Ensuring competency for providers of breastfeeding support and care

Competency verification toolkit



World Health Organization

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ISBN 978-92-4-012210-9 (electronic version)
ISBN 978-92-4-012211-6 (print version)

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Suggested citation. Ensuring competency for providers of breastfeeding support and care. Geneva: World Health Organization; 2026 (Competency verification toolkit). Licence: **CC BY-NC-SA 3.0 IGO**.

Cataloguing-in-Publication (CIP) data. CIP data are available at **https://iris.who.int/**.

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Design and layout by Inis Communication

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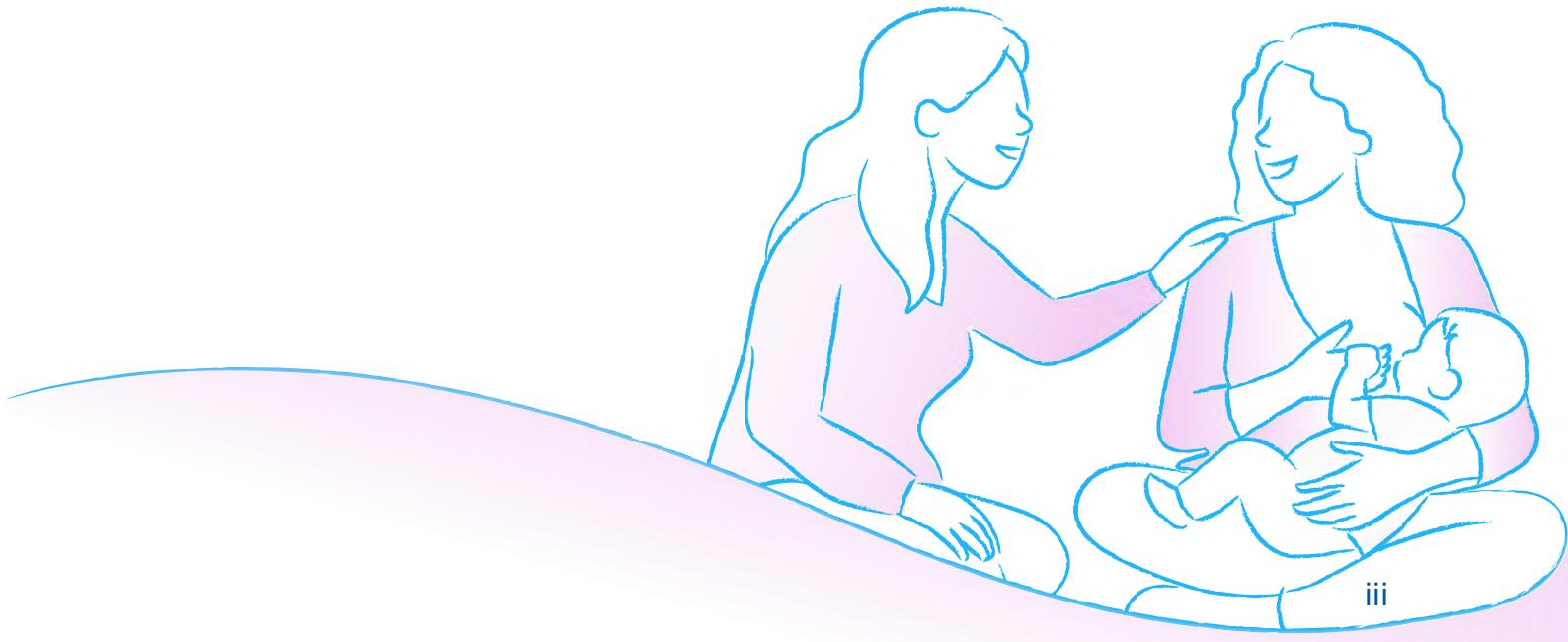
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Acknowledgements

WHO gratefully acknowledges the many individuals who contributed to the development of this toolkit. The toolkit was prepared under the overall coordination and technical guidance of Lawrence Grummer Strawn, WHO Department of Nutrition and Food Safety (Switzerland) and Nina Chad, WHO Department of Nutrition and Food Safety (Australia). Nina Chad was the lead author and technical editor.

The tools were developed by a working group of the BFHI Network, Inc. (Canada), (in alphabetical order) Elise M. Chapin, Chao-Huei Chen, Louise Dumas, Trish MacEnroe and Linda J. Smith.

Special thanks are due to the experts who provided technical support and feedback on early drafts of this document (in alphabetical order) Nora Alkharji (Kingdom of Saudi Arabia), Angela Giusti (Italy), Alejandra Gutierrez (Mexico), Rukhsana Haider (Bangladesh), Rameeza Kaleem (Pakistan), Theresa Landau (USA), Angie Manners (Canada), Melissa Miranda (USA), Tuan Nguyen (Viet Nam), Brian Njoroge (Kenya) and Pushpa Panadam (Paraguay) and to Eileen FitzPatrick (USA), Angela Giusti (Italy) and Brian Njoroge (Kenya), who provided country experiences.

Thanks are also due to Angela Giusti (Italy), Francesca Zambri (Italy), Anne Baerug (Norway), Gry Hay (Norway), and colleagues, who conducted pilot testing and to the team from the Italian National Institute of Health, Angela Giusti, Flavia Splendore, Vincenza Di Stefano, Paola Scardetta, Francesca Zambri, Annachiara Di Nolfi for their work translating and refining multiple-choice questions.

WHO gratefully acknowledges the financial support provided by the Bill and Melinda Gates Foundation for the development and publication of this toolkit. Donors do not fund specific products and did not participate in any decision related to the development of this toolkit.

Abbreviations

CMF	Commercial milk formula
BFHI	Baby-friendly Hospital Initiative
DHM	Donor human milk
EBM	Expressed breast milk
IBCLC	International Board Certified Lactation Consultant
IBLCE	International Board of Lactation Consultant Examiners
ISS	Istituto Superiore di Sanità
IYCF	infant and young child feeding
MCQ	multiple-choice question
MOM	mother's own milk
PI	performance indicator
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Glossary

Additional responses: Responses that can be expected from a competent person during competency verification in addition to mandatory responses. Lists of additional responses are not exhaustive.

Alveoli: Small sacs of cells in the breast that produce and secrete milk *(1).*

Antenatal period: Period between conception and birth; pregnancy.

Anticipatory guidance: Information and education given to prepare parents and caregivers for predictable or anticipated events, such as occur in the usual course of pregnancy, childbirth, lactation, infant and child development, or the life course of parents and caregivers.

Areola: The pigmented area surrounding the nipple that contains Montgomery's glands, which secrete lubricating and protective fluid *(1).*

Attitude: A person's feelings, values and beliefs, which influence their behaviour and the performance of tasks *(2).*

Bed-sharing: The act of a mother sharing sleep surface with her infant *(3).*

Behaviour: Observable conduct towards other people or tasks. Behaviours are measurable in the performance of tasks *(2).*

Bottle-feeding: Feeding an infant from a bottle with a teat or nipple *(4).*

Breastfeeding: Feeding an infant breast milk from any source – directly at the breast or expressed, coming from the mother herself (mother's own milk) or another mother (a donor or a wet nurse) *(4).*

Breast-milk substitute: Any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks) *(5).*

Caregiver: A person who cares for an infant or young child, usually in place of, or in addition to, a parent.

Colostrum: The first milk produced in the breasts, beginning during pregnancy, which is rich in proteins and antibodies, and low in water and fat *(1).*

Commercial milk formula: Any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks) *(5).*

Competencies: The abilities of a person to integrate knowledge, skills and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviours, measurable *(2).*

Competency framework: An organized and structured representation of a set of interrelated and purposeful competencies *(2).*

Competent: The state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic. It changes with time, experience and setting *(2*). Competence includes responsibility and autonomy required for competent performance in the workplace *(7).*

Complementary feeding: The process of providing foods in addition to milk when breast milk or milk formula alone are no longer adequate to meet an infant's nutritional requirements. Complementary feeding starts at age 6 months and continues up to 23 months of age *(4).*

Community service organisation: An organisation (usually non-profit) that provides services or carries out activities that support the welfare of members of a community. A community is a group of people with common interests that may arise from geography, nationality, age, culture or other shared characteristics.

