of staff* in each category	Hours of training received on BF**	Hours of supervised clinical experience	Time period over which training took place	% of staff trained***	No data avail- able	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
<p>Summarize: Information in the table above indicates that 80% of appropriate clinical staff members received training of at least 20 hrs.</p>						<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>2.3</p>
7.	<p>Summarize: Information also indicates that at least 3 hours of supervised clinical/practical experience as part of this training:</p>				<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>2.4</p>	

Review of Information Provided to Pregnant Women and Mothers			
8.	A written description of the standard minimum content of the breastfeeding information provided to all pregnant women is available:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not applicable	3.1
9.	Review: a) the written outline(s) of the standard minimum content of antenatal information on breastfeeding to be discussed with all pregnant women		
	Do they adequately cover:	Discussion outline	
	1. The importance of breastfeeding for both baby and mother?	<input type="checkbox"/> Y <input type="checkbox"/> N	
	2. The importance of early initiation of breastfeeding?	<input type="checkbox"/> Y <input type="checkbox"/> N	
	3. The importance of good positioning and attachment when breastfeeding?	<input type="checkbox"/> Y <input type="checkbox"/> N	
	4. The importance of exclusive breastfeeding for the first 6 months, giving no other liquids or foods?	<input type="checkbox"/> Y <input type="checkbox"/> N	
	5. The risks of giving formula or other breast-milk substitutes	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Summarize: At least 3 out of 5 of the topics above are adequately in either the discussions or the printed materials:	covered <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not applicable	3.2
SI	Question	Response	Key
Antenatal Services <i>[A staff member in charge of this service may need to be interviewed for this information]</i>			
10.	Is there a written description of the standard minimum content of the breastfeeding information provided to all pregnant women <i>[If "Yes", obtain copy if not already received.]</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	3.1
11.	Are pregnant women given any printed material with information about feeding their babies? <i>[If "Yes", obtain copy or examples if not already received. If not appropriate as most women don't read, tick "NA"]</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	3.2

Hospital Infant Feeding Policy Checklist

[Use to assess Step 1: 1.2]

[Note: The policy doesn't have to cover all these points, specifically, to be considered adequate. However this checklist may assist assessors in determining if essential points are missing]

The policy should clearly cover the following points:		YES	NO
Step 1:	The ten steps to successful breastfeeding(not only listing the steps but also giving appropriate policy guidance)	<input type="checkbox"/>	<input type="checkbox"/>
	The BMS Act of Marketing of Breast-milk Substitutes and WHA regulations (Copy should be given before) the facility and staff need to comply.	<input type="checkbox"/>	<input type="checkbox"/>
	The policy is routinely communicated to all (new) staff.	<input type="checkbox"/>	<input type="checkbox"/>
	A summary of the policy that addresses the Ten Steps and support for breastfeeding mothers is displayed in all appropriate areas in languages and with wording that staff and mothers can easily understand.	<input type="checkbox"/>	<input type="checkbox"/>
Step 2:	Training for all clinical staff (according to position) includes: Breastfeeding and lactation management (20 hours minimum or covering all essential topics, including at least 3 hours of clinical practice).	<input type="checkbox"/>	<input type="checkbox"/>
	(The role of the facility and its staff in upholding the International Code of Marketing and subsequent WHA resolutions.)	<input type="checkbox"/>	<input type="checkbox"/>
	New staff members are trained within 6 months of appointment.	<input type="checkbox"/>	<input type="checkbox"/>
Step 3:	All pregnant women are informed of: Basic breastfeeding management and care practices.	<input type="checkbox"/>	<input type="checkbox"/>
	The risks of giving supplements to their babies during the first six months.	<input type="checkbox"/>	<input type="checkbox"/>
Step 4:	All mothers and babies receive: Skin-to-skin contact immediately after birth to at least 60 minutes.	<input type="checkbox"/>	<input type="checkbox"/>
	Encouragement to look for signs that their babies are ready to breastfeed and offer of help if needed.	<input type="checkbox"/>	<input type="checkbox"/>
Step 5:	All breastfeeding mothers are offered further help with breastfeeding within 6 hours of birth.	<input type="checkbox"/>	<input type="checkbox"/>
	All breastfeeding mothers are taught positioning and attachment.	<input type="checkbox"/>	<input type="checkbox"/>
	All mothers are taught hand expression (or given leaflet and referral for help).	<input type="checkbox"/>	<input type="checkbox"/>
Step 6:	Supplements/replacement feeds are given to babies only: If medically indicated	<input type="checkbox"/>	<input type="checkbox"/>
Step 7:	All mothers and babies rooming-in together, including at night.	<input type="checkbox"/>	<input type="checkbox"/>
	Separations are only for justifiable reasons with written documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Step 8:	Breastfeeding mothers are taught how to recognize the signs that their babies are hungry and that they are satisfied.	<input type="checkbox"/>	<input type="checkbox"/>

