Implementation Guidance for a Facility-Based Breastfeeding Counselling Mentorship Program

DRAFT

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Acronyms

ANC antenatal care

BFHI Baby-Friendly Hospital Initiative

BMS breast milk substitutes

CHV community health volunteer

CQI continuous quality improvement

CHMT County Health Management Team

HIV human immunodeficiency virus

HOD head of department

HFMT Health Facility Management Team

IEC information, education, and communication

KMC Kangaroo Mother Care

KNAP Kenya [National] Nutrition Action Plan

KQMH Kenya Quality Model for Health

LMICs low- and middle-income countries

MIYCN maternal, infant, and young child nutrition

MNIYCN maternal, newborn, infant, and young child nutrition

MNCH maternal, newborn, and child health

MoH Ministry of Health

PNC postnatal care

PMTCT prevention of mother to child transmission

SCHMT Sub-County Health Management Team

TWG technical working group

UNICEF United Nations Children’s Fund

USAID United States Agency for International Development

WHO World Health Organization

Glossary of Terms

**Attitudes:** The behaviour, the way, or manner in which we act towards ourselves or others (WHO and UNICEF 2020c, 6).

**Breastfeeding peer supporter:** A literate mother who received the five-day lactation training, lives within the health facility catchment community, and is of the same social status as the mothers she counsels. She is not a formal facility staff member, but a health facility staff member supervises her.

**Case presentations:** A case from a real-life situation that a mentee has encountered is presented to other mentees (and mentors) followed by discussion questions about how to characterise, describe, and/or act on the situation.

**Clinical mentoring:** The process whereby an experienced, highly regarded, empathetic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development (SCOPME 1998). This one-to-one approach is also referred to as traditional mentoring, as it is the most common approach for developing individual relationships that build trust, and allows the pair to delve deep into areas of strength and development.

**Competency:** The capability to use a set of related knowledge, skills, and behaviours to successfully perform identified jobs, roles, or responsibilities (WHO 2015).

**Facility in-charge:** This title varies depending on the level or designation of the health facility, but this refers to the person with overall responsibility of the management of the health facility.

**Feedback:** Comments in the form of opinions about or reactions to something. Feedback can be positive (affirming) or corrective. Mentors provide feedback to their mentees to evaluate the mentees’ competencies; enable improvements to be made; and to provide useful information to influence future actions.

**Knowledge:** The theoretical or practical understanding of a subject gained through formal education or practical experiences (WHO and UNICEF 2020c, 6).

**Mentor:** An experienced and empathetic person, proficient in her/his content area, who teaches and coaches another individual (mentee) or a group of individuals (mentees) in-person and/or virtually to ensure competent workplace performance and provide ongoing professional development (MCSP 2018).

**Mentor-led small groups:** Small groups of learners (mentees) led by a single mentor who facilitates discussions about a competency or skill set relevant to all learners. This approach allows for greater efficiency and the ability to maximise mentor time, especially when few mentors are available or those mentors have a specialised skill set. Also referred to as group mentoring.

**Mentee:** A direct care provider who delivers breastfeeding counselling to clients. They are a dedicated, skilled health provider who seeks to grow and develop personally and professionally to successfully achieve his/her goals to strengthen their breastfeeding counselling competencies with the support of a mentor.

**Peer-led small groups:** Groups of learners (mentees) committed to helping one another that get together to provide coaching and guidance to one another, usually focusing on a specific topic or competency. The peer-led small group approach does not bring established expertise into the mentoring relationship; however, it does build a community of practice among group members and empowers them to learn from each other. This has lasting benefits to both group members and organisations.

**Performance indicator:** Help to document that a mentee has acquired necessary competencies and are measurable (WHO and UNICEF 2020c, 6). A mentor verifies each of the performance indicators address knowledge, skills, or attitudes by observation.

**Side-by-side mentoring:** This involves working alongside the mentee. Mentor and mentee alternate duties of seeing and examining the clients, writing relevant information in the client’s health record, and conducting counselling.

**Skills:** Abilities to properly perform a job. These include cognitive, communication, interpersonal, and problem-solving techniques (WHO and UNICEF 2020c, 6).

Introduction

This document provides guidance for implementation of a facility-based breastfeeding counselling mentorship program to reinforce and strengthen the competencies of health workers who regularly counsel pregnant and lactating mothers on breastfeeding. The mentorship program is intended to serve as a bridge between the Baby-Friendly Hospital Initiative (BFHI), the *BFHI Training Course for Maternity Staff* (BFHI training) (WHO and UNICEF 2020a; 2020b), and the *Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative* (BFHI Competency Verification Toolkit)(WHO and UNICEF 2020c).

This document was written for breastfeeding champions and program leaders in Kenya. This includes anyone who plays a role in the design, planning, and oversight of program implementation. Every program is different, and roles may not look the same across programs. The user of this guidance may be a BFHI master trainer, health facility in-charge, sub-county or county health official, national leader, and/or another program manager. Although it was specifically designed and piloted in Kenya, many of the concepts and tools can be used in other country contexts with fairly little adaptation.

This document provides background related to breastfeeding and breastfeeding counselling, the rationale for the breastfeeding counselling mentorship program, its goals and objectives, management structure, implementation process, and monitoring system. It also includes agendas and slides for introducing key stakeholders and participants to the mentorship program as well as job aids and mentorship program tools for mentors and mentees. It is part of a larger program package, which includes the *Core Concepts in Mentorship Training for the Breastfeeding Counselling Mentorship Program* facilitator’s guide, participant’s manual, and slide deck.

Background

Status of Breastfeeding and Breastfeeding Counselling

There is substantial evidence of the health, nutritional, cognitive, and long-term economic benefits of breastfeeding, including protective effects against common infections such as diarrhoea and pneumonia, which are major causes of child morbidity and mortality (Victora et al. 2016). Near universal coverage of breastfeeding could save the lives of 823,000 children under five each year (Victora et al. 2016). However, researchers estimate that more than 101 million children in low- and middle-income countries (LMICs) are not fed according to international breastfeeding guidance, putting their health and well-being at risk (Victora et al. 2016).

In Kenya, although exclusive breastfeeding practices have increased dramatically over the last two decades, from 32 percent in 2008 to 61 percent in 2014, the prevalence hasn’t changed; only 60 percent of children under six months were exclusively breastfed in 2022 (KNBS and ICF 2023; KNBS et al. 2015; KNBS and ICF Macro 2010). Additionally, a study on individualised breastfeeding support for acutely ill, malnourished infants under six months old by Mwangome et al. (2019), conducted in Kilifi County, Kenya, demonstrated that mothers had multiple breastfeeding challenges. Researchers observed poor positioning and attachment in 78 percent and 76 percent of the mothers, respectively. Thirty-eight percent of mothers reported a delayed start to breastfeeding and perceived milk insufficiency.

Quality breastfeeding counselling and support is needed to help mothers overcome these challenges and is key to improving breastfeeding practices. A review by Haroon et al. (2013) demonstrated that breastfeeding counselling results in a 90 percent increase in rates of exclusive breastfeeding in infants aged 0–5 months. A 2015 meta-analysis found that counselling or education provided in multiple complementary settings, including health facilities and communities, showed the greatest improvements in early initiation of breastfeeding, exclusive breastfeeding, and continued breastfeeding, particularly in LMICs (Sinha et al. 2015).

The 2018 World Health Organisation (WHO) *Guideline: Counselling of Women to Improve Breastfeeding Practices* recommends all pregnant women and mothers with young children receive breastfeeding counselling at least six times from the antenatal period through age two. However, health workers often lack the competencies necessary for preparing mothers to breastfeed successfully (WHO 2018). A systematic review concluded improving health workers’ counselling skills is an essential component of increasing exclusive breastfeeding rates (Kavle et al. 2017).

Recognizing that improvements in maternal, newborn, infant, and young child nutrition (MNIYCN) are a national priority, the first objective of the *Kenya National Nutrition Action Plan (KNAP) 2018–2022* is to strengthen and scale-up care practices and services for improved MNIYCN (Kenya MoH 2018). Specifically, the KNAPseeks to increase the rate of exclusive breastfeeding in the first six months by 20 percent or more. Improved breastfeeding counselling can support this goal.

Policy Environment for Breastfeeding Counselling and Mentorship

In 2020, WHO and UNICEF published the BFHI training (2020a; 2020b) and the *BFHI Competency Verification Toolkit* (2020c). Both documents focus on strengthening breastfeeding counselling competencies (box 1).

Kenya launched the BFHI in 1991. Between 1994 and 2008 the Nutrition Division in the Kenya Ministry of Health (MoH), with support from UNICEF and WHO, saw 242 hospitals (69 percent of the 350 hospitals in the country) achieve the baby-friendly designation (Samburu 2016). However, by 2010, the proportion of facilities qualified as baby-friendly decreased to 11 percent (Samburu 2016). In 2011 the Kenya MoH adopted the Kenya Quality Model for Health (KQMH) (Kenya MMS and MPHS 2011) to serve as the conceptual framework for an integrated approach to continuous quality improvement (CQI) at all levels of healthcare.

|  |
| --- |
| Box 1. Competencies for Implementing the BFHI\*  **Domain 1: Critical Management Procedures to Support the Ten Steps**  Competency 1. Implement the Code in a health facility  Competency 2. Explain a facility’s infant feeding policies and monitoring systems  **Domain 2: Foundational Skills: Communicating in a Credible and Effective Way**  Competency 3. Use listening and learning skills whenever engaging in a conversation with a mother  Competency 4. Use skills for building confidence and giving support whenever engaging in a  conversation with a mother  **Domain 3: Prenatal Period**  Competency 5. Engage in antenatal conversation about breastfeeding  **Domain 4: Birth and Immediate Postpartum**  Competency 6. Implement immediate and uninterrupted skin-to-skin  Competency 7. Facilitate breastfeeding within the first hour, according to cues  **Domain 5: Essential Issues for a Breastfeeding Mother**  Competency 8. Discuss with a mother how breastfeeding works  Competency 9. Assist mother getting her baby to latch  Competency 10. Help a mother respond to feeding cues  Competency 11. Help a mother manage milk expression  **Domain 6: Helping Mothers and Babies with Special Needs**  Competency 12. Help a mother to breastfeed a low-birth-weight or sick baby  Competency 13. Help a mother whose baby needs fluids other than breast milk  Competency 14. Help a mother who is not feeding her baby directly at the breast  Competency 15. Help a mother prevent or resolve difficulties with breastfeeding  **Domain 7: Care at Discharge**  Competency 16. Ensure seamless transition after discharge  \*These competencies come from the *BFHI Competency Verification Toolkit* (WHO and UNICEF 2020c). |

With the revision of the BFHI guidelines and resources, including the updated *Guideline: Protecting, Promoting, and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services* (WHO 2017), updated *Implementation Guidance: Protecting, Promoting, and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services—The Revised BFHI* (WHO and UNICEF 2018), the BFHI training (2020a; 2020b), the BFHI Competency Verification Toolkit (2020c), and indicators for monitoring, the Kenya MoH has committed to revitalising the BFHI. The *Kenya Strategy for Maternal, Infant, and Young Child Nutrition* (MIYCN) 2021–2026 highlights infant and young child nutrition, the BFHI, and capacity strengthening of health workers as key priority areas for strengthening delivery of MIYCN services (Kenya MoH 2021). Several activities are explicitly related to strengthening breastfeeding and breastfeeding counselling (table 1).

Likewise, the KNAP 2018–2022 (Kenya MoH 2018) includes several relevant outputs and interventions/activities, including—

* **Output 1.2:** Increased proportion of caregivers who practise optimal behaviours for improved nutrition of young children under five years
* **Intervention/activity:** Scale-up implementation of BFHI
* **Output 1.4:** Enhanced capacity for implementation of MIYCN activities at all levels
* **Intervention/activity:** Develop capacity of health workers and community volunteers on MIYCN, integration of MIYCN interventions in youth friendly services, and BFHI, Baby-Friendly Community Initiative, Breast Milk Substitutes (BMS) Act, workplace support for breastfeeding, and WHO growth charts.

Kenya is currently developing guidance for rolling out the BFHI and will include these outputs in the guidance as part of the accreditation process for BFHI. Therefore, the breastfeeding counselling mentorship program is critical for health facilities to achieve the global standard for step two of the *BFHI Ten Steps to Successful Breastfeeding,* “To ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding” (WHO and UNICEF 2018).

Table 1. Selected Key Priority Areas, Strategic Objectives, Expected Outcomes, and Activities from the Kenya Strategy for MIYCN 2021–2026

| Key Priority Area | Strategic Objective | Expected Outcome | Activities |
| --- | --- | --- | --- |
| 1. Policy, legal, and regulatory framework | 1. Strengthen the MIYCN policy, legal, and regulatory framework in line with global, regional, and national guidance for quality service delivery. | 1. Enhanced enabling policy, legal, and regulatory environment for MIYCN implementation | * Scale up implementation of BFHI. |
| 1. Maternal nutrition | 1. To scale up maternal nutrition interventions for improved birth outcomes and infant and young child nutrition | 1. Reduced incidences of low birth weight and preterm babies | * Promote optimal breastfeeding practices among pregnant and lactating women and adolescents. |
| 1. Infant and young child nutrition | 1. To promote exclusive breastfeeding for children aged 0–6 months | 1. Improved exclusive breastfeeding rates | * Promote skilled breastfeeding counselling to mothers and their families using trained health care workers in health facilities during antenatal, perinatal, and postpartum contact points and in the community. * Promote early and uninterrupted skin-to-skin contact between mothers and infants and initiate breastfeeding within one hour of birth. * Give practical support to mothers on how to manage breastfeeding including positioning, attachment, recognizing hunger cues, and breastfeeding difficulties. * Link and refer the mother and infant upon discharge from the health facility to an existing community health unit for ongoing support and care. * Link and refer mothers with breastfeeding difficulties and conditions for support and management to the nearest health facility. * Implement BFHI at level 3, 4, 5, and 6 facilities. |
| 1. To increase the proportion of infants 6–23 months consuming minimum acceptable diets | 2.1. Improved dietary diversity among children 6–23 months  2.2. Improved meal frequency for children aged 6–23 months | * Counsel and support mothers to continue breastfeeding for up to two years or beyond. |
| 1. Infant and young child feeding in special circumstances | 1. To promote good nutrition for low birth weight/preterm infants | 1. Enhanced nutrition for low birth weight/preterm infants | * Provide guidance to mothers and caregivers on feeding low birth weight and preterm babies. |
| 1. Capacity strengthening | 1. To enhance the capacity of health care workers (public and private) and community health volunteers (CHVs) to deliver quality MIYCN services. | 1. Enhanced capacity of health care workers and CHVs | * Capacity building for health care workers and CHVs on—   + BFHI   + skilled breastfeeding counselling. * Conduct mentorship, on-the-job training, and continuing medical education for health care workers. |

Source: Kenya MoH 2021

Breastfeeding Counselling Mentorship Program: Description

Rationale

Over the last 15 years, clinical mentorship programs have been demonstrated to improve health worker skill in a range of technical areas (Feyissa, Balabanova, and Woldie 2019; Schwerdtle, Morphet, and Hall 2017). While there is still a need for longitudinal studies and more extensive research, particularly in LMICs, to understand which types of mentorship work best in which context, it is well understood that the main barriers to greater use of mentorship programs in health facilities are cost, complex management, and the time-demand in often overburdened health facilities (Schwerdtle, Morphet, and Hall 2017).

Given these limitations, governments and funders often default to stand-alone training to build skills in ways that are shorter, easier to manage, and lower cost overall. While training courses are good at developing knowledge, there is often a limited amount of time for practising the competencies learned. Additionally, training often fails to address on-the-job challenges that health workers face when putting skills into practice in actual clinical settings. As a flexible learning and teaching approach, mentorship is effective in improving clinical competence (Feyissa, Balabanova, and Woldie 2019). Specifically, mentorship programs have proven effective in improving health worker performance in maternal, newborn, and child services (Feyissa, Balabanova, and Woldie 2019; Manzi et al. 2014; Eby et al. 2008).

In November 2021, stakeholders engaged in a design workshop to identify a capacity strengthening intervention for breastfeeding counselling. Stakeholders selected mentoring as an approach to strengthen breastfeeding counselling capacity and provided the following rationale:

* Kenya embraced the BFHI training, including plans to adapt and contextualise it. This serves as a strong foundation around which to structure a mentorship program.
* Mentorship is a flexible teaching and learning process that can address on-the-job challenges that impact a range of hospital/facility health care providers working along the maternal, newborn, and child health (MNCH) continuum of care.
* There are limited opportunities for continuing professional development and refresher training on breastfeeding counselling for health care workers working across various MNCH service points. A mentorship program would fill this gap in a meaningful way.
* A breastfeeding counselling mentorship package would create a critical bridge between the BFHI, the BFHI training*,* and the *BFHI Competency Verification Toolkit*, helping to operationalize and embed these competencies across facility staff.

Additionally, the MoH has committed to revitalising the BFHI and is supportive of implementation of an adapted *BFHI Training Course for Maternity Staff* for Kenya. It has also committed to integration of CQI principles to help in implementation of the *BFHI Ten Steps to Successful Breastfeeding*.

Development of the Breastfeeding Counselling Mentorship Program

The breastfeeding counselling mentorship program was designed in 2021–2022 collaboratively by the MoH Division of Nutrition and Dietetics; the BFHI Task Force of the MIYCN Technical Working Group (TWG); and USAID Advancing Nutrition, the Agency’s multi-sectoral nutrition project from 2018–2023, and included in-depth consultations and two design workshops. For more information on this process, please see the [Strengthening Breastfeeding Counseling Competencies: The Design of a Facility-Based Mentorship Program in Kenya](https://www.advancingnutrition.org/resources/strengthening-breastfeeding-counseling-competencies-design-facility-based-mentorship) brief.

It was designed to address step two of the *BFHI Ten Steps to Successful Breastfeeding*, which is to “ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding” (WHO and UNICEF 2018). It was also designed to be integrated into the MoH’s efforts to improve the quality of care, as outlined in the KQMH.

It was envisioned for implementation at three levels of health facilities in Kenya (level 3B, health centres; level 4, primary referral hospitals; and level 5, secondary referral hospitals) and at multiple service delivery points (antenatal care [ANC], labour and delivery, postnatal care [PNC], newborn care, and paediatric care).

The mentorship program was then piloted in the ANC and PNC departments of Mbagathi County Referral Hospital as part of an implementation research study (box 2). In November 2023, many of the same stakeholders from the design workshops met with representatives from Mbagathi County Referral Hospital to review and update the mentorship program package—this guidance and the *Core Concepts in Mentorship Training* course—based on the learnings from the implementation research.

Although the mentorship program was designed for Kenya and piloted in ANC and PNC departments at a level 5 health facility, stakeholders can use many of the concepts and tools in different service delivery points, at other levels of health facilities, and/or in other country contexts with fairly little adaptation. It can also be customised to support lower-level health centres within the referral network of referral hospitals, where mothers and babies are referred for routine services (e.g., growth monitoring and immunisation).

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| Box 2. Implementation Research on the Feasibility of a Breastfeeding Counselling Mentorship Program  Through a collaboration among the MoH Division of Nutrition and Dietetics, the BFHI Task Force of the MIYCN TWG, and USAID Advancing Nutrition, the implementation team tested the breastfeeding counselling mentorship program at Mbagathi County Referral Hospital in Nairobi County, Kenya, from March–September 2023. Mbagathi County Referral Hospital is a level 5 public health facility. The primary objective of the research was to evaluate the feasibility of a facility-based mentorship program to strengthen breastfeeding counselling competencies of health workers in the ANC and PNC departments. This included the outpatient ANC clinic, inpatient ANC ward, labour and delivery ward, and inpatient PNC ward. The study also had the following sub-objectives: (1) identify factors that enable and hinder implementation; (2) determine if the program improves mentees’ knowledge, practices, and self-efficacy to provide quality breastfeeding counselling; and (3) determine if the program improves pregnant and postpartum women’s perceptions of breastfeeding counselling. |

Goal and Objectives

The goal of the mentorship program is to improve the quality of breastfeeding counselling provided by health workers, helping to ensure that mothers receive skilled breastfeeding counselling during antenatal, labour and delivery, postnatal, newborn, and paediatric points of care to support early initiation and exclusive breastfeeding, as part of the national BFHI program. By the time they have completed the mentorship program, mentees should be able to demonstrate that they possess the knowledge, skills, and attitudes to safely and compassionately deliver counselling to all mothers and support newborns (WHO and UNICEF 2020c).

The specific objectives for the mentorship program include—

* Reinforce and strengthen 7 of the 16 breastfeeding counselling competencies needed for implementation of the BFHI (table 2).
* Support mentees to apply skills learned in the BFHI training during breastfeeding counselling sessions with clients.
* Cultivate a skilled team of on-site mentors who can champion and support quality breastfeeding counselling and serve as a resource for mentees.
* Create an enabling environment for providing quality breastfeeding counselling at all relevant service delivery points.

In addition, the mentorship program aims to—

* Foster strong relationships between mentors and mentees.
* Ensure guidance and support are available on a consistent basis.
* Ensure mentors understand the context in which mentees are working.
* Remove common barriers to successful mentoring such as travel costs and transportation availability.
* Shift focus from off-site, hotel-based, in-service training to on-site, on-the-job capacity strengthening.

Finally, the breastfeeding counselling mentorship program aims to be gender equitable in its design and implementation, and take into consideration cultural norms and beliefs. The program considers gender roles, norms, and dynamics in its approaches, including in the selection of mentees and mentors.

Service Delivery Points and Focus Competencies for the Breastfeeding Counselling Mentorship Program

During the design workshops, key stakeholders identified service delivery points[[1]](#footnote-1) and focus breastfeeding counselling competencies on which the mentorship program would focus (table 2). As focus competencies are achieved, health facilities may wish to tackle additional competencies covered by the BFHI Competency Verification Toolkit.

Table 2. Service Delivery Points and the Corresponding Focus Competencies for the Breastfeeding Counselling Mentorship Program

| Service Delivery Points | Focus Competencies |
| --- | --- |
| **Antenatal care** **services**   * Inpatient ANC ward * Outpatient ANC clinic * Outpatient Prevention of Mother to Child Transmission (PMTCT) of human immunodeficiency virus (HIV) clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  5. Engage in antenatal conversation about breastfeeding.  7. Facilitate breastfeeding within the first hour, according to cues.  8. Discuss with a mother how breastfeeding works. |
| **Labour and childbirth services**   * Inpatient labour and delivery ward | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  7. Facilitate breastfeeding within the first hour, according to cues. |
| **Postnatal care services**   * Inpatient postnatal care ward * Outpatient postnatal care clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  8. Discuss with a mother how breastfeeding works.  9. Assist mother getting her baby to attach to the breast.  16. Ensure seamless transition after discharge. |
| **Newborn care services**   * Inpatient newborn ward * Inpatient Neonatal Intensive Care Unit * Inpatient Kangaroo Mother Care (KMC) ward * Outpatient neonatal clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  9. Assist mother getting her baby to attach to the breast.  12. Help a mother to breastfeed a small or sick baby.  16. Ensure seamless transition after discharge. |
| **Paediatric care services**   * Inpatient paediatric ward * Outpatient sick baby clinic * Outpatient well baby clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  8. Discuss with a mother how breastfeeding works.  16. Ensure seamless transition after discharge. |

Source: WHO and UNICEF 2020c

Mentorship Approaches

Mentorship, as defined in this document, involves selected health workers (mentees) receiving guidance and support for providing quality breastfeeding counselling from a more experienced health worker (mentor) based at the same health facility. This program includes three mentoring approaches:

* **One-on-one mentoring** establishes and builds the relationship between the mentor and mentee. This approach allows for the greatest amount of focused, deliberate skill building tailored specifically to the needs of the mentee.
* **Mentor-led small group mentoring** is for situations where mentees are all working to strengthen the same competency. Mentors can use this approach to create efficiencies in the program, allowing one mentor to share his/her skills with several mentees at once. Mentor-led small groups are effective when mentees face challenges and all would benefit from the same type of guidance.
* **Peer-led small group mentoring** is a good complement to the other forms of mentoring. It involves colleagues—health workers, in this case—meeting informally, as needed, to freely discuss challenges and solutions that they have identified on their own. By adopting the peer-led small group mentoring approach, the facility indicates support for such meetings to happen during work hours. Peer-led small groups can lead to longer-term sustainability, as this approach requires little funding and can continue after the mentee graduates from the program. Peer-mentoring, while beneficial, requires oversight to ensure adherence to evidence-based practices and avoid reinforcement of incorrect methods.

Mentors leverage each of these approaches to achieve specific goals with their mentees. Combining approaches can give the facility greater flexibility to leverage the mentors available, enabling them to serve a larger group of mentees, and helps to mitigate the cost of one-to-one mentoring (in both time and money) (table 3 and box 3).

Table 3. Examples of Combined Mentoring Approaches and Considerations for Selecting Combinations of Approaches

| Considerations for Choosing Combinations of Approaches | Percent of mentoring time spent in… | | |
| --- | --- | --- | --- |
| One-on-One Mentoring | Mentor-Led Small Group Mentoring | Peer-Led Small Group Mentoring |
| * Mentors have adequate time available to provide mentoring * Ratio of mentors to mentees is low (one-to-one or one-to-two) * Mentees’ skill levels span a wide range (some are new, others more experienced) * Mentees have specialised areas where they need significant support * Mentees and mentors assigned to different shifts (particularly day and night shifts) | >90 percent | <10 percent | As needed, but not required |
| * Limited number of mentors, with less time to spare teaching others * Ratio of mentor-to-mentee is high (one-to-three or one-to-four) * Mentees have a similar skill level (most are new or intermediate) * Mentees struggle to master many of the same competencies * Mentees and mentors are more commonly assigned to the same shift (day to day, night to night). | <10 percent | >90 percent | As needed, but not required |
| * Ratio of mentor to mentee is high (one-to-three or one-to-four) * Mentees in the group are intermediate/advanced in their skills development (have mastered the basics) * Mentee and mentor shift matching may not affect the mentoring process. | <10 percent | >90 percent | Recommended to complement other approaches |

|  |
| --- |
| Box 3. Experience from Mbagathi County Referral Hospital: Mentorship Approaches  Mbagathi County Referral Hospital, used one-on-one mentoring during the initial mentor-mentee meetings at the beginning of the mentorship activities. Then, after mentees became more accustomed to the mentorship activities, staff used mentor-led or group mentoring. Mentees also utilised technology, especially WhatsApp group chats, to ask questions, discuss what they were learning, and share successes, both between their peers (i.e., other mentees) and between mentors and mentees. |

Mentorship Program Implementation Process

When a health facility is implementing the mentorship program for the first time, the entire process of establishing and implementing the program with one cohort of mentees could take between 8–10 months to complete. It typically takes four months for a mentee to acquire focus competencies.

After implementing the mentorship program with the first cohort, it can become a continuous activity at a health facility to strengthen breastfeeding counselling competencies of health workers working in antenatal, labour and delivery, postnatal, newborn, and paediatric points of care. If the facility decides to continue the mentorship program, new cohorts of mentors and mentees can repeat the implementation process, focusing on the same or new service delivery points and the same or additional competencies. Mentees may continue in the program, focusing on new competencies, and/or end the mentorship part of their training.

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Establishing the Breastfeeding Counselling Mentorship Program

Sensitise Facility Management about BFHI and the Mentorship Program

It is extremely important to get buy-in and support for the mentorship program not only within the facility where it will be implemented, but also at other levels, including the sub-county and county. This helps to ensure that structures are in place to support the management of the breastfeeding counselling mentorship program, as well as the critical management procedures required to implement the *BFHI Ten Steps to Successful Breastfeeding* in a facility. Within the health facility, sensitisation should occur at the management level, as well as among the clinical and non-clinical staff.

Once the decision has been made to implement the program in a health facility, the breastfeeding champion will sensitise health facility staff to the BFHI and the mentorship program. This person may be a BFHI master trainer, health facility in-charge, sub-county or county health official, national leader, and/or another program manager.

There may be a need to do more than one sensitisation event to reach the various audiences.

Conduct the sensitisation event(s) before commencing any mentorship activities. The event(s) should provide an overview of the current context of breastfeeding, breastfeeding counselling, and the BFHI in the country. It should also provide a brief description of the mentorship program, covering the rationale and objectives. See Annex 2 for example agenda and slide decks that can be used for sensitisation events.

The following individuals or teams should be invited to sensitisation event(s):

* County Health Management Team (CHMT)
* Sub-County Health Management Team (SCHMT)
* Health Facility Management Team (HFMT)
* Heads of departments (HOD), especially maternal, newborn, and child care departments
* Facility in-charge[[2]](#footnote-2)
* Health facility CQI focal person
* Clinical staff, especially those working in maternal, newborn, and child care departments
* Non-clinical staff, including security officers; support staff (cleaners, cooks, chefs); and patient attendants, especially those working in maternal, newborn, and child care departments.

Identify Breastfeeding Counselling Mentorship Program Leadership

The facility in-charge, in consultation with the aforementioned breastfeeding champion and the HFMT, nominates the BFHI facility coordinator and members of the BFHI Facility Implementation team. Management of the mentorship program will then be the responsibility of the BFHI facility coordinator and the BFHI Facility Implementation team. The roles and responsibilities of the facility in-charge, HFMT, the BFHI facility coordinator, and the BFHI Facility Implementation team are described below.