Donor human milk: human milk collected from donors and dispensed by a donor human milk bank *(8).*

Effective listening, learning and communication skills: Foundational skills required to deliver effective breastfeeding support and care. These are generalisable skills that may be used to deliver any brief person-centred behavioural counselling. Foundational skills are required to build and maintain rapport, express empathy, elicit information, provide reassurance, listening actively, checking your own understanding, building motivation and planning future behaviours *(9).*

Engage in a conversation: The process of establishing a constructive working relationship with a mother or pregnant woman and her support person(s). Characterised by the use of open questions to establish and maintain collaborative relationships with mothers / pregnant women and their families and listen carefully to develop a comprehensive understanding of the breastfeeding situation and the mother/ pregnant woman and family members' perspectives and ideas about feeding baby *(10).*

Examiner: A person responsible for verifying or assessing the competency of others. Examiners must themselves be able to demonstrate competencies under examination as well as competencies required to verify competence.

Expected responses: Response expected from a competent person during competency verification. Examiners must observe several expected responses, usually more than once, in order to be satisfied that a PI has been demonstrated.

Exclusive breastfeeding: Feeding an infant less than six months of age breast milk and no other liquids or solids, not even water. Drops or syrups consisting of vitamins, mineral supplements or medicines, including oral rehydration solution, may be given when medically indicated *(4).*

Foundational skills: Communication and counselling skills necessary for providing breastfeeding support care *(11).*

Health service: A service or organisation that provides medical treatment to people within an area or a country.

Healthcare facilities: Places that provide health and medical services. They include hospitals, clinics, outpatient care centres, specialized care centres, community health centres and public health centres.

Healthcare professional: A person with formal training and skills in a medical or allied health field such as medicine, midwifery or nursing.

Infant: A person less than 12 months of age.

Infant formula: A commercial breast milk substitute that conforms to the Codex Alimentarius Standard for infant formulas and formulas for special medical purposes intended for infants (CXS 72–181) and may be used as a partial or total replacement for breast milk in the diet of an infant less than six months.

International Code of Marketing of Breast-milk Substitutes: A set of recommendations for regulating the marketing of breast-milk substitutes, feeding bottles and teats with the aim of contributing to the provision of safe and adequate nutrition for infants, that was first adopted by the World Health Assembly in 1981 (WHA34.22) and includes subsequent relevant resolutions *(12)*.

Kangaroo Mother Care: Care of preterm and low-birth-weight newborns in prolonged (as close as possible to 24 hours a day, with a minimum of eight hours a day) skin-to-skin contact initiated as soon as possible after birth, with exclusive breast milk feeding *(13)*.

Knowledge: The theoretical or practical understanding of a subject required to perform a role effectively gained through formal education or practical experience. Knowledge includes the recall of specifics and universals, the recall of methods and processes, and/or the recall of a pattern, structure, setting *(7).*

Lactation: The physiological process of producing and secreting milk from the mammary glands *(1).*

Latch: The positioning of the baby's mouth on the breast. Good latch is essential for effective milk transfer and comfort.

Let-down reflex: A reflex, triggered by the release of oxytocin, in response to nipple stimulation or another stimulus, that causes milk to be pushed from the alveoli through the ducts towards the nipple. Also known as 'milk ejection reflex' (MER) *(1).*

Mandatory responses: Responses that must be demonstrated in order to verify competency. Mandatory responses should be demonstrated across a variety of situations and contexts to establish stability.

Milk ejection reflex: see let-down-reflex.

Milk transfer: The process by which milk is moved from the breast to the baby, often assessed by observing swallowing and feeding patterns *(1).*

Mother's own milk: Milk expressed by an infant's mother for feeding to her infant *(1).*

Neonatal period: The period between birth and 28 completed days of life.

Newborn: An infant less than 28 completed days of age.

Non-nutritive sucking: Suckling at the breast that does not result in the infant transferring a significant quantity of milk from the breast, either because the infant is incapable of doing so or because most of the milk has been removed by another means immediately prior to the suckling *(8)*.

Nutritive sucking: Suckling at the breast that results in the infant transferring a significant quantity of milk from the breast *(8).*

Nurturing care: Giving young children opportunities for early learning, through interactions that are responsive and emotionally supportive *(14).* Responsive feeding and caregiving are key aspects of nurturing care *(15).*

Oxytocin: A hormone released in response to nipple stimulation or other stimuli (such as seeing, hearing or smelling her infant) that stimulates milk ejection during breastfeeding and promotes bonding between mother and infant *(1).*

Performance indicator: Concrete actions a competent person should be able to perform. Each performance indicator describes a single, discrete action. Together, performance indicators describe competencies.

Perinatal period: The period commencing at 22 completed weeks (154 days) of gestation and ending seven completed days after birth.

Positioning: How the baby is held at the breast; proper positioning supports effective attachment and milk transfer *(1).*

Postnatal period: The first six weeks after birth.

Prelacteal feeds: Any food or liquid given to an infant before breastfeeding starts *(4).*

Pre-term infant: An infant born before 37 weeks completed gestation *(8).*

Prolactin: A hormone that stimulates milk production, particularly in response to nipple stimulation *(1).*

Provider: A person who provides education, evaluation, support, intervention, assistance and/or follow-up with regards to infant feeding in a healthcare facility or community service. Providers may be health care professionals, non-health care professionals such as trained IYCF counsellors or trained peer supporters. Providers may be staff or volunteers.

Responses of concern: Behaviours that are not usually expected from a competent person. A person who demonstrates one or more responses of concern may not have acquired knowledge, developed a skill or skills, or aligned attitudes required to achieve an acceptable standard of competency.

Responsive feeding: Feeding practices that encourage infants and young children

to eat in response to physiological and developmental needs to foster the development of autonomous feeding. Responsive feeding practices include recognising and responding to hunger and satiety cues *(15)* rather than scheduling feeding times or durations and offering older infants and young children foods they can feed themselves *(16).* Also known as "demand feeding," "unrestricted feeding," or "baby-led feeding" when referring to feeding infants less than 6 months of age.

Rooming-in: Ensuring that mothers and infants are accommodated in the same room after birth and not separated during inpatient care in a maternity facility *(17).*

Service: A health service or community service organisation.

Skill: The ability, developed over time and with practice, to perform a task, activity or action effectively. Skills include cognitive, communication, interpersonal and problem-solving techniques *(2).*

Skin-to-skin: Placing an infant in a prone position on the chest of family member or support person with no clothing separating them *(13).*

Sucking: Using negative pressure to take something into the mouth.

Suckling: The action by which an infant removes milk from the breast *(1).*

Support person: A person selected by the mother to support her during her pregnancy, birth and beyond. This may include being involved in breastfeeding support and care. A support person may be the mother's husband or civil partner, the infant's father or parent or grandparent, another relative or friend and may or may not be a member of the mother's household. A mother may wish to involve more than one support person in her care.

Unconditional positive regard: An attitude of respect, caring and support for a person, regardless of what that person says or does; accepting, and valuing a person without judgment that is crucial for fostering self-efficacy and independence *(10).*

Young child: a child less than 3 years of age.



1 Introduction

While breastfeeding is the most natural means for nourishing and nurturing an infant, it often requires development of new skills by both the mother[1] and her infant. In addition to social support from relatives, friends and other members of the community, learning to breastfeed often requires ongoing support from competent health workers and counsellors. Health and community services have a duty to ensure that health workers and counsellors have the necessary competency to provide breastfeeding support, counselling and care *(18).*

Competency is the state of proficiency in performing the required practice or tasks to a defined standard. Competency is multidimensional and dynamic, changing with time, experience and setting. Competency is the ability of a person to use knowledge, skills and attitudes in their performance of tasks in a given context. Competency is durable, trainable and, by observation of behaviour, measurable *(2)*.

Competency-based training and assessment (verification) represent a paradigm shift from requiring completion of a specified number of hours of training (without regard to the outcomes of that training) to requiring that learners demonstrate the competency required to provide ethical, safe, effective, evidence-based, compassionate care. This does not mean that training and education are no longer necessary. Rather, it means that teaching and learning must be flexible enough to meet the diverse needs of individual learners. The focus thus shifts from time spent in learning environments to learning activities that effectively foster the development of competency (skills, knowledge and attitudes).

Competency verification is recommended for medical staff who work in facilities that provide maternal and newborn services as one of two critical management procedures to support breastfeeding included in the Ten Steps to Successful Breastfeeding *(18).* In 2020, WHO issued a competency verification toolkit to ensure the competency of direct care providers in implementing the Baby-friendly Hospital Initiative (BFHI) *(19).*

WHO guidelines on counselling of women to improve breastfeeding practices *(20, 21)* recommend that every woman be provided with breastfeeding counselling at least six times and additionally as necessary, starting during pregnancy and continuing up to two years or longer by appropriately trained health-care professionals and community lay or peer breastfeeding counsellors.

