

Questionnaire for the self-assessment of the hospital/health facility for the MAA Programme

A. Basic Information

1. Name and address of the health facility: _____
2. Name and designation of the administrator of the facility: _____
3. Type of the hospital (tick all that apply): * General Hospital * Maternity Hospital * Teaching Hospital * Private Hospital * Government Hospital
4. Number of staff members in the maternity and newborn services: Doctors _____ Nurses _____
5. Number of dedicated breastfeeding counsellors providing counselling services to the pregnant and lactating women in your facility _____
6. Number of women attending the antenatal clinic in the hospital in last one months: _____
7. Number of deliveries in the facility during last one month: Total _____ Vaginal _____ Caesarean with GA _____ Caesarean without GA _____
8. Number of newborn babies who were admitted to the neonatal unit during last one month: _____
9. Number of infants discharged from the facility in last three months: _____ Out of them:
a. Initiated breastfeeding within one hour of birth _____ %
b. Discharged with exclusive breastfeeding _____ %
c. Received feeds other than breastmilk _____ %

B. Questions

S. No.	Question	Response
1.	What activities are being implemented in your facility under the MAA programme?	<ul style="list-style-type: none"> • _____ • _____ • _____ • _____
2.	Does your hospital have a written guideline for the 10 steps to successful breastfeeding?	Yes/No
3.	What proportion of staff working in the maternity and new-born services in the facility is trained in skilled counselling on breastfeeding under the MAA programme?	<ul style="list-style-type: none"> • Doctors _____ (%) Nurses _____ (%) • Duration of the training: Doctors _____ days; Nurses _____ days
4.	Does your facility have an ongoing monitoring and data-management	Yes/No

	system on early initiation of breastfeeding and exclusive breastfeeding at discharge?	
5.	a. What specific steps have you undertaken to ensure implementation of the IMS Act?	<ul style="list-style-type: none"> • _____ • _____ • _____
	b. Has the staff received any training on the IMS Act?	Yes/No
	c. Does your facility have display of posters etc. promoting infant formula, baby foods and feeding bottles by companies?	Yes/No
	d. Have health workers in your facility (doctors/nurses/any other) received any sponsorship from the baby food and feeding equipment companies such as for research, conference, travel during last one year?	Yes/No
6.	What proportion of mothers received skilled counselling on breastfeeding during the antenatal period in the last one month in your facility?	_____ %
7.	a. What practical assistance is provided in your facility at the time of birth for skin-to-skin contact and to initiate breastfeeding with in one hour of birth?	<ul style="list-style-type: none"> • _____ • _____ • _____
	b. What practical assistance is provided in your facility to the mothers having caesarean births for skin-to-skin contact and early initiation and exclusive breastfeeding?	<ul style="list-style-type: none"> • _____ • _____ • _____
	c. What support is provided to the mothers with low-birth-weight babies (1800 – 2500 gms) in your facility to practice successful breastfeeding?	<ul style="list-style-type: none"> • _____ • _____ • _____
8.	How many mothers having breastfeeding problems were provided skilled support in your facility in last one month?	<ul style="list-style-type: none"> • Engorgement of breast _____ • Inverted nipple _____ • Sore nipple _____ • Breast abscess _____

		Others _____
9.	a. In what conditions infant formula was used in your facility during the last one month?	<ul style="list-style-type: none"> • Not enough milk • Infant not satisfied after breastfeeds • Infant cries often • No milk comes when mother tries to express • Infant suffering with Inborn Error of Metabolism like Galactosemia, Phenyl Ketonuria etc. • Maternal medication (please specify) _____ • Maternal Illness (please specify) _____
	b. What proportion of infants born in your hospital were given infant formula during the last one months in your facility?	_____ %
	c. What proportion of infants were given the pre-lacteal feeds e.g. milk, honey, ghutti etc. in your facility in the last one month?	_____ %
10.	a. Are feeding bottle, teats and pacifiers used in your facility?	Yes/No
	b. In what conditions feeding bottle, teats and pacifiers are used?	<ul style="list-style-type: none"> • _____ • _____ • _____
	c. Are the lactating mothers counselled in your facility about the risks of feeding bottles, teats and pacifiers?	Yes/No
11.	What is the policy for rooming in of infants with their mothers in your facility?	<ul style="list-style-type: none"> • Normal Vaginal Birth _____ • Caesarean Births _____
12.	Does your facility provide follow-up support to mothers to sustain breastfeeding?	Yes/No; If yes, provide details about the schedule of follow-up visits _____