The **facility in-charge** and the **HFMT** promote the mentorship program, introduce the program to relevant staff, and provide leadership and support. The HFMT ensures that there is a BFHI Facility Implementation Team and BFHI facility coordinator at the health facility.

The **BFHI facility coordinator** is the champion for BFHI in the facility and manages the mentorship program. This person could be a nurse, nutritionist, or clinician. Key responsibilities and activities of the BFHI facility coordinator as it relates to the mentorship program include—

* Oversee the mentorship program.
* Convene the BFHI Facility Implementation Team meetings, as needed, but at least once every two months.
* Organise an inception meeting for the HFMT and HODs.
* Organise orientation meetings with mentors and mentees.
* Organise the BFHI trainings for mentors and mentees and the *Core Concepts in Mentorship Training* course for mentors.
* Ensure that mentors and mentees have the necessary resources (see below) for implementation of the program.
* Organise and plan the agenda for monthly meetings with mentors and mentees, including inviting specialists or breastfeeding peer supporters (mothers who have successfully breastfed), as appropriate.
* Collect the “Mentor Feedback Form” (Annex 4b) from mentees approximately one month after the start of mentoring and use the information on the forms to strengthen and improve the mentorship program. When using the data from this form, the mentee who filled out the form should remain confidential.
* Convene and coordinate other related trainings, as needed.
* Offer support and guidance to mentors and mentees throughout implementation of the program.

The **BFHI Facility Implementation Team** is composed of the health facility in-charge, head of the labour and delivery ward, head of the postnatal ward, head of the nutrition department, head of paediatrics (inpatient and outpatient), head of maternal and child health unit, and the facility CQI focal person, or similar roles depending on the level of health facility and management roles. If the facility does not have a CQI focal person, the facility should work with the sub-county coordinator for health standards to appoint one. The BFHI Facility Implementation Team will use the existing CQI structures of the facility to monitor and track implementation of the mentorship program. Key responsibilities of the BFHI Facility Implementation Team as it relates to the mentorship program include—

* Ensure that the mentorship program is implemented as planned.
* Participate in BFHI Facility Implementation Team meetings organised by the BFHI facility coordinator.
* Support the BFHI facility coordinator to organise an inception meeting for the HFMT and HODs.
* Identify and select mentors, based on the selection criteria.
* Identify and select mentees, based on the selection criteria, in collaboration with mentors.
* Determine the best ratio for mentor-to-mentee and the mentoring approach(es) for mentoring.
* Pair mentors to mentees, in collaboration with mentors.
* Support the BFHI facility coordinator to organise orientation meetings with mentors and mentees.
* Support the BFHI facility coordinator to organise the BFHI training and the *Core Concepts in Mentorship Training*.
* Support the BFHI facility coordinator to organise and plan monthly meetings.
* Support mentors and mentees working in their service delivery point.
* Engage the mentors and mentees in CQI activities in their respective service delivery points.
* Update the HFMT on progress of the mentorship program.
* Update the SCHMT and CHMT on progress of the mentorship program, as required.
* Conduct selected BFHI implementation activities, such as facility self-assessments.
* Monitor the breastfeeding counselling mentorship program indicators.

The BFHI Facility Implementation Team works and HODs then assess their preparedness and compliance with BFHI, exploring health facility policies and systems, management procedures, health facility capacities, and health worker competencies. This type of facility self-assessment should take place prior to conducting a BFHI training or implementing the mentorship program. Staff can repeat it periodically thereafter. Use the “Assessing and Changing Practices Form” from the BFHI training Director’s Guide, page 53 (WHO and UNICEF 2020a). Find other tools for the facility self-assessment in Annex 3.

The facility self-assessment should help to identify—

* gaps in implementation of the BFHI Ten Steps to Successful Breastfeeding
* practices that need to change or need improvement
* health workers who provide breastfeeding counselling
* service delivery points where breastfeeding counselling is provided.

Findings will inform the selection of mentors and mentees, procurement efforts, and decisions regarding priority service delivery points and focus competencies for the mentorship program.

Conduct an Inception Meeting

The BFHI facility coordinator, with support from the BFHI Facility Implementation Team, then organises an inception meeting for the HFMT and HODs to launch the program, make plans, and develop timelines. Annex 2 includes an agenda and slides for this meeting.

Acquire Resources

For the breastfeeding counselling mentorship program to be successful, mentors, mentees, and administrators involved in the operation and implementation of the mentorship program must have sufficient time to engage in the mentorship program. In addition, implementing the mentorship program also requires the following resources:

* visualisation boards for tracking key indicators
* job aids (i.e., counselling checklists, mentoring reminders) and mentorship program tools (i.e., observation tools, progress tracking logs) for mentors and mentees (Annex 4a and 4b)
* information, education, and communication (IEC) materials for BHFI for the mother being counselled (i.e., counselling cards, pamphlets, posters, videos)
* secure place to store mentoring tools and logs (i.e., binders, folders, cabinets)
* certificates of completion of the mentorship program.

Based on the findings from the facility self-assessment, the BFHI Facility Implementation Team will work to ensure that these are available prior to the start of implementation of the mentorship program.

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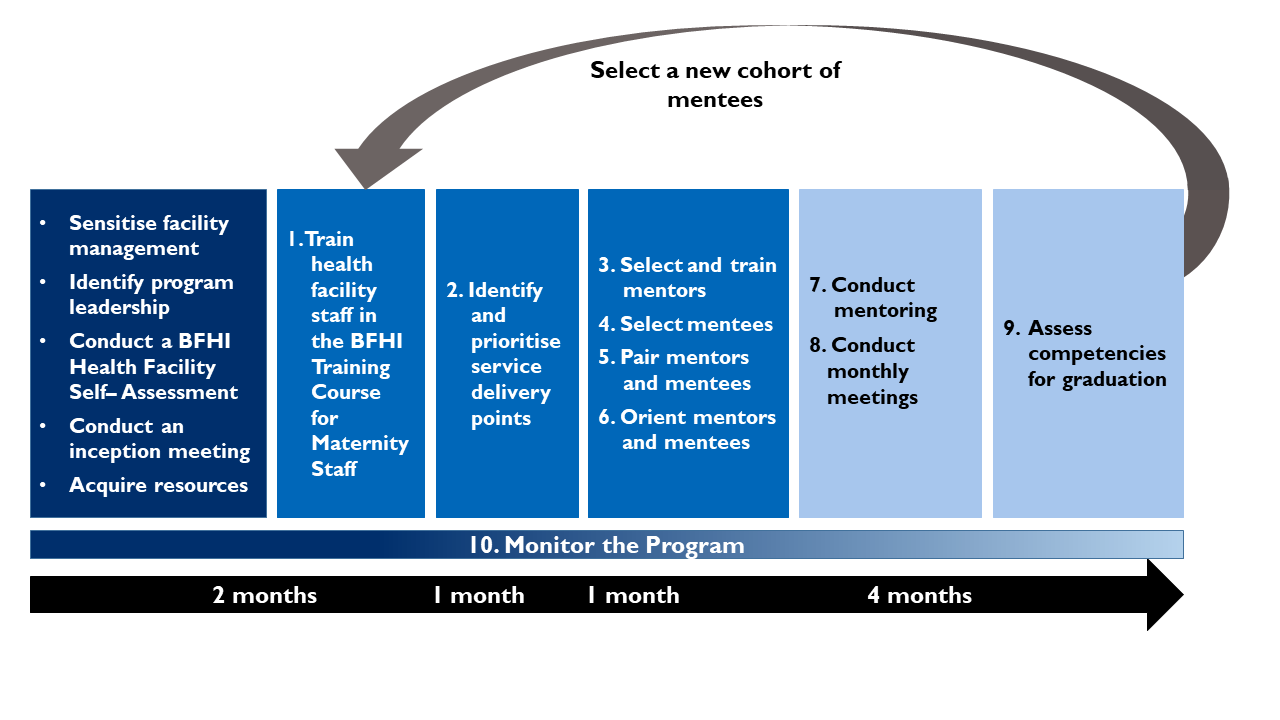
Implementing the Breastfeeding Counselling Mentorship Program

After establishment of the mentorship program, implementation can begin. The implementation process includes 10 actions, which the BFHI Facility Implementation Team may decide to conduct sequentially or simultaneously:

1. Train health facility staff in the BFHI Training Course for Maternity Staff
2. Identify and prioritise service delivery points
3. Select and train mentors
4. Select mentees
5. Pair mentors and mentees
6. Orient mentors and mentees
7. Conduct mentoring
8. Conduct monthly meetings
9. Assess competencies for graduation
10. Monitor the program.

As indicated above, after completing the process with one cohort of mentees, the mentorship program can become a continuous activity at a health facility. Upon completion of all of these actions, mentees may continue in the program, focusing on new competencies, and/or end the mentorship part of their training. As mentees graduate from the program, the BFHI Facility Implementation Team can select new mentors, mentees, and/or service delivery points for inclusion in the program.

Figure 1. Sequence and Timing of Actions for Implementing the Breastfeeding Counselling Mentorship Program at a Health Facility



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Action 1: Train Health Facility Staff in the BFHI Training Course for Maternity Staff

The mentorship program requires mentors and mentees to participate in the BFHI training. Based on the findings of the facility self-assessment, the BFHI Facility Implementation Team selects participants. The BFHI facility coordinator arranges for master trainers to conduct the training[[3]](#footnote-3) to equip them with the knowledge and skills to support and protect breastfeeding. Topics include—

* BFHI
* benefits of breastfeeding
* counselling skills
* how breastfeeding works
* impact of birth practices
* postnatal practices
* assessing a breastfeed
* breast and nipple conditions
* milk supply challenges
* challenges to feeding at the breast and alternative methods of feeding
* medical indications for supplementary feeding
* maternal health
* antenatal preparation for breastfeeding
* discharge
* the International Code of Marketing of Breastmilk Substitutes
* clinical practice sessions.

Complete this training as close as possible to the start of mentoring, ideally two weeks before but not more than one month before the start of mentoring.

Acknowledging limitations to retention and staff turnover and to ensure compliance with the BFHI, the BFHI facility coordinator should organise training on BFHI at the health facility at least every two years, or more frequently if time and resources allow.

Action 2: Identify and Prioritise Service Delivery Points

Based on findings from the facility self-assessment, complementary assessment activities, and relevant priorities of the facility’s CQI team, the BFHI Facility Implementation Team, in consultation with the HFMT, will prioritise on one or more service delivery points for the focus of the mentorship program. Depending on the service delivery point(s) prioritised, the mentorship program will focus on different competencies (table 2).

Action 3: Select and Train Mentors

The BFHI Facility Implementation Team then selects the mentors. A mentor is an experienced and empathetic person, proficient in her/his content area, who teaches and coaches another individual (mentee) or a group of individuals (mentees) in-person and/or virtually to ensure competent workplace performance and provide ongoing professional development.

Mentors are selected according to a set of criteria and the minimum requirements. Once selected, the BFHI Facility Implementation Team will need to identify facilitators to train mentors, using the *Core Concepts in Mentorship* *Training* course. These could be MIYCN master trainers or some other practitioner who is qualified to teach this content, as agreed upon by the BFHI Facility Implementation Team. Conduct this shortly after the BFHI training and, once again, as close as possible to the start of mentoring, ideally two weeks before but not more than one month before the start of mentoring.

Minimum Requirements for Selecting Mentors

The BFHI Facility Implementation Team should consider the following minimum requirements for serving as a facility mentor:

* Completed the BFHI training
* Provides direct care to clients in one of the prioritised service delivery point(s)
* Has met all qualifications to work as a doctor, nurse, nutritionist, clinical officer, or midwife
* Has a minimum of two years of experience providing maternal and newborn care, but five or more years is preferred[[4]](#footnote-4)
* Demonstrates a high level of competency (i.e., knowledge, skills, and attitudes) in providing breastfeeding counselling, observing breastfeeding counselling, and accurately assessing breastfeeding counselling competencies
* Senior management is supportive and agrees to allow staff to serve as a mentor
* Conversant with the Breast Milk Substitutes (BMS) Act of 2012, the International Code of Marketing of BMS, and the subsidiary BMS regulations of 2021
* Avoids conflicts of interest particularly with companies that produce BMS designated products, or from their parent or subsidiary companies, or political leaders. This is imperative to ensure direct care providers protect families from commercial pressure. All mentors must sign a code of conduct indicating adherence to this.

Additional Considerations for Selecting Mentors

The BFHI Implementation Team can also guide the selection of mentors based on the understanding of the workplace culture, size of the facility, number of facility service delivery points chosen, the number of possible mentees, and individual experience. For selection of the most effective mentors, in addition to considering the other factors mentioned, the BFHI Facility Implementation Team may also wish to consider the following:

* availability
* other responsibilities
* reliability
* level of professional expertise
* experience being in a supervisory role
* experience with mentoring and pre-service professional education
* ability to be a leader and influence people
* knowledge about maternity care and infant feeding practices within the BFHI context to accurately detect both correct and incorrect knowledge, skills, and attitudes (behaviours)
* communication and organisational skills
* critical thinking and problem-solving skills
* resilience and adaptability
* supportive and positive attitude in approach to work
* attention to detail
* commitment to improving the quality of care for patients
* willingness to learn new skills
* willingness to commit to participating in the mentorship activities for the duration of the mentorship program.

Roles and Responsibilities of Mentors

Facility mentors are responsible for the following:

* Provide mentoring, supporting the mentee(s) on all aspects of breastfeeding counselling, strengthening the mentees’ knowledge, skills, and attitudes.
* Demonstrate and model breastfeeding counselling competencies.
* Observe mentee(s) providing breastfeeding counselling, using the appropriate “Observation Tool” for the service delivery point.
* Focus on observing counselling interactions and providing feedback to the mentee(s)—both positive (affirming) and corrective.
* Monitor improvements in mentees’ competencies by observing mentee(s) as they provide breastfeeding counselling.
* Facilitate professional growth in a non-punitive way.
* Encourage learning and improvement in breastfeeding counselling competencies.
* Build a rapport with mentee(s).
* Plan and conduct frequent check-ins with their assigned mentee(s) to review documentation and action points from the previous check-ins.
* Be available to answer mentees’ questions and provide support to mentee(s).
* Make use of the job aids and mentorship program tools (Annex 4a).
* Work with mentee(s) to complete “Part 2: Setting Goals and Making Plans” of the “Mentee Goals and Progress Log” (Annex 4b).
* Complete the “Mentee Progress Log” (Annex 4a) at least once each month and discuss it with their mentee(s) during check-ins.
* Make adjustments to mentoring activities, as needed, based on feedback received.
* Participate in monthly mentoring meetings.

Train Mentors in Mentoring

All mentors who participate in the breastfeeding counselling mentorship program will need to participate in a two-day *Core Concepts in Mentorship Training* course for mentors. Conduct a *Core Concepts in Mentorship* *Training* for the facility mentors at the start of implementing the mentorship program for the first time at a facility, and at least every two years, or more frequently if time and resources allow.

Master trainers (or another qualified provider) lead this training and include content that prepares the mentor for their role. Topics include a brief orientation to the mentorship program; principles of mentorship; relationship building; effective communication and feedback skills; and clinical teaching skills. Participants review and discuss several case studies during the training.

Attendees will be introduced to several resources for mentoring during this training:

* “Building a Relationship with a Mentee”
* “Basic Principles of Giving Feedback”
* “Five Steps of Clinical Teaching.”

These can all be found in Annex 4a, as well as in the mentor training materials.

Action 4: Select Mentees

The BFHI Facility Implementation Team, in consultation with mentors, selects mentees according to a set of criteria and the minimum requirements, making use of findings from the facility self-assessment and complementary assessment activities. A mentee is a direct care provider who delivers breastfeeding counselling to clients. She/he is a dedicated skilled health provider who seeks to grow and develop personally and professionally to successfully achieve her/his goals to strengthen her/his breastfeeding counselling competencies with the support of a mentor.

Minimum Requirements for Selecting Mentees

The BFHI Facility Implementation Team should consider the following minimum requirements for mentees:

* Completed the BFHI training
* Provides direct care to clients in one of the prioritised service delivery point(s)
* Has met all qualifications to work as a doctor, nurse, nutritionist, clinical officer, midwife, or breastfeeding peer supporter
* Senior management is supportive and agrees to allow staff to participate as a mentee
* Avoids conflicts of interest particularly with companies that produce BMS designated products, or from their parent or subsidiary companies, or political leaders. This is imperative to ensure direct care providers protect families from commercial pressure. All mentees must sign a code of conduct indicating adherence to this.

Additional Considerations for Selecting Mentees

In addition to considering the workplace environment, the number of mentors available, and the service delivery point(s) prioritised for the program, the BFHI Facility Implementation Team may also wish to consider the following factors when selecting a mentee:

* availability
* other responsibilities
* reliability
* willingness to learn new skills
* positive attitude in approach to work
* commitment to improving the quality of care for patients
* open to receiving feedback and guidance from their mentor
* willingness to commit to participating in the mentorship activities for the duration of the mentorship program.

Roles and Responsibilities of Mentees

Mentees are responsible for the following:

* Actively participate in mentorship activities for the duration of the program.
* Apply new learning on breastfeeding counselling in their daily work.
* Practise the skills focused on during mentoring observations.
* Participate in weekly check-ins and monthly mentorship meetings.
* Work with a mentor to complete “Part 2: Setting Goals and Making Plans” of the “Mentee Goals and Progress Log” (Annex 4b).
* Complete the “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress” of the “Mentee Goals and Progress Log” (Annex 4b) at least once each month and discuss it with their mentor during check-ins.
* Complete and submit to the BFHI facility coordinator the “Mentor Feedback Form” (Annex 4b).
* Use the job aids found in Annex 4b.

Action 5: Pair Mentors and Mentees

The BFHI Facility Implementation Team determines the best ratio for mentor-to-mentee based on the experience level of each. Other considerations include the frequency and length of the meetings, clinical setting, patient census and acuity, mentor and mentee comfort, and competencies to review.

For a novice mentor or mentee, the best ratio may be one-to-one. In a resource-limited setting, or when there are few mentors available, we recommend a maximum ratio of one mentor to four mentees. If you need to exceed the ratio of one-to-four, it would be best to reduce the number of mentees in the current cohort and engage the remaining mentees during the next cycle of the mentorship program.

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| Box 4. Pairing of Mentor-to-Mentee at Mbagathi County Referral Hospital  Mentor-to-Mentee Ratios  Mentors found that the ratio of one mentor for every three mentees was feasible as this enabled health workers to continue with their daily responsibilities.  **Cadre of the Mentor and Mentee**  The implementing team found that nutritionists were able to effectively mentor nurses, and vice versa. However, where this worked best were in situations where the mentor was a highly respected provider who had been working in the service delivery point where the mentoring was taking place for many years and who had a good relationship with her colleagues. For example, this enabled a mentor—a nutritionist—to effectively mentor nurses in the PNC ward. |

When assigning mentees to mentors, the BFHI Facility Implementation Team takes the following into consideration:

* Cadre of the mentor and mentee: A nurse may be best positioned to mentor another nurse because they have similar roles and responsibility. However, exceptions to this may occur.
* Mentor-to-mentee ratio chosen: The ratio chosen will drive the number of mentees that a mentor is assigned.
* Unit where the mentor and mentee work: Working in the same unit makes scheduling easier and facilitates mentors spending more time with mentees. However, working across units can enable relationships. Nutritionists often have more flexibility to work across units.
* Skill level of mentees: If the BFHI Facility Implementation Team has determined that mentor-led small groups are preferable, aim to put mentees of similar skill levels together.
* Roles of mentors and mentees in the facility: There may be situations where a supervisor is the mentor to their mentee. The BFHI Facility Implementation Team should consider whether this type of pairing will ensure a supportive mentoring relationship.
* Personality: It is important for the mentor and mentees to have a productive, respectful, and supportive relationship.
* Age and experience of mentor and mentee: Ideally, the mentor is older and has more experience than the mentee, but there may be exceptions.

Action 6: Orient Mentors and Mentees

Approximately two weeks, but not more than four weeks, after completing the BFHI training and the *Core Concepts in Mentorship Training* course, the BFHI facility coordinator plans and facilitates orientation meetings with the mentors and mentees to provide a detailed overview of the program before mentoring begins. Annex 2 includes an agenda and slides for these meetings.

The first orientation meeting should be with mentors alone to discuss the details of the mentorship program, following the brief orientation they received during the mentor training. Cover the following topics:

* review of the description of the program
* expectations of mentors (roles and responsibilities)
* how to start mentoring and review of mentoring approaches
* review of mentor-mentee pairing selections
* explanation of program resource materials (Annex 4a and 4b) and how to use them
* start and end dates and length of the program (typically, four months of mentorship to acquire the focus competencies)
* schedule of monthly mentoring meetings (once finalised, the BFHI facility coordinator should share this with the HFMT, SCHMT, and CHMT, as appropriate)
* any remaining questions.

The second meeting, with both mentors and mentees, should cover all of the same information in addition to the following:

* brief overview of clinical mentoring
* minimum requirements for selecting mentors and mentees
* additional considerations for selecting mentors and mentees
* expectations of mentees (roles and responsibilities)
* explanation of the process of pairing of mentees to mentors
* mentees complete “Part 1: Confidence Self-Evaluation” of the “Mentee Goals and Progress Log” (Annex 4b).

Action 7: Conduct Mentoring

As indicated above, mentoring can happen one-on-one, in mentor-led small groups, and in peer-led small groups. Mentoring involves demonstrating, observing, debriefing, and checking in. Mentors can use clinical teaching, side-by-side mentoring, and case presentations. The success of mentoring rests on the mentor providing timely, appropriate, and supportive feedback to the mentee.

While mentoring is primarily the responsibility of mentors and mentees, the BFHI facility coordinator and the BFHI Facility Implementation Team will offer support and guidance throughout the mentoring process.

Goal Setting

Before mentoring begins, the mentor and mentee(s) will meet to establish the mentees’ goals for the program. Regardless of the mentorship approach or approaches chosen, each mentee and their mentor should conduct the goal setting meeting one-on-one. This helps to start to build trust, review individual goals, and discuss anything sensitive or confidential without other mentees present.

The objectives of the goal setting meetingare to—

* Discuss how and when mentor and mentee will meet/interact.
* Build rapport between mentor and mentee.
* Review the “Part 1: Confidence Self-Evaluation” of the “Mentee Goals and Progress Log” (Annex 4b).
* Prioritise competencies from the list of focus competencies of the mentorship program (table 2) based on the service delivery point where the mentee works and document this, and the support the mentee requires to achieve his/her goals, on “Part 2: Setting Goals and Making Plans.”
* Review job aids and mentorship program tools (this should reinforce the discussion during the orientation meeting).
* Review the mentoring check-in schedule.

Always keeping in mind that the ultimate goal of the program is to achieve competence in the seven focus competencies, mentee goals should be—

* based on strengths and gaps identified by completing “Part 1: Confidence Self-Evaluation” of the “Mentee Goals and Progress Log” (Annex 4b)
* tailored to the needs of the mentee
* agreed upon between the mentor and mentee
* selected from the list of focus competencies of the mentorship program (table 2)
* achievable within the duration of the mentorship program (i.e., the mentee can make progress on these goals within the four-month duration)
* documented on the “Mentee Goals and Progress Log” (Annex 4b).

The mentee does not need to prioritise all of the focus competencies for the service delivery point where the mentee works during one four-month mentorship period. Additional competencies can be prioritised in subsequent cohorts of the mentorship program.

Demonstration by Mentors

Initially, mentees will observe mentors demonstrating the competency(ies). The mentee can ask questions and learn by observing their mentor. Mentors leverage demonstrations to teach critical tasks related to performance indicators associated with the focus competencies. Mentors may use clinical teaching or side-by-side mentoring to facilitate learning.

Mentors will demonstrate breastfeeding counselling competencies, as needed, throughout implementation of the mentorship program and consistently model good counselling skills.

When the mentees observe the mentors, they will use the appropriate “Observation Tool” (Annex 4b) to help them notice specific actions or skills related to performance indicators. This will also help mentees become familiar with the observation tools and the performance indicators that mentors will eventually use to assess their competencies.

When mentees are ready, they can demonstrate their breastfeeding counselling skills while mentors observe (see below).

Observation of Mentees by Mentors

Observation of mentees by mentors may happen sooner for some mentees than others. These “return demonstrations” can take place in a small group of mentees regardless of the mentoring approach chosen. In that case, each mentee will take a turn providing counselling as the others observe. This can be a good learning point for the mentees, since they have the opportunity to see different counselling skills at work.

Mentors observe mentees providing breastfeeding counselling between one and three times per week, initially more frequently, throughout implementation of the mentorship program. During observations, the mentee practises the competencies that she/he prioritised in “Part 2: Setting Goals and Making Plans” of the “Mentee Goals and Progress Log” (Annex 4b). As with demonstration, the mentor can use clinical teaching and side-by-side mentoring as strategies to teach while observing the mentee(s). If, when the mentor is observing a mentee, the mentee omits crucial information or gives incorrect information, the mentor may gently step in and clarify the information during the counselling interaction.

Mentors assess mentees’ competencies using the performance indicators (table 4) corresponding with the competencies that the mentees prioritised in “Part 2: Setting Goals and Making Plans” of the “Mentee Goals and Progress Log” (Annex 4b).

Table 4. Mentorship Program Focus Competencies with Corresponding Performance Indicators

| Competency | Performance Indicator |
| --- | --- |
| 1. Use listening and learning skills whenever engaging in a conversation with a mother. | 1. Demonstrate at least three aspects of listening and learning skills when talking with a mother. |
| 1. Engage in antenatal conversation about breastfeeding. | 1. Engage in a conversation with a pregnant woman on three aspects of the importance of breastfeeding. |
| 1. Assess at least three aspects of a pregnant woman’s knowledge about breastfeeding in order to fill the gaps and correct inaccuracies. |
| 1. Engage in a conversation with a pregnant woman about at least four care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding. |
| 1. Facilitate breastfeeding within the first hour, according to cues. | 1. Engage in a conversation with a mother including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready. |
| 1. Describe to a mother at least three pre-feeding behaviours babies show before actively sucking at the breast. |
| 1. Discuss with a mother how breastfeeding works. | 1. Engage in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important. |
| 1. Engage in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life. |
| 1. Describe to a mother at least four signs of adequate transfer of milk in the first few days. |
| 1. Assist mother getting her baby to attach to the breast. | 32. Evaluate a full breastfeeding session observing at least five points. |
| 1. Help a mother to breastfeed a small or sick baby. | 1. Help a mother achieve a comfortable and safe position for breastfeeding with her small or sick infant at the breast, noting at least four points. |
| 1. Engage in a conversation with a mother of a small or sick infant not sucking effectively at the breast, including at least five points. |
| 1. Engage in a conversation with a mother of a small or sick, or vulnerable infant (including multiple births) regarding the importance of observing at least two subtle signs and behavioural state shifts to determine when it is appropriate to breastfeed. |
| 1. Ensure seamless transition after discharge. | 1. Develop individualised discharge feeding plans with a mother that includes at least six points. |
| 1. Describe to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge. |
| 1. Describe at least three warning maternal signs for a mother to contact a healthcare professional after discharge. |

Source: WHO and UNICEF 2020c

|  |
| --- |
| Box 5. Example of a Competency Assessment  To assess the competency, “Use listening and learning skills whenever engaging in a conversation with a mother,” the mentor determines if the mentee uses or “demonstrates at least three aspects of listening and learning skills when talking with a mother” (see “Observation Tools” in Annexes 4a and 4b). To do this, the mentor will observe the mentee and take note of whether the mentee does the following:   * Ask open-ended questions. * Use responses and gestures which show interest (smile, nod head, etc.). * Reflect back what the mother says. * Empathise or express that you understand how she feels in a culturally appropriate manner. * Avoid words that sound judgemental (good, bad, normal, wrong). |

When mentors demonstrate or model breastfeeding counselling and when mentees provide breastfeeding counselling, they should make use of the following job aids and IEC materials in Annex 4b:

* “Topics to Cover during Breastfeeding Counselling”
* “Breastfeeding Counselling Log”
* “Expressing Breast Milk Counselling Card”.

When observing breastfeeding counselling sessions, mentors will use the “Observation Tool” (Annex 4a) for the service delivery point in which they are working with their mentee(s). Using these will help the mentor notice specific actions or skills related to priority performance indicators. Review them during monthly meetings to assess progress against established goals (see below).

Debrief

After any demonstration and observation, mentors and mentees should debrief. After mentees observe a mentor demonstrating breastfeeding counselling competencies, mentees will discuss what they observed, provide feedback, and ask questions. Mentors and mentees can use the “Clinical Practice Discussion Guide” (Annex 4a) to guide the debrief.

During the debrief, mentors will give supportive, constructive feedback and suggestions for improvement to the mentee. If a mentor uses the mentor-led small group approach to mentoring, the mentor will provide feedback to all of the mentees in a group, so that mentees can learn from each other.