[1] Use of the words “woman” and “mother”’ is not intended to imply that breastfeeding support and care should not be provided to parents who do not identify as women or mothers. WHO affirms the legitimacy of diverse genders and family configurations. We acknowledge that an infant may have one or more parents that do not identify as women or mothers and that health and community services should be designed to prioritize safety for all those who use them. We have attempted to avoid the use of gender-exclusive terms where gender is not relevant and doing so does not compromise clarity, readability or translatability.

This Competency Verification Toolkit includes four tools that can be used to ensure that any person whose role or responsibilities include providing breastfeeding support and care is equipped with the knowledge, skills and attitudes required to do so effectively. Links to these tools are provided in Annex 1. The tools include:

1. Examiner's resource – a reference for examiners that contains detailed descriptions of the behaviours a competent provider can be expected to demonstrate;
2. Observation tools – a set of checklists that can be used to record examiners' observation of providers' behaviours;
3. Case discussion guides – a set of breastfeeding support and care scenarios that may be used to stimulate discussion or role-play simulations during which providers may demonstrate some of the components of the competencies; and
4. Knowledge assessment tool – a set of multiple choice questions (MCQs), including an answer key, that can be used to examine some of the knowledge components of the competencies.

This Competency verification toolkit is intended to assist countries, health-care systems and community organizations to ensure that anyone who provides breastfeeding care and support is equipped with the knowledge, skills and attitudes necessary to do so effectively, ethically and compassionately. It describes what it means for health workers, including health professionals, allied health professionals, community health workers and others who provide breastfeeding support and care to families to be "appropriately trained".

This updated toolkit is based on development and implementation of the BFHI Competency Verification Toolkit *(19)* and extends it to support providers of breastfeeding care and support for families of infants and young children up to two years of age. The toolkit also draws on the competencies described in the WHO publication Infant and young child counselling: an integrated course *(11).* The development of this toolkit is described in Annex 2.

Section 2 describes the competency framework for providers of breastfeeding support and care and detailed information on the principle and process of competency verification and the competencies required of examiners.

Section 3 describes the tools provided for competency verification, including the Examiner's resource, Knowledge assessment, case-based discussion guides, and observation tools for verifying competencies.

Section 4 discusses opportunities for adapting the tools in this Toolkit to country contexts.



2 Verifying competencies

This document presents a toolkit for verifying competencies amongst providers of evidence-based breastfeeding support and care.

Breastfeeding support and care may be provided by a variety of personnel, including volunteers, with diverse educational backgrounds, qualifications and roles. These may include, but are not limited to, health care professionals, allied health care professionals, community health workers, and dedicated breastfeeding counsellors.

2.1 Competence and competencies

Competence is the ability of a person to integrate knowledge, skills and attitudes to perform certain tasks in a given context, to a specified standard *(2).* Competent providers of breastfeeding support and care can demonstrate that they have the knowledge, skills and attitudes necessary to safely and compassionately deliver breastfeeding care and support for infants and young children up to two years and beyond. Competence requires knowledge, skills and attitudes (Box 1).

Competencies describe the skills, knowledge and behaviours needed to perform a work function or task successfully. For example, a doctor who provides patients with quality health care may be described as competent. However, the competencies required to provide that care include clinical knowledge, technical skills, communication skills, inter-professional collaboration skills, problem-solving skills, attitudes such as personal and professional integrity, ethical judgement and empathy. Well-constructed competencies define what learners need to know (knowledge), what they need to be able to do (skills) and how they apply their knowledge and skills to achieve desirable outcomes (attitudes and behaviours*) (22).*

Box 1. Knowledge, skills and attitudes

Knowledge	The theoretical or practical understanding of a subject necessary to perform a role effectively, gained through formal education or practical experience.
Skills	Abilities, developed over time and with practice, to perform a task, activity or action effectively. Skills include cognitive, communication, interpersonal and problem-solving techniques.
Attitudes	Stable, long-lasting, learnt predisposition to respond to certain events in certain ways. Attitudes are a combination of beliefs, feelings, intentions and attitudes that drive behaviour.



Knowledge

Providers must apply knowledge about breastfeeding to deliver breastfeeding support and care effectively. Knowledge can be demonstrated simultaneously with skills and attitudes. Neither a written nor an oral examination is required to verify knowledge, because essential knowledge is required to perform skills and attitudes. A written or oral examination may, however, be useful when a competency includes application of knowledge about a variety of topics to the performance of a transferrable set of skills (for example, providing counselling to resolve a variety of challenges). If a written or oral examination is used to verify knowledge, the questions should be carefully constructed and presented so as not to lead to an answer. Closed questions, such as multiple choice or short-answer questions can be useful for verifying knowledge when used in conjunction with other strategies, such as observation. A set of multiple-choice questions (MCQs) is provided in the Knowledge assessment tool, with answers and explanations.



Skills

Providers must guide and support mothers and other caregivers to make informed decisions about the nutrition and well-being of an infant or young child. These decisions are more complex than choosing what a child will eat because they are embedded in nested biological, social, psychological and economic systems. Providers of breastfeeding care and support in communities actively participate in providing enabling environments for breastfeeding in which all mothers receive the evidence-based, individualized and compassionate care they deserve from skilled providers.



Attitudes

Although more difficult to measure than knowledge or skills and therefore easy to overlook, attitudes are critical components of competence. Providers are expected to approach all pregnant women and mothers with an unconditional positive regard *(23)*. This attitude enables providers to foster therapeutic relationships in which women and mothers feel valued and respected, where their values, beliefs, concerns and difficulties are important, where they feel safe to share their struggles and trust the provider can and will help them find solutions that work for them and their families.

2.2 Breastfeeding support and care competencies

The eleven competencies for providing effective, ethical, compassionate breastfeeding care and support described below in Table 1 are based on the competencies described in WHO IYCF counselling: an integrated course *(11)* and the BFHI Competency verification toolkit *(19)*. This toolkit provides an entry-level set of competencies that provides a foundation for further development. With experience, practice, feedback, reflection and further learning, effective providers will develop their knowledge, skills and attitudes and therefore more advanced, sophisticated competency.

Competency 1. Apply requirements of the International Code of Marketing of Breastmilk Substitutes in practice.

Competency 1 describes the knowledge, skills and attitudes that a provider needs to apply the requirements of the International Code of Marketing of Breast Milk Substitutes when providing breastfeeding support and care. Providers must be equipped to provide breastfeeding support and care that is free from the influence of companies that market infant feeding products and to protect families from inappropriate marketing of products that fall within the scope of the Code.

Competency 2. Interpret and apply IYCF policies in practice.

Competency 2 describes the knowledge, skills and attitudes that providers need to interpret and apply IYCF policies in practice. Providers must understand how workplace policies protect and support their work as providers and be able to provide breastfeeding support and care that is consistent with those policies.

Competency 3. Use effective listening, learning and communication skills to provide breastfeeding support and care.

Competency 3 describes the knowledge, skills and attitudes providers need to be able to use effective listening, learning and communication skills to provide breastfeeding support and care. Providers must be able to communicate effectively to provide breastfeeding support and care. Therefore, Competency 3 can be considered a foundational competency because satisfactory performance of Competencies 04 through 11 require the application of *this competency*. This competency must be evident whenever a provider is observed interacting with a woman or her support person(s) about any infant feeding matter. A provider who simply provides information, education or communications (messages) about infant feeding but does not listen effectively, learn about the feeding situation, or communicate effectively is not a competent provider of breastfeeding support and care, regardless of how knowledgeable they are.

Competency 4. Apply breastfeeding knowledge to assess and support breastfeeding.

Competency 4 describes the knowledge, skills and attitudes providers need to be able to apply breastfeeding knowledge to assess and support breastfeeding. Breastfeeding knowledge alone does not equip a provider to assess and support breastfeeding.

A competent provider must be able to use their knowledge to gather information, analyse the situation with that knowledge, communicate relevant portions of that information to help a mother understand how breastfeeding works and give appropriate guidance or suggestions.

Competency 5. Provide antenatal and postnatal breastfeeding support and care.

Competency 5 describes the knowledge, skills and attitudes that providers require to demonstrate that they can provide antenatal and postnatal breastfeeding support and care. Providing breastfeeding support and care requires providers to be able to do more than simply conveying information or delivering messages about breastfeeding. Providers must be equipped to discuss common IYCF topics with pregnant women and mothers in a manner that engages and empowers them, leaving them feeling more confident and capable than when they arrived.

