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The Paradigm Shift in BFHI Step 2: From Training to Competency Verification

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Keywords

Baby-Friendly Hospital Initiative, breastfeeding, breastfeeding practices, infant behavior, lactation management, maternal behavior, program evaluation

Background

The Baby-Friendly Hospital Initiative (BFHI) is an integrated quality of care and services program based on the *Ten Steps to Successful Breastfeeding* (World Health Organization [WHO], 2009). Step 2 is about each facility having competent staff, especially at the level of direct care providers. Knowledgeable and skilled staff are critical to safely implementing practices and delivering excellent care in accordance with the specific needs of each mother and infant. Healthcare providers have a profound and time-dependent impact on mothers' success in establishing breastfeeding. Breastfeeding success is more likely when a mother receives adequate and skilled support and guidance.

The *Ten Steps to Successful Breastfeeding* was introduced in the WHO and United Nations Children's Fund (UNICEF) joint statement *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services* in 1989, with Step 2 being "Train all healthcare staff in skills necessary to implement this policy" (World Health Organization, & United Nations Children's Fund, 1989). In 1991, the Ten Steps was codified in the launch of the BFHI with guidelines for implementation in maternity facilities (WHO & UNICEF, 1991). Step 2 required a specific number of hours for training, gradually increasing from 18 to 20 hr, which included 4.5 hr of clinical supervision (WHO & UNICEF, 2009). The 2018 revision of the BFHI changed this into: "Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding."

The change in wording of Step 2 in the 2018 Guidance may appear, at first glance, to be merely semantic. In fact, the focus on competency represents a paradigm shift on a philosophical and practical level. Experience has shown us that it is difficult in a 20-hr course to change healthcare professionals' behaviors that have been an intrinsic part of their role for many years. Training is financially demanding for facilities

and requires substantial investment of human resources. The 2018 change puts responsibility on hospitals to confirm that staff who provide infant feeding services have sufficient knowledge, competence, and skills to support appropriate, evidence-based infant feeding practices, including and especially breastfeeding. This implied a shift from a mandatory curriculum of specific training hours to a process that will verify competencies of staff. Verifying competency required new tools that assess knowledge, skills, and attitudes with measurable and documented methods.

Competency verification has increased in importance in many professions, as a way of moving beyond rote learning towards a thoughtful application of this knowledge within practical situations (Burke et al., 2014; Carraccio et al., 2016, 2017; van der Aa et al., 2020). The goal for any profession is for the practitioner to be able to perform professional tasks knowing the "what, why, and how" to do it. Education or training to acquire these competencies has become part of the journey during the preservice period (Carraccio et al., 2016). Unfortunately, breastfeeding topics are not adequately addressed in many preservice curricula (Kakrani et al., 2015). Competency verification can be used to examine knowledge, skills, and attitudes after preservice education, during

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in-service training, or even during self-study. At the clinical level, both the direct care provider and the manager must ensure that the basic competencies are always present and updated, necessitating verification at the work site. Competency verification can be used to screen individuals coming to a new unit, to identify strengths and areas requiring training, to carry out internal monitoring, or as part of an overview in preparation for any type of external assessment.

The Competency Verification Project for BFHI

In late 2017, representatives from five global breastfeeding organizations (the International Lactation Consultant Association [ILCA], La Leche League International [LLL], the International Baby Food Action Network [IBFAN], the World Alliance for Breastfeeding Action [WABA], and the BFHI Network of Industrialized Nations, Central, and Eastern European Nations and Independent States) came together to collaborate with the WHO and UNICEF on finalization and rollout of the revised BFHI guidance. The World Health Assembly (2018) adopted the revised BFHI in May 2018, and requested that the WHO continue developing tools for the implementation of the revised Ten Steps. This group identified an urgent need for tools to assess the competencies of direct care providers, as a complement to WHO and UNICEF work on revised BFHI training materials. A subgroup volunteered to develop the a competency verification toolkit that could be implemented in all hospitals throughout the world.

The development team began by mapping the 20 competencies from the 2018 BFHI Guidance to the Ten Steps. This process clarified what was to be verified about each Step for direct care providers working in maternity facilities. A review of several competency frameworks (Canadian Interprofessional Health Collaborative, 2012; Carraccio et al., 2016; Greenhalgh & Macfarlane, 1997; United States Breastfeeding Committee, 2010; WHO, 2010), protocols, and confidential country specific BFHI audit tools resulted in the identification of more than 60 specific tasks (performance indicators) that map to the Ten Steps.

