Global pilot testing of the Neo-BFHI package

Laura Haiek, MD, MSc (Quebec, Canada)
For the Nordic and Quebec Working Group

2nd Neo-BFHI Conference
May 20, 2015
Plan of the presentation

• Explain the “why, how and where” of the pilot-testing

• Give some examples of results

• Discuss the impact on the development of the tool
Why a pilot-testing?

• To validate the expanded standards and criteria to ensure they reflect a global perspective

• To make sure the assessment questionnaires capture the complexity of neonatal care

• To evaluate the feasibility, acceptability and comprehensibility of the questionnaires in a NICU setting

• To explore the pertinence of using the methodology developed in Quebec to measure compliance with the Neo-BFHI standards for either assessment or monitoring purposes
How was pilot-testing performed?

Sites received the following documents:

• A draft of the Core document with the Standards and Criteria

• The Assessment Tool with 5 questionnaires (paper and computarized)

• A questionnaire for the interviewer and one for participating mothers and staff that participated.

• Instructions to question at least 2 mothers and 2 staff members, and review the other questionnaires
Who participated?
2 pilots in 2013-2015

**Americas**
- Argentina
- Brazil
- Canada
- United States

**Asia**
- Kuwait
- Philippines

**Oceania**
- Australia
- New Zealand

**Europe**
- Belgium
- Croatia
- Denmark
- Estonia
- France
- Greece
- Ireland
- Luxembourg
- Poland
- Russia
- Spain
- Sweden

THANKS!
Confidentiality of the Assessment Tool: An important concern
## 1st International Pilot-Testing (2013-14)
Sample sizes and description (8 countries)

<table>
<thead>
<tr>
<th></th>
<th>Argentina</th>
<th>Brazil</th>
<th>Croatia</th>
<th>Philippines</th>
<th>Quebec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL</strong></td>
<td>1 BFHI certified</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3 (1 BFHI)</td>
<td>10 hospitals</td>
</tr>
<tr>
<td><strong>STAFF</strong></td>
<td>1 nurse 1 MD</td>
<td>9 nurses 3 MDs 9 others</td>
<td>2 nurses</td>
<td>2 nurses</td>
<td>29 nurses 3 MDs</td>
<td>48 staff</td>
</tr>
<tr>
<td><strong>MOTHERS</strong></td>
<td>2</td>
<td>22</td>
<td></td>
<td>2</td>
<td>74</td>
<td>94 mothers</td>
</tr>
</tbody>
</table>

* Interviews mean duration: staff **36 min**, mothers **28 min** *(consider familiarity and translation)*

- Australia, Belgium and Sweden: No data on sizes
Assessment feasibility, acceptability and comprehensibility

Questions for the interviewer
Version: October 27, 2014

Please answer the following questions after each interview or after a group of interviews. You can use a paper version of this document, or type your answers here. You can add pages, if needed.

1) Related to the QUESTIONNAIRES for staff and mothers:

For STAFF:

1) Does each question relate directly to the criteria it is supposed to measure?
   Yes

2) Is every respondent able to answer every question (unless instructed otherwise)?
   Yes - Medical staff in the unit assessed would not meet the educational standards and experience with breastfeeding to complete the questionnaire

3) Is each question phrased so that all respondents interpret it the same way?
   Yes

4) Do the questions provide answers to what you need to know (and not for example what would be nice to know)?
   Yes

5) Please provide any suggestions for improvements to the staff questionnaire:

   Target different levels of clinical staff

Comment: Paper version takes some time to be comfortable with. Electronic works much better.

Questions for the respondent

Thanks for participating in this research project.

In a scale of 1 to 5, how would you grade the following statements regarding your participation in this research project?

