COMPETENCY VERIFICATION TOOLKIT

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

unicef

World Health Organization

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INTRODUCTION

In 2018, WHO (World Health Organization) and UNICEF (United Nations Children's Fund) released new Implementation guidance for the revised Baby-friendly Hospital Initiative (BFHI) (Guidance) *(1)* in which revisions to the Ten Steps to Successful Breastfeeding (Ten Steps) are described. The Ten Steps serve as the foundation to the BFHI. One of the most significant revisions to the Ten Steps was made to Step 2, which now says, "*Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding".* This reformulation of Step 2 introduced a transition in BFHI from a focus on training to a focus on competency verification.

The new BFHI Step 2 focuses on verification to ensure that direct care providers have the knowledge, competence and skills to support breastfeeding, especially during the first few days in maternity facilities. This *Competency Verification Toolkit* is designed to assist countries and health care systems to feasibly link competencies to clinical practice.

The principle and practice of competency verification are solidly established in professional and clinical services. However, the actual implementation of competency verification is rather more complex, and the details of the process are especially important. Competency verification is essentially "the test" of whether a provider can do the job accurately, sensitively and correctly. If a direct care provider cannot clearly demonstrate competence in a task, then primary or remedial education or training is required.

Section 1 describes the competency framework in which 16 specific breastfeeding management and support competencies are organized into seven unique domains.

Section 2 provides detailed information on the principle and process of competency verification; the details of verifying clinical competencies specific to BFHI and the qualifications and roles of examiners. Specific knowledge, skills and attitudes that comprise the competencies are explained.

Section 3 describes the detailed tools to be used for competency verification, including the *Competency Verification Form*, the *Examiners' Resource*, multiple-choice questions to verify knowledge, case studies that involve a comprehensive review of clinical situations, and observation tools for skills and attitudes.

Section 4 discusses opportunities to adapt the tools in the *Toolkit* for country settings.

SECTION 1

COMPETENCY FRAMEWORK

SECTION 1: COMPETENCY FRAMEWORK

Nourishing and nurturing a newborn is the most basic form of infant care. Human milk offered directly at the mother's breast is the normal and optimal way to feed an infant. "Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers" *(2)*.

While breastfeeding is the most natural means for nourishing and nurturing an infant, it does not come naturally to all mothers and infants. It requires a combination of appropriate early care practices and ongoing support by skilled health professionals. The BFHI aims to ensure that mothers and newborns receive "timely and appropriate care before and during their stay in a facility providing maternity and newborn services…" *(1)*. The 2018 WHO/UNICEF Guidance reinvigorated the BFHI to facilitate its adoption by all hospitals and birthing centres throughout the world.

Competency is defined as, **"**the capability to use a set of related knowledge, skills and behaviours to successfully perform identified jobs, roles or responsibilities" *(3)*. A core purpose of the BFHI is to guarantee the competency of health professionals and managers in the implementation of the Ten Steps. The 2018 revision of the Ten Steps introduced a major change to Step 2, bringing a paradigm shift from requiring a certain number of hours of training ("the 20-hour course") to confirming that all direct care providers[1] have the competencies needed to ensure care is delivered consistently and ethically. Sufficient knowledge, skills and attitudes to support breastfeeding are essential for the provision of safe, evidence-based, compassionate care. Staff training and/or formal education are still important in gaining knowledge and technical skills. WHO and UNICEF have provided updated training materials to assist with the implementation of training *(4)*. However, successful capacity-building also requires that competency be verified for each health care worker. Thus, the emphasis is now placed on competency verification in addition to training. This major paradigm shift requires different tools for it to be implemented in all facilities.

This manual presents a comprehensive *Toolkit* to assist countries, health care systems and individual facilities to assess staff competency in the knowledge, skills and attitudes needed to implement the Ten Steps. The *Toolkit* introduces a framework (**Table 1**) consisting of 16 specific competencies arranged within seven domains. This framework replaces the list of 20 competencies proposed in the 2018 BFHI Guidance to more accurately reflect the most important aspects of care needed in maternity facilities.

The domains begin with critical management procedures that direct care providers need to participate in to create such needed environments. Foundational skills include effective communication and counselling that transversally apply throughout clinical competencies. They then progress through the various perinatal stages along the continuum of care and services, from the prenatal period until discharge from the site of birth. All direct care providers working in facilities that provide maternity and newborn services are expected to demonstrate their competencies in relevant aspects of breastfeeding counselling and support.

[1] *Direct care provider*: any person who provides education, assessment, support, intervention, assistance and/or follow-up with regards to infant feeding. In this document, the terms health care provider, staff, health care worker and health professionals all describe direct care providers.