Competency 6. Support initiation of breastfeeding within the first hour after birth.

Competency 6 describes the knowledge, skills and attitudes providers require to demonstrate that they can support initiation of breastfeeding within the first hour after birth. Providers must be equipped to prepare and support families to initiate breastfeeding immediately after birth. Providers who do not work in perinatal care may not be required to demonstrate PIs 35 and 36.

Competency 7. Provide support for expressing, storing and feeding breastmilk when infants and young children are not feeding exclusively at the breast.

Competency 7 describes the knowledge, skills and attitudes providers require to demonstrate that they can provide support for expressing, storing and feeding expressed breast milk when infants and young children are not feeding exclusively at the breast. Providers must be able to equip mothers with the skills and knowledge they need to establish and maintain lactation so that they can provide breast milk for their babies, even when they are not fed at the breast.

Competency 8. Identify, prevent and support resolution of common breastfeeding challenges.

Competency 8 describes the knowledge, skills and attitudes that providers require to demonstrate that they can identify, prevent and support resolution of common breastfeeding challenges. Providers must be able to use their knowledge about breastfeeding to help pregnant women and mothers to prevent common breastfeeding challenges, recognise them when they occur and equip them to resolve those challenges.

Competency 9. Support feeding of small, sick and/or preterm infants.

Competency 9 describes the knowledge, skills and attitudes that providers require to demonstrate that they can support feeding of small, sick and/or preterm infants. These infants and young children are at risk of poor growth and development. All providers

will encounter such infants and young children in the course of their work and must be equipped to provide breastfeeding support and care to these infants and their families. Competency 9 is relevant beyond the neonatal period and will be required to provide breastfeeding support and care for older infants and young children who require inpatient care or whose illness interferes with their capacity to breastfeed effectively. Competencies 7, 9 and 10 are complementary, because small, sick and preterm infants sometimes require supplementary milk and may not be able to feed at the breast initially.

Competency 10. Protect and support breastfeeding when an infant needs supplementary milk feeding.

Competency 10 describes the knowledge, skills and attitudes that providers require to demonstrate that they can protect and support breastfeeding when an infant needs supplementary milk feeding. This includes supporting mothers of infants with growth problems when supplementary milk feeding is necessary. Protecting breastfeeding when supplementary milk feeding is necessary also requires Competency 7.

Competency 11. Coordinate and facilitate continuity of care for breastfeeding mothers and infants.

Competency 11 describes the knowledge, skills and attitudes providers need to coordinate and facilitate continuity of care for breastfeeding mothers and infants. Providing breastfeeding care and support requires the ability to identify appropriate referral pathways and to equip mothers to seek help appropriately.

2.3 Performance indicators

PIs are dimensions of a competency. Thus, each competency is comprised of a set of PIs that, together, illustrate what it means to have developed the competency. Table 1 lists the PIs and maps each of them to common breastfeeding support and care tasks. This table also indicates those that should be considered essential, those that are not essential but may be useful, and those that are probably not required for each role. A competent provider will be able to demonstrate all the PIs listed under each competency.

PIs are behaviours that are both observable and measurable. Thus, each PI describes one discrete task or function that must be performed to the standard expected of a competent provider. This includes being able to perform the tasks in various contexts and situations. For example, a competent provider can use a three-step process to provide support for breastfeeding to: a woman during pregnancy, the mother of a newborn infant or a parent caring for a young child. Competent providers can perform this task in clinics or community centres and during home visits.

PIs that are described with a verb such as “list” or “describe” usually demand only simple knowledge recall.

The use of verbs such as “discuss”, “demonstrate” or “explain” indicates that demonstrating a PI requires reasoning, planning or communication and involves the application of skills, knowledge and attitudes. PIs that include these verbs require a provider to do more than simply recite facts or communicate a set of messages. Rather, the provider should demonstrate the ability to discern the information needs of the person they are working with, break complex concepts into accessible chunks, connect the information they are providing with the mother’s goals, values, and difficulties, assess understanding and adjust their communication strategies accordingly.

Similarly, PIs that begin with, “Engage in a conversation” indicate that the provider should be able to demonstrate the ability to initiate and maintain a collaborative interaction and joint decision making process with a pregnant woman, mother or support person. Although it may include giving information, engaging in a conversation is more about guiding than directing or instructing. It is characterised by listening more than speaking. The provider elicits information with the aim of understanding the mother’s own perspectives, values, behavioural drivers and barriers, knowledge and information needs and gives suggestions or provides information tailored to the needs of the individual they are working with.

While providers tasked with providing breastfeeding support and care should be equipped with all 11 competencies, the PIs that a provider is required to demonstrate will depend on their roles. For example, providers who do not provide perinatal care need not demonstrate that they can “Facilitate and support immediate, uninterrupted and safe skin-to-skin contact at birth between mother and infant, regardless of method of birth or setting” (PI #35). They should, however, demonstrate that they are able to “Explain why immediate and uninterrupted skin-to-skin contact at birth is important for term, preterm and sick infants” (PI #34).

Table 1. Performance indicators for breastfeeding support and care

Legend

Essential	👍
May be useful	〰
Probably not required	👎

PI#	Performance indicator	Breastfeeding support and care tasks		
		Antenatal care	Perinatal or maternity	Postnatal well-care community
1	Identify products that are covered by the Code.	👍	👍	👍
2	Describe ways companies that market foods for infants and young children try to use health or community services to promote breastmilk substitutes and other products.	👍	👍	👍
3	Describe why educational materials for pregnant women, mothers or their families provided by companies whose products are covered by the Code are problematic.	👍	👍	👍
4	Explain how accepting financial or material inducements from companies that market products within the scope of the Code causes harm.	👍	👍	👍
5	Explain the duties of health workers described in the Code.	👍	👍	👍
6	Explain ways that health or community services can protect families and employees from direct or indirect promotion of products covered by the Code.	👍	👍	👍
7	Describe points that should be in the IYCF policy of a health-care or community service.	👍	👍	👍
8	Identify how the IYCF policy affects provider's work.	👍	👍	👍
9	Indicate reasons why monitoring of health-care or community service practices is important.	👍	👍	👍
10	Indicate how health-care or community services monitor IYCF practices.	👍	👍	👍
11	Demonstrate learning and listening skills when interacting with a pregnant woman or mother.	👍	👍	👍

PI#	Performance indicator	Breastfeeding support and care tasks		
		Antenatal care	Perinatal or maternity	Postnatal well-care community
12	Build confidence when talking with a pregnant woman or mother.			
13	Use a three-step process to provide breastfeeding support and care.			
14	Describe the relevant anatomy and physiology of lactation and breastfeeding.			
15	Explain practices that facilitate breastfeeding initiation and sustain breastfeeding.			
16	Take a complete history from a mother of an infant or young child.			
17	Evaluate a full breastfeeding session.			
18	Engage in a conversation with a pregnant woman or mother to assess their knowledge about breastfeeding to fill in the gaps and address inaccuracies.			
19	Engage in a conversation with a pregnant woman or mother on why exclusive breastfeeding during the first 6 months is important.			
20	Engage in a conversation with a pregnant woman or mother on the importance of continuing breastfeeding up to 2 years and beyond.			
21	Engage in a conversation with a pregnant woman or mother about the postnatal care practices that affect breastfeeding outcomes for the mother and infant.			
22	Engage in a conversation with a pregnant woman or mother about how to achieve a comfortable, safe position for breastfeeding.			
23	Help a new mother to achieve an effective, comfortable latch.			
24	Engage in a conversation with a pregnant woman or mother about feeding patterns, according to the infant's age.			
25	Engage in a conversation with a pregnant woman or mother about signs of milk transfer and adequate milk intake.			

PI#	Performance indicator	Breastfeeding support and care tasks		
		Antenatal care	Perinatal or maternity	Postnatal well-care community
26	Engage in a conversation with a pregnant woman or mother about using a breast milk substitutes to feed an infant less than 6 months of age.			
27	Describe what is meant by responsive feeding.			
28	Provide guidance to help a mother recognize early and late feeding cues.			
29	Engage in a conversation with a pregnant woman or mother about managing nighttime breastfeeding.			
30	Engage in a conversation with a pregnant woman or mother about maintaining breastfeeding during planned separations.			
31	Engage in a conversation with a pregnant woman or mother about appropriate introduction of complementary feeding.			
32	Provide guidance to a pregnant woman or mother about calming or soothing an unsettled infant.			
33	Explain why immediate and uninterrupted skin-to-skin contact at birth is important for the mother.			
34	Explain to a mother, caregiver or support person why immediate and uninterrupted skin-to-skin contact at birth is important for term, preterm and sick infants.			
35	Facilitate and support immediate, uninterrupted skin-to-skin contact at birth between mother and infant, regardless of method of birth or setting.			
36	List medically justified reasons for which skin-to-skin contact could be interrupted.			
37	Engage in a conversation with a pregnant woman or mother about instinctual behaviours that an infant exhibits after birth.			
38	Engage in a conversation with a pregnant woman or mother about why suckling at the breast in the first hour, when the infant is ready, is important.			