	No restrictions are placed on the frequency or duration of breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>
Step 9:	Breastfeeding babies are not fed using bottles and teats.	<input type="checkbox"/>	<input type="checkbox"/>
	Mothers are taught about the risks of using feeding bottles.	<input type="checkbox"/>	<input type="checkbox"/>
	Breastfeeding babies are not given pacifiers or dummies.	<input type="checkbox"/>	<input type="checkbox"/>
Step 10:	Information is provided on where to access help and support with breastfeeding/ infant feeding after return home, including at least one source (such as from the hospital, community health services, support	<input type="checkbox"/>	<input type="checkbox"/>
	The hospital works to foster or coordinate with mother support groups and/or other community services that provide infant feeding support.	<input type="checkbox"/>	<input type="checkbox"/>
	Mothers are provided with information about how to get help with feeding their infants soon after discharge (preferably 2-4 days after discharge and again the following week).	<input type="checkbox"/>	<input type="checkbox"/>
The BMS Act	The policy prohibits promotion of breast milk substitutes.	<input type="checkbox"/>	<input type="checkbox"/>
	The policy prohibits promotion of bottles, teats, and pacifiers or dummies.	<input type="checkbox"/>	<input type="checkbox"/>
	The policy prohibits the distribution of samples or gift packs with breast-milk substitutes, bottles or teats or of marketing materials for these products to pregnant women or mothers or members of their families.	<input type="checkbox"/>	<input type="checkbox"/>

Name of assessor: _____

Name of health---

facility:

Date:

I.D. Observations

In maternity, antenatal, labour/delivery, postnatal, EPI etc

Observations					Key	
1.	Are any materials that promote breast-milk substitutes, bottles, teats or pacifiers (or other designated products per the Code or national laws) displayed or distributed to pregnant women, mothers, and/or staff? <i>[Note: May include booklets, magazines, posters, calendars, pens, etc.]</i>				<input type="checkbox"/> Y <input type="checkbox"/> N	
	If "Yes", describe materials observed and where found:					
	<i>[Note: Check areas where nutritionists or dieticians work, as well as other areas]</i>					
	Summarize: Complies with Code, with no materials that promote BMS, bottles, teats or pacifiers displayed or distributed to pregnant women, mothers and/or staff:				<input type="checkbox"/> Y <input type="checkbox"/> N	Code 5
2.	Observe 2-5 vaginal births, if feasible (optional)*: <i>[Note: Ask mothers, ' permission before observations]</i>					
	Birth	Observation times	Baby placed skin-to-skin with mother within 30 minutes/1 hr of birth	Held at least 30 minutes in skin-to-skin contact	Mother shown how to recognize when baby ready to BF and offered help	
	Birth # 1		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Birth # 2		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Birth # 3		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Summarize: For ___ out of ___ vaginal births observed, babies were placed with their mothers within 30 minutes/1 hr, held skin-to-skin for at least 30 minutes, with mothers shown how to recognize when babies ready to breastfeed and offered help, or there were justified reasons for not following these procedures:				___ %	4.1