Check-In

The mentor should check in with mentee(s) every one or two weeks, depending on need and availability. More frequent mentoring check-ins are useful, particularly at the start of the program, if work schedules allow for this.

These ideally last for 60–90 minutes each. However, the exact duration of check-ins will depend on the ratio of mentor-to-mentee, the clinical setting, and the needs of the mentee(s).

Conduct them one-on-one (mentor and mentee) or as a group (mentor and several mentees). In cases where mentor-led small groups are the norm, the mentor should still plan to check in with each mentee one-to-one to discuss individual goals and any sensitive or confidential information that the mentee does not want to share with other mentees.

Mentors and mentees can also use the “Clinical Practice Discussion Guide” during check-ins to guide the discussion, but other topics to discuss, as needed and appropriate, include—

* debriefing on breastfeeding counselling and mentorship activities
* providing feedback on mentees’ progress toward achieving goals
* conducting clinical teaching sessions
* reviewing goals and re-evaluating support plans for achieving goals
* presenting cases (case presentation) of client counselling sessions that the mentee would like feedback on
* discussing questions and concerns.

The various resources in Annex 4a and 4b and when to use them are also included in Annex 4a and 4b (“Schedule of Mentoring Meetings and Resources to Use”).

Action 8: Conduct Monthly Meetings

The BFHI facility coordinator will take the lead on organising and facilitating monthly mentor meetings for peer-to-peer experience sharing and review of case presentations. The BFHI facility coordinator will lead these meetings. Content may include—

* Sharing challenges and successes on how mentoring is going (i.e., feedback on frequency of observations, frequency of check-ins, mentoring approaches used, and the use of mentorship program tools).
* Discuss common breastfeeding scenarios, challenges, and solutions and real-life examples through case presentations.
* Review feedback from mentees, referencing mentee responses on the “Mentor Feedback Form”, once this form is submitted.
* Identify ways and make plans to improve the program.
* Explore suggestions for sustainability and expansion (opportunity for mentees to become mentors).

The BFHI facility coordinator may wish to occasionally invite specialists or breastfeeding peer supporters (mothers who have successfully breastfed) to monthly meetings.

Action 9: Assess Competencies for Graduation

The long-term aim is to create more opportunity for skills practice and capacity strengthening, as more health workers engage in the mentorship program across multiple service delivery points. This is the optimal way for mentoring to integrate into the system and ensure long-term sustainability.

Mentees will graduate from the mentorship program when they have demonstrated competence in the focus competencies relevant to the service delivery point where the mentee provides breastfeeding counselling services. Typically, mentees accomplish this within four months of mentorship, but it may take more or less time. The mentee does not need to meet the criteria for graduation during one four-month mentorship period. Mentees can prioritise competencies over the course of one or more mentorship program cohorts.

Ideally, over time, mentees will master all of the focus competencies of the mentorship program.

To graduate and to receive a certificate of completion from the breastfeeding counselling mentorship program for the service delivery point where the mentee provides breastfeeding counselling services there are two criteria:

* The mentee must be “quite confident” or “extremely confident”[[5]](#footnote-5) demonstrating each task (measured by performance indicator) relevant to the focus competencies for the service delivery point where the mentee provides breastfeeding counselling services, based on the “Mentee Goals and Progress Log” (Annex 4b).
* The mentor must be “quite confident” or “extremely confident”5 in the mentee’s ability to demonstrate each task (measured by performance indicator) relevant to the focus competencies for the service delivery point where the mentee provides breastfeeding counselling services, based on the “Mentee Progress Log” (Annex 4a).

If the mentee meets these requirements, he/she will receive a certificate of completion of the breastfeeding counselling mentorship program in the service delivery point where the mentee provides breastfeeding counselling services by the BFHI Facility Implementation Team and will be eligible for serving as a mentor in that service delivery point in the future. For example, if the mentee provides breastfeeding counselling services in the outpatient ANC clinic, has received mentoring on breastfeeding counselling there, and has met the criteria described above for the four focus competencies related to ANC services, the mentee is eligible to graduate from the program and receive a certificate of completion of the breastfeeding counselling mentorship program in ANC services.

For the mentor, the assessment of their confidence in the mentee’s demonstration of the tasks (measured by performance indicators), should take into consideration:

* the mentor’s observations of the mentee over the course of the four-month mentorship program
* the mentee’s ability to demonstrate the tasks on the “Observation Tool” during observations.

If the mentee fails to meet the requirements of graduation, the BFHI Facility Implementation Team and the mentee will meet to discuss the reasons (e.g., challenges with the mentor, lack of engagement) and agree on next steps, which may include continuing in the program to graduate.

There also may be circumstances when a mentee exits the program without graduating. This may either be because a mentee drops out (exits) or the BFHI Facility Implementation Team asks the mentee to exit the program. For instance, if the mentee—

* no longer has time for or interest in participating
* consistently misses mentorship meetings
* does not use job aids
* consistently fails to update the “Mentee Goals and Progress Log”
* does not engage with his/her mentor
* encounters some other situation that impedes participation.

Action 10: Monitor the Program

The BFHI Facility Implementation Team, led by the BFHI facility coordinator, will monitor program indicators and other related indicators.

Over the course of the mentorship program, mentors will record breastfeeding counselling and breastfeeding counselling mentorship activities. Mentors will complete and regularly update the “Mentee Progress Log” (Annex 4a). Mentees will complete and regularly update the “Mentee Goals and Progress Log” (Annex 4b).

Mentors and mentees will meet together on a monthly basis. The BFHI facility coordinator will convene these meetings to review the progress of the mentorship program, share successes, discuss challenges, and identify solutions. Mentors from each service delivery point will present on the progress of their mentees, referring to the “Mentee Progress Log”. The BFHI facility coordinator will present and participants will discuss plans related to the mentorship program for the coming month.

The BFHI Facility Implementation Team will review mentorship reports from mentors and mentees, summarising selected indicators as deemed appropriate, as well as other indicators related to breastfeeding counselling and breastfeeding (table 5). Where possible, they will use routine indicators that the health facility already collects through the Kenya Health Information System. If a health facility is not yet collecting data to report on indicators at the output level (i.e., number of mentors trained), start by focusing on these indicators and developing data sources.

While most health facilities do not have systems in place to collect and report on outcomes related to breastfeeding counselling provided and breastfeeding practices, ideally, the BFHI Facility Management Team and other key stakeholders would take steps to do so. Indicators might include—

* percentage of newborns exclusively breastfed until time of discharge
* percentage of newborns diagnosed with jaundice
* percentage of women (pregnant and postpartum) who received breastfeeding counselling by health facility staff.

The health facility may also wish to monitor newborn health-related indicators that may be impacted by improvement in breastfeeding practices and are part of the Kenya Health Information System, including—

* number of babies discharged alive
* neonatal deaths 0–28 days.

Table 5. Illustrative Indicators for Monitoring the Breastfeeding Counselling Mentorship Program at the Facility Level

| Indicator | Data Source | Frequency | |
| --- | --- | --- | --- |
| Outcome Indicators | | | |
| Percentage of newborns breastfed within one hour of birth | [MoH 711](https://tciurbanhealth.org/wp-content/uploads/2017/06/M2_-_MOH_711A_Facility_integrated_Form-3.pdf) | | Monthly |
| Percentage of mentees who meet the graduation criteria (disaggregated by service delivery point) | Mentorship program tools | | Quarterly |
| Output Indicators | | | |
| Number of mentors trained in the BFHI Training Course for Maternity Staff | Training reports | | Annual |
| Number of mentors trained in the Core Concepts in Mentorship Training | Training reports | | Annual |
| Number of mentees trained in the BFHI Training Course for Maternity Staff | Training reports | | Annual |
| Number of mentors participating in the mentorship program | Mentorship program reports | | Monthly |
| Number of mentees participating in the mentorship program | Mentorship program reports | | Monthly |

Upon completion of all of the 10 actions, the BFHI Facility Implementation Team will conduct another BFHI health facility self-assessment at the end of one cycle of mentorship (typically four months) or on a bi-annual basis. Annex 3 contains tools for the assessment. Using monitoring data and findings from the facility assessment, the HFMT and the BFHI Facility Implementation Team will decide whether to continue with the same group of mentees and/or to select new mentees from the same or new service delivery points. Findings can also help to inform the selection of new service delivery points, cadres of health workers, and/or focus competencies.

References

Eby, Lillian T., Tammy D. Allen, Sarah C. Evans, Thomas Ng, David L. DuBois. 2008. “Does Mentoring Matter? A Multidisciplinary Meta-Analysis Comparing Mentored and Non-Mentored Individuals.” *Journal of Vocational Behavior.* 72(2): 254–267.https://doi.[10.1016/j.jvb.2007.04.005](https://doi.org/10.1016%2Fj.jvb.2007.04.005)

Feyissa, G.T., D. Balabanova, and M. Woldie. 2019. “How Effective Are Mentoring Programs for Improving Health Worker Competence and Institutional Performance in Africa? A Systematic Review of Quantitative Evidence.” *Journal of Multidisciplinary Healthcare* 2019(12): 989–1005. [https://doi.org/10.2147/JMDH.S228951.](https://doi.org/10.2147%2FJMDH.S228951)

Haroon, Sarah, Jai K. Das, Rehana A. Salam, Aamer Imdad, and Zulfiqar A. Bhutta. 2013. “Breastfeeding Promotion Interventions and Breastfeeding Practices: A Systematic Review”. *BMC Public Health*. 13(Suppl 3): S20. <https://doi.org/10.1186/1471-2458-13-S3-S20>

Kavle, Justine A., Elizabeth LaCroix, Hallie Dau, and Cyril Engmann. 2017. "Addressing Barriers to Exclusive Breastfeeding in Low- and Middle-Income Countries: A Systematic Review and Programmatic Implications." *Public Health Nutrition.* 20(17)1475–2727. <https://doi.org/10.1017/S1368980017002531>

Kenya MoH (Ministry of Health). 2016. *National Maternal, Infant, and Young Child Nutrition Counselling Cards.* Nairobi, Kenya: Ministry of Health.

Kenya MoH (Ministry of Health). 2018. *Kenya Nutrition Action Plan 2018–2022*.Nairobi: MoH.<https://www.health.go.ke/wp-content/uploads/2020/10/Kenya-Nutrition-Action-Plan-2018-2022.pdf>.

Kenya MoH (Ministry of Health). 2021. *Kenya Strategy for Maternal Infant and Young Child Nutrition 2021–2026*. Nairobi, Kenya: Ministry of Health.

Kenya MMS (Ministry of Medical Services) and MPHS (Ministry of Public Health and Sanitation). 2011. “Implementation Guidelines for the Kenya Quality Model for Health 2011.” Accessed November 30, 2023. <https://publications.universalhealth2030.org/uploads/implementation_guidelines_for_the_kenya_quality_model_for_health.pdf>.

KNBS (Kenya National Bureau of Statistics) and ICF. 2023. “Kenya Demographic and Health Survey 2022.” Accessed November 20, 2023. <https://dhsprogram.com/pubs/pdf/FR380/FR380bis.pdf>.

KNBS (Kenya National Bureau of Statistics), National AIDS Control Council/Kenya, Kenya Medical Research Institute, National Council for Population and Development/Kenya, and ICF International. 2015. “Kenya Demographic and Health Survey 2014.” Accessed June 30, 2022.<https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>.

KNBS (Kenya National Bureau of Statistics) and ICF Macro. 2010. “Kenya Demographic and Health Survey 2008–09.” Accessed June 30, 2022.<https://dhsprogram.com/pubs/pdf/fr229/fr229.pdf>.

Manzi, Anatole, Hema Magge, Bethany L. Hedt-Gauthier, Annie P. Michaelis, Felix R. Cyamatare, Laetitia Nyirazinyoye, Lisa R. Hirschhorn, et al. 2014. “Clinical Mentorship to Improve Pediatric Quality of Care at the Health Centers in Rural Rwanda: A Qualitative Study of Perceptions and Acceptability of Health Care Workers.” *BMC Health Services Research*. 14:275. [doi.org/10.1186/1472-6963-14-275](https://pubmed.ncbi.nlm.nih.gov/24950878/)

MCSP (Maternal and Child Survival Program). 2018. “Mentoring for Human Capacity Development: Implementation Principles and Guidance.” Accessed June 30, 2022. <https://www.mcsprogram.org/resource/mentoring-human-capacity-development-implementation-principles-guidance/>

Mwangome, Martha, Sheila Murunga, Jane Kahindi, Prinilla Gwivo, Grace Mwasho, Alison Talbert, Laura Kiige, et al. 2019. “Individualized Breastfeeding Support for Acutely Ill Malnourished Infants under 6 Months Old.” *Maternal and Child Nutrition.* 16(1): e12868. <https://doi.org/10.1111/mcn.12868>.

Samburu, Betty. 2016. “Baby Friendly Hospital Initiative in Kenya Successes, Challenges, Lessons Learnt and Best Practices to Learn from Rift Valley Province, Kenya”. Presentation at BFHI Congress, Geneva, October 24–26, 2016. Accessed June 30, 2022. <https://www.who.int/docs/default-source/nutritionlibrary/baby-friendly-hospital-initiative-congress-(bfhi-congress)/2016-bfhi-congress-presentation-kenya-casestudies.pdf?sfvrsn=f9bc32ad_2>.

Schwerdtle, Patricia, Julia Morphet, and Helen Hall. 2017. “A Scoping Review of Mentorship of Health Personnel to Improve the Quality of Health Care in Low and Middle-Income Countries.” *Globalization and Health*. 13(77). <https://doi.org/10.1186/s12992-017-0301-1>

Sinha, Bireshwar, [Ranadip](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorRaw=Chowdhury%2C+Ranadip) Chowdhury, M. Jeeva Sankar, Jose Martines, Sunita Taneja, Sarmila Mazumder, Nigel Rollins, et al. 2015. "Interventions to Improve Breastfeeding Outcomes: A Systematic Review and Meta-Analysis." *Acta Paediatrica.* 104(467):114–135. <https://doi.org/10.1111/apa.13127>.

SCOPME (Standing Committee on Postgraduate Medical and Dental Education). 1998. *Supporting Doctors and Dentists at Work: An Enquiry into Mentoring*. London: SCOPME.

Victora, Cesar G., Rajiv Bahl, Aluísio J. D. Barros, Giovanny V. A. França, Susan Horton, Julia Krasevec, Simon Murch, et al. 2016. “Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect.” *The Lancet.* 387(10017):475–490. <https://doi.org/10.1016/S0140-6736(15)01024-7>

WHO (World Health Organization). 2015. *Roles and Responsibilities of Government Chief Nursing and Midwifery Officers: A Capacity-Building Manual.* Geneva: WHO. <https://apps.who.int/iris/handle/10665/351684>

WHO (World Health Organization). 2017. *Guideline: Protecting, Promoting, and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services.* Geneva: WHO. [https://www.who.int/publications/i/item/9789241550086](https://www.who.int/publications/i/item/9789241550468)

WHO (World Health Organization). 2018. *Guideline: Counselling of Women to Improve Breastfeeding Practices*. Geneva: WHO.<https://www.who.int/publications/i/item/9789241550468>.

WHO (World Health Organization) and UNICEF (United Nations Children’s Fund). 2018. *Implementation Guidance: Protecting, Promoting, and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services—The Revised Baby-Friendly Hospital Initiative*. Geneva: WHO.<https://www.who.int/publications/i/item/9789241513807>

WHO (World Health Organization) and UNICEF (United Nations Children's Fund). 2020a. *Baby Friendly Hospital Initiative (BFHI) Training Course for Maternity Staff: Director’s Guide*. Geneva: WHO. https://apps.who.int/iris/bitstream/handle/10665/333674/9789240008939-eng.pdf

WHO (World Health Organization) and UNICEF (United Nations Children’s Fund) 2020b. *Baby-Friendly Hospital Initiative Training Course for Maternity Staff: Trainer’s Guide.* Geneva: WHO. <https://apps.who.int/iris/bitstream/handle/10665/333676/9789240008892-eng.pdf>

WHO (World Health Organization) and UNICEF (United Nations Children's Fund). 2020c. *Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative*. Geneva: WHO.<https://www.who.int/publications/i/item/9789240008854>.

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Annex 2. Inception Orientation and Meeting Slide Decks

* [Sensitisation Meetings](https://www.advancingnutrition.org/resources/facility-based-mentoring-program-strengthen-breastfeeding-counseling-program-resources)
* [Inception Meeting](https://www.advancingnutrition.org/resources/facility-based-mentoring-program-strengthen-breastfeeding-counseling-program-resources)
* [Orientation Meeting with Mentors](https://www.advancingnutrition.org/resources/facility-based-mentoring-program-strengthen-breastfeeding-counseling-program-resources)
* [Orientation Meeting with Mentors and Mentees](https://www.advancingnutrition.org/resources/facility-based-mentoring-program-strengthen-breastfeeding-counseling-program-resources)

Annex 3. Assessment Tools

Postpartum Women Exit Interview

**PRIOR TO THE INTERVIEW, RECORD THE FOLLOWING INFORMATION:**

|  |  |
| --- | --- |
| CODE | AUTO-GENERATED |
| DATE | AUTO-GENERATED |
| INTERVIEWER | DROP-DOWN |

IN WHICH LANGUAGE DOES THE RESPONDENT PREFER TO SPEAK?  
English  Kiswahili

DID THE RESPONDENT GIVER HER CONSENT TO PARTICIPATE IN THIS INTERVIEW?   
Yes  No

**IF RESPONDENT, DOES NOT GIVE CONSENT, THANK HER FOR HER TIME AND END THE INTERVIEW.**

**IF RESPONDENT CONSENTS TO PARTICIPATE, PROCEED TO THE INTERVIEW.**

| QUESTION | CODING CLASSIFICATION | SKIP |
| --- | --- | --- |
| As a reminder, if, at any time, you do not want to answer a question or discuss an issue, you are free to decline to do so. You are also free to stop the interview at any time. The decision about whether or not to answer any specific question will not affect the services you receive at any health facility today or any time in the future. | | |
| 1. First, what is your new baby’s name? I will not write this down. I just want to be able to refer to her or him by name. [DO NOT RECORD THE NAME.] | DO NOT RECORD THE NAME.  NO NAME YET…………….1  PREFER NOT TO ANSWER……………………9 | . |
| 1. Next, how old were you at your last birthday? | \_\_\_ \_\_\_ years  Don’t Know (DK)………888 |  |
| 1. Have you ever been married? Are you currently married, living with a partner as if married, widowed, divorced, or separated? [DO NOT READ RESPONSE OPTIONS.] | CURRENTLY MARRIED…2  LIVING WITH A PARTNER AS IF MARRIED………………3  WIDOWED………………4  DIVORCED OR SEPARATED………………5  PREFER NOT TO ANSWER…………………9 |  |
| 1. Have you ever attended school? [DO NOT READ RESPONSE OPTIONS.] | YES……………………….1  NO………………….…….2 →  PREFER NOT TO  ANSWER…………………9 → | GO TO Question (Q)6  GO TO Q6 |
| 1. What is the highest level of school you attended: primary, post-primary/vocational, secondary, college (middle level), university or higher? | PRIMARY…………………….1  POST-PRIMARY/  VOCATIONAL ……………2  SECONDARY ………………3  COLLEGE (MIDDLE LEVEL) ………………………………4  UNIVERSITY OR HIGHER…5  PREFER NOT TO ANSWER……………………9 |  |
| 1. Aside from your own housework, have you done any work in the last 12 months? This includes a job for which you were paid in cash or kind. It includes small businesses or work on the family farm or in the family business. [DO NOT READ RESPONSE OPTIONS.] | YES…………………….1  NO…………………….2 →  PREFER NOT TO  ANSWER…………………9 → | GO TO Q9  GO TO Q9 |
| 1. Are you paid in cash or kind? [DO NOT READ RESPONSE OPTIONS.] | CASH ONLY………………1  CASH AND KIND…………2  IN KIND ONLY……………3  NOT PAID…………………4  PREFER NOT TO ANSWER……………………9 |  |
| 1. What is your occupation? By this I mean, what kind of work do you mainly do? [RECORD HER RESPONSE IN THE SPACE PROVIDED.] |  |  |
| 1. Finally, how many children have you given birth to? [THIS INCLUDES LIVING OR DEAD, LIVING WITH THEM OR AWAY FROM HOME.] | # OF CHILDREN: \_\_\_ \_\_\_  DK……………………….88  PREFER NOT TO ANSWER…………………99 |  |
| Now, I am going to ask you some additional questions about specific aspects of the breastfeeding counselling and support you received from health facility staff at Mbagathi after giving birth to [BABY’S NAME]. By this, I mean advice or help with breastfeeding. I know some of these are difficult to remember, but please try to tell me what you do remember as it will be very useful in checking the quality of care provided in this facility. | | |
| 1. In total, how many antenatal care visits have you attended while pregnant with your new baby? [DO NOT READ RESPONSE OPTIONS.] | NUMBER: \_\_\_\_\_\_\_\_\_\_  DK/CAN’T REMEMBER …8 →  PREFER NOT TO  ANSWER…………………9 → | IF ZERO, SKIP TO Q14. |
| 1. How many of those visits were at Mbagathi? [DO NOT READ RESPONSE OPTIONS.] | NUMBER: \_\_\_\_\_\_\_\_\_\_  DK/CAN’T REMEMBER …8 →  PREFER NOT TO  ANSWER…………………9 → |  |
| 1. After arriving in the postnatal care unit, about how long was it until any health facility staff gave you breastfeeding counselling and support or talked to you about or helped you with breastfeeding [BABY’S NAME]? [DO NOT READ RESPONSE OPTIONS.] | < 1 HOUR………………….1  1–2 HOURS……………….2  3–4 HOURS……………….3  ≥ 5 HOURS…………………4  DK/CAN’T REMEMBER…….8  PREFER NOT TO ANSWER……………………9 |  |
| 1. After giving birth to [BABY’S NAME] at Mbagathi, did you want to have someone with you such as a family member or friend when you received breastfeeding counselling and support? [DO NOT READ RESPONSE OPTIONS.] | YES………………………….1  NO………………………….2  DK/CAN’T REMEMBER…….8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Was someone with you when you received breastfeeding counselling? [DO NOT READ RESPONSE OPTIONS.] | YES……………………….1 →  NO……………………….2 →  DK/CAN’T REMEMBER….8 →  PREFER NOT TO ANSWER………………9 → | GO TO Q18  GO TO Q17 GO TO Q19  GO TO Q19 |
| 1. What is the main reason why someone was not with you when you received breastfeeding counselling? [DO NOT READ RESPONSE OPTIONS. CHECK THE MOST APPROPRIATE RESPONSE OPTION.] | IT WAS NOT VISITING HOURS…………………….1  WAS NOT ALLOWED…….2  PERSON WAS NOT AVAILABLE…………………3  OTHER REASON …………3  DK/CAN’T REMEMBER…….8  PREFER NOT TO ANSWER……………………9 | GO TO Q19 |
| 1. Who was with you when you received breastfeeding counselling? [DO NOT READ RESPONSE OPTIONS. CHECK ALL THAT APPLY.] | HUSBAND OR PARTNER….1  MOTHER ……………………2  MOTHER-IN-LAW…………3  CHILD……………………….4  OTHER FAMILY MEMBER…5  FRIEND…………………….6  SOMEONE ELSE…………….7  DK/CAN’T REMEMBER …….8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did the health facility staff who gave you breastfeeding counselling and support discuss how the person who was with you or another person could support you with breastfeeding? [DO NOT READ RESPONSE OPTIONS.] | YES………………………….1  NO………………………….2  DK/CAN’T REMEMBER…….8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did the health facility staff who gave you breastfeeding counselling and support after giving birth call you by your name or your child’s name?  IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did the health facility staff who gave you breastfeeding counselling and support treat you with respect or in a respectful manner?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did the health facility staff who gave you breastfeeding counselling and support treat you in a friendly manner?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. After giving birth to [BABY’S NAME] at Mbagathi, did you feel you could talk privately with the health facility staff who gave you breastfeeding counselling and support? In other words, could you speak without others overhearing your conversations? IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did you feel you could ask the health facility staff who gave you breastfeeding counselling and support any questions you had about feeding your infant?  IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did the health facility staff who gave you breastfeeding counselling and support ask you about how you were feeling?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. After giving birth to [BABY’S NAME] at Mbagathi, did you feel the health facility staff who gave you breastfeeding counselling and support paid attention to you and your questions and concerns?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did you feel the health facility staff who gave you breastfeeding counselling and support took the best care of you that they could?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Was a cloth, blanket, or screen available to you to use so that you did not feel physically exposed when breastfeeding?  IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did the health facility staff who gave you breastfeeding counselling and support ask your permission or consent before helping or observing you breastfeed?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Were you in any way unhappy with how health facility staff who gave you breastfeeding counselling and support treated you? [DO NOT READ RESPONSE OPTIONS.] | YES…………………….…1  NO…………………….…2 →  DK……………………….8 →  PREFER NOT TO ANSWER…………………9 → | GO TO Q31  GO TO Q32 GO TO Q32  GO TO Q32 |
| 1. Why were you unhappy with how health facility staff who gave you breastfeeding counselling and support treated you? How did they treat you? |  |  |
| 1. Would you say that the health facility staff who gave you breastfeeding counselling and support treated you differently because of any personal attribute, like your age, marital status, number of children, your education, wealth, or something like that?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did you feel like you were physically mistreated? For instance, were you pushed, slapped, pinched, or physically mistreated in any other way specifically by the health facility staff who gave you breastfeeding counselling and support?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Did you feel like you were verbally mistreated by the health facility staff who gave you breastfeeding counselling and support? For instance, were you shouted at, insulted, threatened, talked to rudely, or verbally mistreated in any other way?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………… 2  NO, NEVER…………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 |  |
| 1. Do you think the breastfeeding counselling and support that you were provided after delivering [BABY’S NAME] was helpful? [DO NOT READ RESPONSE OPTIONS.] | YES………………….………1 NO…………………………2  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER……………………9 | GO TO Q35aGO TO Q35b  GO TO Q36  GO TO Q36 |
| 35a. How was it helpful? [DO NOT READ RESPONSE OPTIONS. AS THE MOTHER RESPONDS, CHECK OFF THE RESPONSE(S) THAT MOST CLOSELY RESEMBLES WHAT SHE HAS SAID. FOR ALL OTHER RESPONSES NOT LISTED BELOW RECORD HER RESPONSE UNDER “OTHER”. IF YOU ARE UNSURE, RECORD RESPONSES UNDER “OTHER”.]  PROBE: Was it helpful in any other way? | THE HEALTH WORKER TAUGHT ME INFORMATION……………A  THE HEALTH WORKER HELPED ME GET MY BABY TO LATCH…………………B  THE HEALTH WORKER HELPED ME POSITION MY BABY FOR BREASTFEEDING…………C  OTHER……………………H  SPECIFY: \_\_\_\_\_\_\_\_\_ |  |
| 35b. Why do you feel the breastfeeding counselling wasn’t helpful? [DO NOT READ RESPONSE OPTIONS. AS THE MOTHER RESPONDS, CHECK OFF THE RESPONSE(S) THAT MOST CLOSELY RESEMBLES WHAT SHE HAS SAID. FOR ALL OTHER RESPONSES NOT LISTED BELOW RECORD HER RESPONSE UNDER “OTHER”. IF YOU ARE UNSURE, RECORD RESPONSES UNDER “OTHER”.]  PROBE: Is there any other reason that you do not feel that it was helpful? | I ALREADY KNEW EVERYTHING I NEEDED TO KNOW……………………L  THE HEALTH WORKER DID NOT KNOW WHAT THEY WERE DOING ………….M  THE HEALTH WORKER DID NOT EXPLAIN THINGS WELL.…… ………………N  I WAS NOT ABLE TO LATCH AND/OR POSITION MY BABY WELL ……………O  OTHER…………………S  SPECIFY: \_\_\_\_\_\_\_\_\_ |  |
| 1. Overall, were you satisfied or dissatisfied with the breastfeeding counselling that you were provided after delivering [BABY’S NAME]?   IF SATISFIED, PROBE: Somewhat or very satisfied? IF DISSATISFIED, PROBE: Were you very dissatisfied, somewhat dissatisfied? | VERY SATISFIED…………….1  SOMEWHAT SATISFIED……2  NEUTRAL …………………3  SOMEWHAT DISSATISFIED………………4  VERY DISSATISFIED……….5  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Before we end, are you still breastfeeding [BABY’S NAME]? [DO NOT READ RESPONSE OPTIONS.] | YES……………………….1  NO……………………….2  PREFER NOT TO ANSWER…………………9 |  |
| 1. Is there anything else you would like to tell me about today about the breastfeeding counselling and support you received after delivering [BABY’S NAME]? [RECORD RESPONSE. IF NOTHING ELSE, RECORD “NOTHING ELSE”.] |  |  |

Thank you so much for your time!