PI#	Performance indicator	Breastfeeding support and care tasks		
		Antenatal care	Perinatal or maternity	Postnatal well-care community
39	Explain why learning to express milk by hand is important.			
40	Demonstrate to a mother how to express breast milk by hand.			
41	Explain aspects of safe storage of expressed breast milk.			
42	Explain aspects of using expressed breast milk.			
43	For those few health situations in which an infant or young child cannot, or should not, feed at the breast, describe the liquid nourishment to use, according to infant or young child's age.			
44	Explore options for feeding an infant who is not being fed at the breast.			
45	Engage in a conversation with a pregnant woman or mother about the use and risks of feeding bottles, teats, pacifiers.			
46	Engage in a conversation with a mother about how to safely feed an infant or young child who does not feed at the breast.			
47	List breastfeeding challenges commonly reported by mothers.			
48	Engage in a conversation with a pregnant woman or mother about ways to prevent the most common breastfeeding challenges in the hospital and at home.			
49	Engage in a conversation with a mother who says her infant or young child cries frequently.			
50	Describe situations when it is acceptable to separate mother and infant or young child while in hospital, at birth or during maternal or paediatric readmission.			
51	Engage in a conversation with a pregnant woman or mother about recognizing signs of maternal physical and mental health issues that indicate a need to seek medical care.			
52	Describe why breastfeeding is important during emergencies.			

PI#	Performance indicator	Breastfeeding support and care tasks		
		Antenatal care	Perinatal or maternity	Postnatal well-care community
53	Engage in a conversation with a mother about the importance of staying with her infant or young child who is hospitalized.			
54	Support a mother to achieve a comfortable and safe position for breastfeeding her small, sick and/or preterm infant/young child at the breast.			
55	Engage in a conversation with a pregnant woman or mother about strategies to help her small, sick and/or preterm infant or young child who is not sucking effectively at the breast.			
56	Engage in a conversation with a mother of a preterm or sick infant regarding the importance of observing subtle signs and behavioural shifts that indicate when an infant is ready to breastfeed.			
57	List potential contraindications to breastfeeding.			
58	List medical indications for supplementing breastfed infants under 6 months, when breastfeeding has not improved after skilled assessment and management.			
59	Demonstrate safe preparation of powdered CMF to a pregnant woman or mother who needs that information.			
60	Identify locally available, Code-compliant sources for timely support and problem management for infant or young child feeding.			
61	Engage in a conversation about recognizing danger signs in an infant or young child indicating an urgent need to seek medical care.			

2.4 Measuring competencies

Competencies must be demonstrated for, and observed by, an examiner. Therefore, they cannot be examined with written or verbal examinations alone and they should be examined repeatedly during the course of competency verification. Effective competency verification requires the use of several assessment strategies applied on several occasions. Competencies must be demonstrated in a variety of situations to verify that knowledge, skills and attitudes can be applied consistently.

Assessment strategies may include written and oral examinations, case discussions, simulations or role-play. They must include direct workplace observation, as competency cannot be demonstrated or assessed by written or oral examination (questions or discussions) alone. Because competency comprises integration of knowledge, skills and attitudes, competency verification requires observation of performance. Competency can be assessed definitively only by direct observation of the provision of breastfeeding care and support. Pre-service competency verification may be conducted towards the end of a period of supervised practice or mentoring (with the permission of the mother or caregiver).

If opportunities for direct observation in a workplace are not available or would not be safe, simulation or role play may be used. A more advanced student or trainer can be recruited to perform the role of a pregnant woman or mother, or actors may be engaged. In some contexts, mothers may volunteer to perform this role. The person recruited for the role should be given a detailed briefing, including a description of the breastfeeding situation and a detailed feeding and lactation history. Simulations should replicate actual workplace environments as closely as possible to ensure that competencies can be performed in real-world conditions. Ideally, inexperienced providers who have demonstrated competencies only in simulations will also be given supervised practice, feedback and reflection before working independently.

2.5 When to verify competencies

Ideally, providers of breastfeeding support and care have pre-service training and competency verification provided by nationally recognised and/or accredited vocational or tertiary education services. Pre-service training should include periods of vocational experience, mentoring, observation and supervised practice, culminating in direct observation to verify competencies. Alternatively, community breastfeeding support services may recruit and train new providers and then conduct competency verification to ensure that they meet competency standards required for independent practice.

Competency verification may also be used to monitor service quality and inform the design of continuing professional development. In such cases, the outcomes of competency verification conducted with all providers during a defined period may be used to form the basis of a team review.

Individual providers may use all or some of the competency verification tools to perform a self-assessment and, if necessary, initiate a programme of personal professional

development to consolidate or improve the quality of breastfeeding support and care they provide. Similarly, team leaders (supervisors) may use the toolkit to identify training needs and mentoring opportunities amongst their teams or to facilitate discussion of annual performance development plans.

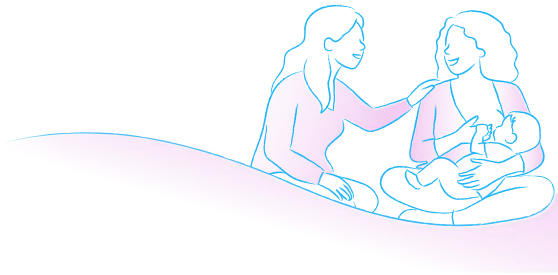
In pre-service training, knowledge might be assessed with written tests, simulations or role play before allowing a learner to engage in supervised practice and workplace observations conducted at the conclusion of a period of supervised practice to assess readiness for independent practice. Service providers may use workplace observations to identify opportunities for improving service quality and may use written or oral assessments to identify knowledge gaps.

2.6 Examiners

Examiners responsible for verifying the competency of others must hold vocational competency. That is, they must be able to demonstrate the competencies themselves. As examining the competencies of others is a task that itself demands specific competencies, examiners should ideally also have received training and assessment in competency-based vocational training and assessment.

Examiners may be pre-service educators with vocational experience or experienced providers of breastfeeding support and care with additional competencies in training and assessment. Examiners must be experienced providers, whose own vocational competence enables them to recognise competence in others. They must have adequate, appropriate interviewing, critical thinking and observation skills. They should receive training to familiarise them with the tools they will use to conduct the assessment. They must be objective in collecting data and capable of probing the provider without influencing the results. All examiners must pay attention to detail to ensure accuracy and completeness in recording responses. Examiners should compare a sample of their assessments and discuss them with others to ensure that they share a consistent understanding of the behaviour that must be demonstrated and the standards required for competency verification.

All examiners must avoid conflicts of interest, particularly with companies that produce and/or market foods for infants and young children or feeding bottles and teats and from their parent or subsidiary companies *(24)*. This is imperative to protect both providers and families from commercial pressure.



3 The toolkit

The tools that comprise this toolkit have been designed to support countries and the health or community services in countries to ensure that their staff are equipped with the essential knowledge, skills and attitudes required to provide breastfeeding care and support at a consistent standard. Using standardised assessment tools provides some assurance that the outcomes of competency verification conducted by different examiners is consistent.

3.1 The Examiner's resource

The Examiner's resource is intended to guide examiners undertaking competency verification. It lists expected responses and responses of concern for each of the PIs, the standard of performance that must be met for each PI and resources that may be used for further learning. The expected responses and responses of concern describe the behaviours that examiners should look for during competency verification. They may be used to give feedback to providers or aspiring providers who have not yet developed the knowledge, skills and/or attitudes they need to become competent. They may also be used to inform development of pre-service or in-service/continuing education. It is the "answer key" that quantifies (and simplifies) the examiner's work and can be used to support decisions about whether the provider has demonstrated a competency or needs to improve their proficiency in certain PIs.