Table 1. List of competencies necessary for implementing the Ten Steps to Successful Breastfeeding

DOMAIN 1: Critical management procedures to Support the Ten Steps
01. Implement the *Code* in a health facility
02. Explain a facility's infant feeding policies and monitoring systems
DOMAIN 2: Foundational skills: communicating in a credible and effective way
03. Use listening and learning skills whenever engaging in a conversation with a mother
04. Use skills for building confidence and giving support whenever engaging in a conversation with a mother
DOMAIN 3: Prenatal period
05. Engage in antenatal conversation about breastfeeding
DOMAIN 4: Birth and immediate postpartum
06. Implement immediate and uninterrupted skin-to-skin
07. Facilitate breastfeeding within the first hour, according to cues
DOMAIN 5: Essential issues for a breastfeeding mother
08. Discuss with a mother how breastfeeding works
09. Assist mother getting her baby to latch
10. Help a mother respond to feeding cues
11. Help a mother manage milk expression
DOMAIN 6: Helping mothers and babies with special needs
12. Help a mother to breastfeed a low-birth-weight or sick baby
13. Help a mother whose baby needs fluids other than breast milk
14. Help a mother who is not feeding her baby directly at the breast
15. Help a mother prevent or resolve difficulties with breastfeeding
DOMAIN 7: Care at discharge
16. Ensure seamless transition after discharge

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SECTION 2

VERIFICATION OF COMPETENCIES

SECTION 2: VERIFICATION OF COMPETENCIES

Introduction

This document introduces a *Competency Verification Toolkit* to assist facilities and educators to verify the basic competence of different types of direct care providers (nurses, midwives, physicians, etc.) in delivering basic, evidence-based breastfeeding care.

Competent direct care providers can demonstrate they possess the knowledge, skills and attitudes necessary to safely and compassionately deliver care and support to all mothers and newborns, within the context of the Ten Steps. Well-constructed learning outcomes assume students need to know: what to do (i.e. knowledge); how to apply their knowledge (i.e. skills); and when to apply their skills within an appropriate ethical framework using that knowledge (i.e. attitudes and behaviour *(5)*. Those terms have been defined as follows *(3)*:

Knowledge (K)	is the theoretical or practical understanding of a subject gained through formal education or practical experiences.
Skills (S)	are abilities to properly perform a job. These include cognitive, communication, interpersonal and problem-solving techniques.
Attitudes (A)	are the behaviour, the way or manner in which we act towards ourselves or others.

Knowledge, skills and attitudes are all needed for direct care providers to intervene at the clinical level within the scope of the Ten Steps. The implementation of the Ten Steps in maternity facilities requires knowledge, skills and attitudes beyond just those needed for basic breastfeeding support. BFHI involves ethical aspects of care and services to all mothers, supported by a facility's policy and respect of the *International Code of Marketing of Breast-milk Substitutes* (the *Code*) *(8)*. Direct care providers must support women's informed decisions related to their infant's nutrition and well-being, which encompasses more than clinical breastfeeding support. BFHI is about actively participating in providing enabling environments for sustainable implementation within the facility so that all mothers and infants receive the evidence-based, individualized and compassionate care they deserve from all direct care providers working towards the same goal. In this context, the *Competency Verification Toolkit* includes all expected competencies to implement the Ten Steps.

Performance indicators

The Competency Verification Toolkit includes performance indicators to document that a health care worker has acquired necessary competencies. For each competency, two or more performance indicators are listed. The performance indicators are measurable statements that describe the specific capabilities of the direct care provider.

The performance indicators are measures of a direct care provider's competence to protect, promote and support breastfeeding in a facility providing maternity and newborn services. They also measure ability to implement the Ten Steps (see Table 2). Some indicators are relevant to multiple Steps. In particular, the performance indicators within Domain 2: "Foundational skills: communicating in a credible and effective way", are inherently tied to all Steps 3-10 because counselling skills are a foundation for all interactions with mothers. Other indicators also apply to more than one Step.

Table 2. Ten Steps

Step 1.A	Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly Resolutions.
Step 1.B	Have a written infant feeding policy that is routinely communicated to staff and parents.
Step 1.C	Establish ongoing monitoring and data management systems.
Step 2	Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
Step 3	Discuss the importance and management of breastfeeding with pregnant women and their families.
Step 4	Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
Step 5	Support mothers to initiate and maintain breastfeeding and manage common difficulties.
Step 6	Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
Step 7	Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
Step 8	Support mothers to recognize and respond to their infants' feeding cues.
Step 9	Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
Step 10	Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

The performance indicators are based on a preventive approach of care with the goal of supporting mothers to make their own decisions regarding their infants' well-being. When an individual knows why an intervention is important, it is easier to implement it in practice. Most performance indicators include anticipatory guidance for mothers to become autonomous in the care of their infants when discharged from hospital, regardless of their decisions about their infants' nutrition.