	No births were observed. [describe why]: * [Note: Observations can be time-consuming and some mothers may not wish to be observed. Thus, the observations are optional. They are particularly important neither mothers' charts nor interviews give a clear indication of whether Step 4 is being followed if less than 4 observations can be made, consider not using the results in the final scoring, as the sample would be too small]		
	Observations in the postpartum wards/rooms/LMC and any well baby observation areas show:		
3.	For ___ out of ___ the babies observed, the babies were being fed only breast milk or there were acceptable medical reasons for receiving something else:	___%	6.2
4.	For ___ out of ___ of the mothers and babies observed, the mothers and babies were together or, if not, had justifiable reasons for being separated:	___%	7.1
5.	For.....out of.....of the breastfeeding babies observed, the babies were being fed without using bottle and teats, or, if they were being fed with bottles and teats, their mothers had been informed of risks of using them.	___%	9.1
6.	Are there Lactation Management Corner (LMC)	<input type="checkbox"/> No <input type="checkbox"/> Yes but inactive <input type="checkbox"/> Yes and active	

Name of assessor: _____

Name of health facility: _____

Name of ward/unit: _____

Date: _____

II.A Interview with Clinical Staff Member (No. ____)

Introduction: Describe why you would like to interview the staff member and that the information will be kept confidential. Point out that the purpose of the assessment is not to test the person you are *interviewing* but to determine how the maternity services are doing as a whole, and that individual results are pooled to give overall feedback. If the staff member agrees to be interviewed, proceed.

Question	Response	Key
1. What is your position here in the health facility? <i>Confirm whether respondent is a physician, midwife, nurse?</i> <i>de</i>	Position: Provides health care for mothers and/or babies: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. When did you join as staff of the maternity services in this hospital? [Month/Year]	<input type="checkbox"/> < 6 months <input type="checkbox"/> > 6 months	
3. Did you receive any orientation on the breastfeeding or infant feeding policy and your role in implementing it when you started working here (or when the new policy was introduced)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not aware of policy	
4. Have you taken any courses or received on-the-job training on breastfeeding and baby-friendly practices while you have been on the staff of the maternity service? <i>[If "No"]:</i> Did you receive training in a previous hospital or as a student <i>[If "Yes" to either question, continue. If "No", go to Q5]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours was it in total, including both classroom or self-study and on-the-job or clinical training? How many hours of supervised clinical practice did you receive?	____ hours ____ hours	
2-4S Summarize: Received at least 20 hours of training, including at least 3 hours of supervised clinical practice (Q4) or, if on job less than 6 months (Q2), at least received orientation on the policy (Q3):	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.5

Note: On-the-job training is that which is provided to a staff member (individually or in a group) while performing his/her job related duties. Thus it is very different from formal

training.

5 .Instructions: Now I am going to ask you a few questions about breast feeding practices in your hospital.

[Note: Assignments should insure that approximately half the staff members interviewed]