The Examiner's resource contains the following for each competency and its PIs:

- tools that may be used to verify the performance indicator
- expected responses – behaviours or responses necessary for each competency;
- responses of concern – behaviours or responses that indicate a need for further development of knowledge, skills, attitudes or a combination;
- recommended resources for further learning.

Examiners must observe all the required responses in order to declare a provider is competent. Providers who do not demonstrate required responses or do not give correct written or verbal responses to knowledge assessments are not yet competent. A provider who demonstrates any of the responses of concern may not be competent, even if they have demonstrated all the required responses. Any response of concern should trigger further discussion to determine whether and what remediation or further education and training are required.

3.2 Observation tools

Observation tools are provided to facilitate observation and documentation of performance outcomes. True competence is the ability to apply knowledge, skills and attitudes to novel situations and circumstances to perform tasks and achieve outcomes. Competency verification therefore requires observation of the provider in a variety of vocationally relevant settings and diverse breastfeeding situations. Observation in actual or simulated situations allows providers to demonstrate their competencies by carrying out the care practices in related PIs. Simulations or role play may be used for competency verification when access to supervised practice is limited. Table 2 maps the PIs that may be examined with each observation tool. Every observation checklist includes a reminder effective listening, learning and communication skills should be evident during every interaction between a provider and a pregnant woman or mother.

Table 2. Observation tools mapped to PIs

Observation tool	PIs
Checklist 1. Communicate and share knowledge	11, 12, 13, 15, 16
Checklist 2. Ante- and postnatal breastfeeding support and care	11, 12, 13, 18, 19, 20, 21, 24, 25, 26, 32
Checklist 3. Breastfeeding initiation	11,12, 13, 33, 34, 35, 37, 38
Checklist 4. Positioning and attachment	11, 12, 13, 17, 22, 23, 24, 26
Checklist 5. Feeding baby when separated	11, 12, 13, 26, 30
Checklist 6. Expressing, storing and feeding EBM	11, 12, 39, 40, 41, 42
Checklist 7. Recognising danger signs and seeking help	11, 51, 61
Checklist 8. Feeding non-breastfed infants	11, 12, 13, 43, 44, 45, 46
Checklist 9. Supplementary feeding	11, 12, 13, 26, 59
Checklist 10. Crying baby	11, 12, 13, 48, 49
Checklist 11. Preterm infant	11, 12, 13, 53, 54, 55, 56
Checklist 12. Responsive feeding	11, 12, 13, 27, 28, 29, 31

Each observation tool includes the PIs that may be demonstrated during an observation task. Several interactions should be observed to ensure that competencies can be applied consistently to perform tasks to the required standard. Examiners should use the observation tools (see worked example in Fig. 1) to record their observations, indicating whether the PIs have been demonstrated and providing supportive, meaningful feedback.

Examiners should record the behaviours performed during an observation with the key provided. Any responses of concern should be recorded and discussed with the provider.

Responses of concern indicate that further learning and development are necessary. Isolated errors of knowledge may be corrected without a reassessment. However, where several responses of concern are observed, revealing a deficit in skills or knowledge, or an attitude that needs further development (such as speaking disrespectfully or failing to listen or respond to a woman's concerns), reassessment will be required after the necessary training has been completed.

The tools include a list of the PIs that they can be used to assess. They also contain instructions for examiners and information about the standard required for satisfactory demonstration of the PIs.

Fig. 1. Worked example observation checklist

Checklist 7

Supporting appropriate help-seeking

Competency 3 (PI#11)
Competency 9 (PI#51)
Competency 11 (PI#61)

INSTRUCTIONS FOR EXAMINERS:
Competency 3 (Use effective listening, learning and communication skills to counsel mothers about breastfeeding) is required for successful demonstration of Competency 7. Competency 3 must be verified before this observation is conducted.

- ☐ For each PI being assessed, place a check mark (tick) against each behaviour you observe and note anything you would like to discuss with the provider in the remarks section
- ☐ If the provider or trainee does not demonstrate the expected response, note your reasoning in the remarks section.
- ☐ In the summary notes, place a check mark (tick) in the box if you are satisfied that the provider has demonstrated the PI.
- ☐ Make a note of the reasons you are or are not satisfied in the remarks section.
- ☐ Add your signature and date to the checklist in the space provided.

Examiner's name: *Amanita Caplan*

Examiner's role: *Infant feeding team leader*

Provider/trainee's name: *Nomi Marks*

Date of observation: *30 October 2025*

Location of observation: *Arundel Community Clinic*

Situation (e.g. well-care clinic, hospital ward, community service, home visit, simulation, role play):
Community health clinic. I observed Nomi's interactions with four mothers and their infants. Two of the infants were less than a month old, one was two months old and one was six months old. The purpose of these contacts and the topics discussed varied.

SUMMARY NOTES

I am satisfied that the provider has demonstrated:

☐ **PI#11**

Nomi showed interest in all of the mothers and their infants. Her body-language was open and her tone of voice was warm and friendly. She is comfortable with silence and allows mothers to take their time responding to her questions. All of the mothers appeared to feel comfortable speaking with her.

☐ **PI#51**

Remarks:

Nomi shared information about recognising danger-signs calmly and simply.

☐ **PI#61**

Remarks:

Nomi shared this information carefully without alarming the mother, checking her understanding of each sign before moving on.

Examiner's name:

Amanita Caplin

Examiner's signature:

ACaplin

Date: *30 October 2025*

PI#11 Demonstrate effective listening, learning and communication skills Please check responses observed AND refer to the Examiner's resource for further detail		
MANDATORY RESPONSE	✓	**REMARKS**
Actively and attentively listen, without interrupting, leaving enough time for the pregnant woman/mother to think before responding.	✓	
ADDITIONAL RESPONSES (at least **THREE** are required)	✓	**REMARKS**
Greets the mother or pregnant woman and support person warmly.	✓	
Speaks respectfully to the mother/pregnant woman and support person(s) and seek consent for discussing feeding.		
Usess helpful non-verbal communication, such as: - sit down with the pregnant woman/mother; - remove physical barriers (eg table) between provider and pregnant woman/mother; - take notes (if necessary) in a way that doesn't interfere with the dialogue; - use open body language (avoid crossing arms or legs); - use eye contact as culturally appropriate; - communicate emotions through facial expressions, voice, nod or appropriate touch.	✓	
Shows interest in the pregnant woman/mother (eg by looking at her or nodding when she volunteers information).	✓	
Gives time to the pregnant woman/mother to explain her concerns to get the clear picture of what to emphasize.		
Uses mostly open-ended questions to allow the pregnant woman/mother (and support person) to give detailed information.		
Speaks slowly while looking at the pregnant woman/mother to see if she seems to understand.	✓	

Reflects back what the pregnant woman/mother says, by paraphrasing, asking questions of clarification, summarizing and asking if this is what is meant.		
Responds to the particular barriers that the pregnant woman/mother faces using simple language and short sentences.		
Elicit and respond respectfully to what she knows, says, shares.		
RESPONSES of CONCERN	✓	**REMARKS**
Uses complex technical or infantilizing language.		
Uses judgmental words or phrases such as good, bad, not good enough, should, should not.		
Gives too much information or lectures.		
Uses too many closed questions / interrogates mother.		
Interrupts mother.		
Scolds or speaks harshly to mother or support person.		
Uses disrespectful or judgemental language.		
Crossed arms or legs.		
Note any other responses of concern:		

PI#51 Engage in a conversation with a pregnant woman or mother about how to recognise signs of maternal physical and mental health issues that indicate a need to seek medical care. *Please check responses observed AND refer to the Examiner's Resource for further detail*		
Category 1. Physical health signs At least **THREE** responses are required ***Use effective listening, learning and communication skills to:***	✓	**REMARKS**
Persistent breast or nipple pain.	✓	
Swollen, red or damaged breasts or nipples.	✓	
Vaginal bleeding is bright red.		
Fever.	✓	
Category 2. Persistent mental health sings At least **FOUR** responses are required ***Use effective listening, learning and communication skills to:***	✓	**REMARKS**
Aversion to the infant/young child.		
Mood swings, feeling sad, crying spells, anxiety and worrying.	✓	
No pleasure in experiences or activities that were once enjoyed.	✓	

Lack of energy and motivation.	✓	
Feelings of guilt and hopelessness.		
Feeling worthless.		
Fears linked to the infant's care, the infant's expected development or reaction.	✓	
RESPONSES of CONCERN	✓	**REMARKS**
It is not necessary to inform mothers about warning signs (for any reason).		
It is the responsibility of another healthcare professional to do this.		
The family will notice if something is wrong.		
Use derogatory words to describe the mother or family, such as "difficult", "stupid", "non-compliant", "problematic", "bad mother", "bad husband".		
Note any other responses of concern:		

PI#61 Engage in a conversation about how to recognise danger signs in an infant or young child indicating an urgent need to seek medical care. *Please check responses observed AND refer to the Examiner's Resource for further detail.*		
MANDATORY RESPONSE	✓	**REMARKS**
Scant amount of urine per day.	✓	
Category 1. At any time At least **THREE** responses are required ***Use effective listening, learning and communication skills to discuss:***	✓	**REMARKS**
Refusal to feed and weakness or lethargy.		
Vomiting everything given to eat.		
Lethargic, unresponsive or unconscious.	✓	
Convulsions.		
Respiratory distress (fast, noisy, laboured breathing, chest indrawing).		
Fever with stiff neck.		
Sunken eyes.		
No weight gain or weight loss.	✓	
Fever/high body temperature (>38°C) for infant younger than 3 months.	✓	
Dark urine.		
Formed or white/grey stools.		
Yellow palms, soles of feet or eyes.		