Antenatal Care Clinic Exit Interview

**PRIOR TO THE INTERVIEW, RECORD THE FOLLOWING INFORMATION:**

|  |  |
| --- | --- |
| CODE | AUTO-GENERATED |
| DATE | AUTO-GENERATED |
| INTERVIEWER | DROP-DOWN |

IN WHICH LANGUAGE DOES THE RESPONDENT PREFER TO SPEAK?  
English  Kiswahili

DID THE RESPONDENT GIVE HER CONSENT TO PARTICIPATE IN THIS INTERVIEW?   
Yes  No

**IF RESPONDENT, DOES NOT GIVE CONSENT, THANK HER FOR HER TIME AND END THE INTERVIEW.**

**IF RESPONDENT CONSENTS TO PARTICIPATE, PROCEED TO THE INTERVIEW.**

| QUESTION | CODING CLASSIFICATION | SKIP |
| --- | --- | --- |
| As a reminder, if, at any time, you do not want to answer a question or discuss an issue, you are free to decline to do so. You are also free to stop the interview at any time. The decision about whether or not to answer any specific question will not affect the services you receive at any health facility today or any time in the future. | | |
| 1. First, can you confirm that you are still pregnant? [DO NOT READ RESPONSE OPTIONS.] | YES…………………….1  NO…………………….2 →  PREFER NOT TO  ANSWER………………9→ | THANK THE WOMAN, EXPLAIN THAT OUR STUDY IS ABOUT PREGNANT WOMEN SO SHE IS NOT ELIGIBLE, AND END THE INTERVIEW. |
| 1. In total, how many antenatal care visits have you attended during this pregnancy? [DO NOT READ RESPONSE OPTIONS.] | NUMBER: \_\_\_\_\_\_\_\_\_\_  DK/CAN’T REMEMBER ..8 →  PREFER NOT TO  ANSWER………………9 → |  |
| 1. How many of those visits were at Mbagathi? [DO NOT READ RESPONSE OPTIONS.] | NUMBER: \_\_\_\_\_\_\_\_\_\_  DK/CAN’T REMEMBER ..8 →  PREFER NOT TO  ANSWER………………9 → |  |
| 1. Next, how old were you at your last birthday? | \_\_\_ \_\_\_ years  DK…………………….888 |  |
| 1. Have you ever been married? Are you currently married, living with a partner as if married, widowed, divorced, or separated? [DO NOT READ RESPONSE OPTIONS.] | CURRENTLY MARRIED…………………2  LIVING WITH A PARTNER AS IF MARRIED……………3  WIDOWED………………4  DIVORCED OR SEPARATED………………5  PREFER NOT TO ANSWER…………………9 |  |
| 1. Have you ever attended school? [DO NOT READ RESPONSE OPTIONS.] | YES…………………….1  NO…………………….2 →  PREFER NOT TO  ANSWER………………9 → | GO TO Q8  GO TO Q8 |
| 1. What is the highest level of school you attended: primary, post-primary/vocational, secondary, college (middle level), university or higher? | PRIMARY………………….1  POST-PRIMARY/  VOCATIONAL ……………2  SECONDARY ……………3  COLLEGE (MIDDLE LEVEL). …………………………….4  UNIVERSITY OR HIGHER…5  PREFER NOT TO ANSWER…………………9 |  |
| 1. Aside from your own housework, have you done any work in the last 12 months? This includes a job for which you were paid in cash or kind. It includes small businesses or work on the family farm or in the family business. [DO NOT READ RESPONSE OPTIONS.] | YES…………………….1  NO…………………….2 →  PREFER NOT TO  ANSWER………………9 → | GO TO Q11  GO TO Q11 |
| 1. Are you paid in cash or kind? [DO NOT READ RESPONSE OPTIONS.] | CASH ONLY………………1  CASH AND KIND…………2  IN KIND ONLY……………3  NOT PAID…………………4  PREFER NOT TO ANSWER…………………9 |  |
| 1. What is your occupation? By this I mean, what kind of work do you mainly do? [RECORD HER RESPONSE IN THE SPACE PROVIDED.] |  |  |
| 1. Finally, how many children have you given birth to? [THIS INCLUDES LIVING OR DEAD, LIVING WITH THEM OR AWAY FROM HOME.] | # OF CHILDREN: \_\_\_ \_\_\_  DK……………………….88  PREFER NOT TO ANSWER…………………99 |  |
| Now I am going to ask you some more questions about specific aspects of the breastfeeding counselling you received during an antenatal visit from health facility staff in the last two weeks at Mbagathi. I know some of these are difficult to remember, but please try to tell me what you do remember as it will be very useful in checking the quality of care provided in this facility. | | |
| 1. Did you want to have someone with you such as a family member or friend when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? [DO NOT READ RESPONSE OPTIONS.] | YES……………………….1  NO……………………….2  DK/CAN’T REMEMBER….8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Was someone with you when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? [DO NOT READ RESPONSE OPTIONS.] | YES…………………….1 →  NO…………………….2 →  DK/CAN’T REMEMBER..8 →  PREFER NOT TO ANSWER………………9 → | GO TO Q15GO TO Q14 GO TO Q16  GO TO Q16 |
| 1. What is the main reason why someone was not with you when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? [DO NOT READ RESPONSE OPTIONS. CHECK THE MOST APPROPRIATE RESPONSE OPTION.] | NOT ALLOWED, IT WAS NOT VISITING HOURS…………………………….1  NOT ALLOWED, SOME OTHER REASON……….2  NOT AVAILABLE……….3  DK/CAN’T REMEMBER….8  PREFER NOT TO ANSWER…………………9 | GO TO Q16 |
| 1. Who was with you when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? [DO NOT READ RESPONSE OPTIONS. CHECK ALL THAT APPLY.] | HUSBAND OR PARTNER..1  MOTHER …………………2  MOTHER-IN-LAW………3  CHILD……………………4  OTHER FAMILY MEMBER…5  FRIEND……………….……6  SOMEONE ELSE……………7  DK/CAN’T REMEMBER …8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Did the health facility staff discuss how the person who was with you or another person could support you with breastfeeding when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? [DO NOT READ RESPONSE OPTIONS.] | YES……………………….1  NO……………………….2  DK/CAN’T REMEMBER….8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Did the health facility staff call you by your name when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME…....4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ………...2  NO, NEVER………………...1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER.9 |  |
| 1. Did the health facility staff treat you with respect or in a respectful manner when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME...….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………...1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER………………...…9 |  |
| 1. Did the health facility staff treat you in a friendly manner when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME……4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Did you feel you could ask the health facility staff any questions you had about feeding your infant when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? | YES, ALL OF THE TIME….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Did the health facility staff ask you about how you were feeling when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Did you feel the health facility staff paid attention to you and your questions and concerns when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME……4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Did you feel the health facility staff took the best care of you that they could when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks?  IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME……4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Were you in any way unhappy with how health facility staff treated you when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? [DO NOT READ RESPONSE OPTIONS.] | YES…………………….1  NO…………………….2 →  DK…………………….8 →  PREFER NOT TO ANSWER………………9 → | GO TO Q25  GO TO Q26 GO TO Q26  GO TO Q26 |
| 1. Why were you unhappy with how the health facility staff treated you when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? How did they treat you? |  |  |
| 1. Did the health facility staff treat you differently because of any personal attribute when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? For instance, did they treat you differently because of age, disability, marital status, number of children, education status, wealth, or something else?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME….4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Did the health facility staff physically mistreat you when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? For instance, were you pushed, slapped, pinched, or physically mistreated in any other way?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME……4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Did the health facility staff verbally mistreat you when you received breastfeeding counselling during your antenatal visit(s) at Mbagathi in the last two weeks? For instance, were you shouted at, insulted, threatened, talked to rudely, or verbally mistreated in any other way?   IF YES, ASK: Would you say this was all of the time, most of the time, or a few times? | YES, ALL OF THE TIME……4  YES, MOST OF THE TIME…3  YES, A FEW TIMES ……… 2  NO, NEVER………………1  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Do you think the breastfeeding counselling you received during your antenatal visit(s) at Mbagathi in the last two weeks was helpful? [DO NOT READ RESPONSE OPTIONS.] | YES………………………...1 NO…………………………2  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 | GO TO Q29aGO TO Q29b  GO TO Q30  GO TO Q30 |
| 29a. How was it helpful? [DO NOT READ RESPONSE OPTIONS. AS THE MOTHER RESPONDS, CHECK OFF THE RESPONSE(S) THAT MOST CLOSELY RESEMBLES WHAT SHE HAS SAID. FOR ALL OTHER RESPONSES NOT LISTED BELOW RECORD HER RESPONSE UNDER “OTHER”. IF YOU ARE UNSURE, RECORD RESPONSES UNDER “OTHER”.]  PROBE: Was it helpful in any other way? | THE HEALTH WORKER TAUGHT ME INFORMATION…………A  THE HEALTH WORKER HELPED ME GET MY BABY TO LATCH………………B  THE HEALTH WORKER HELPED ME POSITION MY BABY FOR BREASTFEEDING…………C  OTHER…………………...H  SPECIFY: \_\_\_\_\_\_\_\_\_ |  |
| 29b. Why do you feel the breastfeeding counselling wasn’t helpful? [DO NOT READ RESPONSE OPTIONS. AS THE MOTHER RESPONDS, CHECK OFF THE RESPONSE(S) THAT MOST CLOSELY RESEMBLES WHAT SHE HAS SAID. FOR ALL OTHER RESPONSES NOT LISTED BELOW RECORD HER RESPONSE UNDER “OTHER”. IF YOU ARE UNSURE, RECORD RESPONSES UNDER “OTHER”.]  PROBE: Is there any other reason that you do not feel that it was helpful? | I ALREADY KNEW EVERYTHING I NEEDED TO KNOW……………………L  THE HEALTH WORKER DID NOT KNOW WHAT THEY WERE DOING ………….M  THE HEALTH WORKER DID NOT EXPLAIN THINGS WELL.……………………N  I WAS NOT ABLE TO LATCH AND/OR POSITION MY BABY WELL …………O  OTHER……………………S  SPECIFY: \_\_\_\_\_\_\_\_\_ |  |
| 1. Overall, were you satisfied or dissatisfied with the breastfeeding counselling you received during your antenatal visit(s) at Mbagathi in the last two weeks?   IF SATISFIED, PROBE: Somewhat or very satisfied? IF DISSATISFIED, PROBE: Were you very dissatisfied, somewhat dissatisfied? | VERY SATISFIED………….1  SOMEWHAT SATISFIED….2  NEUTRAL …………….……3  SOMEWHAT DISSATISFIED…………….4  VERY DISSATISFIED……….5  DK/CAN’T REMEMBER……8  PREFER NOT TO ANSWER…………………9 |  |
| 1. Is there anything else you would like to tell me about today about the breastfeeding counselling you received during your antenatal visit(s) at Mbagathi in the last two weeks?RECORD RESPONSE. IF NOTHING ELSE, RECORD “NOTHING ELSE”. |  |  |

Thank you so much for your time!

Health Worker (Mentee) Competency Assessment Tool

Unique ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
A unique ID should have been provided to you by the BFHI facility coordinator. If you did not receive one or do not remember your number, please ask the BFHI facility coordinator. This is important so that we can link your data from one point in time to another.

Background Information [PRE-TRAINING ONLY]

1. In which hospital unit/clinic do you work? (Select one response.)

* Antenatal care clinic
* Postnatal care unit
* Other, specify\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of health worker are you? (Select one response.)

* Clinical officer
* Nurse
* Nurse midwife
* Nutritionist
* Obstetrician/gynaecologist
* Other, specify\_\_\_\_\_\_\_\_\_\_\_\_

1. How many years have you been working as that type of health worker? (Select one response.)

* <1 year
* 1 year to <2 years
* 2 years to <3 years
* 3 years to <4 years
* 4 years to <5 years
* 5 years to <10 years
* 10 years to <20 years
* 20 years or more

1. Do you ever counsel clients on breastfeeding or help clients breastfeed? (Select one response.)

* Yes
* No → Go to #6

1. On average, how much time do you spend counselling clients on breastfeeding or helping clients breastfeed? (Select one response.)

* <5 hours per month
* 1–5 hours per week
* 6–10 hours per week
* 11–15 hours per week
* 16–20 hours per week
* 21 or more hour per week

Knowledge Related to Breastfeeding and Breastfeeding Counselling

Now, please answer the following questions related to breastfeeding and breastfeeding counselling.

1. Which is an open-ended question? (PI #11) (Select one response.)

* Is there someone who supports your feeding decisions?
* **What have you heard about breastfeeding?**

Correct answers are indicated in bold for the facilitators and/or the Facility BFHI Team. All bolding should be removed before this survey is administered.

* Are you planning to breastfeed?
* Did your mother breastfeed?
* Don’t know/not sure

1. You are providing prenatal breastfeeding education. Identify the most appropriate open-ended question. (PI #11) (Select one response.)

The performance indicator that the question pertains to has been included for the training facilitator and/or Facility BFHI Team. They should be removed before this survey is administered.

* Did you take a breastfeeding class?
* Are you planning to breastfeed?
* **What are your plans and goals for feeding your baby?**
* Did your mother or grandmother breastfeed?
* Don’t know/not sure

1. What is the global recommendation for duration of exclusive breastfeeding? (PI #15) (Select one response.)

* At least one month
* Four to six months
* Twelve months
* **Six months**
* Don’t know/not sure

1. What is the global recommendation for how long a baby should be breastfed? (PI #15) (Select one response.)

* Until the mother’s milk dries up
* **Two years or longer**
* As long as possible
* At least one year

1. What is the global recommendation for when breastfeeding should begin? (PI #15) (Select one response.)

* By 24 hours after birth
* Within 12 hours after birth
* **Immediately after birth (within the first hour)**
* When the mother’s milk comes in
* Don’t know/not sure

1. Which of the following is a risk for babies who are not breastfed? (PI #15) (Select one response.)

* **Higher risk of diarrhoea**
* Higher risk of not bonding with father
* Higher risk of guinea worm infection
* Higher risk of malaria
* Don’t know/not sure

1. Why is breastfeeding important for the mother? (PI #15) (Select one response.)

* It is part of a mother’s duty.
* **It reduces the risk of breast and ovarian cancer.**
* It reduces the risk of high cholesterol.
* It allows her to get pregnant soon after giving birth.
* Don’t know/not sure

1. Which is an important reason for immediate and sustained mother-baby skin to skin contact after birth? (PI #16) (Select one response.)

* **The baby is colonised with the mother’s normal and healthy bacteria, and the baby is warmed by the mother’s body**
* The health care provider can do all the post-birth procedures
* Mother is colonised with baby’s bacteria
* Mother can tell the gender of the baby
* Don’t know/not sure

1. Which of these topics would be your priority when discussing breastfeeding with a pregnant woman? (PI #16) (Select one response.)

* Special foods that will help her make more milk
* **Early and exclusive breastfeeding**
* Introduction of complementary foods
* What kind of feeding bottles are best
* Don’t know/not sure

1. What will you make sure to discuss with a pregnant woman about breastfeeding? (PI #16) (Select one response.)

* **The importance of breastfeeding and exclusivity**
* The importance of making sure of the partner’s approval
* The importance of her mother’s approval
* The importance of preparing her breasts for breastfeeding
* Don’t know/not sure

1. Name at least one factor that improves the mother’s childbirth experience. (PI #17) (Select one response.)

* Routine shaving of pubic hair and administering an enema
* **Emotional support from the continuous presence of a companion of choice**
* Requiring mother to lie flat on her back during labour
* Withholding food and fluid during labour

1. What is one reason that suckling at the breast within the first hour of birth is important? (PI #25) (Select one response.)

* Prevents infant dehydration
* Normalizes baby’s blood sugar (glycaemia)
* Allows mother to safely rest
* **Triggers onset of milk production**
* Don’t know/not sure

1. When a baby is placed skin-to-skin on the mother at birth, what behaviours should they demonstrate instinctually before latching? (PI #27) (Select one response.)

* 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
* Don’t know/not sure

1. Which statement about exclusive breastfeeding is correct? (PI #29) (Select one response.)

* Mothers do not have enough breast milk in the first few days
* Some supplementation with artificial milk won’t alter the intestinal microflora
* **Baby will get all the nutrients needed by effective exclusive breastfeeding**
* Mother needs to exclusively breastfeed every 3–4 hours to have enough milk
* Don’t know/not sure

1. What information would you share with a mother about a newborn’s typical feeding pattern in the first 36 hours of life? (PI #30) (Select one response.)

* Feeding patterns are determined by the mother so that the infant is correctly trained to a feeding schedule
* Mother should only feed the baby 6 times per 24 hours
* **Minimum feeding frequency is 8 times per 24 hours**
* Cluster feeding indicates low milk transfer and baby necessitates supplementation
* Don’t know/not sure

1. Which of the following is a sign of adequate transfer of milk in the first few days? (PI #31) (Select one response).

* Stools are dark for the first week of life
* At least four stools by day 2
* Baby has a large stool every day
* **Baby passes meconium stool followed by increase in stool output**
* Don’t know/not sure

1. Name an important aspect that is observed at the end of a full breastfeeding assessment. (PI #32) (Select one response).

* **Mother’s breasts and nipples are intact and comfortable (absence of breast or nipple pain).**
* Baby brings fist to mouth and begins sucking again.
* Mother’s nipple is creased at the tip.
* Milk is spurting from the mother’s breast and the breast is still feeling full.
* Don’t know/not sure

1. What are two things that should be observed when assessing a full breastfeeding session? (PI #32) (select one response)

* **Infant has rhythmic bursts of sucking with brief pauses; the infant releases the breast at the end of feed in obvious satiation.**
* Mother’s nipples hurt a little at the beginning of the feed; the infant has rhythmic bursts of sucking.
* Mother supports the infant’s head; mother admits her nipples hurt a little during feeds.
* Infant has sucking movements at the jaw; the infant sucks at both breasts.
* Don’t know/not sure

1. What is the BEST way to help a mother achieve a comfortable and safe position for breastfeeding during the hospital stay? (PI #33) (Select one response.)

* Encourage a mother to try a number of different positions very early on so she can choose the one she prefers.
* Show the mother by placing her baby at the breast for her.
* **Help the mother identify how to hold her baby to best facilitate the baby’s innate reflexes and latching.**
* Use pictures and dolls so that standard advice on one position is always given.
* Don’t know/not sure

1. What are two key points for effectively positioning baby at breast? (PI #33) (Select one response.)

* **Baby’s head and body are in line; baby is supported.**
* All of mother’s areola is in the baby’s mouth.
* Latch is painful for the mother.
* Baby’s nose is buried in the breast.
* Don’t know/not sure

1. When helping a mother to achieve an effective and comfortable latch, what is the FIRST thing to do? (PI #34) (Select one response.)

* Ensure the mother brings baby to the breast and not breast to baby.
* Demonstrate to the mother how to release a latch that is painful or shallow without hurting herself.
* Explain that pain is normal for the first few weeks.
* **Observe the mother breastfeeding.**
* Don’t know/not sure

1. What is the key point to discuss with a mother before she breastfeeds her preterm infant? (PI #43) (Select one response.)

* A stable preterm infant demonstrates the same behaviours as a term baby.
* There is no such thing as a shallow latch for a preterm baby.
* **Preterm, late preterm, or some weaker infants may not initially open their mouths wide enough to latch.**
* A preterm baby can latch properly only after reaching a certain gestational age.
* Don’t know/not sure

1. If a preterm, late preterm, or low-birth-weight infant is not sucking effectively at the breast, what should you discuss with the mother? (PI #44) (Select one response.)

* A late preterm reacts exactly the same as a term infant
* **Encouragement to use frequent hand expression and compression of the breast**
* A caution that prolonged skin-to-skin contact can stress the baby
* Encouragement to let the baby sleep as long as the baby wants and avoid waking for feeds
* Don’t know/not sure

1. What is unique about responsive feeding for preterm infants? (PI #46) (Select one response.)

* Responsive feeding for preterm infants is possible only when the baby is over 36 weeks gestational age.
* **Preterm infants do not show feeding cues, so they have to be awakened at frequent intervals.**
* Breastfeeding should be scheduled more frequently because the preterm babies have very small stomachs.
* Breastfeeding at the breast is guided by the infant’s competence and stability rather than a certain gestational/postnatal/postmenstrual age or weight.
* Don’t know/not sure

1. What is the most important issue to discuss with a mother before she leaves the hospital after giving birth? (PI #62) (Select one response.)

* **What it means to exclusively breastfeed**
* How to correctly use her breast pump
* What kind of nipple cream to get for sore or cracked nipples
* When to start feeding her baby meat
* Don’t know/not sure

1. What information would you share with a mother about when she should bring her baby to a healthcare professional after discharge? (PI #62) (Select one response.)

* Baby has yellowish stool more than three times a day.
* Baby feeds 8 or more times per 24 hours.
* Baby sleeps less than four hours at a time.
* **Baby has a scant amount of urine per day.**
* Don’t know/not sure

1. Which of the following is a warning sign of undernourishment or dehydration in the infant? (PI #63) (Select one response.)

* Stools are mustard-coloured and the consistency of yoghurt
* Most feeds last only 20 minutes
* Baby swallows after every 3–4 sucks
* **Baby is regularly sleeping for more than four hours at a time in the first week and is difficult to arouse**
* Don’t know/not sure

1. Which of the following is normal for a breastfeeding mother after discharge? (PI #64) (Select one response.)

* **Full breasts before a feed**
* Persistent painful latch
* Fever that persists for days
* Aversion to the child
* Don’t know/not sure

Before moving on to the next set of questions, please check your answers. You will not be able to revise them after moving on to the next question.

Confidence related to Breastfeeding Counselling

Finally, we would like to know how confident or certain you now feel in your ability to conduct various activities that may be required when providing breastfeeding counselling.

1. Overall, how confident or certain are you in your ability to provide quality breastfeeding counselling? (Select one response.)

* Not at all confident
* Slightly confident
* Somewhat confident
* Quite confident
* Extremely confident
* Don’t know/not sure

1. Finally, I would like to know how confident or certain you are in your ability to conduct various activities that may be required when providing breastfeeding counselling.

|  | Not at all Confident | Slightly Confident | Somewhat Confident | Quite Confident | Extremely Confident | Don’t Know/Not Sure |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Use listening and learning skills whenever engaging in a conversation with a mother |  |  |  |  |  |  |
| 1. Engage in antenatal conversation about breastfeeding |  |  |  |  |  |  |
| 1. Facilitate breastfeeding within the first hour, according to cues |  |  |  |  |  |  |
| 1. Discuss with a mother how breastfeeding works |  |  |  |  |  |  |
| 1. Assist mother getting her baby to attach to the breast |  |  |  |  |  |  |
| 1. Help a mother to breastfeed a small or sick baby |  |  |  |  |  |  |
| 1. Ensure seamless transition after discharge |  |  |  |  |  |  |

POST-TRAINING

|  |
| --- |
| Notes for Administering the Survey   * Each health worker should use the same unique ID. * The knowledge and confidence questions from the pre-training survey should be repeated. |

Perceptions Related to the BFHI Training

How helpful or unhelpful do you think the BFHI training was for preparing you to provide quality breastfeeding counselling? (Select one response.)

* Very helpful
* Somewhat helpful
* Neutral
* Somewhat unhelpful
* Very unhelpful
* Don’t know/not sure

POST-MENTORSHIP

|  |
| --- |
| Notes for Administering the Survey   * Each health worker should use the same unique ID. * The knowledge and confidence questions from the pre-training survey should be repeated. |

Experiences with and Perceptions of the Breastfeeding Counselling Program

Next, please answer the following questions about the breastfeeding counselling mentorship program.

On average, how many times did you speak with your mentor each week? (Select one response.)

* < 1 time/week
* 1–2 times/week
* 3–4 times/week
* > 4 times/week
* Don’t know/not sure

On average, how much time did you spend with your mentor each week? (Select one response.)

* < 1 hour/week
* 1–2 hours/week
* 3–4 hours/week
* > 4 hours/week
* Don’t know/not sure

Did the amount of time you spoke with your mentor feel like too little time to help you improve your competencies for providing quality breastfeeding counselling, just the right amount of time, or too much time? (Select one response.)

* Too little time
* Just the right amount of time
* Too much time
* Don’t know/not sure

Which of the following did the mentor do when you met or spoke with him or her?

|  | Yes | No | Don’t Know |
| --- | --- | --- | --- |
| 1. Observed me providing breastfeeding counselling to clients |  |  |  |
| 1. Gave you an opportunity to ask questions or express concerns |  |  |  |
| 1. Reflected or repeated back to me what I said |  |  |  |
| 1. Expressed understanding my concerns |  |  |  |
| 1. Answered my questions in a way that I could understand |  |  |  |
| 1. Criticised me for what I was doing wrong |  |  |  |
| 1. Praised me for or gave me positive feedback on what I was doing well |  |  |  |
| 1. Gave me feedback that was non-judgemental |  |  |  |
| 1. Provided feedback that was helpful in addressing my goals |  |  |  |
| 1. Made practical suggestions, considering my situation, work, needs, preferences, and values |  |  |  |

How respected or disrespected did you feel you were by your mentor? Respect might be demonstrated by using gestures that show interest or support, listening, checking that staff understood your concerns, checking that you understood explanations, or using supportive words and tone of voice. (Select one response).

* Very respected
* Somewhat respected
* Neutral
* Somewhat disrespected
* Very disrespected
* Don’t know/not sure

How helpful or unhelpful do you think the mentorship program was for improving the quality of the breastfeeding counselling you provide? (Select one response.)

* Very helpful
* Somewhat helpful
* Neutral
* Somewhat unhelpful
* Very unhelpful
* Don’t know/not sure

How well did you meet your goals for the breastfeeding counselling mentorship program? (Select one response).

* Very well met
* Somewhat met
* Not at all met
* Don’t know/not sure

Overall, how satisfied or unsatisfied were you with the mentorship program? (Select one response.)

* Very satisfied
* Somewhat satisfied
* Neutral
* Somewhat unsatisfied
* Very unsatisfied
* Don’t know/not sure

How likely or unlikely are you to encourage other health workers like you to participate in the breastfeeding counselling mentorship program? (Select one response.)

* Very likely
* Somewhat likely
* Not sure/neutral
* Somewhat unlikely
* Very unlikely
* Don’t know/not sure

What did you like about having a mentor and participating in the program? (Check all that apply.)

* Not applicable, I wouldn’t encourage others to participate
* Don’t know/not sure
* I learned from my mentor
* A chance to get to know my mentor better
* Opportunity to reflect on my own counselling skills
* Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What didn’t you like about having a mentor and participating in the program? (Check all that apply.)

* Not applicable, I would encourage others to participate
* Don’t know/not sure
* It takes too much time
* Didn’t like my mentor
* It isn’t effective
* I wasn’t compensated
* I wasn’t appreciated
* Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like to mention about the BFHI training, breastfeeding counselling, or the breastfeeding counselling mentorship program? *If you have nothing else to say, you can just write “No”.*

Thank you so much for your time!

Annex 4a. Resource Packet for Mentors

|  |
| --- |
| Purpose and Instructions  This is a resource packet for mentors in the breastfeeding counselling mentorship program. It contains job aids and mentorship program tools. For each of the resources below the purpose and instructions on how to use it are described. For some of the resources, more than one copy will be needed. |

Mentor Job Aids

1. [Building a Relationship with a Mentee](#bookmark=kix.n8t24qflcoiu)

This resource contains information and guidance on strategies to use to build a relationship with a mentee. Read this resource before the mentorship program begins and use the strategies in it throughout the program.

2. [Basic Principles of Giving Feedback](#bookmark=kix.ps3lzpbbf4v)

This resource contains information and guidance on strategies to use to give feedback to the mentee. Read this resource before the mentorship program begins and use the strategies in it throughout the program.

[3. Six Steps of Clinical Teaching](#bookmark=id.vym3txvf5sut)

This resource describes the five steps for clinical teaching. Review this before or during a check-in or meeting with your mentee(s) to remember these steps.

[4. Schedule of Mentoring Meetings and Resources to Use](#bookmark=id.slhu76tt8i0n)

This resource serves as a reminder for the mentor and mentee of the ideal schedule for mentoring interactions, including check-ins, and meetings, as well as the resources to use.

5[. Focus Competencies and Performance Indicators for the Breastfeeding Counselling Mentorship Program](#bookmark=id.t3haz4daatjx)

Use this resource when reviewing your mentees’ competencies and progress toward achieving their goals. It lists the focus competencies for the breastfeeding counselling mentorship program, which are then presented by the relevant service delivery points. It also includes the performance indicators used to measure each focus competency.

6. [Clinical Practice Discussion Guide](#bookmark=id.3m39otgep3i0)

Purpose

Use this to guide the discussion during check-ins with your mentee(s).

Instructions

After you observe the mentee, meet to debrief the counselling visit. Use the questions in the checklist to guide and prompt discussion and feedback with your mentee.

Mentorship Program Tools

7. [Observation Tools](#bookmark=id.3whwml4)

Purpose

Use these tools to observe mentees provide breastfeeding counselling and to objectively assess what a health worker does. The tools help you identify the specific actions that define the performance indicators associated with the focus competencies of the breastfeeding counselling mentorship program. (Note: Mentees can also use these tools when observing a mentor or peer provide breastfeeding counselling).

This set includes the following:

* [Observation Tool 1: Antenatal Care Services](#bookmark=id.wr65pqlorbbr)
* [Observation Tool 2: Labour and Childbirth Services](#bookmark=id.klmpnvltb0ns)
* [Observation Tool 3: Postnatal Care Services](#bookmark=id.4famh6nlfmcl)
* [Observation Tool 3: Newborn Care Services](#bookmark=id.o99qm4x1k76t)
* [Observation Tool 4: Paediatric Services](#bookmark=id.1plpjef1mu3h).