Questions	Response	Key		
5.1.	<p>Could you please mention some delivery room or postnatal ward practices or routines that can help mothers to breastfeed successfully? [Probe: Anything else?]</p> <hr/> <p>Key points (2 needed):</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • early start/skin contact baby-led feeding • no teats/dummies • no supplements • practices related to other Steps </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • 24-hour rooming-in/bedding in • building mothers' self confidence • helping mothers position and attach babies </td> </tr> </table>	<ul style="list-style-type: none"> • early start/skin contact baby-led feeding • no teats/dummies • no supplements • practices related to other Steps 	<ul style="list-style-type: none"> • 24-hour rooming-in/bedding in • building mothers' self confidence • helping mothers position and attach babies 	<p>Adequate: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<ul style="list-style-type: none"> • early start/skin contact baby-led feeding • no teats/dummies • no supplements • practices related to other Steps 	<ul style="list-style-type: none"> • 24-hour rooming-in/bedding in • building mothers' self confidence • helping mothers position and attach babies 			
5.2.	<p>Why is skin-to-skin contact between mother and baby important? [Probe: Anything else?]</p> <hr/> <p>Key points (2 needed):</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/>keeps baby warm <input type="checkbox"/>bonding <input type="checkbox"/>good start for breastfeeding <input type="checkbox"/>regulates heartbeat and breathing </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/>calms baby/mother <input type="checkbox"/>encourages breastfeeding on demand <input type="checkbox"/>Continue BF longer </td> </tr> </table>	<input type="checkbox"/> keeps baby warm <input type="checkbox"/> bonding <input type="checkbox"/> good start for breastfeeding <input type="checkbox"/> regulates heartbeat and breathing	<input type="checkbox"/> calms baby/mother <input type="checkbox"/> encourages breastfeeding on demand <input type="checkbox"/> Continue BF longer	<p>Adequate <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<input type="checkbox"/> keeps baby warm <input type="checkbox"/> bonding <input type="checkbox"/> good start for breastfeeding <input type="checkbox"/> regulates heartbeat and breathing	<input type="checkbox"/> calms baby/mother <input type="checkbox"/> encourages breastfeeding on demand <input type="checkbox"/> Continue BF longer			
5.3.	<p>Why is it important to avoid giving supplements of formula to a Breastfeed baby unless medically indicated? [Probe any Other reasons.]</p> <hr/> <p>Key points (2 needed):</p> <ul style="list-style-type: none"> <input type="checkbox"/> decreases eagerness to breastfeed, leading to reduced milk supply reduces mother's confidence in breastfeeding <input type="checkbox"/> leads to allergic sensitization of the baby <input type="checkbox"/> increases chance of infection <input type="checkbox"/> if baby fed by bottle it can result in improper suckling pattern when breastfeeding <input type="checkbox"/> involves unnecessary expense 	<p>Adequate: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>		
5.4.	<p>What is the most common cause of insufficient milk?</p>	<p>Adequate:</p>		

	<p>Key points (1 needed):</p> <p><input type="checkbox"/> <i>not enough effective breastfeeding (ineffective removal of breast milk) not feeding on demand or “on cue”</i></p> <p><input type="checkbox"/> <i>not having baby attached correctly to remove milk</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	--	--

	Question	Response	Key
5.5	Why is rooming-in and bedding in important? [Probe if necessary anything else.]		
	<p>Key points (2 needed)</p> <ul style="list-style-type: none"> • <i>Mother learns feeding cues</i> • <i>Mother learns to handle and comfort baby</i> • <i>Enable demand feeding</i> • <i>Baby learns to recognize mother</i> • <i>Baby sleeps better</i> • <i>Baby exposed to less infections</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.6	What advice would you give a mother to help her prevent engorgement? [probe anything else]		
	<p>Key points (2 needed)</p> <ul style="list-style-type: none"> • <i>Feed frequently</i> • <i>Have baby attached correctly</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.7	<p>What is the major cause of sore nipples?</p> <p>Key point (1 needed):</p> <ul style="list-style-type: none"> • <i>poor attachment</i> • <i>baby not taking enough of breast into mouth</i> 	<p>Adequate:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
5 S	Summarize: At least 4 out of 7 answers are adequate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.6
6. (a)	Do you teach mother how to position and attach their babies for breastfeeding? If yes continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. (b)	Could you please describe and demonstrate how you would teach a mother to position her baby for breastfeeding?	Positioning correct:	
	Key points: Positioning:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<ul style="list-style-type: none"> • <i>baby should be held close, facing the breast</i> • <i>baby's head and body should be in a straight line</i> • <i>baby should be supported at buttock (& body as well, if newborn)</i> • <i>baby's nose opposite the nipple</i> <p>What would you teach a mother about good attachment (latching) and suckling? [Probe: Anything else?]</p>	<input type="checkbox"/> Not applicable	
--	---	---	--

	<p>Key points: <u>Attachment (latching):</u></p> <ul style="list-style-type: none"> • <i>baby's mouth should be wide open,</i> • <i>lower lip turned out;</i> • <i>chin touching breast</i> • <i>Areola may be visible above than below the baby's mouth</i> <p>Key points: <u>Suckling:</u></p> <ul style="list-style-type: none"> • <i>cheeks should be full,</i> • <i>with slow deep sucking and may be swallowing sounds</i> 	<p>Attachment/suckling correct:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Not applicable</p>	
6 S	<p>Summarize: Reports that teaches mothers positioning and attachment and describes both positioning and attachment correctly or, if doesn't teach, describes to whom to refer mothers on his/her shift:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	5.1