Oedema (swelling) in both feet.		
Rash that does not fade when pressed.		
Category 1. During the first month At least **THREE** responses are required ***Use effective listening, learning and communication skills to discuss:***	✓	**REMARKS**
Fewer than one stool per day.	✓	
Poor weight gain.	✓	
Weight loss.		
Did not regain birthweight by day 14.		
Yellow palms and soles.		
Sunken fontanelle.	✓	
Respiratory distress (grunting, fast, noisy or laboured breathing).		
RESPONSES of CONCERN	✓	**REMARKS**
Talking about dangers will increase mother's anxiety.		
Explaining danger signs to mothers will overwhelm them with "too much" information.		
Pregnant women and mothers (or others in their families) know danger signs.		
Note any other responses of concern:		

3.3 Case discussion tool

The Case-based discussion guides contain a sample set of scenarios designed for role-plays and in-person discussions with open-ended questions. A case discussion is a conversation about a clinical situation between a provider and an examiner (a scenario). Providers should be asked to respond to the scenario presented in the Case discussion tool as they would if they encountered the situation in the workplace. Case discussions must be carefully designed to present realistic scenarios relevant to the provider's role. A scenario that describes a woman giving birth in a maternity facility and requires the provider to describe how they would facilitate immediate skin-to-skin care and support breastfeeding initiation is relevant for providers who work in facilities that provide maternity care, while a scenario that requires selection of a medication that is safe for mothers to take while breastfeeding is not necessary for a community health worker who provides breastfeeding support.

These scenarios represent typical scenarios encountered by providers of breastfeeding support and care. It should be noted, however, that case discussions alone are not sufficient to verify competencies. Examiners must observe a provider applying their knowledge, skills and attitudes to the delivery of breastfeeding support and care in a workplace.

Table 3 maps the PIs that may be examined in each scenario. PIs #11–13 (listed under Competency 3. Use effective listening, learning and communication skills to provide breastfeeding support and care) are included for assessment in several case studies to ensure that providers consistently apply this competency in their work.

Table 3. Case discussion scenarios mapped to PIs

Case discussion scenario	PIs
1 – International code	01, 03, 06
2 – International code and sponsorship	04
3 – Antenatal conversation	11, 12, 15, 18, 21, 22, 23, 33, 51, 60
4 – Birth and immediate postnatal	28, 33, 34, 35, 36, 37, 38
5 – Special needs	11, 12, 13, 14, 15, 16, 18, 24, 25, 27, 28, 29, 40, 43, 45, 44, 46, 48, 61
6 – Preterm	11, 13, 14, 15, 16, 18, 19, 41, 42, 53, 54, 55, 56, 57
7 – Crying and supplements	11, 12, 13, 18, 19, 25, 26, 32, 45, 49, 59, 60
8 – Return to work or school	11, 12, 13, 16, 20, 30
9 – Complementary feeding	11, 20, 31
10 – Common challenges	15, 47, 48, 51, 5760
11 – Pain during breastfeeding	12, 13, 16, 17, 23
12 – Family and CMF	16, 26, 29, 37, 59
13 – Hand expressing	39, 40
14 – Feeding in emergencies	03, 52
15 – “Is my baby getting enough milk?”	12, 13, 16, 17, 24, 25, 28
16 – Policies and monitoring	07, 08, 09, 10

3.4 Knowledge assessment tool

The Knowledge assessment tool contains MCQs that may be used to assess the knowledge components of some or all the competencies. Case-based questions are included in the MCQ set. For each question the correct answer, three “distractors” (incorrect answers), explanatory notes and sources are provided. Although the MCQ set includes questions for most of the PIs, correct responses to these questions alone are not sufficient to establish competence. Providers must demonstrate application of their knowledge to the delivery of breastfeeding support and care.



4 Country adaptation

The competencies described in this toolkit should be considered a minimum set of the knowledge, skills and attitudes that providers must have to adequately protect, promote and support breastfeeding in maternity facilities and the community. Additional competencies may be required in some contexts, and these should be added.

The PIs and tools presented here should be modified as necessary to ensure that they reflect the needs of those who provide care and the needs of the population they serve. Countries may create additional PIs or adapt existing PIs to their context by adding to or modifying the expected or concerning responses (see Examiner's resource and Observation tools).

The expected responses and those of concern listed in the Examiner's resource and Observation tools might have to be adapted to ensure that they reflect the legal, ethical and organisational responsibilities of those who provide breastfeeding support and care in each country. Similarly, some modifications may be necessary to the case studies to reflect local cultural beliefs, attitudes and expectations about infant feeding, especially when providers must be equipped to support evidence-based feeding practices that are not yet widely accepted in their communities.

Adaptation of these tools should be based on a thorough analysis of the breastfeeding care and support tasks that a provider is likely to perform. This information can then be used to create additional PIs and, if necessary, additional competencies.

Breastfeeding support and care competencies can be assessed with a variety of strategies. Countries, health systems or community services may develop additional assessment strategies and tools based on this toolkit. For example, countries may integrate knowledge assessment into observation-based assessments by requiring providers to demonstrate breastfeeding support and care skills in various situations and contexts. Similarly, context-specific scenarios may be developed for use in case-based discussions of situations commonly encountered by experienced providers.

The tools in this toolkit may also be used as templates for developing tools for assessing additional competencies that have been identified as necessary for the performance of required tasks. Some may be found in WHO's Infant and young child feeding counselling: an integrated course *(11)* or in the UNICEF Community infant and young child feeding counselling package *(26).*

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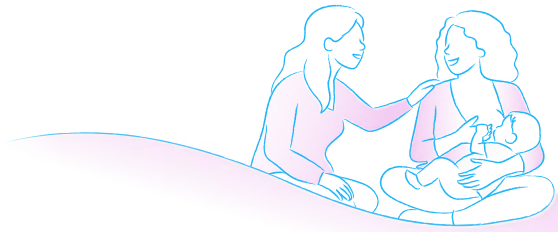
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Annex 1. Competency verification tools

1. Competency verification toolkit examiners' resource – a reference for examiners that contains detailed descriptions of the behaviours a competent provider can be expected to demonstrate; https://iris.who.int/handle/10665/385331
2. Competency verification toolkit observation tools – a set of checklists that can be used to record examiners' observation of providers' behaviours; https://iris.who.int/handle/10665/385330
3. Competency verification toolkit case-based discussion guide – a set of breastfeeding support and care scenarios that may be used to stimulate discussion or role-play simulations during which providers may demonstrate some of the components of the competencies; https://iris.who.int/handle/10665/385333
4. Competency verification toolkit knowledge assessment tool – a set of multiple choice questions (MCQs), including an answer key, that can be used to examine some of the knowledge components of the competencies. https://iris.who.int/handle/10665/385332



Annex 2. Methods

The BFHI Network, Inc., under contract with WHO, reviewed WHO and United Nations Children's Fund (UNICEF) policies, communications and training materials pertaining to the breastfeeding knowledge and skills of health-care providers. The sources included:

- IYCF: model chapter for textbooks for medical students and allied health professionals second edition *(1);*
- IYCF counselling: an integrated course second edition *(2);*
- Baby-friendly Hospital Initiative training course for maternity staff *(3);*
- Implementation guidance on counselling women to improve breastfeeding practices *(4);*
- Competency verification toolkit: ensuring competency of direct care providers to implement the Baby-friendly Hospital Initiative *(5);*
- The International Code of Marketing of Breast-milk Substitutes: Frequently asked questions on the roles and responsibilities of health workers *(6);*
- WHO Guideline for complementary feeding of infants and young children 6–23 months of age *(7);*
- WHO recommendations on maternal and newborn care for a positive pregnancy experience *(8);*
- WHO recommendations for care of the preterm or low birth weight infant *(9);*
- Improving the health and wellbeing of children and adolescents: guidance on scheduled child and adolescent well-care visits *(10)*; and
- UNICEF Community IYCF counselling package *(11).*

In addition, a search was conducted for other WHO and UNICEF documents that addressed the following topics:

- antenatal period and childbirth;
- competencies, training;
- counselling;
- emergencies, humanitarian settings;
- preparation, storage and handling of infant formula;
- health-care or hospital care
- International code of marketing of breast milk substitutes;
- Kangaroo care, care of the preterm infant;
- monitoring;
- mortality: infant and maternal;

- nutrition;
- postpartum and newborn care;
- safe sleep; and
- family-friendly workplaces.