SCALE:
1 = strongly disagree
2 = somewhat disagree
3 = nor agree nor disagree
4 = somewhat agree
5 = strongly agree

Concerning the interview:

1. I felt comfortable answering the questions
   1  2  3  4  5

2. The length of the interview was acceptable
   1  2  3  4  5

3. This kind of interview should be done face-to-face
   1  2  3  4  5

4. This kind of interview should be done over the phone
   1  2  3  4  5

The questions were:

5. clear and understandable (if not, identify any questions that should be modified)
   1  2  3  4  5

6. asked in a logical order
   1  2  3  4  5

7. easy to answer
   1  2  3  4  5

Commentaires: “A little long.” Feels like a test.- bit stressful. Word it better: “What were some of the useful things you were told” word sound less like judgment.
1st International Pilot-Testing
Questionnaire acceptability and comprehensibility

* Percent that answered somewhat agree or strongly agree
Sample sizes and description (15 countries)

<table>
<thead>
<tr>
<th>Year</th>
<th>Arg</th>
<th>Au</th>
<th>Be</th>
<th>Ca</th>
<th>Cr</th>
<th>Dk</th>
<th>Es</th>
<th>Fr</th>
<th>Gr</th>
<th>Ku</th>
<th>Lux</th>
<th>NZ</th>
<th>Phi</th>
<th>Ru</th>
<th>Sp</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITAL</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>--</td>
<td>27</td>
</tr>
<tr>
<td>STAFF</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>14</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td>68</td>
</tr>
<tr>
<td>MOTHERS</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>11</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>--</td>
<td>49</td>
</tr>
</tbody>
</table>

- Arg: Argentina
- Au: Australia
- Be: Belgium
- Ca: Canada
- Cr: Croatia
- Dk: Denmark
- Es: Estonia
- Fr: France
- Gr: Greece
- Ku: Kuwait
- Lu: Luxembourg
- NZ: New Zealand
- Phi: Philippines
- Ru: Russia
- Sp: Spain

* Interviews mean duration: staff **43 min**, mothers **39 min**

*(consider familiarity and translation)*
2nd International Pilot-Testing
Questionnaire acceptability and comprehensibility

* Percent that answered somewhat agree or strongly agree
### 2nd International Pilot-Testing

**Head nurse questionnaire acceptability and comprehensibility**

<table>
<thead>
<tr>
<th>2014 – 15 HEAD NURSE (HN)</th>
<th>Argentina (1 HN)</th>
<th>Croatia (1 HN)</th>
<th>Kuwait (1 HN)</th>
<th>Greece (4 HN)</th>
<th>New Zealand (1 HN)</th>
<th>Philippines (2 HN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appreciation and duration of interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt comfortable answering the questions</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Length of interview acceptable</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Questions were clear &amp; understandable</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Questions were asked in a logical order</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Questions were easy to answer</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Interview should be face-to-face</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Interview should be over the phone</td>
<td><strong>0%</strong></td>
<td><strong>0%</strong></td>
<td><strong>0%</strong></td>
<td><strong>0%</strong></td>
<td><strong>0%</strong></td>
<td><strong>0%</strong></td>
</tr>
</tbody>
</table>

* Percent that answered somewhat agree or strongly agree
International Pilot-Testing
Compliance with Neo-BFHI Ten Steps – Examples

*Presented in the conference but deleted from the file posted in website*
International pilot-testing
Analysis of feedback

• MANY comments, THANKS!!!
• General comments:
  • Structure, length, choice of answers, scale for GPs, English
• Comments we could resolve:
  • Documenting informed consent added to GP1
  • NICU open to parents without levels changed in GP 2 and Step 7
• Comments we put in “stand-by” for future revisions
  • Fortifiers considered as a medication instead of a BMS in Step 6
• Comments we decided not to change
  • How to assess adequacy of breastfeeding/lactation information hospitalized pregnant women at risk of premature birth in Step 3
  • Separate tools for neonatal units of maternity & children hospitals
International Pilot-Testing
Lessons learned

• The pilot-test revealed the challenges of measuring Baby-Friendly practices in neonatal settings, given the complexity and variability of neonatal care.

• It is feasible and acceptable to use NICU managers/staff and mothers as a source of information to monitor the Neo-BFHI and certify neonatal units as “Baby-Friendly”.

• Mothers interviewed by phone or skype were more favorable to this type of interview.

• Present day technology facilitates international collaborative BFII-related projects when there is a shared interest in a particular subject.
Questions or comments?