Instructions

Use one tool for each of your mentees and the tool associated with the service delivery point where your mentee works. Document observations of counselling interactions that you observe. As you observe, check the action as either, yes, it has been observed as correct; no, it has not been observed as correct; unsure, it has been observed, but not sure if it is correct or not; or not applicable. Use a pencil to fill out this tool so that you can update and revise it week-to-week as the mentee makes progress towards achieving competencies throughout the duration of the mentorship program. (Note: If you have more than one mentee, you will need to print one copy of the observation tool for each mentee).

8[. Mentee Progress Log](#bookmark=id.1vtm2wgj2gj2)

Purpose

This log provides an opportunity to reflect on your confidence in your mentee applying knowledge and skills learned during the BFHI training when providing breastfeeding counselling. This is not a performance evaluation, but rather a guide that you can use to set goals with your mentee(s) for the mentorship program, evaluate your mentees’ progress, and recommend whether the mentee has achieved graduation or not. It is used during regular check-in meetings.

Instructions

Use one log for each mentee. There are two parts: Part 1 is the “Mentor Confidence Assessment” and Part 2 is the “Mentee Progress Tracking”. Complete this log for each of your mentees at least once per month over the course of the four-month mentorship program and discuss it with your mentee during check-ins. It should be filled out prior to checking in with a mentee. However, you should develop the mentoring plan in collaboration with your mentee. (Note: If you have more than one mentee, you will need to print one copy of this log for each mentee).

Part 1: Mentor Confidence Assessment

Rate the level of confidence you have in your mentee demonstrating each of the performance indicators. You should use what you have documented on the Observation Tool, and what you have observed of your mentee, to determine your level of confidence.

Part 2: Mentee Progress Tracking

For each performance indicator, record the mentee’s self-confidence level score from their “Part 1: Confidence Self-Evaluation” log in the mentee resources (Tool 7: Mentee Goals and Progress Log). Then, record your own evaluation of your mentee’s competence from the “Part 1: Mentor Confidence Assessment.” Summarise the mentee’s observed strengths and weaknesses, and develop a mentoring plan for the following month in collaboration with your mentee. In the final month of mentorship, you will also document recommendations for next steps for your mentee (e.g., graduating from the mentorship program, continuing in the mentorship program, focusing on new competencies).

1. Building a Relationship with a Mentee[[6]](#footnote-6)

Building an effective relationship of mutual understanding and trust with the mentee is a critical component of effective mentoring. Mentors can establish rapport with their mentees by using effective interpersonal communication skills, actively building trust, and maintaining confidentiality. This document contains information and advice to help mentors build rapport and create positive relationships with mentees so that both parties can achieve the greatest benefit from the mentoring experience.

Interpersonal Communication

Interpersonal communication is a person-to-person, two-way, verbal, and nonverbal sharing of information between two or more people. In the context of clinical mentoring, good communication helps to develop a positive working relationship between the mentor and mentee by helping the mentee better understand directions and feedback from the mentor, feel respected and understood, and be motivated to learn from the mentor. Mentees learn best from mentors who are sincere, approachable, and non-judgemental. Facial expressions primarily communicate these qualities, and, to a limited extent, words. People often remember more about *how* a speaker communicates a subject than their knowledge of the subject.

There are two types of communication: verbal and nonverbal. Verbal communication is the communication that occurs through spoken words. Nonverbal communication is when communication occurs through unspoken mediums, such as gestures, posture, facial expressions, silence, and eye contact. It is important for mentors to remember that they are communicating to mentees when they are speaking *and* when they are not speaking. In fact, the vast majority of human communication is nonverbal. This includes body language,which tells those with whom we are communicating a great deal about what we are thinking and feeling. Examples of positive or open body language include—

* eye contact (depending on the culture)
* open or relaxed posture
* nodding or other affirmation
* pleasant facial expressions.

Examples of negative or closed body language include crossed arms, poor or no eye contact, and pointing fingers. The mentor needs to be aware of what he or she is communicating nonverbally as well as what the mentee is communicating nonverbally.

Verbal communication is a component of most mentoring activities, which include one-on-one sessions (where the client may or may not be present), meetings between a team of mentors and a team of mentees, email or phone conferences, or training sessions between mentors and mentees. When mentoring, effective communication involves more than just providing information or giving advice. It requires asking questions, listening carefully, trying to understand a mentee’s concerns or needs, demonstrating a caring attitude, remaining open-minded, and helping to solve problems. There are many communication skills that mentors can utilise to effectively communicate with mentees, including the following:

* **Active listening:** Be sure to really listen to what a mentee is saying. Often, instead of truly listening to what the mentee is saying, the mentor is thinking about his/her response, what to say next, or something else entirely. It is important to quiet these thoughts and remain fully engaged in the task of listening.
* **Attending:** Be physically present for the mentee and give undivided attention. Listen while observing, and communicate attentiveness. This can include verbal follow-up (saying “yes,” or “I see”) or nonverbal cues (making eye contact and nodding the head).
* **Reflective listening:** Verbally reflect back what the mentee has just said. This helps the mentor to check whether or not he/she understands the mentee, and helps the mentee feel understood as a health care worker. Examples:
* “So, it seems like you’re overwhelmed with your workload.”
* “It seems that you are concerned about this client’s ability to continue breastfeeding her baby at home because of her family situation.”
* “So, what I am hearing you say is that you are concerned about missed opportunities to counsel mothers in antenatal care.”
* **Paraphrasing:** Determine the basic message of the mentee’s previous statement and rephrase it in your own words to check for understanding. Examples:
* “You’re interested in ensuring all mothers receive breastfeeding counselling upon discharge.”
* “It sounds like you’re concerned that the baby is not attaching well to the breast and the mother is getting frustrated.”
* **Summarising:** Select main points from a conversation and bring them together in a complete statement. This helps to ensure that the listener receives the message correctly. For example, “Let me tell you what I heard, so I can be sure that I understand you. You said that the main thing bothering the client today is nipple pain. Is that right?”
* **Asking open-ended questions:** Ask mentees questions that they cannot answer with a simple “yes” or “no.” Open-ended questions encourage a full, meaningful answer using the mentee’s own knowledge and feelings, whereas closed-ended questions encourage a short or single-word answer. Examples:
* *Closed-ended question*: “You didn’t think this mother needed support with positioning?”
* *Open-ended question*: “What reasons led you to your decision not to work with this mother on a more comfortable position for breastfeeding?”
* *Closed-ended question*: “Did you understand what we discussed today?”
* *Open-ended question*: “Can you summarise what we discussed today?”
* **Probing:** Identify a subject or topic that needs further discussion or clarification and use open-ended questions to examine the situation in greater depth. For example, “I heard you say you are overwhelmed; please tell me more about that.”
* **Self-disclosure:** Share appropriate personal feelings, attitudes, opinions, and experiences to increase the depth of communication. For example, “I can relate to your difficult situation; I have experienced something similar and recall being very frustrated. Hopefully I can assist you to figure out how to move forward.”
* **Interpreting:** Add to the mentee’s ideas to present alternate ways of looking at circumstances. When using this technique, check back in with the mentee and be sure you are interpreting correctly before assigning additional meaning to their words. For example, “So you are saying that when your clients stop exclusive breastfeeding before six months it is usually because the mother no longer thinks her milk is enough? That is likely one reason; have you also considered the challenges mothers face with exclusive breastfeeding, including having other responsibilities at home?”
* **Confrontation:** Use questions or statements to encourage mentees to face difficult issues without accusing, judging, or devaluing them. This can include gently pointing out contradictions in mentees’ behaviour or statements, as well as guiding mentees to face an issue they are avoiding. Example: “It’s great that you are so committed to helping your clients breastfeed within the first hour after birth. However, I’m confused about the lack of support breastfeeding mothers receive after this time. Mothers are usually in the hospital for such a short time postpartum; it’s key to make sure they receive adequate counselling throughout their stay.”

A number of attitudes and/or behaviours can serve as barriers to communication—these can be verbal or nonverbal. Verbal barriers to communication that you should avoid include the following:

* **Moralising:** Making judgments about a mentees’ behaviour, including calling it “right” or “wrong,” or telling them what they “should” or “should not” do. For example, “It was wrong of you not to support the mother after the first hour. You should have done it throughout her stay in the hospital.”
* **Arguing:** Disagreeing with, instead of encouraging, the mentee. For example, “What do you expect? If you’re not using the correct mentoring skills, then you will not be successful.”
* **Preaching:** Telling the mentee what to do in a self-righteous way. For example, “If it was me, I would not do that. I would do it this way because this is the right way.”
* **Storytelling:** Relating long-winded personal narratives that are not relevant or helpful to the mentee. For example, “I can relate to your difficult situation. Let me tell you a story about what happened to me when I was working in a rural facility in my earlier days as a young professional.”
* **Blocking communication:** Speaking without listening to the mentee’s responses, using an aggressive voice, showing impatience, showing annoyance when interrupted, or having an authoritative manner. These behaviours often lead to the mentee feeling down, humiliated, scared, and insecure. As a result, the mentee may remain passive and refrain from asking questions, or distrust the mentor and disregard his/her recommendations. For example, “Let me first finish before you tell me what you have to say.”
* **Talking too much:** Talking so much that the mentee does not have time to express him or herself. As a mentor, it is important not to dominate the interaction. For example, “So as I was saying, this is how you should do it; but our time is up, so we’ll pick this back up where we have left off in the next session.”

Examples of nonverbal barriers to communication include looking at your phone, shuffling papers, not looking directly at the mentee when he/she is speaking, and allowing interruptions or distractions. These barriers may have consequences for both the mentor and the mentee. They may lead to a lack of information shared, the mentee asking fewer questions, difficulty in understanding problems, uncomfortable situations, and a lack of motivation on the part of the mentee.

Establishing Trust

Establishing trust is an essential component in building rapport with a mentee. Trust is the trait of believing in the honesty and reliability of others (WordNet 2006).[[7]](#footnote-7) Some mentees may be nervous about working with a mentor. To put them at ease, create a trusting relationship by empathising with their challenges, sharing knowledge without being patronising, and remaining non-judgemental. Along with the other communication skills listed above, establishing a trusting dynamic is essential for a productive and positive mentor/mentee relationship.

The following list provides some ideas for how to build trust with a mentee:

* Share appropriate personal experiences from a time when you received mentoring.
* Acknowledge mentee strengths and accomplishments from the outset of the mentoring process.
* Encourage questions of any type, and tell the mentee that there is no such thing as a bad question. This includes being open to answering questions about the mentor’s personal experiences.
* Build on previous conversations with follow-up questions.
* Take time to learn culturally appropriate ways of relating with the mentee.
* When appropriate, consider how to incorporate cultural practices and knowledge into the mentoring experience.
* Acknowledge the mentee’s existing knowledge, and incorporate new knowledge into that existing knowledge.
* Ask for and be open to receiving feedback from mentees; apply constructive feedback to improve mentoring skills.
* Ask questions about the mentee’s work and life interests, while maintaining professional boundaries.

Trust is especially important when the mentor-mentee pairing does not match traditional hierarchies. For example, building trust is especially critical when the mentor and mentee are not of the same gender, the mentor is younger than the mentee, the mentor is a nurse and the mentee is a physician, or if the mentor is not the same ethnicity as the mentee. In these situations, mentoring can still be a positive learning experience for both parties. Establishing a relationship in which trust is a top priority can help alleviate any tensions associated with such differences between the mentor and mentee.

Maintaining Confidentiality

Maintaining confidentiality is a critical component of the mentor-mentee relationship. In such relationships, confidentiality refers to the mentor’s duty to maintain the trust, and respect the privacy of the mentee. Without appropriate confidentiality, mentors will find that it is difficult, if not impossible, to establish trust and build rapport with their mentees. Note that at the beginning of the mentoring relationship, it is important for the mentor to explain to the mentee any circumstances in which confidentiality may be broken. Such circumstances include when a client’s life is in danger, or if the mentee is engaging in illegal activity.

To maintain confidentiality with their mentees, mentors need to be sensitive to when and where to have conversations with and provide feedback to their mentees. Some mentees may feel shame if they are corrected in front of their supervisors, peers, or clients, so make efforts to offer feedback in a private setting whenever possible. In many clinic settings this can be difficult, so the mentor should become familiar with locations within the clinic that offer more privacy as well as times when there are fewer people present in the clinic. Additionally, the mentor should refrain from sharing details of mentor-mentee conversations with the mentee’s peers or superiors at later times.

Conclusion

Using effective interpersonal communication skills, establishing trust, and maintaining confidentiality are key components of building a strong, effective relationship with mentees. Good mentors take care to utilise effective communication skills from the beginning of the mentoring experience to ensure their mentees’ comfort; they also make trust and confidentiality the foundation of their mentor-mentee relationships. By practising these approaches, mentors will build rapport with mentees and both parties will gain from the clinical mentoring experience.

2. Basic Principles of Giving Feedback[[8]](#footnote-8)

How to Give Feedback

* **Ask permission** or identify that you are giving feedback. Examples:
* “Can I give you some feedback on that follow-up client visit?”
* “I’d like to provide some feedback on what I observed during my visit today.”
* Encourage self-assessment:
* Ask the mentee for his/her experiences of the encounter first.
* **Use the first person**: “I think,” “I saw,” “I noticed.”
* **Describe what you observed**—**be specific**.
* State facts, not opinions, interpretations, or judgements.
* Don’t exaggerate.
* Avoid terms such as “you always” or “you never.”
* **Focus on 1–2 critical areas** at a time. Don’t overwhelm them with a long list.
* **Address what a person did**, not your interpretation of his or her motivation or reason for it.
* Action: “You skipped several sections of the counselling script.”
* Interpretation: “You skipped several sections of the counselling script. I know you want to finish because it’s almost lunch time, but…”
* **Include positive affirmations**, even when pointing out behaviour to change.
* **Don’t be judgemental or use labels**.
* Avoid words like “lazy,” “careless,” or “forgetful.”
* When **making suggestions for improvement**, use statements like, “You may want to consider…” or “Another option is…”

When to Give Feedback

* You can **provide feedback any time**, during the clinic visit, immediately afterwards, or after you leave the clinic premises.
* **Don’t wait too long** to give feedback. The closer the feedback is to the actual event, the more likely the mentee will remember the teaching point.
* Certain feedback requires more **immediate timing** (e.g., if you see the mentee doing something in error or omitting an important step).
* If you provide feedback during a client encounter:
* Do not alarm the mentee or client. Put them both at ease.
* Be calm and patient as you explain your recommendation.

3. Six Steps of Clinical Teaching[[9]](#footnote-9)

Step One: Assess the Situation

This engages the mentee to manage the dynamic breastfeeding counselling session and account for shifts in priorities during the session based on client feedback. It also shows respect for the client and mentee and fosters an adult learning style. A main goal of getting the mentee to prioritise care will reveal their reasoning, not just to get more information about the case.

Questions to Ask

* “Based on the client’s concerns, what clinical support should you provide first?”
* “Based on the mother’s history, what anticipatory guidance would you recommend next and why?”
* “Based on the condition of the baby, what anticipatory guidance would you recommend next and why?”
* “What information does the client need during the next visit to prepare for discharge?”

Step Two: Discuss the Rationale

It is important to address the client’s concerns first and encourage an appropriate reasoning process for anticipatory guidance. Instead of giving a right or wrong response to the mentee’s assessment, ask more questions:

* “What factors in your assessment support your current plan?”
* “Why would you choose that specific approach for XXX (e.g., latch and position suggestion)?”
* “Why do you feel this client needs this specific anticipatory guidance?”

Step Three: Reinforce What Was Done Well

The simple statement, “That was a good presentation,” is not sufficient. Comments should include specific behaviours that demonstrate knowledge, skills, or attitudes valued by the mentor:

* “Your prioritisation of position and latch to help with nipple pain first will help the client remain engaged in breastfeeding. You provided the information the client requested first, even though prior to the visit, you wanted to focus on hand expression.”
* “Your counselling skills demonstrated to the mother that you heard her. Did you notice how she responded to your further enquiries and smiled, although she was tired? You engaged with her on a personal level and she appreciated it.”

Step Four: Give Guidance about Errors and Omissions

The main idea is to identify an opportunity for behaviour change and provide an alternative strategy. Instead of using extreme terms such as “bad” or “poor,” expressions such as “not best” or “it is preferred” may carry less of a negative value judgement while getting the point across. Comments should also be as specific as possible to the situation, identifying specific behaviours that the mentee could improve upon in the future:

* “In your initial assessment, you mentioned the mother was experiencing nipple pain. It would be helpful in the future to describe the pain. Does it happen at the beginning of the feeding, at the end, or throughout? Asking the client to describe the pain will provide you with valuable information. Empathising with her will demonstrate your concern for her situation and engage her in working towards a solution.”
* “I agree with you that we need to inform the client about the signs of dehydration prior to discharge. At this moment, she seemed overwhelmed and exhausted. Helping her to get a bit of rest will allow her to listen to that information in an hour or two. Let’s inform the nurse that the father is holding the baby so the mother can get some rest. We can return later.”

Step Five: Teach a General Principle

One of the more challenging—but essential—tasks of this model is for the mentee to take information and accurately generalise it to other situations. The teaching principle does not need to be standard black and white protocol, but can be about strategies or procedures. While there is generally not time to have a major teaching session, one or two statements can make a big impact:

* “You know a lot about position and latch. Deciding what positioning technique to focus on can be challenging when there are so many choices. Let’s discuss the criteria which may help you discern which technique may work best.”
* “The client had several questions about medications and the impact on her milk supply. There are several helpful international resources which specifically review the evidence regarding medications and the impact on the mother’s supply or on the infant.”

Step Six: Conclude

Time management in clinical teaching is essential. The conclusion defines the end of the teaching interaction and the role of the mentee in the next events.

4. Schedule of Mentoring Meetings and Resources to Use

| Timeline | Action | Job Aids and Mentorship Program Tools |
| --- | --- | --- |
| **Start of Mentorship** | 1. Identify strengths and gaps 2. Prioritise competencies, set goals, and develop a mentoring plan. | * Mentee fills out “Part 1: Confidence Self-Evaluation”. * Mentee and mentor fill out “Part 2: Setting Goals and Making Plans” * Mentor fills out “Part 2: Mentee Progress Tracking”. |
| **In-between check-in meetings** | 1–3 times per week…   1. Mentors demonstrate 2. Mentors observe mentees 3. Mentors and mentees debrief | * Mentees can use the “Observation Tool” for the appropriate service delivery point when mentors demonstrate. * Mentors use the “Observation Tool” for the appropriate service delivery point when observing mentees and documents. * Mentors the “Clinical Practice Discussion Guide” for debriefs. |
| **Month 1 Check-In** | These should take 60–90 minutes. During check-ins—   * Mentors and mentees:   + check-in   + review goals   + re-evaluate support plans   + discuss questions and concerns * Mentors:   + provide feedback   + conduct clinical teaching sessions * Mentees:   + conduct case presentations | * Mentee fills out “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress”. * Mentor fills out “Part 1: Mentor Confidence Assessment” and “Part 2: Mentee Progress Tracking”. |
| **In-between check-in meetings** | 1–3 times per week…   1. Mentors demonstrate 2. Mentors observe mentees 3. Mentors and mentees debrief | * Mentees can use the “Observation Tool” for the appropriate service delivery point when mentors demonstrate. * Mentors use the “Observation Tool” for the appropriate service delivery point when observing mentees and documents. * Mentors the “Clinical Practice Discussion Guide” for debriefs. |
| **Month 2 Check-In** | These should take 60–90 minutes. During check-ins—   * Mentors and mentees:   + check-in   + review goals   + re-evaluate support plans   + discuss questions and concerns * Mentors:   + provide feedback   + conduct clinical teaching sessions * Mentees:   + conduct case presentations | * Mentee fills out “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress”. * Mentor fills out “Part 1: Mentor Confidence Assessment” and “Part 2: Mentee Progress Tracking”. |
| **In-between check-in meetings** | 1–3 times per week…   1. Mentors demonstrate 2. Mentors observe mentees 3. Mentors and mentees debrief | * Mentees can use the “Observation Tool” for the appropriate service delivery point when mentors demonstrate. * Mentors use the “Observation Tool” for the appropriate service delivery point when observing mentees and documents. * Mentors the “Clinical Practice Discussion Guide” for debriefs. |
| **Month 3 Check-In** | These should take 60-–90 minutes. During check-ins—   * Mentors and mentees:   + check-in   + review goals   + re-evaluate support plans   + discuss questions and concerns * Mentors:   + provide feedback   + conduct clinical teaching sessions * Mentees:   + conduct case presentations | * Mentee fills out “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress”. * Mentor fills out “Part 1: Mentor Confidence Assessment” and “Part 2: Mentee Progress Tracking”. |
| **In-between check-in meetings** | 1–3 times per week…   1. Mentors demonstrate 2. Mentors observe mentees 3. Mentors and mentees debrief | * Mentees can use the “Observation Tool” for the appropriate service delivery point when mentors demonstrate. * Mentors use the “Observation Tool” for the appropriate service delivery point when observing mentees and documents. * Mentors the “Clinical Practice Discussion Guide” for debriefs. |
| **Month 4 Check-In** | These should take 60–90 minutes. During check-ins—   * Mentors and mentees:   + check-in   + review goals   + re-evaluate support plans   + discuss questions and concerns * Mentors:   + provide feedback   + conduct clinical teaching sessions * Mentees:   + conduct case presentations | * Mentee fills out “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress”. * Mentor fills out “Part 1: Mentor Confidence Assessment” and “Part 2: Mentee Progress Tracking”. |

5. Focus Competencies and Performance Indicators for the Breastfeeding Counselling Mentorship Program

Focus Competencies for the Breastfeeding Counselling Mentorship Program

3. Use listening and learning skills whenever engaging in a conversation with a mother.

5. Engage in antenatal conversation about breastfeeding.

7. Facilitate breastfeeding within the first hour, according to cues.

8. Discuss with a mother how breastfeeding works.

9. Assist mother getting her baby to attach to the breast.

12. Help a mother to breastfeed a small or sick baby.

16. Ensure seamless transition after discharge.

Table 1. Focus Competencies for the Breastfeeding Counselling Mentorship Program by Service Delivery Point

| Service Delivery Points | Focus Competencies |
| --- | --- |
| **Antenatal care services**   * Inpatient ANC ward * Outpatient ANC clinic * Outpatient Prevention of Mother to Child Transmission of HIV (PMTCT) clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  5. Engage in antenatal conversation about breastfeeding.  7. Facilitate breastfeeding within the first hour, according to cues.  8. Discuss with a mother how breastfeeding works. |
| **Labour and** **childbirth services**   * Inpatient labour and delivery ward | 7. Facilitate breastfeeding within the first hour, according to cues. |
| **Postnatal care services**   * Inpatient postnatal care ward * Outpatient postnatal care clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  8. Discuss with a mother how breastfeeding works.  9. Assist mother getting her baby to attach to the breast.  16. Ensure seamless transition after discharge. |
| **Newborn care services**   * Inpatient newborn ward * Inpatient Neonatal Intensive Care Unit * Inpatient Kangaroo Mother Care (KMC) ward * Outpatient neonatal clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  9. Assist mother getting her baby to attach to the breast.  12. Help a mother to breastfeed a small or sick baby.  16. Ensure seamless transition after discharge. |
| **Paediatric care services**   * Inpatient paediatric ward * Outpatient sick baby clinic * Outpatient well baby clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  8. Discuss with a mother how breastfeeding works.  16. Ensure seamless transition after discharge. |

Source: WHO and UNICEF 2020c

Table 2. Performance Indicators for Measuring Focus Competencies for the Breastfeeding Counselling Mentorship Program

| Competency | Performance Indicator |
| --- | --- |
| 1. Use listening and learning skills whenever engaging in a conversation with a mother. | 1. Demonstrate at least three aspects of listening and learning skills when talking with a mother. |
| 1. Engage in antenatal conversation about breastfeeding. | 1. Engage in a conversation with a pregnant woman on three aspects of the importance of breastfeeding. |
| 1. Assess at least three aspects of a pregnant woman’s knowledge about breastfeeding in order to fill the gaps and correct inaccuracies. |
| 1. Engage in a conversation with a pregnant woman about at least four care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding. |
| 1. Facilitate breastfeeding within the first hour, according to cues. | 1. Engage in a conversation with a mother including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready. |
| 1. Describe to a mother at least three pre-feeding behaviours babies show before actively sucking at the breast. |
| 1. Discuss with a mother how breastfeeding works. | 1. Engage in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important. |
| 1. Engage in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life. |
| 1. Describe to a mother at least four signs of adequate transfer of milk in the first few days. |
| 1. Assist mother getting her baby to attach to the breast. | 32. Evaluate a full breastfeeding session observing at least five points. |
| 1. Help a mother to breastfeed a small or sick baby. | 1. Help a mother achieve a comfortable and safe position for breastfeeding with her small or sick infant at the breast, noting at least four points. |
| 1. Engage in a conversation with a mother of a small or sick infant not sucking effectively at the breast, including at least five points. |
| 1. Engage in a conversation with a mother of a small or sick, or vulnerable infant (including multiple births) regarding the importance of observing at least two subtle signs and behavioural state shifts to determine when it is appropriate to breastfeed. |
| 1. Ensure seamless transition after discharge. | 1. Develop individualised discharge feeding plans with a mother that includes at least six points. |
| 1. Describe to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge. |
| 1. Describe at least three warning maternal signs for a mother to contact a healthcare professional after discharge. |

Source: WHO and UNICEF 2020c

6. Clinical Practice Discussion Guide[[10]](#footnote-10)

Mentees best develop practical skills by—

1. a mentor introducing and demonstrating the skills
2. observing participants as they practise the skills
3. giving feedback to participants on how well they performed.

Feedback should include—

* praising participants for things done well
* giving gentle suggestions for how to overcome difficulties.

Use the questions below to help guide your feedback discussions.

Questions to Ask the Mentee

Overall

* What did you do well?
* What difficulties did you have?
* What would you do differently in the future?
* What circumstances helped you to learn?
* What was the most interesting thing you learned from this counselling session?

Listening and Learning Skills

* Which listening and learning skills did you use?
* Was the mother willing to talk?
* Did the mother ask any questions? How did you respond?
* Did you empathise with the mother? Give an example.

### 

Questions for the Mentor to Consider

* What did the mentee do well?
* What difficulties did the mentee have?