As the project progressed, it became clear that not all these competencies appeared relevant to the hospital context. After careful consideration, the original 20 competencies were re-ordered, revised, and condensed into 16 competencies as shown in Table 1.

Development of Performance Indicators

The next step was to develop clinically observable and measurable performance indicators that would demonstrate the attainment of a minimum level of competency. The performance indicators were written intentionally to foster a preventative approach to avoid or to reduce common breastfeeding difficulties. Performance indicators were to be assessed according to

Key Messages

- Competency verification is more likely to change health facility/maternity staff behavior toward safe, evidence-based support of breastfeeding than the prior requirement of specific number of hours and topics of training.
- The Competency Verification Toolkit was developed to support the implementation of the 2018 Step 2, which mandated the verification of staff competencies under the responsibility and accountability of birthing facilities throughout the world.
- The 16 competencies for direct care providers replace the 20 competencies in the 2018 *BFHI Guidance* and can be verified by 64 performance indicators using tools from the Toolkit.

their cognitive level: knowledge, skill, and/or attitude (Bloom et al., 1956). Tools were developed for knowledge (multiple choice questions) and for skills and attitudes (case studies and observation grids). Knowledge needed to be verified for every indicator, because a person must understand the “why” before

Table 1. Sixteen Competencies Necessary to Implement the Ten Steps to Successful Breastfeeding.

Competency
1 Implement the Code in a health facility
2 Explain a facility's infant feeding policies and monitoring systems
3 Use listening and learning skills whenever engaging in a conversation with a mother
4 Use skills for building confidence and giving support whenever engaging in a conversation with a mother
5 Engage in antenatal conversation about breastfeeding
6 Implement immediate and uninterrupted skin-to-skin
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 latch
10 Help a mother respond to feeding cues
11 Help a mother manage milk expression
12 Help a mother to breastfeed a low-birthweight or sick baby
13 Help a mother whose baby needs fluids other than breast milk
14 Help a mother who is not feeding her baby directly at the breast
15 Help a mother prevent or resolve difficulties with breastfeeding
16 Ensure seamless transition after discharge

Note. These 16 competencies are the result of modifying the original 20 competences in the 2018 BFHI Guidance (WHO & UNICEF, 2020).

Table 2. Sample of Completed Competency Verification Form.

Performance Indicator and Expected Answer	National Options	Competent	Needs Improvement
35. Engage in a conversation with a mother regarding 2 aspects related to the importance of rooming-in 24h/day	Observation in mother's room		
Using Foundational Skills, discuss the importance of rooming-in:			
✓ To learn how to recognize and respond to her baby's feeding cues	To prevent mis-identification of baby		Did not listen to mother saying she was tired, please take baby out of my room. Only told mom to keep her baby to feed him when hungry
✓ To facilitate establishment of breastfeeding			
✓ To facilitate mother and baby's bonding/attachment.			
✓ To enable frequent, unrestricted responsive feeding.			
✓ To increase infant's and mother's well-being (less stress).			
✓ To improve infection control (lower risk of spreading infectious diseases).			

Note. This is an example of a completed Competency Verification Form for performance indicator #35. The observation of the provider occurred in a mother's room. The expected responses are in the left column. A national option was added by the examiner in Column 2. Column 3 is blank because the provider failed to respond in the expected way. Behaviors that need improvement are documented in the right column (WHO & UNICEF, 2020).

adequately performing a skill or demonstrating an appropriate attitude toward a mother. Some indicators mandated direct (in-person) observation because they included specific skills or attitudes (e.g., demonstrating hand expression to a mother or using sensitive counseling skills).

Language matters because wording used by providers strongly influences mothers' self-efficacy and self-confidence (Thorpe et al., 2020; WHO, 2018). Words were carefully chosen to convey the importance of the mother's rights and ability to make her own decisions about breastfeeding, including the importance of supporting her decisions (Burns et al., 2012). For example, the expressions "teach the mother" or "the mother should" are intentionally avoided. The intent of the language in the indicators was to create a partner relationship with the mother instead of a patriarchal or top-down approach. The normalcy of breastfeeding and of mother-infant closeness were deliberately and clearly established through the language choices imbedded in the tools. For example, breastfeeding was established as the norm by avoiding the term "benefits of breastfeeding" (Wiessinger, 1996).

Review and Revision Process

International peer review was a key component of this project because the final toolkit was designed for global use. In two separate rounds of consultations, 20 expert reviewers from 17 countries and six organizations reviewed the Competency Verification Tool and provided suggestions and comments. These reviewers had in-depth experiences in implementation of BFHI and expert knowledge of breastfeeding. They came from high, middle, and low-income countries and were recruited from the five global breastfeeding organizations (WABA, ILCA, IBFAN, LLLI, the BFHI Network), the Academy of

Breastfeeding Medicine (ABM), and the UNICEF-WHO Global Breastfeeding Collective.