For example, competency 5 and Step 3 address antenatal counselling about breastfeeding. The performance indicators that measure this competency or ability to perform the Step are:

Engage in a conversation with a pregnant woman on 3 aspects of the importance of breastfeeding.	Assess at least 3 aspects of a pregnant woman's knowledge about breastfeeding in order to fill the gaps and correct inaccuracies.	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.

The direct care providers need to know what to explain to a mother, why it is important, how to do what is necessary and how to do it respecting the mother's rhythm and concerns. This competency addresses the theoretical knowledge that direct care providers have to possess, and it integrates the skills and attitudes that will help them effectively and judiciously convey the messages to different mothers.

Each performance indicator represents only one action, so only one action verb is used. For example, "Describe to a mother at least 4 signs of adequate transfer of milk in the first few days» only includes the action verb "Describe", not "Describe and illustrate", which cannot be assessed in a single question as competent or not. Action verbs such as "list, describe or explain" simply require recall of knowledge, whereas verbs such as "assess, demonstrate or help" require clinical reasoning, planning and communication.

Table 3 lists each performance indicator with associated competency and relevant Step, whether it addresses, skills or attitudes, and how it would be verified.

Table 3. List of performance indicators

Performance indicator	Competency assessed	BFHI Step	Knowledge, skills or attitudes	Type of verification
1. List at least 3 products that are covered by the *Code*.	01	1A	K	Question or case study
2. Describe at least 3 ways a direct care provider protects breastfeeding in practice	01	1A	K	Question or case study
3. Describe at least 1 way a direct care provider should respond if offered information provided by manufacturers and/or distributors of products within the scope of the *Code*.	01	1A	K	Question or case study
4. Describe at least 1 type of financial or material inducement that might be offered to a direct care provider by a manufacturer and/or distributor of products within the scope of the *Code*.	01	1A	K	Question or case study
5. Describe at least 1 harm of a direct care provider accepting financial or material inducements.	01	1A	K	Question or case study
6. Explain at least 2 ways that the facility ensures that there is no promotion of infant formula, feeding bottles, or teats in any part of facilities providing maternity and newborn services, or by any of the direct care providers.	01	1A	K	Question or case study
7. Describe at least 2 elements that are in the facility's infant feeding policy.	02	1B	K	Question or case study
8. Explain at least 3 ways that the infant feeding policy affects a direct care provider's work at this facility.	02	1B	K	Question or case study

Performance indicator	Competency assessed	BFHI Step	Knowledge, skills or attitudes	Type of verification
9. Explain at least 2 reasons why monitoring of hospital practices is important to ensure quality of care.	02	1C	K	Question or case study
10. Explain at least 2 ways practices are monitored in this facility.	02	1C	K	Question or case study
11. Demonstrate at least 3 aspects of listening and learning skills when talking with a mother.	03	3-10	K-S-A	Observation
12. Demonstrate at least 3 ways to adapt communication style and content when talking with a mother.	03	3-10	K-S-A	Observation
13. Demonstrate at least 2 ways to encourage a mother to share her views, taking time to understand and consider these views.	04	3-10	K-S-A	Observation
14. Describe at least 3 aspects of building confidence and giving support when talking with a mother.	04	3-10	K-S-A	Observation
15. Engage in a conversation with a pregnant woman on 3 aspects of the importance of breastfeeding.	05	3	K-S-A	Observation
16. Assess at least 3 aspects of a pregnant woman's knowledge about breastfeeding in order to fill the gaps and correct inaccuracies.	05	3	K-S-A	Observation
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.	05	3	K-S-A	Observation
18. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the mother.	06	4	K	Question or case study
19. Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the infant.	06	4	K	Question or case study
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.	06	4	K-S-A	Observation
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.	06	4	K-S-A	Observation