7. Observation Tools[[11]](#footnote-11)

* [Observation Tool 1: Antenatal Care Services](#OToolANC)

* [Observation Tool 2: Labour and Childbirth Services](#OTool_LCS)
* [Observation Tool 3: Postnatal Care Services](#OTool_PCS)

* [Observation Tool 4: Newborn Care Services](#OToolNCS)
* [Observation Tool 5: Paediatric Services](#OTool_Paediatric)

Observation Tool 1: Antenatal Care Services

Please check ALL elements when observing a counselling session. As appropriate, insert a check mark (“🗸”) in the column corresponding with your observation:

Y = Yes, it has been observed as correct

N = No, it has not been observed as correct

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

N/A = Not applicable

*Note: It is recommended to use a pencil to fill out this tool so you can update it week-to-week as the mentee makes progress towards achieving competencies*

|  | Y | N | U | N/A | Remarks |
| --- | --- | --- | --- | --- | --- |
| Competency 3. Use listening and learning skills whenever engaging in a conversation with a mother. | | | | | |
| **Performance Indicator 11. Demonstrate at least three aspects of listening and learning skills when talking with a mother.** | | | | | |
| Ask open-ended questions. |  |  |  |  |  |
| Use responses and gestures which show interest (smile, nod head, etc.). |  |  |  |  |  |
| Reflect back what the mother says. |  |  |  |  |  |
| Empathise—express that you understand how she feels in a culturally appropriate manner. |  |  |  |  |  |
| Avoid words which sound judgemental (good, bad, normal, wrong). |  |  |  |  |  |
| Competency 5. Engage in antenatal conversation about breastfeeding. | | | | | |
| **Performance Indicator 15. Engage in a conversation with a pregnant woman on three aspects of the importance of breastfeeding.** | | | | | |
| Early initiation of breastfeeding and skin-to-skin immediately and for at least one hour |  |  |  |  |  |
| Exclusive breastfeeding for the first six months |  |  |  |  |  |
| Breastfeeding until two years old or more |  |  |  |  |  |
| **RISKS OF NON-BREASTFEEDING:** |  |  |  |  |  |
| **For Baby:** |  |  |  |  |  |
| Microbiota changes with formula introduction. |  |  |  |  |  |
| Higher risk of the following:   * Acute diseases (respiratory infections, diarrhoea, otitis, dermatitis) * Allergies and infections * Chronic diseases (asthma, diabetes, obesity) * Cancers during infancy, leukaemia * Death before two years old from all causes * Necrotizing enterocolitis * Sudden infant death syndrome (SIDS) * Decreased cognitive development |  |  |  |  |  |
| **FOR MOTHER, USING FORMULA MEANS:** |  |  |  |  |  |
| Unneeded supplements impair milk production. |  |  |  |  |  |
| Higher risk of the following:   * Postnatal depression * Breast cancer * Ovarian cancer * Hypertension * Type 2 diabetes |  |  |  |  |  |
| **Performance Indicator 16. Assess at least three 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 |  |  |  |  |  |
| 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. |  |  |  |  |  |
| **Performance Indicator 17. Engage in a conversation with a pregnant woman about at least four care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding.** | | | | | |
| Importance of a positive childbirth experience |  |  |  |  |  |
| Immediate and uninterrupted skin-to-skin |  |  |  |  |  |
| Breastfeeding initiation within the first hour |  |  |  |  |  |
| Recognition of feeding cues |  |  |  |  |  |
| Prompt response to feeding cues |  |  |  |  |  |
| Basics of good positioning and attachment |  |  |  |  |  |
| How breastfeeding functions |  |  |  |  |  |
| Breast milk expression (why, how, practice touching her breast, get familiar with massage) |  |  |  |  |  |
| Competency 7. Facilitate breastfeeding within the first hour, according to cues. | | | | | |
| **Performance Indicator 25. Engage in a conversation with a mother including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready.** | | | | | |
| Triggers the production of breast milk |  |  |  |  |  |
| Facilitates the progress of lactogenesis |  |  |  |  |  |
| Increases uterine contractions |  |  |  |  |  |
| Reduces risk of infant mortality |  |  |  |  |  |
| Recognition of infant’s cues and effective attachment to the breast |  |  |  |  |  |
| **Performance Indicator 27. Describe to a mother at least three pre-feeding behaviours babies show before actively sucking at the breast.** | | | | | |
| Short rest in an alert state to settle to the new surroundings |  |  |  |  |  |
| Brings hands to mouth and makes sucking motions and sounds |  |  |  |  |  |
| Touches the nipple with the hand |  |  |  |  |  |
| Focuses on the dark areola of the breast (a target) |  |  |  |  |  |
| Moves towards the breast and roots |  |  |  |  |  |
| Finds the nipple area and attaches with a wide-open mouth |  |  |  |  |  |
| Competency 8. Discuss with a mother how breastfeeding works. | | | | | |
| **Performance Indicator 29. Engage in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important.** | | | | | |
| **FOR BABY:** | | | | | |
| Learns to breastfeed more quickly |  |  |  |  |  |
| Baby self-regulates milk intake |  |  |  |  |  |
| Complete nutrition for growth and development |  |  |  |  |  |
| Exclusive breastfeeding is superior to partial. |  |  |  |  |  |
| Colostrum is rich in protective factors. |  |  |  |  |  |
| Microbiota changes with formula introduction. |  |  |  |  |  |
| One dose of formula changes the microbiota. |  |  |  |  |  |
| **FOR MOTHER:** | | | | | |
| Frequent, effective, exclusive breastfeeding supports milk production. |  |  |  |  |  |
| Prevents or reduces engorgement |  |  |  |  |  |
| Breasts are comfortable with regular feeds. |  |  |  |  |  |
| **Performance Indicator 30. Engage in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life.** | | | | | |
| Minimum feeding frequency is 8 times/24 hours |  |  |  |  |  |
| Cluster feeding is common and is not an indication of inadequate supply. |  |  |  |  |  |
| **Performance Indicator 31. Describe to a mother at least four signs of adequate transfer of milk in the first few days.** | | | | | |
| Regular, rhythmic sucking with occasional pauses |  |  |  |  |  |
| Audible swallowing occurs |  |  |  |  |  |
| No clicking sounds when feeding |  |  |  |  |  |
| Breasts softer after feeds and fuller before feeds |  |  |  |  |  |
| Increasing pale yellow urine output to at least four heavy diapers/nappies per day by day four |  |  |  |  |  |
| Number of stools increases after the first day |  |  |  |  |  |
| Stools changing from meconium to yellow |  |  |  |  |  |
| Baby appears satisfied, not crying |  |  |  |  |  |
| Weight stabilises by day four. |  |  |  |  |  |

Observation Tool 2: Labour and Childbirth Services

Please check ALL elements when observing a counselling session. As appropriate, insert a check mark (“🗸”) in the column corresponding with your observation:

Y = Yes, it has been observed as correct

N = No, it has not been observed as correct

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

N/A = Not applicable

*Note: It is recommended to use a pencil to fill out this tool so you can update it week-to-week as the mentee makes progress towards achieving competencies.*

|  | Y | N | **U** | N/A | Remarks |
| --- | --- | --- | --- | --- | --- |
| Competency 3. Use listening and learning skills whenever engaging in a conversation with a mother. | | | | | |
| **Performance Indicator 11. Demonstrate at least three aspects of listening and learning skills when talking with a mother.** | | | | | |
| Ask open-ended questions. |  |  |  |  |  |
| Use responses and gestures which show interest (smile, nod head, etc.). |  |  |  |  |  |
| Reflect back what the mother says. |  |  |  |  |  |
| Empathise—express that you understand how she feels in a culturally appropriate manner. |  |  |  |  |  |
| Avoid words that sound judgemental (good, bad, normal, wrong). |  |  |  |  |  |
| **Competency 7. Facilitate breastfeeding within the first hour, according to cues.** | | | | | |
| **Performance Indicator 25. Engage in a conversation with a mother including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready.** | | | | | |
| Triggers the production of breast milk |  |  |  |  |  |
| Facilitates the progress of lactogenesis |  |  |  |  |  |
| Increases uterine contractions |  |  |  |  |  |
| Reduces risk of infant mortality |  |  |  |  |  |
| Recognition of infant’s cues and effective attachment to the breast |  |  |  |  |  |
| **Performance Indicator 27. Describe to a mother at least three pre-feeding behaviours babies show before actively sucking at the breast.** | | | | | |
| Short rest in an alert state to settle to the new surroundings |  |  |  |  |  |
| Brings hands to mouth and makes sucking motions and sounds |  |  |  |  |  |
| Touches the nipple with the hand |  |  |  |  |  |
| Focuses on the dark areola of the breast (a target) |  |  |  |  |  |
| Moves towards the breast and roots |  |  |  |  |  |
| Finds the nipple area and attaches with a wide-open mouth |  |  |  |  |  |

Observation Tool 3: Postnatal Care Services

Please check ALL elements when observing a counselling session. As appropriate, insert a check mark (“🗸”) in the column corresponding with your observation:

Y = Yes, it has been observed as correct

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

N/A = Not applicable

*Note: It is recommended to use a pencil to fill out this tool so you can update it week-to-week as the mentee makes progress towards achieving competencies.*

|  | Y | N | U | N/A | Remarks |
| --- | --- | --- | --- | --- | --- |
| Competency 3. Use listening and learning skills whenever engaging in a conversation with a mother. | | | | | |
| **Performance Indicator 11. Demonstrate at least three aspects of listening and learning skills when talking with a mother.** | | | | | |
| Ask open-ended questions. |  |  |  |  |  |
| Use responses and gestures which show interest (smile, nod head, etc.). |  |  |  |  |  |
| Reflect back what the mother says. |  |  |  |  |  |
| Empathise—express that you understand how she feels in a culturally appropriate manner. |  |  |  |  |  |
| Avoid words that sound judgemental (good, bad, normal, wrong). |  |  |  |  |  |
| Competency 8. Discuss with a mother how breastfeeding works. | | | | | |
| **Performance Indicator 29. Engage in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important.** | | | | | |
| **FOR BABY:** | | | | | |
| Learns to breastfeed more quickly |  |  |  |  |  |
| Baby self-regulates milk intake |  |  |  |  |  |
| Complete nutrition for growth and development |  |  |  |  |  |
| Exclusive breastfeeding is superior to partial |  |  |  |  |  |
| Colostrum is rich in protective factors. |  |  |  |  |  |
| Microbiota changes with formula introduction. |  |  |  |  |  |
| One dose of formula changes the microbiota. |  |  |  |  |  |
| **FOR MOTHER:** | | | | | |
| Frequent, effective, exclusive breastfeeding supports milk production. |  |  |  |  |  |
| Prevents or reduces engorgement |  |  |  |  |  |
| Breasts are comfortable with regular feeds. |  |  |  |  |  |
| **Performance Indicator 30. Engage in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life.** | | | | | |
| Minimum feeding frequency is 8 times/24 hours. |  |  |  |  |  |
| Cluster feeding is common and is not an indication of inadequate supply. |  |  |  |  |  |
| **Performance Indicator 31. Describe to a mother at least four signs of adequate transfer of milk in the first few days.** | | | | | |
| Regular, rhythmic sucking with occasional pauses |  |  |  |  |  |
| Audible swallowing occurs |  |  |  |  |  |
| No clicking sounds when feeding |  |  |  |  |  |
| Breasts softer after feeds and fuller before feeds |  |  |  |  |  |
| Increasing pale yellow urine output to at least four heavy diapers/nappies per day by day four |  |  |  |  |  |
| Number of stools increases after the first day |  |  |  |  |  |
| Stools changing from meconium to yellow |  |  |  |  |  |
| Baby appears satisfied, not crying |  |  |  |  |  |
| Weight stabilises by day four. |  |  |  |  |  |
| Competency 9. Assist mother getting her baby to attach to the breast. | | | | | |
| **Performance Indicator 32. Evaluate a full breastfeeding session observing at least five points.** | | | | | |
| Infant is able to attach to the breast and transfer milk |  |  |  |  |  |
| Rhythmic bursts of suckling with brief pauses |  |  |  |  |  |
| Releases the breast at the end of feed in obvious satiation |  |  |  |  |  |
| Similar behaviours if baby takes the other breast |  |  |  |  |  |
| Mother’s hand supports the baby’s neck and shoulders, without pushing the baby’s head onto the breast |  |  |  |  |  |
| Mother ensures the baby’s postural stability |  |  |  |  |  |
| Breasts and nipples are comfortable and intact after the feed. |  |  |  |  |  |
| Absence of breast or nipple pain |  |  |  |  |  |
| Signs/symptoms that could require further evaluation and monitoring are assessed |  |  |  |  |  |
| Competency 16. Ensure seamless transition after discharge. | | | | | |
| **Performance Indicator 62. Develop individualised discharge feeding plans with a mother that includes at least six points.** | | | | | |
| **Assess a feed and the general health of mother and baby, then choose relevant points specific to the mother’s and baby’s needs:** |  |  |  |  |  |
| Review mother’s understanding of her baby’s unique feeding cues. |  |  |  |  |  |
| Review baby’s ability to achieve a comfortable attachment to the breast. |  |  |  |  |  |
| Review signs of milk transfer with infant swallowing. |  |  |  |  |  |
| Review signs of adequate intake (stools and urine). |  |  |  |  |  |
| Review mother’s understanding of her baby’s need to feed frequently at least 8 times in 24 hours or more. |  |  |  |  |  |
| Review with mother the importance of eye-to-eye contact with baby while feeding. |  |  |  |  |  |
| Remind mother to let the baby finish nursing on the first breast, then offer the other breast until the baby seems satisfied by releasing the breast. |  |  |  |  |  |
| Review mother’s position (how she holds baby) to assure comfortable, pain-free feeds. |  |  |  |  |  |
| Review mother’s understanding of ensuring/enhancing milk production and let-down. |  |  |  |  |  |
| Review mother’s understanding of hand-expressing colostrum/breast milk and why this is helpful. |  |  |  |  |  |
| Reinforce mother’s awareness of risks of other fluids and importance of exclusive breastfeeding for six months. |  |  |  |  |  |
| Reinforce mother’s awareness of risks and uses of pacifiers and teats. |  |  |  |  |  |
| Reinforce that very few medications or illnesses are contraindicated during breastfeeding. |  |  |  |  |  |
| Provide mother with accurate sources of information and how to get help if needed. |  |  |  |  |  |
| Provide the mother with information for continued breastfeeding and general health support in the community. |  |  |  |  |  |
| Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding. |  |  |  |  |  |
| Appropriate guidance specific to the mother-infant dyad. |  |  |  |  |  |
| \*as applicable\* Reinforce mother’s understanding of safe sleeping (breastfeeding and co-sleeping) arrangements. |  |  |  |  |  |
| \*as applicable\* Observe mother’s ability to correctly use and care for her breast pump. |  |  |  |  |  |
| **Performance Indicator 63. Describe to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge.** | | | | | |
| Usually sleeping for more than four 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 at least every 3–4 sucks |  |  |  |  |  |
| Scant urine per day |  |  |  |  |  |
| No stools per day |  |  |  |  |  |
| Fever |  |  |  |  |  |
| **Performance Indicator 64. Describe at least three warning maternal signs for a mother to contact a healthcare professional after discharge.** | | | | | |
| Persistent painful attachment to the breast |  |  |  |  |  |
| Breast lumps |  |  |  |  |  |
| Breast pain |  |  |  |  |  |
| Fever |  |  |  |  |  |
| Doubts about milk production |  |  |  |  |  |
| Aversion to the child |  |  |  |  |  |
| Profound sadness |  |  |  |  |  |
| Any doubt about breastfeeding self-efficacy |  |  |  |  |  |

Observation Tool 4: Newborn Care Services

Please check ALL elements when observing a counselling session. As appropriate, insert a check mark (“🗸”) in the column corresponding with your observation:

Y = Yes, it has been observed as correct

N = No, it has not been observed as correct

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

N/A = Not applicable

*Note: It is recommended to use a pencil to fill out this tool so you can update it week-to-week as the mentee makes progress towards achieving competencies.*

|  | Y | N | U | N/A | Remarks |
| --- | --- | --- | --- | --- | --- |
| Competency 3. Use listening and learning skills whenever engaging in a conversation with a mother. | | | | | |
| **Performance Indicator 11. Demonstrate at least three aspects of listening and learning skills when talking with a mother.** | | | | | |
| Ask open-ended questions. |  |  |  |  |  |
| Use responses and gestures which show interest (smile, nod head, etc.). |  |  |  |  |  |
| Reflect back what the mother says. |  |  |  |  |  |
| Empathise—express that you understand how she feels in a culturally appropriate manner. |  |  |  |  |  |
| Avoid words which sound judgemental (good, bad, normal, wrong). |  |  |  |  |  |
| Competency 9. Assist mother getting her baby to attach to the breast. | | | | | |
| **Performance Indicator 32. Evaluate a full breastfeeding session observing at least five points.** | | | | | |
| Infant is able to attach to the breast and transfer milk. |  |  |  |  |  |
| Rhythmic bursts of suckling with brief pauses |  |  |  |  |  |
| Releases the breast at the end of feed in obvious satiation |  |  |  |  |  |
| Similar behaviours if baby takes the other breast |  |  |  |  |  |
| Mother’s hand supports the baby’s neck and shoulders, without pushing the baby’s head onto the breast |  |  |  |  |  |
| Mother ensures the baby’s postural stability |  |  |  |  |  |
| Breasts and nipples are comfortable and intact after the feed |  |  |  |  |  |
| Absence of breast or nipple pain |  |  |  |  |  |
| Signs/symptoms that could require further evaluation and monitoring are assessed |  |  |  |  |  |
| Competency 12. Help a mother to breastfeed a small or sick baby. | | | | | |
| **Performance Indicator 43. Help a mother achieve a comfortable and safe position for breastfeeding with her small or sick infant at the breast, noting at least four points.** | | | | | |
| Observe a mother breastfeeding before recommending changes. |  |  |  |  |  |
| Small or sick, and some weaker infants will require more time and more patience, as they may not open mouths upon stimulation or may not open their mouths wide enough. |  |  |  |  |  |
| Guide a mother to bring baby to the breast and not breast to baby. |  |  |  |  |  |
| Help a mother identify the most useful positions for weaker babies. |  |  |  |  |  |
| Teach breast compression to assist the mother with a small or sick baby, or a baby with a weak suck. |  |  |  |  |  |
| Show a mother how to express milk into the baby’s mouth.  Guide the mother to release a painful or shallow attachment to the breast without hurting herself. |  |  |  |  |  |
| **Performance Indicator 44. Engage in a conversation with a mother of a small or sick infant not sucking effectively at the breast, including at least five points.** | | | | | |
| Facilitate prolonged skin-to-skin (Kangaroo Mother Care) to improve stabilisation of temperature, breathing, and heart rate. |  |  |  |  |  |
| Reinforce why it may be needed to wake the baby within 3–4 hours if cues are not demonstrated. |  |  |  |  |  |
| Observe the baby’s attachment to the breast + suck + swallow. |  |  |  |  |  |
| Monitor closely for problems such as hypoglycaemia, poor feeding, and hyperbilirubinemia. |  |  |  |  |  |
| Reinforce how to avoid excessive neonatal weight loss (more than 7 percent on day three) and adjust feeding plan accordingly. |  |  |  |  |  |
| Suggest frequent hand expression and compression of the breast to a mother. |  |  |  |  |  |
| Explain how to hand express milk. |  |  |  |  |  |
| Explain/demonstrate how to cup feed the expressed breast milk. |  |  |  |  |  |
| Explain the impact of using pacifiers and teats on the establishment of breastfeeding. |  |  |  |  |  |
| Describe medications that can affect breastfeeding. |  |  |  |  |  |
| Explain safe sleeping. |  |  |  |  |  |
| Explain the signs of undernourishment or dehydration in the infant. |  |  |  |  |  |
| Explain appropriate storage and handling of expressed breast milk. |  |  |  |  |  |
| Describe maintenance of lactation during separation or illness of mother or baby. |  |  |  |  |  |
| **Performance Indicator 46. Engage in a conversation with a mother of a small or sick or vulnerable infant (including multiple births) regarding the importance of observing at least two subtle signs and behavioural state shifts to determine when it is appropriate to breastfeed.** | | | | | |
| Breastfeeding is guided by the infant’s competence and stability rather than a certain gestational/postnatal/ postmenstrual age or weight. |  |  |  |  |  |
| How to recognize discrete signs of transition from deep to active sleep and waking up |  |  |  |  |  |
| Mother is guided not to interrupt the deep sleep stage just for routine feeding. |  |  |  |  |  |
| Mother encouraged to observe her infant’s signs of readiness to root and suck. |  |  |  |  |  |
| Mother breastfeeds when her infant shows subtle feeding cues. |  |  |  |  |  |
| Competency 16. Ensure seamless transition after discharge. | | | | | |
| **Performance Indicator 62. Develop individualised discharge feeding plans with a mother that includes at least six points.** | | | | | |
| **Assess a feed and the general health of mother and baby, then choose relevant points specific to the mother’s and baby’s needs:** |  |  |  |  |  |
| Review mother’s understanding of her baby’s unique feeding cues. |  |  |  |  |  |
| Review baby’s ability to achieve a comfortable attachment to the breast. |  |  |  |  |  |
| Review signs of milk transfer with infant swallowing. |  |  |  |  |  |
| Review signs of adequate intake (stools and urine). |  |  |  |  |  |
| Review mother’s understanding of her baby’s need to feed frequently at least 8 times in 24 hours or more. |  |  |  |  |  |
| Review with mother the importance of eye-to-eye contact with baby while feeding. |  |  |  |  |  |
| Remind mother to let the baby finish nursing on the first breast, then offer the other breast until the baby seems satisfied by releasing the breast. |  |  |  |  |  |
| Review mother’s position (how she holds baby) to assure comfortable, pain-free feeds. |  |  |  |  |  |
| Review mother’s understanding of ensuring/enhancing milk production and let-down. |  |  |  |  |  |
| Review mother’s understanding of hand-expressing colostrum/breast milk and why this is helpful. |  |  |  |  |  |
| Reinforce mother’s awareness of risks of other fluids and importance of exclusive breastfeeding for six months. |  |  |  |  |  |
| Reinforce mother’s awareness of risks and uses of pacifiers and teats. |  |  |  |  |  |
| Reinforce that very few medications or illnesses are contraindicated during breastfeeding. |  |  |  |  |  |
| Provide mother with accurate sources of information and how to get help if needed. |  |  |  |  |  |
| Provide the mother with information for continued breastfeeding and general health support in the community. |  |  |  |  |  |
| Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding. |  |  |  |  |  |
| Appropriate guidance specific to the mother-infant dyad. |  |  |  |  |  |
| \*as applicable\* Reinforce mother’s understanding of safe sleeping (breastfeeding and co-sleeping) arrangements. |  |  |  |  |  |
| \*as applicable\* Observe mother’s ability to correctly use and care for her breast pump. |  |  |  |  |  |
| **Performance Indicator 63. Describe to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge.** | | | | | |
| Usually sleeping for more than four 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 at least every 3–4 sucks |  |  |  |  |  |
| Scant urine per day |  |  |  |  |  |
| No stools per day |  |  |  |  |  |
| Fever |  |  |  |  |  |
| **Performance Indicator 64. Describe at least three warning maternal signs for a mother to contact a healthcare professional after discharge.** | | | | | |
| Persistent painful attachment to the breast |  |  |  |  |  |
| Breast lumps |  |  |  |  |  |
| Breast pain |  |  |  |  |  |
| Fever |  |  |  |  |  |
| Doubts about milk production |  |  |  |  |  |
| Aversion to the child |  |  |  |  |  |
| Profound sadness |  |  |  |  |  |
| Any doubt about breastfeeding self-efficacy |  |  |  |  |  |

## 

Observation Tool 5: Paediatric Services

Please check ALL elements when observing a counselling session. As appropriate, insert a check mark (“🗸”) in the column corresponding with your observation:

Y = Yes, it has been observed as correct

N = No, it has not been observed as correct

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

N/A = Not applicable

*Note: It is recommended to use a pencil to fill out this tool so you can update it week-to-week as the mentee makes progress towards achieving competencies.*

|  | Y | N | U | N/A | | Remarks |
| --- | --- | --- | --- | --- | --- | --- |
| Competency 3. Use listening and learning skills whenever engaging in a conversation with a mother. | | | | | | |
| **Performance Indicator 11. Demonstrate at least three aspects of listening and learning skills when talking with a mother.** | | | | | | |
| Ask open-ended questions. |  |  |  |  |  | |
| Use responses and gestures which show interest (smile, nod head, etc.). |  |  |  |  |  | |
| Reflect back what the mother says. |  |  |  |  |  | |
| Empathise—express that you understand how she feels in a culturally appropriate manner. |  |  |  |  |  | |
| Avoid words which sound judgemental (good, bad, normal, wrong). |  |  |  |  |  | |
| Competency 8. Discuss with a mother how breastfeeding works. | | | | | | |
| **Performance Indicator 29. Engage in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important.** | | | | | | |
| **FOR BABY:** | | | | | | |
| Learns to breastfeed more quickly |  |  |  |  |  | |
| Baby self-regulates milk intake |  |  |  |  |  | |
| Complete nutrition for growth and development |  |  |  |  |  | |
| Exclusive breastfeeding is superior to partial. |  |  |  |  |  | |
| Colostrum is rich in protective factors. |  |  |  |  |  | |
| Microbiota changes with formula introduction |  |  |  |  |  | |
| One dose of formula changes the microbiota. |  |  |  |  |  | |
| **FOR MOTHER:** | | | | | | |
| Frequent, effective, exclusive breastfeeding supports milk production |  |  |  |  |  | |
| Prevents or reduces engorgement |  |  |  |  |  | |
| Breasts are comfortable with regular feeds |  |  |  |  |  | |
| **Performance Indicator 30. Engage in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life.** | | | | | | |
| Minimum feeding frequency is 8 times/24 hours |  |  |  |  |  | |
| Cluster feeding is common and is not an indication of inadequate supply. |  |  |  |  |  | |
| **Performance Indicator 31. Describe to a mother at least four signs of adequate transfer of milk in the first few days.** | | | | | | |
| Regular, rhythmic sucking with occasional pauses |  |  |  |  |  | |
| Audible swallowing occurs |  |  |  |  |  | |
| No clicking sounds when feeding |  |  |  |  |  | |
| Breasts softer after feeds and fuller before feeds |  |  |  |  |  | |
| Increasing pale yellow urine output to at least four heavy diapers/nappies per day by day four |  |  |  |  |  | |
| Number of stools increases after the first day |  |  |  |  |  | |
| Stools changing from meconium to yellow |  |  |  |  |  | |
| Baby appears satisfied, not crying |  |  |  |  |  | |
| Weight stabilises by day four. |  |  |  |  |  | |
| Competency 16. Ensure seamless transition after discharge. | | | | | | |
| **Performance Indicator 62. Develop individualised discharge feeding plans with a mother that includes at least six points.** | | | | | | |
| **Assess a feed and the general health of mother and baby, then choose relevant points specific to the mother’s and baby’s needs:** |  |  |  |  |  | |
| Review mother’s understanding of her baby’s unique feeding cues. |  |  |  |  |  | |
| Review baby’s ability to achieve a comfortable attachment to the breast. |  |  |  |  |  | |
| Review signs of milk transfer with infant swallowing. |  |  |  |  |  | |
| Review signs of adequate intake (stools and urine). |  |  |  |  |  | |
| Review mother’s understanding of her baby’s need to feed frequently at least 8 times in 24 hours or more. |  |  |  |  |  | |
| Review with mother the importance of eye-to-eye contact with baby while feeding. |  |  |  |  |  | |
| Remind mother to let the baby finish nursing on the first breast, then offer the other breast until the baby seems satisfied by releasing the breast. |  |  |  |  |  | |
| Review mother’s position (how she holds baby) to assure comfortable, pain-free feeds. |  |  |  |  |  | |
| Review mother’s understanding of ensuring/enhancing milk production and let down. |  |  |  |  |  | |
| Review mother’s understanding of hand-expressing colostrum/breast milk and why this is helpful. |  |  |  |  |  | |
| Reinforce mother’s awareness of risks of other fluids and importance of exclusive breastfeeding for six months. |  |  |  |  |  | |
| Reinforce mother’s awareness of risks and uses of pacifiers and teats. |  |  |  |  |  | |
| Reinforce that very few medications or illnesses are contraindicated during breastfeeding. |  |  |  |  |  | |
| Provide mother with accurate sources of information and how to get help if needed. |  |  |  |  |  | |
| Provide the mother with information for continued breastfeeding and general health support in the community. |  |  |  |  |  | |
| Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding. |  |  |  |  |  | |
| Appropriate guidance specific to the mother-infant dyad. |  |  |  |  |  | |
| \*as applicable\* Reinforce mother’s understanding of safe sleeping (breastfeeding and co-sleeping) arrangements. |  |  |  |  |  | |
| \*as applicable\* Observe mother’s ability to correctly use and care for her breast pump. |  |  |  |  |  | |
| **Performance Indicator 63. Describe to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge.** | | | | | | |
| Usually sleeping for more than four 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 at least every 3–4 sucks |  |  |  |  |  | |
| Scant urine per day |  |  |  |  |  | |
| No stools per day |  |  |  |  |  | |
| Fever |  |  |  |  |  | |
| **Performance Indicator 64. Describe at least three warning maternal signs for a mother to contact a healthcare professional after discharge.** | | | | | | |
| Persistent painful attachment to the breast |  |  |  |  |  | |
| Breast lumps |  |  |  |  |  | |
| Breast pain |  |  |  |  |  | |
| Fever |  |  |  |  |  | |
| Doubts about milk production |  |  |  |  |  | |
| Aversion to the child |  |  |  |  |  | |
| Profound sadness |  |  |  |  |  | |
| Any doubt about breastfeeding self-efficacy |  |  |  |  |  | |

8. Mentee Progress Log

**Name of mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of mentee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Part 1: Mentor Confidence Assessment

In order to assess your mentees’ progress toward achieving their goals and priority competencies, you will periodically assess your confidence in your mentees’ ability to do so. You will use this log at least once per month over the course of the four-month mentorship program (i.e., months 1, 2, 3, and 4). Fill it out prior to checking in with your mentee.