7.(a)	<p>Do you teach mothers how to express their milk by hand? [If "Yes", continue to Q7b.]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7(b).	<p>Could you please describe and demonstrate how you would teach hand expression? <i>[Note: Ask the respondent to describe how she/he would teach a mother, using a breast model to demonstrate, or to teach the assessor, as if teaching a mother.]</i></p>	<p>Adequate: <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Not applicable</p>	
	<p>Key points:</p> <ul style="list-style-type: none"> • <i>Encourage the milk to flow (through relaxation, massage, warmth, thinking of the baby, etc.)</i> • <i>Position her fingers (thumbs and finger) opposite each other and back from the nipples.</i> • <i>Compress and release the breast.</i> • <i>Repeat in all parts of the breast.</i> 		
7 S	<p>Summarize: Reports that teaches mothers hand expression (Q 7a) and gives adequate description and demonstration of what would teach mothers (Q 7b)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	5.2

Name of assessor:
Name of health facility:
Name of ward/unit: ___
Date: _____ **Time:** _____

II.B. Interview with Mother (No. ___) 9

General information (collect prior to interview if possible)	
Hours since birth _____ hours	
Type of delivery:	4.6
<input type="checkbox"/> Vaginal (V) <input type="checkbox"/> C-section without general anesthesia (i.e., spinal) <input type="checkbox"/> C-section with general anesthesia (C-GA)	

Introduction: Describe to the mother why you would like to interview her (to learn about the information and care she has received). Mention that, if she agrees to be interviewed, the information will be kept confidential (you might ask if her baby is a boy or a girl and/or the baby’s name, if appropriate).

Question	Response	Key
1. When was your baby (or baby’s name) born?	[DD/MM/YY] Time: _____ > 6 hours ago: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is this your first baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	■
3a. <i>[If vaginal or C-section with spinal:]</i> How soon after birth was your baby given to you?/ or not <i>[If “Yes” tick “Yes” and conclude and If “No” go to Q 3b</i>	Immediately or within 1 hour <input type="checkbox"/> Yes <input type="checkbox"/> No	
3b. Do you know why your baby was not given to you immediately?	Delay medically justified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3S Summarize: Answer to 3a or 3b is “Yes”: [Baby was given to the mother within 1 hour after birth or delay in contact was medically justified]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	4.2
4a. <i>[If C-section with general anesthesia:]</i> How soon after you were responsive and alert was your baby placed with you? <i>[Probe, if necessary. If time is listed in chart, review for verification]</i> <i>[If within a few minutes (“Yes”), tick “Yes” in 4S and go to Q5a. If “No” continue with Q 4b]</i>	Within a few minutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

----- 9 Note: This revised version of the “mother interview” includes specific questions for “non-breastfeeding mothers”, concerning what support they have received. The inclusion of these questions does NOT mean that the BFHI is promoting formula feeding but, rather, that the Initiative wants to help insure that ALL mothers, regardless of feeding method, get the feeding support they need.