Performance indicator	Competency assessed	BFHI Step	Knowledge, skills or attitudes	Type of verification
22. List at least 3 reasons why skin-to-skin should NOT be interrupted.	06	4	K	Question or case study
23. Explain at least 2 reasons when skin-to-skin could be interrupted for medically justifiable reasons.	06	4	K	Question or case study
24. *WHERE APPLICABLE* Explain how to maintain skin-to-skin during transfer of mother and infant to another room or other recovery area.	06	4	K	Question or case study
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.	07	4	K-S-A	Observation
26. Demonstrate at least 3 aspects of safe care of the newborn in the first 2 hours post-birth.	07	4	K-S-A	Observation
27. Describe to a mother at least 3 pre-feeding behaviours babies show before actively sucking at the breast.	07	4	K-S-A	Observation
28. Describe at least 6 essential issues that every breastfeeding mother should know or demonstrate.	08	5, 8	K	Question or case study
29. Engage in a conversation with a mother regarding at least 3 reasons why effective exclusive breastfeeding is important.	08	3, 6	K-S-A	Observation
30. Engage in a conversation with a mother regarding 2 elements related to infant feeding patterns in the first 36 hours of life.	08	5	K-S-A	Observation
31. Describe to a mother at least 4 signs of adequate transfer of milk in the first few days.	08	5	K-S-A	Observation
32. Evaluate a full breastfeeding session observing at least 5 points.	09	5, 8	K-S-A	Observation
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.	09	5	K-S-A	Observation
34. Demonstrate how to help a mother achieve an effective and comfortable latch, noting at least 5 points.	09	5	K-S-A	Observation

Performance indicator	Competency assessed	BFHI Step	Knowledge, skills or attitudes	Type of verification
35. Engage in a conversation with a mother regarding 2 aspects related to the importance of rooming-in 24h/day.	10	7	K-S-A	Observation
36. Explain 2 situations: 1 for the mother and 1 for the infant, when it is acceptable to separate mother and baby while in hospital.	10	7	K	Question or case study
37. Describe at least 2 early feeding cues and 1 late feeding cue.	10	8	K	Question or case study
38. Describe at least 4 reasons why responsive feeding is important.	10	8	K	Question or case study
39. Describe at least 2 aspects of responsive feeding (also called on-demand or baby-led feeding) independent of feeding method.	10	8	K	Question or case study
40. Demonstrate to a mother how to hand express breast milk, noting 8 points.	11	5	K-S-A	Observation
41. Explain at least 3 aspects of appropriate storage of breast milk.	11	6	K	Question or case study
42. Explain at least 3 aspects of handling of expressed breast milk.	11	6	K	Question or case study
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.	12	5	K-S-A	Observation
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.	12	5	K-S-A	Observation
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.	12	7	K-S-A	Observation
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.	12	8	K-S-A	Observation

Performance indicator	Competency assessed	BFHI Step	Knowledge, skills or attitudes	Type of verification
47. List at least 2 potential contraindications to breastfeeding for a baby and 2 for a mother.	13	6	K	Question or case study
48. Describe at least 4 medical indications for supplementing breastfed newborns: 2 maternal indications and 2 newborn indications, when breastfeeding is not improved following skilled assessment and management.	13	6	K	Question or case study
49. Describe at least 3 risks of giving a breastfed newborn any food or fluids other than breast milk, in the absence of medical indication.	13	6	K	Question or case study
50. For those few health situations where infants cannot, or should not, be fed at the breast, describe, in order of preference, the alternatives to use.	13	6	K	Question or case study
51. Engage in a conversation with a mother who intends to feed her baby formula, noting at least 3 actions to take.	13	6	K-S-A	Observation
52. Demonstrate at least 3 important items of safe preparation of infant formula to a mother who needs that information.	13	6	K-S-A	Observation
53. Demonstrate to a mother how to safely cup-feed her infant when needed, showing at least 4 points.	14	9	K-S-A	Observation
54. Describe to a mother at least 4 steps to feed an infant a supplement in a safe manner.	14	6, 9	K-S-A	Observation
55. Describe at least 2 alternative feeding methods other than feeding bottles.	14	9	K	Question or case study
56. Engage in a conversation with a mother who requests feeding bottles, teats, pacifiers and soothers without medical indication, including at least 3 points.	14	9	K-S-A	Observation
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).	15	5, 10	K-S-A	Observation
58. Describe at least 4 elements to assess when a mother says that her infant is crying frequently.	15	8	K	Question or case study

Performance indicator	Competency assessed	BFHI Step	Knowledge, skills or attitudes	Type of verification
59. Describe at least 4 elements of anticipatory guidance to give to a mother on calming or soothing techniques before or as alternatives to pacifiers.	15	9	K	Question or case study
60. Describe at least 2 locally available sources for timely infant feeding information and problem management.	16	10	K	Question or case study
61. Describe at least 2 ways the healthcare facility engages with community-based programmes to coordinate breastfeeding messages and offer continuity of care.	16	10	K	Question or case study
62. Develop individualized discharge feeding plans with a mother that includes at least 6 points.	16	10	K-S-A	Observation
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.	16	10	K-S-A	Observation
64. Describe at least 3 warning maternal signs for a mother to contact a health care professional after discharge.	16	10	K	Question or case study