Between rounds of reviews, the tools were revised and refined further, with all comments carefully considered and integrated into the core documents where relevant. The final performance indicators with corresponding benchmarks to be verified or expected appropriate answers are now the minimum competencies for providers.

The Toolkit

The Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-friendly Hospital Initiative (the Toolkit) was launched in August 2020 as part of a series of new or updated documents for the BFHI. The complete toolkit including annexes can be found at <https://www.who.int/publications/i/item/9789240008854>. It contains elements to facilitate this paradigm shift and scale up women's access worldwide to skilled breastfeeding support and counseling. Each tool from the Toolkit (WHO & UNICEF, 202) is presented with its specific purpose and potential uses according to the needs that might emerge within a facility or health system: the Competency Verification Form, the Examiner's Resource, the multiple-choice questions, the case studies, and the observation tools. All the individual tools are available in several formats on the main website for the Toolkit.

The Competency Verification Form

The Competency Verification Form is the starting point where all the Performance Indicators are listed and should be seen as a way to "help to build direct care providers' confidence, accountability and professional pride in their own

Performance indicator and expected answers	KSA	Responses/Practices of concern	Recommended Resources
Step 1.A. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly Resolutions			
1. List at least 3 products that are covered by the Code.	Question or case study		
<ul style="list-style-type: none"> ✓ Breast-milk substitutes (including infant formula, i.e. any formulas or milks (or products that could be used to replace breast milk) that are specifically marketed for feeding infants and young children up to the age of 3 years, including special-needs, follow-up and growing-up formulas). ✓ Other foods and beverages promoted to be suitable for feeding a baby during the first six months of life when exclusive breastfeeding is recommended. This would include baby teas, juices and water. ✓ Feeding bottles and teats. 	K	<ul style="list-style-type: none"> × Unaware that all formulas 0-36 months are covered by the Code. × Unaware that bottles and teats are covered. × Unaware about infant foods and drinks. × Includes breast pumps. × Includes pacifiers. × Includes nipple shields. × Includes nipple creams. 	<ul style="list-style-type: none"> • WHO/UNICEF Guidance 2.1. Step 1a. (1) • BFHI Training Materials Session 20. (4) • UNICEF/WHO online Code course. (7) • WHO Code and subsequent resolutions of WHA- https://www.who.int/nutrition/netcode/resolutions/en/(8-9)
2. Describe at least 3 ways a direct care provider protects breastfeeding in practice	Question or case study		
<ul style="list-style-type: none"> ✓ Avoid giving mother formula samples just in case. ✓ Avoid offering formula in the first few hours after birth. ✓ Avoid telling a mother she doesn't produce enough milk without first conducting a thorough breastfeeding assessment. ✓ Explain to the mother the negative effect of introducing partial bottle-feeding (mixed feeding). ✓ Explain to the mother the social and financial implications of formula. ✓ Avoid using pictures, posters, diagrams, etc. with breastfeeding infants in the healthcare facility that are produced or distributed by companies whose products fall under the Code. 	K	<p>Direct care provider says:</p> <ul style="list-style-type: none"> × "Breast is best, but...." × "Formula is not really risky...." × "It's just one bottle...." × "Let me just show you/give you this in case you need to prepare formula." × "Parents don't notice those things." × "They gave me these beautiful/useful/updated materials, and I hate not to use them...." 	<ul style="list-style-type: none"> • WHO/UNICEF Guidance 2.1. Step 1a. (1) • BFHI Training Materials Session 20. (4) • UNICEF/WHO online Code course. (7) • WHO Code and subsequent resolutions of WHA- https://www.who.int/nutrition/netcode/resolutions/en/(8-9) • WHO Model Chapter 9.1.2. (10) • ABM Protocol 7. (11)

Figure 1. Excerpt from Web Annex D: Examiner's Resource (Sorted by BFHI Step).

Note. An excerpt from Web Annex D: Examiner's Resource (sorted by BFHI Step) showing performance indicators 1 and 2. The left column contains the expected answers. The second column indicates how the indicators are verified: K (knowledge), S (skills), A (attitudes). Indicators 1 and 2 are verified with (K) knowledge tools. The third column contains responses of concern (wrong answers). The right column contains internationally recognized resources for further information or training background materials (WHO & UNICEF, 2020).

competencies and that of the interprofessional team." Table 2 is an example of a completed Competency Verification Form for performance indicator #35.