To use this log, do the following:

* Tick the competencies prioritised for your mentee from the “Part 2: Setting Goals and Making Plans” of the “Mentee Progress Log.”
* In the column corresponding with the month, record the number corresponding with your level of confidence in your mentee’s ability to perform each task and competency, using the following scale: 1 = Not at all confident, 2 = Slightly confident, 3 = Somewhat confident, 4 = Quite confident, 5 = Extremely confident. (Note: You can use what you have documented on the Observation Tool, and what you have observed of your mentee, to determine your level of confidence.)
* Record “N/A” for “not applicable” for performance indicators not relevant to the service delivery point where the mentee works.

| How confident am I in my mentee’s ability to…?  1 = Not at all confident, 2 = Slightly confident, 3 = Somewhat confident, 4 = Quite confident, 5 = Extremely confident | Month | | | |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| **⬜ Competency 3. Use listening and learning skills whenever engaging in a conversation with a mother.** | | | | |
| **Performance Indicator 11**: Demonstrate at least three aspects of listening and learning skills when talking with a mother/caregiver. |  |  |  |  |
| **⬜ Competency 5. Engage in antenatal conversation about breastfeeding.** | | | | |
| **Performance Indicator 15**: Engage in a conversation with a pregnant woman on three aspects of the importance of breastfeeding. |  |  |  |  |
| **Performance Indicator 16**: Assess at least three aspects of a pregnant woman’s knowledge about breastfeeding in order to fill the gaps and correct inaccuracies. |  |  |  |  |
| **Performance Indicator 17**: Engage in a conversation with a pregnant woman about at least four care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding. |  |  |  |  |
| **⬜ Competency 7. Facilitate breastfeeding within the first hour, according to cues.** | | | | |
| **Performance Indicator 25**: Engage in a conversation with a pregnant woman including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready. |  |  |  |  |
| **Performance Indicator 27**: Describe to a pregnant woman at least three pre-feeding behaviours babies show before actively sucking at the breast. |  |  |  |  |
| **⬜ Competency 8. Discuss with a pregnant woman how breastfeeding works.** | | | | |
| **Performance Indicator 29:** Engage in a conversation with a pregnant woman regarding at least three reasons why effective exclusive breastfeeding is important. |  |  |  |  |
| **Performance Indicator 30:** Engage in a conversation with a pregnant woman regarding two elements related to infant feeding patterns in the first 36 hours of life. |  |  |  |  |
| **Performance Indicator 31:** Describe to a pregnant woman at least four signs of adequate transfer of milk in the first few days. |  |  |  |  |
| **⬜ Competency 9. Assist mother getting her baby to latch.** | | | | |
| **Performance Indicator 32:** Evaluate a full breastfeeding session observing at least five points. |  |  |  |  |
| **⬜ Competency 16. Ensure seamless transition after discharge.** | | | | |
| **Performance Indicator 62:** Develop individualised discharge feeding plans with a mother/caregiver that includes at least six points. |  |  |  |  |
| **Performance Indicator 63:** Describe to a mother/caregiver at least four warning signs of infant undernourishment or dehydration for a mother/caregiver to contact a health care professional after discharge. |  |  |  |  |
| **Performance Indicator 64:** Describe at least three warning maternal signs for a mother to contact a healthcare professional after discharge. |  |  |  |  |

## 

## 

Part 2: Mentee Progress Tracking

Next, based on your assessment of your mentee’s competencies (performance indicators) as well as your mentee’s self-evaluations (see Part 1 of the “Mentee Goals and Progress Log”) update the following table to track his/her progress throughout the mentorship program. First, fill in the performance indicators that correspond to the focus competencies that your mentee has prioritised. These should remain the same throughout the mentorship program. The exact number of performance indicators will depend on what your mentee has prioritised. Then, beginning with the first section, fill out the remaining information prior to checking in with your mentee. However, you should develop the mentoring plan in collaboration with your mentee. Use this form at the start of the mentorship program and monthly (i.e., months 1, 2, 3, and 4).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start of the Mentorship Program | | | | | | | | | |
| Date | | | | | | | | | |
| Performance indicator |  |  |  |  |  |  |  |  |  |
| Mentee’s self-confidence level\* |  |  |  |  |  |  |  |  |  |
| Observed strengths | | | | | | | | | |
|  | | | | | | | | | |
| Observed weaknesses | | | | | | | | | |
|  | | | | | | | | | |
| Mentoring plan for the following month | | | | | | | | | |
|  | | | | | | | | | |
| **Month 1** | | | | | | | | | |
| Date | | | | | | | | | |
| Performance indicator |  |  |  |  |  |  |  |  |  |
| Mentee’s self-confidence level\* |  |  |  |  |  |  |  |  |  |
| Mentor’s confidence level in mentee’s skill level\*\* |  |  |  |  |  |  |  |  |  |
| Observed strengths | | | | | | | | | |
|  | | | | | | | | | |
| Observed weaknesses | | | | | | | | | |
|  | | | | | | | | | |
| Mentoring plan for the following month | | | | | | | | | |
|  | | | | | | | | | |
| **Month 2** | | | | | | | | | |
| Date | | | | | | | | | |
| Performance Indicator |  |  |  |  |  |  |  |  |  |
| Mentee’s self-confidence level\* |  |  |  |  |  |  |  |  |  |
| Mentor’s confidence level in mentee’s skill level\*\* |  |  |  |  |  |  |  |  |  |
| Observed strengths | | | | | | | | | |
|  | | | | | | | | | |
| Observed weaknesses | | | | | | | | | |
|  | | | | | | | | | |
| Mentoring update | | | | | | | | | |
|  | | | | | | | | | |
| **Month 3** | | | | | | | | | |
| Date | | | | | | | | | |
| Performance Indicator |  |  |  |  |  |  |  |  |  |
| Mentee’s self-confidence level\* |  |  |  |  |  |  |  |  |  |
| Mentor’s confidence level in mentee’s skill level\*\* |  |  |  |  |  |  |  |  |  |
| Observed strengths | | | | | | | | | |
|  | | | | | | | | | |
| Observed weaknesses | | | | | | | | | |
|  | | | | | | | | | |
| Mentoring plan for the following month | | | | | | | | | |
|  | | | | | | | | | |
| **Month 4** | | | | | | | | | |
| Date | | | | | | | | | |
| Performance Indicator |  |  |  |  |  |  |  |  |  |
| Mentee’s self-confidence level\* |  |  |  |  |  |  |  |  |  |
| Mentor’s confidence level in mentee’s skill level\*\* |  |  |  |  |  |  |  |  |  |
| Observed strengths | | | | | | | | | |
|  | | | | | | | | | |
| Observed weaknesses | | | | | | | | | |
|  | | | | | | | | | |
| Recommended next steps for this mentee | | | | | | | | | |
|  | | | | | | | | | |

\* This comes from Part 1 of the “Mentee Goals and Progress Log”.

\*\* This comes from Part 1 of this log.

Annex 4b. Resource Packet for Mentees

|  |
| --- |
| Purpose and Instructions  This is a resource packet for mentees in the breastfeeding counselling mentorship program. It contains job aids and mentorship program tools. For each of the resources below the purpose and instructions on how to use it are described. For some of the resources, more than one copy will be needed. |

Mentee Job Aids

1. [Topics to Cover during Breastfeeding Counselling](#bookmark=id.xduzkm5y33f9)

Purpose

Reference these guides when conducting a counselling visit in each of the service delivery points/areas. The topics focus on the competencies and performance indicators of the mentorship program. They include—

* [Breastfeeding Counselling when Providing Antenatal Care Services](#bookmark=id.90jjzdst9s2c)
* [Breastfeeding Counselling when Providing Labour and Childbirth Services](#bookmark=id.objn1ih4muhw)
* [Breastfeeding Counselling when Providing Postnatal Care Services](#bookmark=id.xpghy9af20d3)
* [Breastfeeding Counselling when Providing Newborn Care Services](#bookmark=id.wwebiauf2yd5)
* [Breastfeeding Counselling when Providing Paediatric Services](#bookmark=id.fg30qb7eejdt).

Instructions

Review the checklist before a counselling visit. Make a check mark in the box during counselling visits. (Note: Use a pencil to fill out this checklist so you can reuse it, or print multiple copies).

2[. Checklist for Observing a Breastfeeding Session](#bookmark=id.v13e4vtax84b)

Purpose

Use this checklist to help you remember what to observe when assessing a breastfeed. The form contains five sections: general, breasts, baby’s position, baby’s attachment, and suckling. The left-hand column shows breastfeeding is going well. The right-hand column indicates a possible difficulty.

Instructions

Make a check mark in the box based on observations. If you do not observe an action, do not add a mark. After completing the form, review the check marks on the left-hand side of the form. If a majority are in this column, breastfeeding is most likely going well. If there are some check marks in the right-hand column, then breastfeeding may not be going well. This means that this mother may have challenges and will need help. (Note: Use a pencil to fill out this checklist so you can reuse it, or print multiple copies).

3[. Breastfeeding Counselling Log](#bookmark=id.y2xpomcttowb)

Purpose

This resource tracks breastfeeding counselling and support provided, including issues identified and solutions proposed. Use it to track the breastfeeding counselling provided over time to a specific client and to remind yourself of the cases you have seen to discuss them with your mentor during check-ins.

Instructions

Take brief notes of the breastfeeding counselling topics that you have discussed with a client. Write down the issues identified, solutions proposed, and any questions you have for your mentor to discuss during your next check-in. You will need to print multiple copies of this log.

Information, Education, and Communication Materials

4. [Expressing Breast Milk Counselling Card](#bookmark=id.ci4jl141lpxk)

Use this counselling card to counsel mothers and caregivers on expressing breast milk. You could print and distribute it to mothers and caregivers.

Mentorship Program Tools

5[. Schedule of Mentoring Meetings and Resources to Use](https://docs.google.com/document/d/1e94YRP6cMoyxpYdz0yOEgcYR4adPMkgy/edit#bookmark=id.slhu76tt8i0n)

This resource serves as a reminder for the mentor and mentee of the ideal schedule for mentoring interactions, including check-ins, and meetings, as well as the resources to use.

6. [Focus Competencies and Performance Indicators for the Breastfeeding Counselling Mentorship Program](#bookmark=id.3vc8he0phc3)

Use this resource when setting goals and reviewing progress toward achieving them. This list of the focus competencies for the breastfeeding counselling mentorship program, is presented by the relevant service delivery points. It also includes the performance indicators that measure each focus competency.

7. [Mentor Feedback Form](#bookmark=id.s12ndrjcockd)

Purpose

The purpose of this form is to enable you to provide feedback on the usefulness of the support provided by your mentor as part of the breastfeeding counselling mentorship program. Information collected will strengthen and improve the system to ensure that the meetings are useful and productive for you and the health facility.

Instructions

Complete this form approximately one month after the start of the mentorship program and submit it to the BFHI facility coordinator.

8[. Mentee Goals and Progress Log](#bookmark=id.nyh1ero1sq3d)

Purpose

This log is an opportunity to reflect on your self confidence in applying knowledge and skills learned during the *BFHI Training Course for Maternity Staff* when providing breastfeeding counselling. This is not a performance evaluation, but rather a guide you can use to set goals for the mentorship program and evaluate your own progress. It is a place to document your goals for the mentorship program and reflect on them throughout the mentorship program.

Instructions

Complete this log at the start of the mentorship program and discuss it with your mentor. Rate your level of confidence in applying the listed knowledge and skills and in implementing the Ten Steps to Successful Breastfeeding. You should repeat the self-assessment at the end of each month of the mentorship program to track progress in your confidence related to focus competencies. Review this form on a monthly basis with your mentor during the monthly progress checks.

1. Topics to Cover during Breastfeeding Counselling

* [Breastfeeding Counselling When Providing Antenatal Care Services](#ANC)
* [Breastfeeding Counselling When Providing Labour and Childbirth Services](#LCS)
* [Breastfeeding Counselling When Providing Postnatal Care Services](#PNC)
* [Breastfeeding Counselling When Providing Newborn Care Services](#NCS)
* [Breastfeeding Counselling When Providing Paediatric Services](#Paediatric)

Breastfeeding Counselling when Providing Antenatal Care Services[[12]](#footnote-12)

Competency 3: Use listening and learning skills whenever engaging in a conversation with a mother.

Have you demonstrated at least three aspects of listening and learning skills when talking to the mother? Check all that apply:

Ask open-ended questions. Open-ended questions usually start with how, what, when, where, why, or who. For example, “What are your thoughts on feeding your baby?”

* Use responses and gestures which show interest (e.g., smile, nod head).
* Reflect back what the mother says. For example, if a mother says, “My sister says that breastfeeding will be painful and it is normal but that scares me!” You could reflect back by saying, “What your sister says about breastfeeding has made you scared?”
* Empathise—express that you understand how she feels in a culturally appropriate manner. For example, if a mother says, “My breasts are small and I do not think I will have enough milk to satisfy my baby!” You should respond to what she feels, such as: “You are feeling worried about breastfeeding with small breasts?” If you sympathise, you might want to say, instead, “Oh, I know how you feel. I also have small breasts and I had the same worries when I gave birth to my baby.” But this brings the attention back to you, and does not make the mother feel that you understand her.
* Avoid words which sound judgemental (good, bad, normal, wrong). For example, do not ask, “Do you know how to breastfeed your baby the right way?” Instead ask, “What do you know about breastfeeding?”

Competency 5: Engage in antenatal conversation about breastfeeding.

Have you engaged in a conversation with a pregnant woman on three aspects of the importance of breastfeeding? Use foundational skills and discuss:

global recommendations on early initiation of breastfeeding and skin-to-skin for at least one hour

global recommendations on exclusive breastfeeding for the first six months

global recommendations on breastfeeding for two years or more

risks of non-breastfeeding for both mother and baby.

FOR BABY:

The microbiota of non-exclusively breastfed infants is different from exclusively breastfed ones.

Supplementation with artificial milk significantly alters the intestinal microflora

Higher risk of the following:

* Acute diseases (respiratory infections, diarrhoea, otitis, dermatitis)
* Allergies and infections
* Chronic diseases (asthma, diabetes, obesity)
* Cancers during infancy, leukaemia
* Death before two years old from all causes
* Necrotizing enterocolitis
* Sudden infant death syndrome
* Decreased cognitive development

FOR MOTHER, using formula means—

Offering unneeded supplements may endanger adequate milk production

Higher risk of the following:

* Postnatal depression
* Breast cancer
* Ovarian cancer
* Hypertension
* Type 2 diabetes

Have you assessed at least three aspects of a pregnant woman’s knowledge about breastfeeding in order to fill the gaps and correct inaccuracies? Use foundational skills to discuss additional information on breastfeeding according to her needs and concerns, including—

advantages of exclusive breastfeeding

how to initiate and establish breastfeeding after birth

the importance of skin-to-skin contact immediately after birth

typical breastfeeding patterns

responsive feeding and feeding cues

rooming-in

the importance of colostrum

health care practices and the help that mother will receive after birth.

Have you engaged in a conversation with a pregnant woman about at least four care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding? Use foundational skills to discuss the following:

importance of a positive childbirth experience

immediate and uninterrupted skin-to-skin

breastfeeding initiation within the first hour

recognition of feeding cues

prompt response to feeding cues

basics of good positioning and attachment

how breastfeeding functions

breast milk expression (why, how, practice holding her breast, get familiar with massage, etc.).

Competency 7: Facilitate breastfeeding within the first hour, according to cues.

Have you engaged in a conversation with a mother including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready? Use foundational skills to discuss the reasons why:

triggers the production of breast milk

facilitates the progress of lactogenesis

increases uterine contractions

reduces risk of infant mortality

mother learns how to recognize her infant’s cues and effective attachment to the breast.

Have you described to a mother at least three pre-feeding behaviours babies show before actively sucking at the breast? The pre-feeding behaviours of the baby include—

a short rest in an alert state to settle to the new surroundings

bringing their hands to their mouth and making sucking motions and sounds

touching the nipple with the hand

focusing on the dark area (areola) of the breast, which acts like a target

moving towards the breast and rooting

finding the nipple area and attaching with a wide-open mouth.

Competency 8: Discuss with a mother how breastfeeding works.

Have you engaged in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important? Use foundational skills to discuss the importance of exclusivity:

FOR BABY:

Baby will learn to breastfeed more quickly.

Baby will learn how to self-regulate.

Provides all the nutrients needed for physical and neurological growth and development

The effects of breastfeeding are greater when breastfeeding is exclusive.

Colostrum is rich in protective factors.

The microbiota (intestinal flora) of non-exclusively breastfed infants is different from exclusively breastfed ones.

Even one dose of formula changes the microbiota.

FOR MOTHER:

Frequent, exclusive breastfeeding helps build up a mother’s milk supply.

Less risk of breast engorgement and mastitis

Breasts will feel more comfortable due to regular emptying.

Have you engaged in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life? Using foundational skills, explain that—

Minimum feeding frequency is 8 times per 24 hours

Cluster feeding (many cue-based feedings close together in time) is common and normal in the first 24–36 hours and is not an indication of inadequate supply.

Have you described to a mother at least four signs of adequate transfer of milk in the first few days? Using foundational skills, explain that—

Baby sucks regularly, rhythmically at the breast with occasional pauses.

Rhythmic swallowing is seen and heard

No clicking sounds when feeding

Breasts can feel softer after feeds and regain fullness in-between feeds.

Urine output is progressively increasing to at least four heavy diapers/nappies per day and is pale yellow.

Number of stools is progressively increasing after the first day

Stools changing from meconium (dark) to yellow

Baby appears satisfied, not crying

Weight stabilises by day four.

Breastfeeding Counselling when Providing Labour and Childbirth Services[[13]](#footnote-13)

Competency 3: Use listening and learning skills whenever engaging in a conversation with a mother.

Have you demonstrated at least three aspects of listening and learning skills when talking to the mother? Check all that apply:

Ask open-ended questions. Open-ended questions usually start with how, what, when, where, why, or who. For example, “What are your thoughts on feeding your baby?”

Use responses and gestures which show interest (e.g., smile, nod head).

Reflect back what the mother says. For example, if a mother says, “My sister says that breastfeeding will be painful and it is normal but that scares me!” You could reflect back by saying, “What your sister says about breastfeeding has made you scared?”

Empathise—express that you understand how she feels in a culturally appropriate manner. For example, if a mother says, “My breasts are small and I do not think I will have enough milk to satisfy my baby!” You should respond to what she feels, such as, “You are feeling worried about breastfeeding with small breasts?” If you sympathise, you might want to say, instead, “Oh, I know how you feel. I also have small breasts and I had the same worries when I gave birth to my baby.” But this brings the attention back to you, and does not make the mother feel that you understand her.

Avoid words which sound judgemental (good, bad, normal, wrong). For example, do not ask, “Do you know how to breastfeed your baby the right way?” Instead ask, “What do you know about breastfeeding?”

Competency 7: Facilitate breastfeeding within the first hour, according to cues.

Have you engaged in a conversation with a mother including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready? Use foundational skills to discuss the reasons why:

Triggers the production of breast milk

Facilitates the progress of lactogenesis

Increases uterine contractions

Reduces risk of infant mortality

Mother learns how to recognize her infant’s cues and effective attachment to the breast.

Have you described to a mother at least three pre-feeding behaviours babies show before actively sucking at the breast? The pre-feeding behaviours of the baby include—

a short rest in an alert state to settle to the new surroundings

bringing their hands to their mouth and making sucking motions and sounds

touching the nipple with the hand

focusing on the dark area (areola) of the breast, which acts like a target

moving towards the breast and rooting

finding the nipple area and attaching with a wide-open mouth.



Breastfeeding Counselling when Providing Postnatal Care Services[[14]](#footnote-14)

Competency 3: Use listening and learning skills whenever engaging in a conversation with a mother.

Have you demonstrated at least three aspects of listening and learning skills when talking to the mother? Check all that apply:

Ask open-ended questions. Open-ended questions usually start with how, what, when, where, why, or who. For example, “What are your thoughts on feeding your baby?”

Use responses and gestures which show interest (e.g., smile, nod head).

Reflect back what the mother says. For example, if a mother says, “My sister says that breastfeeding will be painful and it is normal but that scares me!” You could reflect back by saying, “What your sister says about breastfeeding has made you scared?”

Empathise—express that you understand how she feels in a culturally appropriate manner. For example, if a mother says, “My breasts are small and I do not think I will have enough milk to satisfy my baby!” You should respond to what she feels, such as, “You are feeling worried about breastfeeding with small breasts?” If you sympathise, you might want to say, instead, “Oh, I know how you feel. I also have small breasts and I had the same worries when I gave birth to my baby.” But this brings the attention back to you, and does not make the mother feel that you understand her.

Avoid words which sound judgemental (good, bad, normal, wrong). For example, do not ask, “Do you know how to breastfeed your baby the right way?” Instead ask, “What do you know about breastfeeding?”

Competency 8: Discuss with a mother how breastfeeding works.

Have you engaged in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important? Use foundational skills to discuss the importance of exclusivity:

FOR BABY:

Baby will learn to breastfeed more quickly.

Baby will learn how to self-regulate.

Provides all the nutrients needed for physical and neurological growth and development

The effects of breastfeeding are greater when breastfeeding is exclusive.

Colostrum is rich in protective factors.

The microbiota (intestinal flora) of non-exclusively breastfed infants is different from exclusively breastfed ones.

Even one dose of formula changes the microbiota.

FOR MOTHER:

Frequent, exclusive breastfeeding helps build up a mother’s milk supply.

Less risk of breast engorgement and mastitis

Breasts will feel more comfortable due to regular emptying.

Have you engaged in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life? Using foundational skills, explain that—

Minimum feeding frequency is 8 times per 24 hours

Cluster feeding (many cue-based feedings close together in time) is common and normal in the first 24–36 hours and is not an indication of inadequate supply.

Have you described to a mother at least four signs of adequate transfer of milk in the first few days? Using foundational skills, explain that—

Baby sucks regularly, rhythmically at the breast with occasional pauses.

Rhythmic swallowing is seen and heard

No clicking sounds when feeding

Breasts can feel softer after feeds and regain fullness in-between feeds.

Urine output is progressively increasing to at least four heavy diapers/nappies per day and is pale yellow.

Number of stools is progressively increasing after the first day

Stools changing from meconium (dark) to yellow

Baby appears satisfied, not crying

Weight stabilises by day four.

Competency 9: Assist mother getting her baby to attach to the breast.

Have you evaluated a full breastfeeding session observing at least five points? Using foundational skills, assess the following:

Infant is able to attach to the breast and transfer milk.

Infant has rhythmic bursts of suckling with brief pauses.

Infant releases the breast at the end of feed in obvious satiation.

Infant shows similar behaviours if he takes the second breast.

Mother’s hand supports the baby’s neck and shoulders when bringing the baby to the breast, without pushing the baby’s head onto the breast.

Mother ensures the baby’s postural stability.

Mother’s breasts and nipples are comfortable and intact after the feed.

Mother admits no breast or nipple pain.

Signs/symptoms that could require further evaluation and monitoring as assessed.

Competency 16: Ensure seamless transition after discharge.

Have you developed individualised discharge feeding plans with a mother that includes at least six points? Using foundational skills, assess a feed and the general health of mother and baby, then choose appropriate points that are relevant to the specific mother’s and baby’s needs to develop a plan, such as—

Review mother’s understanding of her baby’s unique feeding cues.

Review baby’s ability to achieve a comfortable attachment to the breast.

Review signs of milk transfer with infant swallowing.

Review signs of adequate intake (stools and urine).

Review mother’s understanding of her baby’s need to feed frequently at least 8 times in 24 hours or more.

Review with mother the importance of eye-to-eye contact with baby while feeding.

Remind mother to let the baby finish nursing on the first breast, then offer the other breast until the baby seems satisfied by releasing the breast.

Review mother’s position (how she holds baby) to assure comfortable, pain-free feeds.

Review mother’s understanding of ensuring/enhancing milk production and let-down.

Review mother’s understanding of hand-expressing colostrum/breast milk and why this is helpful.

Reinforce mother’s awareness of risks of other fluids and importance of exclusive breastfeeding for six months.

Reinforce mother’s awareness of risks of pacifiers and teats and cups with spouts.

Reinforce that very few medications or illnesses are contraindicated during breastfeeding.

Provide mother with accurate sources of information and how to get help if needed.

Provide the mother with information for continued breastfeeding and general health support in the community.

Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding.

As applicable, appropriate guidance specific to the mother-infant dyad.

As applicable, reinforce mother’s understanding of safe sleeping (breastfeeding and rooming-in) arrangements.

As applicable, observe mother’s ability to correctly express breast milk, store it, and handle it hygienically.

Have you described to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge? Using foundational skills, explain the following signs:

usually sleeping for more than four 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.

Have you described to a mother at least three warning maternal signs for a mother to contact a health care professional after discharge? Use foundation skills, explain the following signs:

persistent painful attachment to the breast

breast lumps

breast pain

fever

doubts about milk production

aversion to the child

profound sadness

any doubt about breastfeeding self-efficacy.

### 

Breastfeeding Counselling when Providing Newborn Care Services[[15]](#footnote-15)

Competency 3: Use listening and learning skills whenever engaging in a conversation with a mother.

Have you demonstrated at least three aspects of listening and learning skills when talking to the mother? Check all that apply:

Ask open-ended questions. Open-ended questions usually start with how, what, when, where, why, or who. For example, “What are your thoughts on feeding your baby?”

Use responses and gestures which show interest (e.g., smile, nod head).

Reflect back what the mother says. For example, if a mother says, “My sister says that breastfeeding will be painful and it is normal but that scares me!” You could reflect back by saying, “What your sister says about breastfeeding has made you scared?”

Empathise—express that you understand how she feels in a culturally appropriate manner. For example, if a mother says, “My breasts are small and I do not think I will have enough milk to satisfy my baby!” You should respond to what she feels, such as, “You are feeling worried about breastfeeding with small breasts?” If you sympathise, you might want to say, instead, “Oh, I know how you feel. I also have small breasts and I had the same worries when I gave birth to my baby.” But this brings the attention back to you, and does not make the mother feel that you understand her.

Avoid words which sound judgemental (good, bad, normal, wrong). For example, do not ask, “Do you know how to breastfeed your baby the right way?” Instead ask, “What do you know about breastfeeding?”

Competency 9: Assist mother getting her baby to attach to the breast.

Have you evaluated a full breastfeeding session observing at least five points? Using foundational skills, assess the following:

Infant is able to attach to the breast and transfer milk.

Infant has rhythmic bursts of suckling with brief pauses.

Infant releases the breast at the end of feed in obvious satiation.

Infant shows similar behaviours if he takes the second breast.

Mother’s hand supports the baby’s neck and shoulders when bringing the baby to the breast, without pushing the baby’s head onto the breast.

Mother ensures the baby’s postural stability.

Mother’s breasts and nipples are comfortable and intact after the feed.

Mother admits no breast or nipple pain.

Signs/symptoms that could require further evaluation and monitoring as assessed

Competency 12: Help a mother to breastfeed a small or sick baby.

Have you helped a mother achieve a comfortable and safe position for breastfeeding with her small or sick infant at the breast, noting at least four points? Using foundational skills, complete the following:

First observe a mother breastfeeding before recommending changes.

Small or sick infants will require more time, more patience as they may not open their mouths upon stimulation or may not open their mouths wide enough.

Guide a mother to bring baby to the breast and not breast to baby.

Help a mother identify the most useful positions for weaker babies.

Show how to do breast compressions, which may be useful with small or sick babies or babies with a weak suck.

Show a mother how to express milk into the baby’s mouth.

Help a mother identify how and when to release an attachment to the breast that is painful or shallow (more frequent with small or sick infants) without hurting herself.

Have you engaged in a conversation with a mother of a small or sick infant not sucking effectively at the breast, including at least five points? Using foundational skills, discuss the following:

Facilitate prolonged (18 hours or more per day) skin-to-skin (Kangaroo Mother Care) to improve stabilisation of temperature, breathing, and heart rate.

Engage in a conversation with a mother about why it may be necessary to wake up the baby within 3–4 hours if he doesn’t demonstrate cues.

Observe the baby attach to the breast + suck + swallow.

Monitor closely for frequently encountered problems such as hypoglycaemia, poor feeding, and hyperbilirubinemia.

Engage in a conversation with a mother about how to avoid excessive neonatal weight loss (more than 7 percent on day three) and adjust feeding plan accordingly.

Suggest frequent hand expression and compression of the breast to a mother.

Explain how to express breast milk (see “Expressing Breast Milk Counselling Card”).

Explain/demonstrate how to cup feed the expressed breast milk.

Explain the negative effects of pacifiers and teats.

Describe medications that can affect breastfeeding.

Explain safe sleeping (safe rooming-in arrangements, putting the baby to sleep on their back).

Explain the signs of undernourishment or dehydration in the infant.

Explain appropriate storage and handling of expressed breast milk.

Describe maintenance of lactation during separation or illness of mother or baby.

Have you engaged in a conversation with a mother of a small or sick, or vulnerable infant (including multiple births) regarding the importance of observing at least two subtle signs and behavioural state shifts to determine when it is appropriate to breastfeed? Using foundational skills, discuss the following:

Breastfeeding at the breast is guided by the infant’s competence and stability rather than a certain gestational/postnatal/postmenstrual age or weight.

How to recognize discrete signs of transition from deep to active sleep and waking up.

Mother is guided not to interrupt the deep sleep stage just for routine feeding.

Mother encouraged to observe her infant’s signs of interest in rooting and sucking.

Mother breastfeeds when her infant shows such signs.

Competency 16: Ensure seamless transition after discharge.

Have you developed individualised discharge feeding plans with a mother that includes at least six points? Using foundational skills, assess a feed and the general health of mother and baby, then choose appropriate points that are relevant to the specific mother’s and baby’s needs to develop a plan, such as—

Review mother’s understanding of her baby’s unique feeding cues.

Review baby’s ability to achieve a comfortable attachment to the breast.

Review signs of milk transfer with infant swallowing.

Review signs of adequate intake (stools and urine).

Review mother’s understanding of her baby’s need to feed frequently at least 8 times in 24 hours or more.

Review with mother the importance of eye-to-eye contact with baby while feeding.

Remind mother to let the baby finish nursing on the first breast, then offer the other breast until the baby seems satisfied by releasing the breast.

Review mother’s position (how she holds baby) to assure comfortable, pain-free feeds.

Review mother’s understanding of ensuring/enhancing milk production and let-down.

Review mother’s understanding of hand-expressing colostrum/breast milk and why this is helpful.

Reinforce mother’s awareness of risks of other fluids and importance of exclusive breastfeeding for six months.

Reinforce mother’s awareness of risks of pacifiers and teats and cups with spouts.