WHO convened a group of advisers, selected for their expertise in paediatrics, neonatology, nursing, nutrition, breastfeeding management, BFHI, competency-based training, competency verification, pre-service education and/or community-based breastfeeding care (see Table A2.1).

The contractor also used its extensive professional network to identify countries in which the BFHI Competency verification toolkit had been used. Experts from each of these countries (Canada, Italy, Kenya, and USA) were invited to attend meetings of the advisers to share their experiences and observations. The author team and the advisers met on six occasions, and the observations of the advisers were considered throughout development of the document. This group met three times to discuss experiences of using the previous toolkit, sources of evidence on effective competency verification practices, the required competencies and PIs, and methods of verification. This group also reviewed the verification materials before finalising the document.

WHO worked with the contractor to synthesize the advice of the expert group and shape the Competency verification tool. The contractors provided a draft introduction and tools.

The draft toolkit was pilot-tested in Italy and Norway as part of the European Union Joint Action Prevent Non-Communicable Diseases.

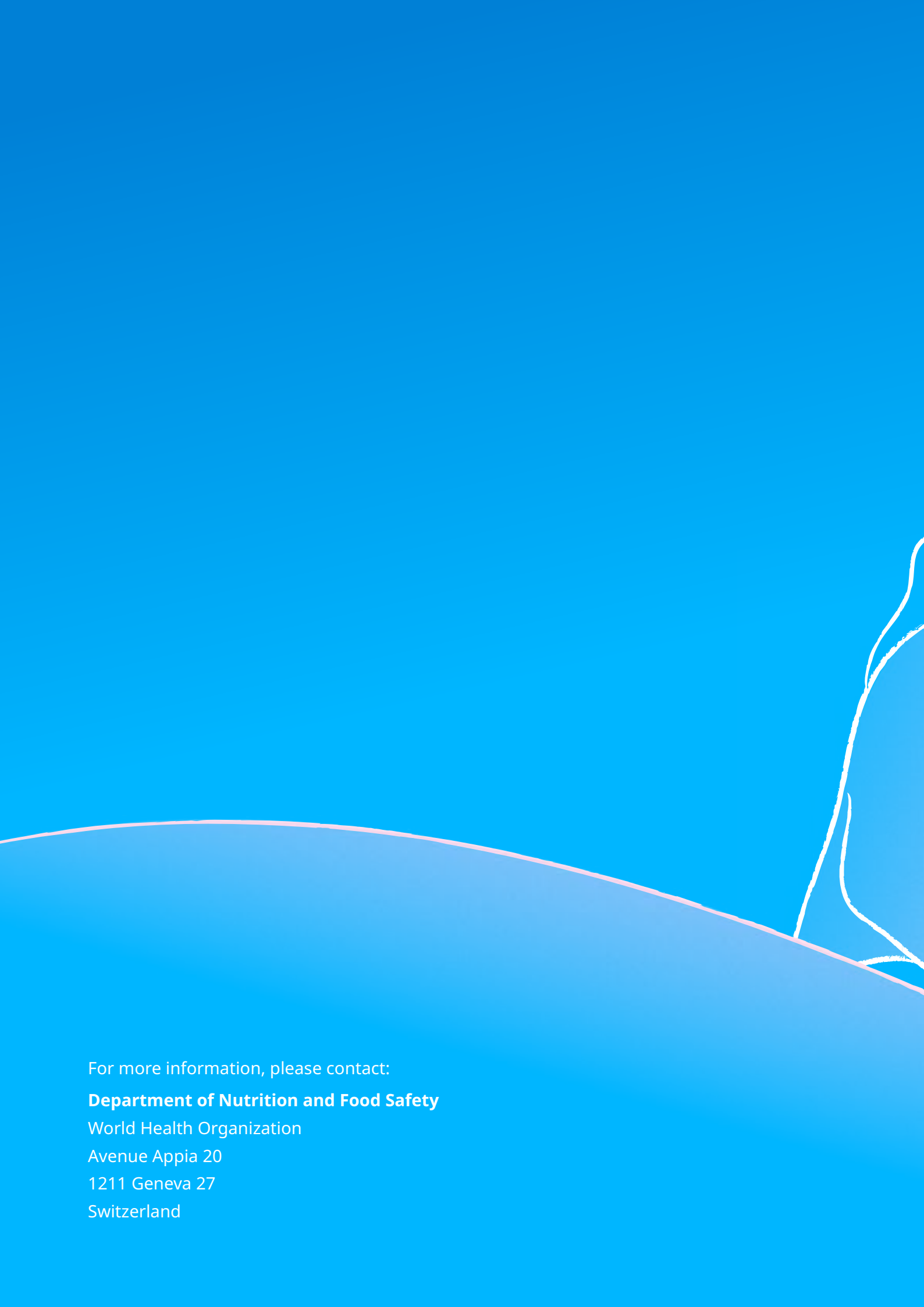
Table A2.1. Expertise and affiliations of the expert group

Name	Affiliation	Country	Expertise
Nora Alkharji	Director of breastfeeding programme in the Ministry of National Guard	Saudi Arabia	MD; Paediatrician, IBCLC; Educator; community peer breastfeeding support, BFHI Assessor, BFHI Trainer; IBLCE coordinator in Saudi Arabia
Eileen FitzPatrick	Baby-friendly USA	USA	DrPH, MPH, RDN: Nutrition and Dietetics; BFHI implementation; Pre-service education
Angela Giusti	Italian National Institute of Health (Istituto Superiore di Sanità)	Italy	PhD Health Promotion; Public Health Research, IBCLC; Midwifery; Adult education; Counselling
Alejandra Gutierrez	University of North Florida, University of Texas at Austin	Mexico USA	Registered Dietician; IBCLC; Perinatal and paediatric nutrition
Rukhsana Haider	Training & Assistance for Health & Nutrition Foundation	Bangladesh	MBBS, MSc, PhD, Fellow of the Academy of Breastfeeding Medicine, IBCLC; Physician; Peer breastfeeding counselling programmes; Nutrition training and education
Rameeza Kaleem	Department of Preventive Paediatrics, Fatima Jinnah Medical University	Pakistan	MD, MS, MBBS Paediatrics; Pre-service education; maternal and infant nutrition; growth and assessment; Master trainer of BFHI, IYCF, CMAM, and IMNCI.
Theresa Landau	Morrisania Diagnostic and Treatment Center (WIC Program), New York City Health and Hospital Corporation	USA	MS, RDN, CDN, CLC; BFHI assessment and implementation; Peer breastfeeding support
Angie Manners	The Perfect Latch Breastfeeding Services / Services en allaitement	Canada	RN; MScN; IBCLC; maternal and child health
Melissa Miranda	Research Institute in Health and Development, Universidad Mayor de San Andres	Bolivia	PhD: Nutrition and Food
Tuan Nguyen	Alive & Thrive East Asia Pacific, FHI 360 Global Nutrition College of Health Sciences, Vin University	Viet Nam	MD, MS, PhD; Paediatrics; human milk bank; BFHI; Nutritional Epidemiology; International Health; IYCF
Brian M Njoroge	Udugu Ufanisi Ustawi wa Jamii (3UJ) Development Ltd	Kenya	Infant and young child nutrition; Child survival; Baby Friendly Hospital Initiative, Baby Friendly Community Initiative, Mentorship for Breastfeeding Counselling, and Competency Verification
Pushpa Panadam	La Leche League International (LLLI)	Paraguay	Community breastfeeding support (La Leche League Leader), Antenatal and postnatal education

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