The performance indicators in the Toolkit are minimum competencies, not to be construed as "advanced lactation practice." Direct care providers need to know, understand, and incorporate these basic competencies into their daily practice to protect, promote, and support mothers, babies, and families. For those individuals and/or facilities just starting out, a realistic plan for acquiring the competencies must be developed to ensure they are fully and safely incorporated into practice.

It is an opportunity for providers to examine their practices, reflect on their knowledge and skills, and chart a way forward. The competency verification form also functions as a template for examiners who need to verify competencies or for managers to track their staff competencies and recommend continuing education.

Examiner's Resource

The Examiner's Resource is a core element of the Toolkit, serving as a handbook for examiners, including resources and references for each performance indicator. An examiner in a healthcare setting might not be a subject-matter expert in breastfeeding or in competency verification. This handbook provides the list of all indicators, expected responses, concerning responses, and resources for further information. Other elements of the Toolkit derive from the Examiner's Manual. If a direct care provider is unable to demonstrate the minimum competencies, the Examiner's Resource gives references from WHO and UNICEF publications, and clinical protocols from the ABM. (Figure 1 shows an excerpt from the Examiner's Resource showing performance indicators #1 and #2.)

Multiple-Choice Questions

Multiple-choice questions are a well-known, rapid, and inexpensive tool for knowledge verification. The questions

Table 3. Example of Multiple-Choice Questions for Knowledge Verification.

An excerpt from Web Annex E (answer key)
<p>What should you discuss with a pregnant woman about breastfeeding? (PI #16)</p> <ul style="list-style-type: none"> • Special foods that will help her make more milk. • <i>Early and exclusive breastfeeding.</i> • How to diaper the baby. • What kind of feeding bottles are best. <p>Explanation: Prenatal discussions with mothers should include, at a minimum: the importance of breastfeeding; global recommendations on exclusive breastfeeding for the first 6 months, the risks of giving formula or other breastmilk substitutes, and what to expect after giving birth.</p>

Note. Web Annex E is provided in PDF and Word file formats. Each of the 94 questions includes the performance indicator related to the question. This format can be used as a quiz. The answers and explanations are provided in Web Annex E: Multiple choice questions for knowledge verification / answer key as a separate Word file, including the same questions and performance indicators plus the answers and explanations for each question. An Excel spreadsheet containing the same questions, answers, explanations, and performance indicators is also provided as part of Web Annex E (WHO & UNICEF, 2020).

address every performance indicator with at least one question. The questions can be used to establish a baseline knowledge of a new direct care provider, highlighting areas of competence and those that need improvement. They can be used as a self-assessment, a screening tool, or a review tool. Some performance indicators have more than one multiple choice question. The multiple-choice questions are provided in several file formats including an Excel spreadsheet. Table 3 displays an example of a multiple-choice question including correct answer and explanation related to performance indicator #16.

Case Studies for Knowledge and Skills Verification

Because the performance indicators address knowledge, skills, and attitudes, a series of case studies were developed to verify more complex skills or attitudes. Case studies can be used by examiners or trainers to simulate a scenario if a mother–baby dyad is not available. Cases can also be used as oral questions to replace or complete multiple-choice questions (Figure 2 illustrates Case Study 3).

Observation Tools for Knowledge, Skills, and Attitude Verification

Direct observation of a provider interacting with a mother is the optimal way of verifying competencies. The observation tools in the toolkit offer a checklist of items to verify for individual performance indicators or a related group of indicators. The observation tools combine foundational skills

Case study 3: Antenatal conversation about breastfeeding and transition after discharge

Caroline is a 28-year-old first time mother, now at 32 weeks of pregnancy who is coming to see you for a prenatal visit. As you discuss with her how she is going to feed her baby, she says she would like to breastfeed as she knows all the benefits for her and her baby. However, she expresses concerns about her ability to care for her infant given her history of depression. The psychologist has already discussed with her and they both planned to pursue her medication during breastfeeding.