	Question	Response	Key
4b.	<p>Do you know why your baby was not placed with you soon after you were responsive and alert? <i>[If yes, probe to determine why and whether the delay was medically justified. Check with staff later, if necessary]</i></p>	<p>Delay medically justified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>	
4S.	<p>Summarize: Answer to 5a or 5b is “Yes”: [Baby placed with mother within a few minutes of when she was alert and responsive or delay was medically justified]</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Not applicable</p>	4.3
5a.	<p><i>[If held baby:]</i> Was your baby skin-to-skin with you at that time? <i>[Probe to determine if the baby was unwrapped and next to the mother’s skin and, if so, mark as “Yes”. (It is acceptable for the baby and mother to be wrapped together or covered with a sheet or blanket, touching “skin-to-skin” underneath.) If the mother has delivered by C-section, even if only some of the baby’s skin was touching the mother’s skin initially, this can be marked “Yes”] <i>[If “Yes” continue to Q5b. If “No” tick “No” in Q5S and go to Q 6a]</i></i></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
5b.	<p><i>[If there was skin-to-skin contact:]</i> How long was your baby with you skin-to-skin without separation that first time? _____ minutes _____ hour(s) <i>[If 60 minutes or more (“Yes”) go to Q 6a. If less, continue to Q5c.]</i></p>	<p>60 minutes or more: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
5c.	<p><i>[If less than 60 minutes:]</i> What was the reason the skin-to-skin contact was ended or your baby was separated from you? <i>[List reason below. Probe to determine if it was for a medically justified reason, checking with staff, if necessary]</i></p>	<p>Medically justified: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
5S	<p>Summarize: Answer to 5a is “Yes” and answer to 5b or 5c is “Yes”: [Mother was in skin-to-skin contact with her baby for 60 minutes or more without separation, or the baby was separated from the mother or contact ended for a medically justified reason]</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	4.4
6.	<p>During the first time your baby was with you did anyone on the staff encourage you to look for signs for when your baby was ready to feed and offer you help with breastfeeding? <i>[Note: If mother mentions that staff offered to assist with placing her baby so it could move to her breast and latch when ready, record as “Yes”] If mother says staff knew she definitely did not want to breastfeed and so did not ask her, record as “Yes”]</i></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	4.5

Question	Response	Key
7a Can you tell me what your baby has been fed since birth? Has your baby received any: <ul style="list-style-type: none"> • Breast milk? <input type="checkbox"/>Yes <input type="checkbox"/>No • Plain water? <input type="checkbox"/>Yes <input type="checkbox"/>No • Sweetened or flavoured water? <input type="checkbox"/>Yes <input type="checkbox"/>No • Infant formula? <input type="checkbox"/>Yes <input type="checkbox"/>No • Tinned, powdered or fresh milk? <input type="checkbox"/>Yes <input type="checkbox"/>No • Anything else? (please describe:) 	Received only breast milk: <input type="checkbox"/> Yes <input type="checkbox"/> No	
7b <i>[If received anything other than breast milk:]</i> Can you tell me why your baby was given <i>[fluids or foods – mention types]?</i>	Medically justified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
7S. Summarize: Answer to 7a or 7b is “Yes”: <i>[Baby has received only breast milk or, if not, there was a medically justified reason]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.4
8. <i>[If hasn’t received any breast milk:]</i> Do you plan to breastfeed later? <i>[If so:] When do you plan to start?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.3
9. <i>[If breastfeeding:]</i> Has anyone on the staff offered you any help with breastfeeding since you held your baby the first time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
10. <i>[If breastfeeding:]</i> Has anyone on the staff offered you any help with positioning and attaching your baby for breastfeeding? <i>[Note: If staff offered but mother didn’t want help, tick as “Yes”]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	5.3
11. <i>[If breastfeeding:]</i> Can you show and describe to me how you position your baby for breastfeeding? <hr/> Key points: <u>Positioning:</u> <ul style="list-style-type: none"> • <i>Baby should be held close, facing the breast.</i> • <i>Baby’s head and body should be in a straight line.</i> • <i>Baby should be supported at buttock (and body as well, if newborn).</i> • <i>Baby’s nose opposite the nipple.</i> <i>[Note: Pass if generally correct, with no practices that hinder effective breastfeeding]</i>	Positioning correct: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	5.4

	Question	Response	Key
12.	<p><i>[If breastfeeding:]</i> What signs would you look for that indicates your baby is latched on (or attached) and suckling well?</p> <hr/> <p>Key points: <u>Attachment (latching):</u></p> <ul style="list-style-type: none"> • <i>Baby's mouth should be wide open.</i> • <i>Baby's lower lip turned out.</i> • <i>Baby's chin touching breast.</i> • <i>Areola may be visible above than below the baby's mouth.</i> <p>Key points: <u>Suckling:</u></p> <ul style="list-style-type: none"> • <i>Baby's cheeks should be full.</i> • <i>With slow deep sucking and may be swallowing sounds.</i> <p><i>[Note: Pass if generally correct, with no practices that hinder effective breastfeeding]</i></p>	<p>Attachment/ suckling correct:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Not applicable</p>	5.5