When to verify competencies

The 2018 BFHI Guidance advocates for national education systems to ensure that direct care providers are trained in breastfeeding during pre-service education. Facilities that provide maternity and newborn services need to ensure that the competencies of all their direct care providers are up to date. Competency assessment can identify gaps in skills or knowledge that require or would benefit from further training. Thus, the *Competency Verification Toolkit* is intended for use in both hospitals and birthing centres providing maternity and newborn services and in pre-service education settings. Since it describes the minimally-required competencies for all types of direct care providers (midwives, nurses, family physicians, obstetricians, paediatricians, etc.) within a perinatal team, it is designed to be flexible and guide the needed enhancement of an individual's knowledge, skills and/or attitudes. The impetus of the paradigm shift in the current Step 2 warrants a need to make the process more relevant and applicable to everyone involved. The following are examples of possible uses:

Verify the competencies of a new direct care provider in order to identify gaps in knowledge, skills and/or attitudes. In this case, the whole *Competency Verification Toolkit* should be used to include all competencies (*pre-orientation in clinical settings; pre-service final competency assessment*).

- ✓ Verify one's own competency to identify personal needs for continuing education. In this case, the whole *Competency Verification Toolkit* should be used. It could be used by any direct care provider for personal self-reflection and self-remediation or as a means to discuss annual objectives with the immediate manager (*self-assessment*).

- ✓ Verify the competencies of all direct care providers working on a particular unit on one or two specific Steps. In this case, only the competencies identified for those Steps will be used (*peer review; ongoing competency verification; team review*).
- ✓ Carry out an internal monitoring of competencies before designing training sessions or quality improvement cycles. In this case, the whole *Competency Verification Toolkit* could be used on all or some direct care providers during a set time, or only some competencies could be used, for example for issues known to require more follow-up (*evidence of daily work; team review*).
- ✓ Complete an internal evaluation or monitoring of the competencies of all direct care providers before requesting an external assessment. In this case, the whole *Competency Verification Toolkit* should be used (*as a benchmark before starting ongoing competency remediation or before external accreditation*).

The flexibility of the *Competency Verification Toolkit* allows for different uses and different modes of verification for each performance indicator (questions, case studies, observations in real-life situations, observations in a skills lab, etc.). For example, a facility could decide to verify competencies of all direct care providers for the implementation of Step 4 during caesarean births. Examiners could choose to first assess all providers' knowledge using written tests before actualizing observations in the operating room. For example, if knowledge is insufficient, it has to be addressed first, before carrying out time-consuming audits that would simply confirm the lack of knowledge of the team. On the other hand, examiners could decide to conduct observations during a fixed period of time on all shifts to obtain a baseline for eventual continuing education of the operating room team. Either option is valid and depends on the facility's resources and intentions.

Methods to verify competencies

There are a variety of acceptable methods for verifying BFHI competencies of direct care providers. These include, but are not limited to:

- questions
- case-based discussions
- direct observations of skills and attitudes.

All methods are designed to elicit information from the individual whose competencies are being verified. Section 3 describes the tools provided for each of these assessment methods. In each case, the *Competency Verification Toolkit* should be used to check correct procedures and serve as the basis for objective feedback for performance indicators requiring improvement or enhancement of knowledge, skills and/or attitudes. Ideally, using a multi-method approach will better guide suggestions for individualized remediation plans.

Examiners

Examiners, those responsible for verifying the competency of others, should have the appropriate qualifications and experience in the clinical context of the BFHI. Examiners can come from pre-service professional education environments or be expert clinical providers at the care delivery level. Examiners focus their attention on finding possible gaps, not in a punitive way, but in a manner that stimulates professional growth. In this context, examiners must be sufficiently knowledgeable about maternity care and infant feeding practices within the BFHI context in order to accurately detect both correct and incorrect knowledge, skills and attitudes (behaviours). They must possess adequate and appropriate interviewing and critical thinking skills and observation abilities. They must be objective in collecting data and capable of probing the direct care provider without influencing the results. All examiners must pay attention to detail to ensure accuracy and completeness in the recording of responses.

All examiners must also avoid conflicts of interest particularly with companies that produce and/or market foods for infants and young children, or feeding bottles and teats, or from their parent or subsidiary companies *(1)*. This is imperative to ultimately ensure direct care providers protect families from commercial pressure.