Reinforce that very few medications or illnesses are contraindicated during breastfeeding.

Provide mother with accurate sources of information and how to get help if needed.

Provide the mother with information for continued breastfeeding and general health support in the community.

Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding.

As applicable, appropriate guidance specific to the mother-infant dyad.

As applicable, reinforce mother’s understanding of safe sleeping (breastfeeding and rooming-in) arrangements.

As applicable, observe mother’s ability to correctly express breast milk, store it, and handle it hygienically.

Have you described to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge? Using foundational skills, explain the following signs:

usually sleeping for more than four 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.

Have you described to a mother at least three warning maternal signs for a mother to contact a health care professional after discharge? Use foundation skills, explain the following signs:

persistent painful attachment to the breast

breast lumps

breast pain

fever

doubts about milk production

aversion to the child

profound sadness

any doubt about breastfeeding self-efficacy.

Breastfeeding Counselling when Providing Paediatric Services[[16]](#footnote-16)

Competency 3: Use listening and learning skills whenever engaging in a conversation with a mother.

Have you demonstrated at least three aspects of listening and learning skills when talking to the mother? Check all that apply:

Ask open-ended questions. Open-ended questions usually start with how, what, when, where, why, or who. For example, “What are your thoughts on feeding your baby?”

Use responses and gestures which show interest (e.g., smile, nod head).

Reflect back what the mother says. For example, if a mother says, “My sister says that breastfeeding will be painful and it is normal but that scares me!” You could reflect back by saying, “What your sister says about breastfeeding has made you scared?”

Empathise—express that you understand how she feels in a culturally appropriate manner. For example, if a mother says, “My breasts are small and I do not think I will have enough milk to satisfy my baby!” You should respond to what she feels, such as, “You are feeling worried about breastfeeding with small breasts?” If you sympathise, you might want to say instead, “Oh, I know how you feel. I also have small breasts and I had the same worries when I gave birth to my baby.” But this brings the attention back to you, and does not make the mother feel that you understand her.

Avoid words which sound judgemental (good, bad, normal, wrong). For example, do not ask, “Do you know how to breastfeed your baby the right way?” Instead ask, “What do you know about breastfeeding?”

Competency 8: Discuss with a mother how breastfeeding works.

Have you engaged in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important? Use foundational skills to discuss the importance of exclusivity:

FOR BABY:

Baby will learn to breastfeed more quickly.

Baby will learn how to self-regulate.

Provides all the nutrients needed for physical and neurological growth and development

The effects of breastfeeding are greater when breastfeeding is exclusive.

Colostrum is rich in protective factors.

The microbiota (intestinal flora) of non-exclusively breastfed infants is different from exclusively breastfed ones.

Even one dose of formula changes the microbiota.

FOR MOTHER:

Frequent, exclusive breastfeeding helps build up a mother’s milk supply.

Less risk of breast engorgement and mastitis

Breasts will feel more comfortable due to regular emptying.

Have you engaged in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life? Using foundational skills, explain that—

Minimum feeding frequency is 8 times per 24 hours

Cluster feeding (many cue-based feedings close together in time) is common and normal in the first 24–36 hours and is not an indication of inadequate supply.

Have you described to a mother at least four signs of adequate transfer of milk in the first few days? Using foundational skills, explain that—

Baby sucks regularly, rhythmically at the breast with occasional pauses.

Rhythmic swallowing is seen and heard

No clicking sounds when feeding

Breasts can feel softer after feeds and regain fullness in-between feeds

Urine output is progressively increasing to at least four heavy diapers/nappies per day and is pale yellow.

Number of stools is progressively increasing after the first day

Stools changing from meconium (dark) to yellow

Baby appears satisfied, not crying

Weight stabilises by day four

Competency 16: Ensure seamless transition after discharge.

Have you developed individualised discharge feeding plans with a mother that includes at least six points? Using foundational skills, assess a feed and the general health of mother and baby, then choose appropriate points that are relevant to the specific mother’s and baby’s needs to develop a plan, such as—

Review mother’s understanding of her baby’s unique feeding cues.

Review baby’s ability to achieve a comfortable attachment to the breast.

Review signs of milk transfer with infant swallowing.

Review signs of adequate intake (stools and urine).

Review mother’s understanding of her baby’s need to feed frequently at least 8 times in 24 hours or more.

Review with mother the importance of eye-to-eye contact with baby while feeding.

Remind mother to let the baby finish nursing on the first breast, then offer the other breast until the baby seems satisfied by releasing the breast.

Review mother’s position (how she holds baby) to assure comfortable, pain-free feeds.

Review mother’s understanding of ensuring/enhancing milk production and let-down.

Review mother’s understanding of hand-expressing colostrum/breast milk and why this is helpful.

Reinforce mother’s awareness of risks of other fluids and importance of exclusive breastfeeding for six months.

Reinforce mother’s awareness of risks of pacifiers and teats and cups with spouts.

Reinforce that very few medications or illnesses are contraindicated during breastfeeding.

Provide mother with accurate sources of information and how to get help if needed.

Provide the mother with information for continued breastfeeding and general health support in the community.

Remind mother that adequate food and drinks support her general health because special foods are not needed for breastfeeding.

As applicable, appropriate guidance specific to the mother-infant dyad.

As applicable, reinforce mother’s understanding of safe sleeping (breastfeeding and rooming-in) arrangements.

As applicable, observe mother’s ability to correctly express breast milk, store it, and handle it hygienically.

Have you described to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge? Using foundational skills, explain the following signs:

usually sleeping for more than four 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.

Have you described to a mother at least three warning maternal signs for a mother to contact a health care professional after discharge? Use foundation skills, explain the following signs:

persistent painful attachment to the breast

breast lumps

breast pain

fever

doubts about milk production

aversion to the child

profound sadness

any doubt about breastfeeding self-efficacy.

2. Checklist for Observing a Breastfeeding Session

Mother’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby’s age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signs that breastfeeding is going well:

GENERAL

Mother

* Mother looks healthy
* Mother relaxed, comfortable, back supported
* Signs of bonding between mother and baby

Baby

* Baby looks healthy
* Baby calm and relaxed
* Baby reaches or roots for breast if hungry

BREASTS

* Breasts look healthy
* No pain or discomfort
* Breast well supported with fingers away from nipple

BABY’S POSITION

* Baby’s head and body in line
* Baby held close to mother’s body
* Baby’s whole body supported
* Baby approaches breast, nose to nipple, mouth above

BABY’S ATTACHMENT

* More areola seen above baby’s top lip
* Baby’s mouth wide open
* Lower lip turned outwards
* Baby’s chin touches breast

SUCKLING

* Slow, deep sucks with pauses
* Cheeks round when suckling
* Baby releases breast when finished
* Mother notices signs of oxytocin reflex

Signs of possible difficulty:

Mother

* Mother looks ill or depressed
* Mother looks tense and uncomfortable
* No mother/baby eye contact

Baby

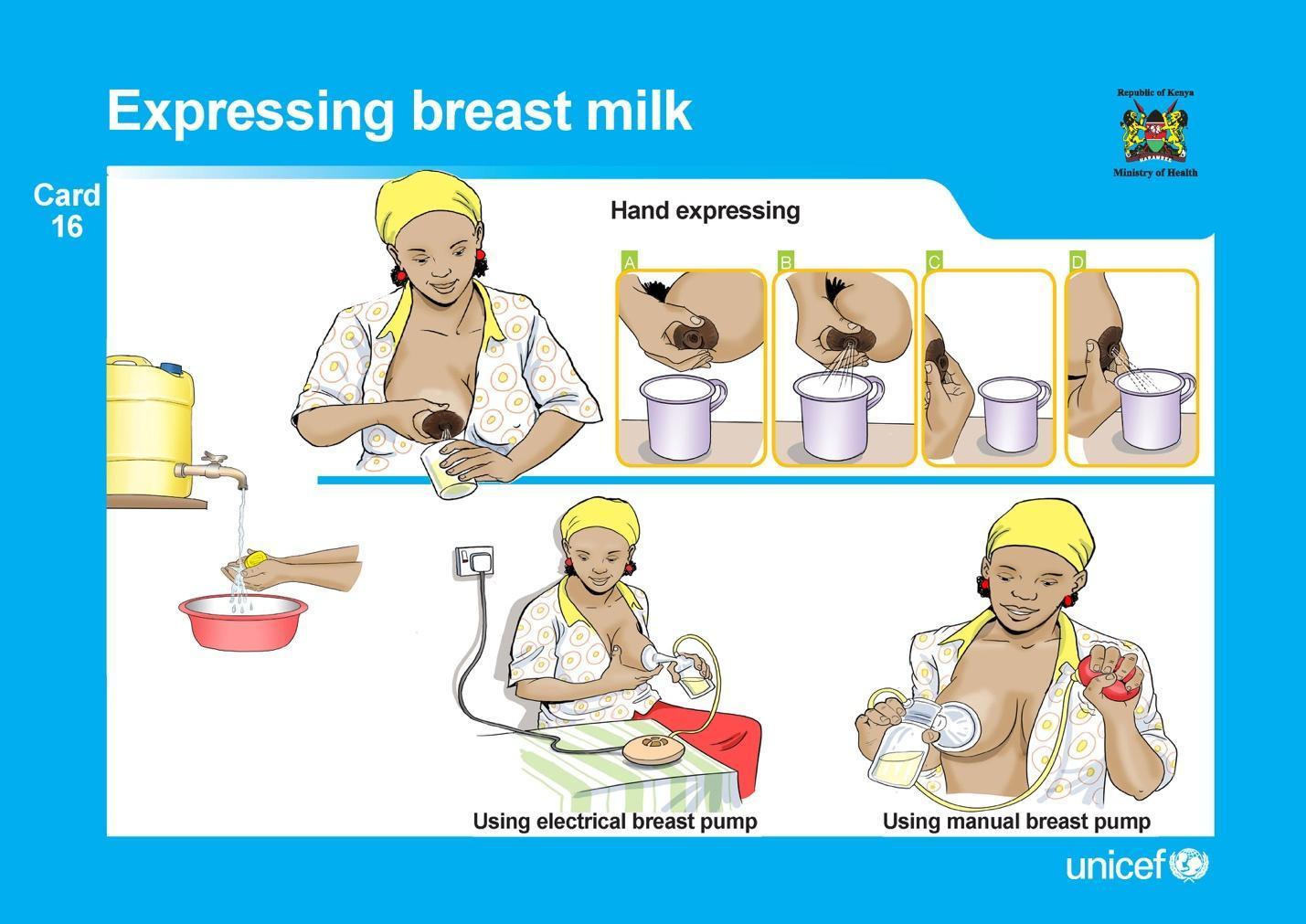
* Baby looks sleepy or ill
* Baby is restless or crying
* Baby does not reach or root
* Breasts look red, swollen, or sore
* Breast or nipple painful
* Breast held with fingers on areola
* Baby’s neck and head twisted to feed
* Baby not held close
* Baby supported by head and neck only
* Baby approaches breast, lower lip/chin to nipple
* More areola seen below bottom lip
* Baby’s mouth not open wide
* Lower lips pointing forward or turned in
* Baby’s chin not touching breast
* Rapid shallow sucks
* Cheeks pulled in when suckling
* Mother takes baby off the breast
* No signs of oxytocin reflex noticed

3. Breastfeeding Counselling Log

**Name of mentee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Brief Description of Counselling Topics | Notes: issues identified, solutions discussed, questions to discuss with mentor, etc. |
| **Client ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Session 1.** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| **Session 2.** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| **Session 3.** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |

4. Expressing Breast Milk Counselling Card[[17]](#footnote-17)



5. Schedule of Mentoring Meetings and Resources to Use

| Timeline | Action | Job Aids and Mentorship Program Tools |
| --- | --- | --- |
| **Start of Mentorship** | 1. Identify strengths and gaps 2. Prioritise competencies, set goals, and develop a mentoring plan. | * Mentee fills out “Part 1: Confidence Self-Evaluation”. * Mentee and mentor fill out “Part 2: Setting Goals and Making Plans” * Mentor fills out “Part 2: Mentee Progress Tracking”. |
| **In-between check-in meetings** | 1–3 times per week…   1. Mentors demonstrate 2. Mentors observe mentees 3. Mentors and mentees debrief | * Mentees can use the “Observation Tool” for the appropriate service delivery point when mentors demonstrate. * Mentors use the “Observation Tool” for the appropriate service delivery point when observing mentees and documents. * Mentors the “Clinical Practice Discussion Guide” for debriefs. |
| **Month 1 Check-In** | These should take 60-–90 minutes. During check-ins—   * Mentors and mentees:   + check-in   + review goals   + re-evaluate support plans   + discuss questions and concerns * Mentors:   + provide feedback   + conduct clinical teaching sessions * Mentees:   + conduct case presentations | * Mentee fills out “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress”. * Mentor fills out “Part 1: Mentor Confidence Assessment” and “Part 2: Mentee Progress Tracking”. |
| **In-between check-in meetings** | 1–3 times per week…   1. Mentors demonstrate 2. Mentors observe mentees 3. Mentors and mentees debrief | * Mentees can use the “Observation Tool” for the appropriate service delivery point when mentors demonstrate. * Mentors use the “Observation Tool” for the appropriate service delivery point when observing mentees and documents. * Mentors the “Clinical Practice Discussion Guide” for debriefs. |
| **Month 2 Check-In** | These should take 60–90 minutes. During check-ins—   * Mentors and mentees:   + check-in   + review goals   + re-evaluate support plans   + discuss questions and concerns * Mentors:   + provide feedback   + conduct clinical teaching sessions * Mentees:   + conduct case presentations | * Mentee fills out “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress”. * Mentor fills out “Part 1: Mentor Confidence Assessment” and “Part 2: Mentee Progress Tracking”. |
| **In-between check-in meetings** | 1–3 times per week…   1. Mentors demonstrate 2. Mentors observe mentees 3. Mentors and mentees debrief | * Mentees can use the “Observation Tool” for the appropriate service delivery point when mentors demonstrate. * Mentors use the “Observation Tool” for the appropriate service delivery point when observing mentees and documents. * Mentors the “Clinical Practice Discussion Guide” for debriefs. |
| **Month 3 Check-In** | These should take 60-–90 minutes. During check-ins—   * Mentors and mentees:   + check-in   + review goals   + re-evaluate support plans   + discuss questions and concerns * Mentors:   + provide feedback   + conduct clinical teaching sessions * Mentees:   + conduct case presentations | * Mentee fills out “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress”. * Mentor fills out “Part 1: Mentor Confidence Assessment” and “Part 2: Mentee Progress Tracking”. |
| **In-between check-in meetings** | 1–3 times per week…   1. Mentors demonstrate 2. Mentors observe mentees 3. Mentors and mentees debrief | * Mentees can use the “Observation Tool” for the appropriate service delivery point when mentors demonstrate. * Mentors use the “Observation Tool” for the appropriate service delivery point when observing mentees and documents. * Mentors the “Clinical Practice Discussion Guide” for debriefs. |
| **Month 4 Check-In** | These should take 60–90 minutes. During check-ins—   * Mentors and mentees:   + check-in   + review goals   + re-evaluate support plans   + discuss questions and concerns * Mentors:   + provide feedback   + conduct clinical teaching sessions * Mentees:   + conduct case presentations | * Mentee fills out “Part 1: Confidence Self-Evaluation” and “Part 3: Tracking Progress”. * Mentor fills out “Part 1: Mentor Confidence Assessment” and “Part 2: Mentee Progress Tracking”. |

# 

6. Focus Competencies and Performance Indicators for the Breastfeeding Counselling Mentorship Program

Focus Competencies for the Breastfeeding Counselling Mentorship Program

3. Use listening and learning skills whenever engaging in a conversation with a mother.

5. Engage in antenatal conversation about breastfeeding.

7. Facilitate breastfeeding within the first hour, according to cues.

8. Discuss with a mother how breastfeeding works.

9. Assist mother getting her baby to attach to the breast.

12. Help a mother to breastfeed a small or sick baby.

16. Ensure seamless transition after discharge.

Table 1. Focus Competencies for the Breastfeeding Counselling Mentorship Program by Service Delivery Point

| Service Delivery Points | Focus Competencies |
| --- | --- |
| **Antenatal care services**   * Inpatient ANC ward * Outpatient ANC clinic * Outpatient Prevention of Mother to Child Transmission of HIV (PMTCT) clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  5. Engage in antenatal conversation about breastfeeding.  7. Facilitate breastfeeding within the first hour, according to cues.  8. Discuss with a mother how breastfeeding works. |
| **Labour and childbirth services**   * Inpatient labour and delivery ward | 7. Facilitate breastfeeding within the first hour, according to cues. |
| **Postnatal care services**   * Inpatient postnatal care ward * Outpatient postnatal care clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  8. Discuss with a mother how breastfeeding works.  9. Assist mother getting her baby to attach to the breast.  16. Ensure seamless transition after discharge. |
| **Newborn care services**   * Inpatient newborn ward * Inpatient Neonatal Intensive Care Unit * Inpatient Kangaroo Mother Care (KMC) ward * Outpatient neonatal clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  9. Assist mother getting her baby to attach to the breast.  12. Help a mother to breastfeed a small or sick baby.  16. Ensure seamless transition after discharge. |
| **Paediatric services**   * Inpatient paediatric ward * Outpatient sick baby clinic * Outpatient well baby clinic | 3. Use listening and learning skills whenever engaging in a conversation with a mother.  8. Discuss with a mother how breastfeeding works.  16. Ensure seamless transition after discharge. |

Source: WHO and UNICEF 2020c

Table 2. Performance Indicators for Measuring Focus Competencies for the Breastfeeding Counselling Mentorship Program

| Competency | Performance Indicator |
| --- | --- |
| 1. Use listening and learning skills whenever engaging in a conversation with a mother. | 1. Demonstrate at least three aspects of listening and learning skills when talking with a mother. |
| 1. Engage in antenatal conversation about breastfeeding. | 1. Engage in a conversation with a pregnant woman on three aspects of the importance of breastfeeding. |
| 1. Assess at least three aspects of a pregnant woman’s knowledge about breastfeeding in order to fill the gaps and correct inaccuracies. |
| 1. Engage in a conversation with a pregnant woman about at least four care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding. |
| 1. Facilitate breastfeeding within the first hour, according to cues. | 1. Engage in a conversation with a mother including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready. |
| 1. Describe to a mother at least three pre-feeding behaviours babies show before actively sucking at the breast. |
| 1. Discuss with a mother how breastfeeding works. | 1. Engage in a conversation with a mother regarding at least three reasons why effective exclusive breastfeeding is important. |
| 1. Engage in a conversation with a mother regarding two elements related to infant feeding patterns in the first 36 hours of life. |
| 1. Describe to a mother at least four signs of adequate transfer of milk in the first few days. |
| 1. Assist mother getting her baby to attach to the breast. | 32. Evaluate a full breastfeeding session observing at least five points. |
| 1. Help a mother to breastfeed a small or sick baby. | 1. Help a mother achieve a comfortable and safe position for breastfeeding with her small or sick infant at the breast, noting at least four points. |
| 1. Engage in a conversation with a mother of a small or sick infant not sucking effectively at the breast, including at least five points. |
| 1. Engage in a conversation with a mother of a small or sick, or vulnerable infant (including multiple births) regarding the importance of observing at least two subtle signs and behavioural state shifts to determine when it is appropriate to breastfeed. |
| 1. Ensure seamless transition after discharge. | 1. Develop individualised discharge feeding plans with a mother that includes at least six points. |
| 1. Describe to a mother at least four warning signs of infant undernourishment or dehydration for a mother to contact a health care professional after discharge. |
| 1. Describe at least three warning maternal signs for a mother to contact a health care professional after discharge. |

Source: WHO and UNICEF 2020c

7. Mentee Goals and Progress Log

Name of mentee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 1: Confidence Self-Evaluation

In order to establish and monitor your goals related to the breastfeeding counselling program, you will periodically assess your confidence to demonstrate the tasks (measured by performance indicator) relevant to the focus competencies for the service delivery point where you work.

Complete this log after completing the BFHI training but before starting the mentorship program (i.e., month 0) and, thereafter, at least once per month (i.e., month 1, 2, 3, and 4) over the course of the four-month mentorship program. Fill it out prior to checking in with your mentor.

To use this log, do the following:

* Before starting mentorship, in the column corresponding with month 0, record the number corresponding with your level of confidence to perform each task and performance indicator, using the following scale: 1 = Not at all confident, 2 = Slightly confident, 3 = Somewhat confident, 4 = Quite confident, 5 = Extremely confident.
* Record “N/A” for “not applicable” for tasks and competencies not relevant to the service delivery point where you work.
* After the first month of mentorship, you will only assess your level of confidence in performing the tasks associated with the competencies that you prioritised on “Part 2: Setting Goals and Making Plans.” Place a tick mark next to each of these competencies.

| How confident are you in your ability to…?  1 = Not at all confident, 2 = Slightly confident, 3 = Somewhat confident, 4 = Quite confident, 5 = Extremely confident. | Month | | | | |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 |
| **⬜ Competency 3. Use listening and learning skills whenever engaging in a conversation with a mother.** | | | | | |
| **Performance Indicator 11:** Demonstrate at least three aspects of listening and learning skills when talking with a mother/caregiver. |  |  |  |  |  |
| **⬜ Competency 5. Engage in antenatal conversation about breastfeeding.** | | | | | |
| **Performance Indicator 15:** Engage in a conversation with a pregnant woman on three aspects of the importance of breastfeeding. |  |  |  |  |  |
| **Performance Indicator 16:** Assess at least three aspects of a pregnant woman’s knowledge about breastfeeding in order to fill the gaps and correct inaccuracies. |  |  |  |  |  |
| **Performance Indicator 17:** Engage in a conversation with a pregnant woman about at least four care practices a mother/infant dyad will experience at the birthing facility that will support breastfeeding. |  |  |  |  |  |
| **⬜ Competency 7. Facilitate breastfeeding within the first hour, according to cues.** | | | | | |
| **Performance Indicator 25:** Engage in a conversation with a pregnant woman including at least three reasons why suckling at the breast in the first hour is important, when the baby is ready. |  |  |  |  |  |
| **Performance Indicator 27:** Describe to a pregnant woman at least three pre-feeding behaviours babies show before actively sucking at the breast. |  |  |  |  |  |
| ⬜ **Competency 8. Discuss with a pregnant woman how breastfeeding works.** | | | | | |
| **Performance Indicator 30:** Engage in a conversation with a pregnant woman regarding two elements related to infant feeding patterns in the first 36 hours of life. |  |  |  |  |  |
| **Performance Indicator 31:** Describe to a pregnant woman at least four signs of adequate transfer of milk in the first few days. |  |  |  |  |  |
| **⬜Competency 9. Assist mother getting her baby to latch.** | | | | | |
| **Performance Indicator 32:** Evaluate a full breastfeeding session observing at least five points. |  |  |  |  |  |
| **⬜Competency 16. Ensure seamless transition after discharge.** | | | | | |
| **Performance Indicator 62:** Develop individualised discharge feeding plans with a mother/caregiver that includes at least six points. |  |  |  |  |  |
| **Performance Indicator 63:** Describe to a mother/caregiver at least four warning signs of infant undernourishment or dehydration for a mother/caregiver to contact a health care professional after discharge. |  |  |  |  |  |
| **Performance Indicator 64:** Describe at least three warning maternal signs for a mother to contact a health care professional after discharge. |  |  |  |  |  |

## 

Part 2: Setting Goals and Making Plans

Once you have completed your first self-assessment, work with your mentor to set goals related to the competencies relevant to the service delivery point where you work. Ideally, identify at least three goals. You may consider the following questions:

* What do you think your strengths/assets are? (skills, knowledge, talents)
* What areas do you believe you need improvement in?
* What challenges have you encountered that have affected your ability to perform your job?

Your goals should be—

* based on strengths and weaknesses identified by completing the self-evaluation
* agreed upon with your mentor
* selected from the list of focus competencies of the mentorship program
* achievable within the duration of the mentorship program (approximately four months).

|  |
| --- |
| Goals for the breastfeeding counselling mentorship program |
|  |

Next consider and discuss what support you will need from your mentor for achieving these goals, determine actionable next steps, and develop plans for implementing those steps.

|  |
| --- |
| Support plan for achieving breastfeeding counselling goals |
|  |

Part 3: Tracking Progress

At the end of each month of the mentorship program, repeat your self-assessment and review your progress toward achieving your goals and gaining confidence in all of the competencies relevant to the service delivery point where you work. Discuss your progress with your mentor, review and revise goals, if needed, and re-evaluate your support plans for achieving your goals.

|  |
| --- |
| **Monthly progress check #1—Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

|  |
| --- |
| **Monthly progress check #2—Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

|  |
| --- |
| **Monthly progress check #3—Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

|  |
| --- |
| **Monthly progress check #4—Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

8. Mentor Feedback Form[[18]](#footnote-18)

All mentees complete this form approximately one month after the start of mentoring and submit it to the BFHI facility coordinator. The BFHI facility coordinator will use the information you provide to strengthen and improve the mentorship program to ensure that the meetings are useful and productive for you and the health facility.

|  |
| --- |
| Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mentor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Please rate the usefulness of the clinical mentor to your work (circle one):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 2 3 4 5

Not Slightly Somewhat Quite Extremely

Useful Useful Useful Useful Useful

1. **Please explain your answer:**
2. **How would you describe the clinical mentor’s interactions with other health care workers?**
3. **What was the most useful thing the clinical mentor did?**
4. **Please list three specific things that you learned from the clinical mentor.**

**1.**

**2.**

**3.**

1. **Please describe how the clinical mentor influenced your clinical practice. If there was no change, please indicate “no change”.**
2. **What other assistance would you like from the clinical mentor? (Specific areas for follow-up, topics of focus, teaching sessions, etc.)**

1

USAID Advancing Nutrition is the Agency’s flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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1. As of November 2023, this guidance document has only been used at Mbagathi County Referral Hospital in the outpatient ANC clinic, inpatient ANC ward, labour and delivery ward, and inpatient PNC ward. For use at service delivery points, adaptations may be required. [↑](#footnote-ref-1)
2. Depending on the level of health facility, the in-charge could be either a chief executive officer at Level 5 health facilities and above, a medical superintendent at Level 4 health facilities, or a nurse in-charge at Level 3 health facilities and below. [↑](#footnote-ref-2)
3. Depending on the size of the health facility and the mentorship program, multiple trainings may be required. [↑](#footnote-ref-3)
4. During the pilot at Mbagathi Hospital six out of the seven mentors had five or more years of experience. [↑](#footnote-ref-4)
5. In the “Mentee Progress Log”, mentors are asked to record their level of confidence in a mentee’s ability to perform each task and competency. In the “Mentee Goals and Progress Log” mentees are asked to record their level of confidence to perform each task and competency. Mentors and mentees use the following scale: 1 = Not at all confident, 2 = Slightly confident, 3 = Somewhat confident, 4 = Quite confident, 5 = Extremely confident. They record “N/A” for “not applicable” for tasks and competencies not relevant to the service delivery point where the mentee works. [↑](#footnote-ref-5)
6. Adapted from ITECH (International Training Education Center on HIV). 2008. “Basics of Clinical Mentoring.” Accessed June 30, 2022.<https://www.go2itech.org/HTML/CM08/toolkit/training/index.html> [↑](#footnote-ref-6)
7. WordNet. 2006. “Trust.” Princeton University Cognitive Science Library. Accessed June 5, 2008. <http://wordnet.princeton.edu/perl/webwn?s=trust>. [↑](#footnote-ref-7)
8. Adapted from ITECH (International Training Education Center on HIV). 2008. “Basics of Clinical Mentoring.” Accessed June 30, 2022.<https://www.go2itech.org/HTML/CM08/toolkit/training/index.html> [↑](#footnote-ref-8)
9. Adapted from ITECH (International Training Education Center on HIV). 2008. “Basics of Clinical Mentoring.” Accessed June 30, 2022.<https://www.go2itech.org/HTML/CM08/toolkit/training/index.html> [↑](#footnote-ref-9)
10. Adapted from WHO (World Health Organization) and UNICEF (United Nations Children's Fund). 2020c. *Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative.* Geneva: WHO. <https://www.who.int/publications/i/item/9789240008854>. [↑](#footnote-ref-10)
11. Adapted from WHO and UNICEF 2020c, Annex G [↑](#footnote-ref-11)
12. Adapted from WHO (World Health Organization) and UNICEF 2020c. *Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative.* Geneva: WHO.<https://www.who.int/publications/i/item/9789240008854>. (Annex G) [↑](#footnote-ref-12)
13. Adapted from WHO and UNICEF 2020c, Annex G [↑](#footnote-ref-13)
14. Adapted from WHO and UNICEF 2020c, Annex G [↑](#footnote-ref-14)
15. Adapted from WHO and UNICEF 2020c, Annex G [↑](#footnote-ref-15)
16. Adapted from WHO and UNICEF 2020c, Annex G [↑](#footnote-ref-16)
17. Kenya MoH (Ministry of Health). 2016. *National Maternal, Infant, and Young Child Nutrition Counselling Cards.* Nairobi, Kenya: Ministry of Health. [↑](#footnote-ref-17)
18. Adapted from ITECH 2008 [↑](#footnote-ref-18)