

Mom's Survey: Every Step Counts!

How did your birth and early breastfeeding experience in the hospital or birth center measure up to the expectations of national and international health experts?

Take the short survey on the next page to find out!

How can you make a difference?

- *Print out and complete this Baby-Friendly Hospital Initiative Survey.*
- *Add up all the points and write the total in the box provided. All “Yes” responses are worth one point. Question 8 has different point values.*
- *Share your results with hospital or birth center managers marketing directors, and/or staff to let them know how their facility compares to the global standards defined in the WHO/UNICEF Joint Statement.*
- *Give copies of this survey to pregnant friends and family to use as a check-list when selecting maternity services.*
- *You may want to build on this questionnaire and link it with other activities to adapt to any special circumstances.*

Scoring Key

How does your hospital/birth center measure up?

- 17 Congratulations! Your facility is doing wonderful job in protecting, supporting and promoting breastfeeding.
- 14- 16 Keep up the good work! You are effectively helping breastfeeding mothers and babies. Find out how you can be even more effective by contacting Baby-Friendly USA.
- 11 –13 Your facility could do much more to assist breastfeeding. Baby-Friendly USA can provide suggestions on how to implement the *Ten Steps to Successful Breastfeeding*.
- 0 – 10 Breastfeeding mothers and babies are having a difficult time at your facility. Find out why these issues are important. Begin to make changes that will increase your patients' satisfaction and improve infant health.

Adapted from a WABA survey entitled “Every Step Counts!”

For more information go to <http://www.babyfriendlyusa.org> or call Baby-Friendly USA at 508-888-8002

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Yes No ?
(1 pt.) (0 pt.) (0 pt.)

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Before my baby was born, I was told why and how to breastfeed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The staff were knowledgeable and supportive of breastfeeding. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I was shown how to breastfeed my baby. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I was encouraged to breastfed without giving my baby any other foods or liquids, bottles, or pacifiers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hospital staff assessed at least one breastfeeding. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I was instructed to breastfeed whenever my baby wanted to nurse. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My baby and I had skin-to-skin contact immediately birth. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I offered my baby the breast for the first time within:
<input type="checkbox"/> 30 minutes (2 pts) <input type="checkbox"/> 1 hour (1 pt) <input type="checkbox"/> >1 hour (0 pt) | ___ pts. | | |
| 9. My baby was not given any food or drink by the staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My baby and I roomed-in with no more than one hour separation daily during our hospital/birth center stay. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. My baby was not given any artificial nipples or pacifiers by the staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I was not given any formula, breast-milk substitutes, bottles or nipples when I left the hospital/birth center. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I was told when my baby would need a checkup and how to schedule a checkup appointment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I was told how to contact a breastfeeding mother's support group before being discharged from care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Before or during my stay, I read/saw the hospital/birth center's written breastfeeding policy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, I believe my breastfeeding experience was improved by this facility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Add all the points and compare the total to the chart below. **TOTAL SCORE**

*All "Yes" responses are worth one point.
Question 8 has different point values.*