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SECTION 3

THE TOOLKIT

SECTION 3: THE TOOLKIT

The *Competency Verification Form*

The goal of the *Competency Verification Form* (online **Annex A** and **B**) is to record whether direct care providers working in lactation care and support have the minimal competencies expected to safely and compassionately support breastfeeding using a BFHI lens. The *Competency Verification Form* will help to build direct care providers' confidence, accountability and professional pride in their own competencies and that of the interprofessional team. The purpose of this verification is to provide useful feedback to guide future learning, to foster habits of self-reflection and self-remediation, to differentiate among providers for further training, to develop shared values among different types of providers within a clinical team, and to certify the competence of providers *(6)*.

The performance indicators in the *Form* are organized both by competency (**Annex A**) and by BFHI Step (**Annex B**). Both perspectives are valuable, and the content is the same. Those developing training programmes and working in academic settings may find the organization by competency to be useful. Facilities that are interested in quality improvement for a single Step or set of Steps may find the Ten Step ordering more useful as they focus only on the performance indicators most critical for those Steps. To be thorough and consistent, select one approach and follow it for all aspects of an individual's competency verification.

Performance indicators that are relevant to several Steps are listed in the *Form* multiple times if the indicator is relevant to multiple Steps in **Annex B** (except for the foundational performance indicators, which are relevant to all Steps 3-10 but are not repeated in the tool).

The *Competency Verification Form* is designed for the examiner to compile the results for all the performance indicators following the use of different assessment methods (questions, case studies, observation). In the *Competency Verification Form,* the performance indicator is first defined, and expected answers are listed for easier tool completion. All potential responses originate from WHO and UNICEF documents as well as Academy of Breastfeeding Medicine (ABM) protocols. Results are presented by performance indicator, either described as "Competent" or "Needs improvement", the latter offering examples of what needs to be improved for this particular direct care provider. Nationally-accepted responses could be added to the *Form* according, for example, to national policies on breastfeeding or on the *Code*.

The *Competency Verification Form* includes a list of all performance indicators. Each performance indicator has sections for the following information:

- The name of the performance indicator.
- To the right of the performance indicator, the recommended method of verification. For example, if the method is listed as "question", the examiner will add "oral test", "written test" or "online test". If the method is observation, then the examiner adds the location of where the observation was performed.
- Potential correct responses listed below each performance indicator. Instructions are provided per performance indicator for a minimum number of responses that must be stated or practised to pass each performance indicator.
- The second column, "National options" for countries to add additional expected responses found in their national policies and guidelines.
- The third column, "Competent", where the examiner records the results of the verification when the direct care provider demonstrated fulfilment of this performance indicator. A simple "√", "ok", "yes" or similar sign could be used, according to the facility's preference.
- The fourth column "Needs improvement", where the examiner records incomplete or unsatisfactory results in a written form stating where improvement is needed.

For example, the box below shows how a *Competency Verification Form* may be completed for a provider:

Performance indicator and expected answers	National options	Competent	Needs improvement
35. Engage in a conversation with a mother regarding 2 aspects related to the importance of rooming-in 24h/day.	Observation *in mother's room*		
Using Foundational Skills, discuss the importance of rooming-in: ✓ To learn how to recognize and respond to her baby's feeding cues. ✓ To facilitate establishment of breastfeeding. ✓ To facilitate mother and baby's bonding/attachment. ✓ To enable frequent, unrestricted responsive feeding. ✓ To increase infant's and mother's well-being (less stress). ✓ To improve infection control (lower risk of spreading infectious diseases).	*to prevent misidentification of baby*		*Did not address mother's concerns that she was tired and wanted baby removed. Only told mom to keep her baby to feed him when hungry*

The *Competency Verification Form* is an official document to be kept in the direct care provider's file, so it must be completed accurately and with care for each competency on all performance indicators. Examiners must ensure they accurately document the results on the *Competency Verification Form* since this will help direct care providers to continually improve their performance and to work more effectively.

The *Examiner's Resource*

While the *Competency Verification Form* lists only potential correct responses, identifying both correct and incorrect knowledge, skills, attitudes and practices is important. To assist examiners with their task, an *Examiner's Resource* (online **Annex C** and **D**) has been developed to guide examiners in the use of the *Competency Verification Form*. The *Examiner's Resource* contains appropriate and inappropriate responses and specific resources for more information. It is the "answer key" that quantifies (and simplifies) the examiner's job of assessing a direct care provider. The *Examiner's Resource* can be used to support the decision on whether the care provider has demonstrated a competency.