13.	<p><i>[If breastfeeding:]</i> Has anyone on the staff offered to show you how to express your milk by hand and told you where to get help, if needed?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Not applicable</p>	5.6
14.	<p><i>[If breastfeeding:]</i> Has your baby been fed anything, as far as you know, in a bottle with a teat (or nipple)? <i>[Probe, if necessary:]</i> Was any expressed breast milk given this way?</p>	<p><input type="checkbox"/> Not fed with bottle & teat</p> <p><input type="checkbox"/> Fed with bottle & teat</p> <p><input type="checkbox"/> Not applicable</p>	9.2
15.	<p><i>[If breastfeeding:]</i> What advice have you been given by the staff about how often and how long your baby should feed?</p> <hr/> <p>Key points (2 needed):</p> <ul style="list-style-type: none"> • <i>Baby should be fed when he wants to or whenever he is hungry.</i> • <i>Baby should be fed for as long as he wants.</i> • <i>Baby should be fed if the mother's breasts become overfull.</i> 	<p>Adequate:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/> No advice given</p> <p><input type="checkbox"/>Not applicable</p>	8.1

16a	<p>Has your baby been in the same room with you all the time?</p> <p><i>[Probe: Has your baby been separated from you at any time? Anytime during the night(s)? <i>[If so:]</i> When?]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/>No</p>	
16b	<p>Do you know why your baby was separated from you?</p> <p><i>[If yes:] Why?</i></p>	<p><input type="checkbox"/>Separation justified:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Not applicable</p>	

	Question	Response	Key
16S	<p>Summarize: Answer to 16a or 16b is “Yes”: Baby has always been in the same room with the mother or, if separated, it was for a justified reason]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.2
17a.	<p>Have you been given any information by the staff about where or how to get help if you have questions about feeding your baby after you return home? <i>[If “Yes” continue to Q17 b. If “No”, tick “No” in Q17S and go to the END.]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17b.	<p>What information have you been given? [Probe: Anything else?]</p> <hr/> <p>Key points (1 needed): Information that is appropriate locally, including how to:</p> <ul style="list-style-type: none"> ○ Get help from the hospital. ○ Get help from a health professional. ○ Call a helpline. ○ Get help from a mother support group or a peer/counselor. ○ Get help from another community service. 	<p>Adequate</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
17S.	<p>Summarize: [Mother reports that she was given information about where or how to get help if she had questions about feeding her baby after return home and mentioned at least one type of help available]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.1
END: Thank you for taking the time to answer these questions.			

Name of assessor
 Name of health facility: _____
 Name of ward/unit: _____
 Date: _____ Time: _____

II.C. Interview with Mother of Baby in Special Care (No. _____)

Introduction: Describe why you would like to interview mother (to learn more about how her baby has been fed and her interactions with the staff). Mention that, if she agrees to be interviewed, the information will be kept confidential (you might ask if her baby is a boy or a girl or the baby's name, if appropriate).

Question	Response	Key
1. When was your baby (or baby's name) born? <i>[If arrived less than 6 hours ago, thank the mother and do not continue the Interview. If more than 6 hours ago continue]</i>	[day/month/year] Time:.....	
2a. Has he/she been breastfed at all or received expressed breast milk? <i>[If "Yes", go to Q3 If "No", continue to Q2b]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. <i>[If not breastfed yet:]</i> Do you plan to breastfeed your baby later on? <i>[If "Yes" or "Don't know", continue to Q3 If "No" go to Q7]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	
3. <i>[If breastfeeding or intending to breastfeed:]</i> Were you offered any help by the staff to start your breast milk coming and to keep up the supply? <i>[If "Yes":] How long after birth (or after you came to this hospital) was this help offered?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Within 6 hrs of birth: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Summarize: Offered help within 6 hours of birth:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	5.7
4. <i>[If breastfeeding or intending to breastfeed:]</i> Have you been shown by the staff how to express your milk by hand? <i>[If "yes" continue. If "No", go to Q6]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not want help <input type="checkbox"/> Not applicable	5.8

