



## Ensuring Staff Competency to Support Breastfeeding

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### Introduction

The WHO/ UNICEF launched the Baby Friendly Hospital Initiative (BFHI) in 1991. The evidence for the BFHI was updated in 2017.<sup>1</sup> In 2018 the implementation guidance based on the updated evidence was published, including the revised Ten Steps to Successful Breastfeeding (Ten Steps).<sup>2</sup> This was summarised in a previous BFHIHKA newsletter.<sup>3</sup> Central to the success of the BFHI is health care staff with the competency, i.e., the related knowledge, skills and attitude, for its implementation. The WHO prepared a Competency Verification Toolkit (the toolkit)<sup>4</sup> in 2020 to assist facilities which are joining or have joined the programme. Below is a brief description of the toolkit and some related resources.

### Revised Step 2 of the Ten Steps

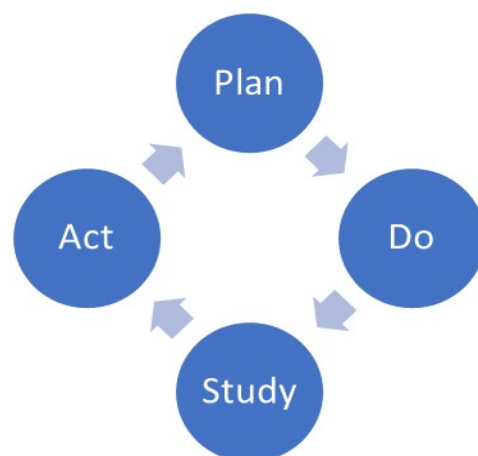
*“Train all health care staff in skills necessary to implement the policy” to “Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding”*

The revised Step 2 shifted the focus from hours of training to verification of competency, i.e., from process to outcome. This paradigm shift was explained by the team that devised the toolkit in a recent article.<sup>5</sup>



## Ensuring Competency

Health care staff is expected to have had basic training on breastfeeding either pre-service or in-service. The WHO 3-day BFHI training course for maternity staff<sup>6</sup> has been revised in the light of the revised Ten Steps with the inclusion of all newborns in the programme rather than only healthy term infants. For the application of BFHI to small, sick and preterm newborns, the WHO/ UNICEF had published a supplementary guidance in 2020.<sup>7</sup>



**The BFHI is a continuous quality improvement programme.** The quality improvement cycle can be applied to the process of ensuring competency. The health care facility identifies a goal or set of goals it wants to achieve. It then plans, implements the plan, monitors or studies the outcome and takes action so that the goal(s) could be achieved. Hence the facility decides which staff performance areas need enhancement, conducts baseline assessments, targets training in these areas, reassesses, and plans further actions as necessary.

## Competency Verification Toolkit

Instead of the 20 competencies identified in the WHO 2018 guidance<sup>2</sup> for Step 2, the toolkit has rearranged them into 7 domains with 16 competencies as some previous competencies were considered beyond the scope of BFHI. There are also 64 performance indicators which are specific and action-oriented to document the staff having acquired the competencies.

### Domains and Competencies

#### 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 breastmilk
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

The second domain of **foundational skills for effective communication and counselling applies throughout the other domains**. Health care workers are not only to be able to support breastfeeding clinically but women's informed decisions, respecting them as partners in care.

For the performance indicators, each is clearly stated as to its relationship with which competency and BFHI Step, whether one or more competencies of knowledge, skills and attitudes are being assessed and which means of verification could be used.

### *Competency Verification Forms*

There are two sets of competency verification forms with the same performance indicators but sorted by domain and competency or by BFHI Steps. Facilities could elect to use the former when developing training or the latter if the facility wishes to improve a certain BFHI Step or set of Steps. The form can be used to record each health care worker's competencies and provide feedback to the worker to guide future learning. Being verified to be competent could enhance staff confidence, accountability and professional pride.

### *Assessment Tools and Related Resources*

The toolkit provides various tools to verify staff competency. There is a set of 64 **multiple choice questions** to verify staff's basic knowledge. Answer keys with explanation for the appropriate responses are included. A number of **case studies** and **observation tools** are also provided to help assess knowledge, skills, attitude and logical thinking for various clinical situations involving different performance indicators. There is the option to add or modify questions and expected responses to suit local policies, guidelines and the use of language.

There are **resources for examiners** to assist and guide them or to train new examiners. These contain appropriate responses with references should the examiner require further information.

To distinguish between internal and external assessments, internal assessments are done by examiners and external assessments by assessors. Facilities should identify examiners who are able to stimulate professional growth while identifying gaps through the exercise of competency verification. They should be knowledgeable about what is correct and incorrect, be observant and possess interviewing skills, able to probe without influencing results and are accurate recorders.

### *Use of the Toolkit*

The toolkit can be used as a whole or for certain Steps. Health care workers can use the multiple-choice questions for self-assessment. The facility can use the toolkit to assess individual staff or teams of a unit or across units. It can also be used before designing training or when preparing for external assessment.

### **Way forward**

For institutions responsible for the pre-service and in-service training of healthcare professionals, the training curriculum should be revised according to the WHO revised Ten Steps. The toolkit can serve to identify gaps and training needs at the individual, departmental and institutional levels.

For the assessment of Baby-friendly health facilities, the WHO is in the process of preparing new external assessment tools based on the revised Ten Steps. Currently BFHIHKA is performing external assessments using the existing WHO tools for facilities already enrolled in the BFHI programme but will consider revising the assessment criteria for new facilities joining the programme and for revalidation. Any changes will be announced in advance on BFHIHKA's website.

## Key Messages:

1. Ensuring staff competency is central to the success of BFHI.  
確保員工能力是愛嬰醫院行動成功的關鍵。
2. The WHO Competency Verification Toolkit facilitates the targeted training and assessment of health care workers.  
世界衛生組織的「能力驗證工具套」有助於對醫護人員進行有針對性的培訓和評估。

## References:

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**Illustrations from Infographics on**

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<https://apps.who.int/nutrition/bfhi/infographics/en/index.html>

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