Annex C is organized by competency, and **Annex D** is organized by BFHI Step.

The *Examiner's Resource* contains the following columns for each performance indicator:

- The first column shows potential correct responses exactly as in the *Competency Verification Form*.
- The second column shows at which level the performance indicator is to be assessed: Knowledge, Skills, and/or Attitudes.
- The third column, "Responses/Practices of Concern", consists of potential outdated, incorrect or concerning responses. Each country may modify the responses/practices of concern according to their own circumstances.
- The final column, "Recommended resources", lists international documents from WHO and UNICEF as well as ABM protocols to suggest to the direct care provider when gaps in competencies are identified.

For example, below is the *Examiner's Resource* for performance indicator 63:

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
63. Describe to a mother at least 4 warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge.	Observation		
✓ Using Foundational Skills, explain the following signs: ✓ 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 with at least every 3–4 sucks. ✓ Scant urine per day. ✓ No stools per day. ✓ Fever.	K-S-A	✖ Omit to observe or look for signs of undernourishment. ✖ Unable to list signs of undernourishment. ✖ Omit to observe signs in the mother, only in the baby. ✖ Argue that a baby sleeps through the night in the first week. ✖ State she hates to wake a sleeping baby. ✖ Explain that all babies cry, and it is better to let him cry it out. ✖ Respond that it is great to feed only 6 times a day this early on. ✖ Say that if a baby is at the breast, everything is fine. ✖ Insist that the mother keep trying to put the baby to the breast. ✖ Explain that newborns don't urinate much and these diapers are very absorbent. ✖ Tell mother "Don't worry, that's normal" without first verifying signs and symptoms. ✖ State that no assessment is necessary so early on. ✖ Turn the concern around by saying "You will learn to love your baby" or "Cheer up! Your baby is fine!"	• BFHI Training Materials Session 7. (4) • BFHI Training Materials Session 12. (4) • BFHI Training Materials Session 19. (4) • WHO Model Chapter 5.5 and Figure15. (10) • WHO Model Chapter 7.10 and Table 9. (10) • ABM Protocol 7. (11) • ABM Protocol 10. (17)

The *Examiner's Resource* can be used to train new examiners in what is expected during the clinical verification of the competencies, and/or to remind them of what acceptable responses are, what is questionable, and what resources are available for the direct care providers who demonstrated gaps in the competencies.

Multiple-choice questions for knowledge verification

A question is one of the most basic tools for eliciting information from an individual. It is an element of every type of competency verification, and may be used in either written, electronic or verbal format. Questions should be carefully constructed so as not to lead an individual to an answer. Open-ended questions are best as they are most likely to elicit the greatest amount of information, including at the attitudinal level. However, this approach requires more of the examiner's time. Closed-ended questions ("yes/no", "true/false", multiple choice) are appropriately used to obtain a direct response and/or confirm information from the individual. Multiple choice questions are the easiest and fastest methods to verify basic knowledge, before observing an individual in action. A sample set of multiple-choice questions (online **Annex E**) reflect the answers provided in the *Examiner's Resource*.

For example, the box below shows a multiple-choice question:

When the baby is placed skin-to-skin on the mother at birth, what behaviours should he demonstrate instinctually before latching? (PI #27)

- Slowly calming down so a helper can assist the baby to reach the breast
- Crying vigorously and then resting without movement.
- Moving to the breast and touching the mother's body and breast.
- Slowly going into deep sleep then starting to move hands and feet.

The sample questions provided include at least one question for each performance indicator. Countries may adapt and add to the set according to their particular circumstances.

Case studies for comprehensive knowledge verification

A case-based discussion involves a comprehensive review of a clinical situation between a direct care provider and an examiner. A simulated clinical scenario is presented to the individual and questions are asked to illustrate what the individual would normally do if the situation occurred in real life. It promotes reflection, critical curiosity and clinical reasoning, which takes more time than written questions, but usually elicits more information because of the flow of discussion. Case studies must be well designed in order to represent the usual work carried out by different types of direct care providers within a team. For example, a scenario involving milk expression may not be suitable for physicians as this is normally within the nurses' or midwives' domain, and it is expected that physicians refer to the more knowledgeable person in the clinical team to respond to the mothers' needs. Similarly, a case study involving prescription of the correct medication for a mother may not be appropriate for some direct care providers. By verifying the competencies of all direct care providers in a given team, the facility can assure professional care is provided by an accountable team.