1. How would you support this mother prenatally about her decision? (PI #16)

- | | |
|--|--|
| <input type="checkbox"/> Use Foundational Skills to discuss additional information on breastfeeding according to her needs and concerns <ul style="list-style-type: none"> - 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. | <ul style="list-style-type: none"> - responsive feeding and feeding cues. - rooming-in. - the importance of colostrum. - healthcare practices and the help that mother will receive after birth. <input type="checkbox"/> Support in a respectful manner a woman who may not be considering breastfeeding to make an informed decision about feeding her infant. |
|--|--|

2. What might you tell this mother about practices she would experience at the birthing facility that will support breastfeeding. (PI #17)

- | | |
|---|---|
| <input type="checkbox"/> Use Foundational Skills to discuss <ul style="list-style-type: none"> - Importance of a positive childbirth experience. - Immediate and uninterrupted skin-to-skin. - Breastfeeding initiation within the first hour. - Recognition of feeding cues. | <ul style="list-style-type: none"> - 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 etc.) |
|---|---|

3. Describe warning signs for a mother to call a healthcare professional after discharge. (PI #64)

- | | |
|---|--|
| <input type="checkbox"/> Persistent painful latch.
<input type="checkbox"/> Breast lumps.
<input type="checkbox"/> Breast pain.
<input type="checkbox"/> Fever
<input type="checkbox"/> Doubts about milk production. | <input type="checkbox"/> Aversion to the child.
<input type="checkbox"/> Profound sadness.
<input type="checkbox"/> Any doubt about breastfeeding self-efficacy. |
|---|--|

Figure 2. Case Study 3.

Note. Case Study 3 verifies competence for performance indicators #16, #17 and #64. The expected responses for these indicators are obtained from the Examiner's Resource (WHO & UNICEF, 2020).

with specific skills and attitudes that influence breastfeeding outcomes of mothers and babies (Figure 3 shows Observation Tool 4).

The 2018 BFHI shifted the paradigm of Step 2: “Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding” from training to competency verification. Prior to 2018, fulfilling training requirements was the only measurable aspect of Step 2, which might not assure the provision of competent care. One of the goals of health-care is the provision of skilled, sensitive information and support to pregnant women, new mothers, and their families. Now, facilities have a powerful set of tools that can allow training to be focused on topics or performance indicators where direct care providers have had difficulties. If a provider is already competent, as a result of preservice training or other experience, facilities need only to verify those competencies. If there is a gap, then resources for remediation on all or some of the knowledge, skills, and attitudes can be proposed or recommended.

The next phase will be the integration of the Toolkit into individual countries' BFHI programs. The Toolkit is available on the WHO website in formats that allow for a choice of frameworks (Ten Steps or domains), regional customization, extraction of a single topic or Step for in-depth use, and

Observation tool 4: Demonstrate how to hand express breast milk (PI #40)

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

Please check as following:
 Y = Yes, it has been observed as correct
 N = No, it has been observed as not correct
 U = Unsure, it has been observed but not sure if it is correct or not
 N/A = Not applicable

ELEMENT OF OBSERVATION	Y	N	U	N/A	REMARKS
Use of Foundational skills throughout interaction (PI #11, 12, 13, 14)					
40. Demonstrate to a mother how to hand express breast milk, noting 8 points.					
Creating a comfortable environment to facilitate the let-down reflex.					
Washing hands.					
Having a clean bowl/container to catch the milk.					
Massaging the whole breast gently.					
Shaping a "C" around the breast with fingers, push back toward the chest wall away from the areola.					
Pushing fingers towards the chest and squeeze fingers together rhythmically, then pause.					
Expressing milk from both breasts.					
Expecting that a session will last 10-20 minutes as milk flow decreases.					

Figure 3. Observation Tool 4.

Note. Observation tool 4 verifies competence for performance indicator #40, and the foundational skills performance indicators #11, #12, #13 and #14. The expected responses shown for indicator #40 were obtained from the Examiner's resource. Each Observation tool includes the foundational skills and at least one other performance indicator (WHO & UNICEF, 2020).

translations. It is expected that the WHO will soon offer the toolkit in the official United Nations languages. The tools can be expanded for national implementation. Individual countries may elect to add additional competencies that reflect national customs, legislation, or guidelines. The Examiner's Resource can be expanded to include more inappropriate responses or behaviors that are common in a country. Spelling and language/terminology can be modified for local use.

Conclusion

The Toolkit was developed to support the implementation of the 2018 BFHI Step 2, which mandated the verification of staff competencies at the clinical level under the responsibility and accountability of the facility. With appropriate, timely, and skilled support during their hospital stay, mothers are more likely to have the knowledge and skills they need to successfully continue breastfeeding after they return home. The Toolkit can be used in any type of hospital or birthing center, small or large; local, or regional; general or specialized; and in any country. It has been reviewed by experts from the field in developed and emerging countries. It is expected that the Toolkit will facilitate scaling up the BFHI in both health systems and in day-to-day implementation of skilled breastfeeding support within facilities.

Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Elise M. Chapin works for the Italian National Committee for UNICEF and is employed by UNICEF Italy. France Begin is an employee of UNICEF. Laurence Grummer-Strawn is an employee of the World Health Organization. All authors reported no conflict of interest.

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