	Question	Response	Key
5.	<p><i>[If breastfeeding or intending to breastfeed:] Can you describe and demonstrate how you were shown to express your milk?[Note: Ask the respondent to describe how she would hand express]</i></p> <p><i>Key points:</i></p> <ul style="list-style-type: none"> • <i>Encourage the milk to flow through relaxation, massage, warmth, thinking of the baby etc.</i> • <i>Position her fingers (thumb and index finger)opposite to each other and back from the nipple,</i> • <i>Compress and release the breast,</i> • <i>Repeat in all parts of the breast.</i> 	<p>Adequate:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Not applicable</p>	5.9
6.	<p><i>[If breastfeeding or intending to breastfeed:] How often have you been told that you should either breastfeed or express your milk to keep up the supply?</i></p> <p><i>Key points: 6 times or more every 24 hours.</i></p>	<p>6 times or more every 24 hours:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Not applicable</p>	5.10
7a.	<i>Have you had a chance to hold your baby skin-to-skin?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7b.	<i>[If no:] Why not?</i>	<p>If “No”, was this justified:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
7S.	<i>Summarize: Had chance to hold baby skin-to-skin (7a) or having no skin-to-skin contact was justified (7b):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.6
END: Thank you for taking the time to answer these questions.			

Name of assessor: _____

Name of health facility: _____

Name of clinic/unit: _____

Date: _____

II.D. Interview with Pregnant Woman (No.____)

*Instructions: Interviews should be for healthy pregnant women who are in their third trimester and have been seen **antenatal visit** either at this hospital or at some other facility.*

Introduction: Describe why you would like to do the interview (to learn more about her experiences here and what information about infant feeding has been discussed with her). Mention that, if she agrees to be interviewed, the information will be kept confidential.

	Question	Response	Key
1a.	How many weeks pregnant you are ? <i>[Note: If woman is less than 28 weeks of pregnancy thank her and do not interview]</i>	Weeks.....	
1b.	Have you been received any ANC in this hospital or anywhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Now I am going to ask you a few questions about what you have been told about feeding and caring for your baby.			
2.	As part of your antenatal care, has a staff member talked with you individually or offered a group talk or class that included information about breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No [leaflet only with no discussion mark as “No”]	3.3
3a.	What has the staff said, if anything, about why it is important to spend time in skin-to-skin contact with your baby immediately after birth? [Probe, if necessary: Anything else?]	Adequate	
	Key points (2 needed): <input type="checkbox"/> <i>keeps baby warm</i> <input type="checkbox"/> <i>calms baby/mother</i> <input type="checkbox"/> <i>helps with bonding</i> <input type="checkbox"/> <i>encourages breastfeeding on demand</i> <input type="checkbox"/> <i>good start for breastfeeding</i> <input type="checkbox"/> <i>regulates heartbeat and breathing</i> <input type="checkbox"/> <i>Continue BF Longer</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not told anything	
3b.	What has the staff said, if anything, about whether to give any water, teas, formula or other supplements to your baby in the first six months if you are breastfeeding, and why? [Probe, if necessary: Did the staff say why?]		

	<p>Key points (2 needed):</p> <ul style="list-style-type: none"> • <i>If I am breastfeeding I should not give supplements for the first 6 month.</i> • <i>Supplements decrease baby's desire to BF and decrease milk production.</i> • <i>Supplements increase chance of infection.</i> • <i>Supplements reduce protection from breastfeeding.</i> • <i>Supplements increase risk of obesity.</i> • <i>If bottles are used it can result in improper suckling when Breastfeeding.</i> 	<p>Adequate:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Not told anything</p>	
3S	<p>Summarize: The respondent could recall basic information presented or discussed with her on <u>at least one out of the two topics (3a-b).</u></p> <p><i>[Note: If staff hasn't told anything on topic(s), count as "No"]</i></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	3.4
<p>END: Thank you for taking the time to answer these questions.</p>			

CONFIDENTIAL