This manual includes a sample set of case studies (online **Annex F**) with open-ended questions for clinical situations typically encountered worldwide. They address specific competencies or interrelated competencies.

For example, the box below shows a case study on birth and postpartum care.

Case study 4: Birth and Immediate Post-Partum

Georgina and Giuseppe come to the birthing facility as contractions are becoming regular and strong. They are installed in a room and the direct care provider examines her and then evaluates the couple's knowledge about the birthing process and post-partum procedures.

What information could she give this couple about the importance of immediate and uninterrupted skin-to-skin right at birth for the mother? (PI #18)

- Temperature within normal limits.
- Placenta expulsed in a timely manner following the surge of maternal oxytocin, so less postnatal anaemia.
- Surge of oxytocin resulting in adequate uterine involution, secured milk production.
- Serum gastrin remains low, meaning less stress for the mother.
- Breastfeeding is facilitated because of the hormones involved with skin-to-skin contact.
- Bonding is facilitated (visual contacts, touch, facing forwards, affectionate behaviours).
- Mother's voice and movements are soft, she shows patience in her attempts to latch or to stimulate her baby.
- Maternal feeling of well-being (oxytocin and endorphins are elevated).
- Fewer postnatal depressive symptoms.
- Less maternal negligence and baby abandonment.
- Mutual reciprocity; maternal sensitivity is increased.
- Mother can calm her baby more easily.

Observation tools for knowledge, skills and attitudes verification

Direct observation is used in most situations to verify competencies during interactions with pregnant women and mothers. To make sure an observation in real life or in a skills lab is objective, an observation tool depicting expected behaviours is used, and the examiner simply checks the observed behaviours and adds notes to the *Competency Verification Tool*. Observation in real-life situations allows direct care providers to demonstrate their competencies at the bedside by carrying out the related performance indicators.

The skills lab is a re-creation of a clinical environment that allows for someone to practise or demonstrate their knowledge/skill in a simulated setting. When available, the lab typically has all of the equipment and tools available in clinical practice and may involve the use of a standardized patient or a manikin. Using this method, the examiner would present a case to an individual and observe her/him performing the procedure and responding to questions.

This manual includes a set of observation tools (online **Annex G**), also called Step 2 audit tools, to be used when a competency needs to be observed to verify knowledge, skills and attitudes that cannot adequately be assessed with written or verbal questions.

For example, the box next page shows a tool for observing an antenatal conversation about breastfeeding for multiple competency indicators.

Observation tool 1:

Engage in antenatal conversation about breastfeeding (PI #15, 16, 17, 29)

Please check ALL elements when observing a clinical situation
AND refer to the Examiner's Resource for detailed expected responses

Please check as following:

Y = Yes, it has been observed as correct

N = No, it has been observed as not correct

U = Unsure, it has been observed but not sure if it is correct or not

N/A= Non applicable

ELEMENT OF OBSERVATION	Y	N	U	N/A	REMARKS
Use of Foundational skills throughout interaction (PI #11, 12, 13, 14)					
16. Assess at least 3 aspects of a pregnant woman's knowledge about breastfeeding in order to fill the gaps and correct inaccuracies					
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					

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SECTION 4

COUNTRY ADAPTATION

SECTION 4: COUNTRY ADAPTATION

The BFHI competencies described in this manual should be considered as a minimum set of the knowledge, skills and attitudes that direct care providers must have to adequately protect, promote and support breastfeeding.

The performance indicators and tools presented here are provided to assist countries and health systems to verify these competencies. As such, each country may wish to create additional performance indicators or modify all or some of the ones presented.

The *Competency Verification Form* may be edited to include additional specificity based on national policies and guidelines. Columns could be added to the *Form* to record more relevant information. However, countries should take care not to make it overly complicated in order to ensure it is feasible to implement.

The *Examiner's Resource* may be modified to insert national legislation or guidelines that reflect evidence-based practices in each country or to note inappropriate responses or behaviours that have been found to be common in the country.

Many other methods exist to assess clinical competencies beyond those included in this manual. Multiple-choice questions, case studies, and direct observations are the simplest, least expensive and globally most well-known methods. Countries or health systems may use the verification tools as a template to adapt and incorporate additional verification tools, such as oral exams, essay exams, lab simulations, or live case studies with colleagues, as useful. Additional questions, case studies, or observational checklists will likely be needed in most countries.

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For more information, please contact:

Department of Nutrition and Food Safety

www.who.int/nutrition
Email: nutrition@who.int

World Health Organization
Avenue Appia 20, CH-1211 Geneva 27, Switzerland

World Health Organization

9789240008854