

## Competency Verification for Direct Care Providers Working in Community Health Services

This document is an **Addendum** to *WHO/UNICEF Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative (2020)*

<https://www.who.int/publications/i/item/9789240008854>

### Introduction

In Canada, the Baby-Friendly Hospital Initiative (BFHI) is called the Baby-Friendly Initiative (BFI), reflecting the continuum of care from hospital to home. Publicly funded community health services providing prenatal and postnatal care, such as public health units and community health centres, are eligible for BFI assessment and designation in Canada.

The WHO/UNICEF Competency Verification Toolkit comprises basic competencies recognized internationally as minimum requirements for direct care providers working in hospitals and birthing centres. Many of the competencies, however, are equally applicable to direct care providers working in community health services. The process of competency verification and tools such as multiple choice questions, case studies and observation are also relevant in determining the knowledge, skill and attitude of direct care providers<sup>1</sup> working in the community. If a direct care provider cannot clearly demonstrate competence, education and skill development are needed.

This Addendum should be used in conjunction with the Breastfeeding Committee for Canada's (BCC) **Baby-Friendly Initiative Implementation Guideline** [hyperlink] and **BFI Guideline Checklist**. [hyperlink]

### Competency Verification for Direct Care Providers in Community Health Services

The following table shows the performance indicators for each Step. When performance indicators provided in the WHO/UNICEF Competency Verification Toolkit are replicable in community, the pages and number of the performance indicator are provided. Users are asked to replace the word "hospital" with "community health service" as needed. When the WHO/UNICEF document does not provide a suitable performance indicator, or additional performance indicators are needed to reflect competency in community health services, the BCC has provided appropriate performance indicators in the third column. The fourth column shows whether the performance indicator addresses knowledge, skills or attitudes. The final column indicates how performance can be verified.

WHO/UNICEF Performance Indicator: WHO/UNICEF

BCC Performance Indicator for CHS: BCC

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<sup>1</sup> Direct care providers: individuals who provide education, assessment, support, intervention, assistance and/or follow-up for infant feeding.

BFI Step	Performance Indicator		Knowledge (K), Skills (S) or Attitudes (A)	Type of Verification
	WHO/UNICEF	BCC		
1a	Page 8: 1–6		K	Question or case study
1b	Page 8: 7, 8		K	Question or case study
1c	Page 9: 9, 10		K	Question or case study
2	Page 9: 11–14		K-S-A	Observation
3	Page 9: 15–17		K-S-A	Observation
4	Page 9: 18–19 Page 10: 22, 23, 25	Describe at least 3 ways to promote immediate, uninterrupted and safe skin-to-skin between mothers/birthing parents and infants at birth.	K	Question or case study
5	Page 10: 28, 31, 32, 34 Page 11: 40, 43, 44 Page 12: 57	Demonstrate how to assess effective feeding and address identified variances.  Demonstrate at least 3 aspects of how to help a mother/birthing parent achieve a comfortable and safe position for breastfeeding.	K-S-A  K-S-A	Question or case study and observation
6	Page 10: 29 Page 11: 41, 42 Page 12: 47–52		K-S-A	Question or case study

7	Page 11: 35	<p>Describe 2 ways to provide infant pain relief during procedures such as blood draws and injections.</p> <p>Describe at least 3 points about safe infant sleep and harm-reduction messaging about bedsharing and swaddling/tight bundling.</p> <p>Explain at least 3 things you would tell a mother/birthing parent about providing skin-to-skin care at home, regardless of feeding decisions.</p>	K  K  K	<p>Question or case study</p> <p>Question or case study</p> <p>Question or case study</p>
8	Page 10: 28 Page 11: 37–39 Page 12: 58	<p>Describe at least 2 reasons why sustained breastfeeding is important.</p> <p>Describe at least 3 signs of readiness for introduction of age-appropriate complementary foods.</p> <p>Describe at least 2 contraceptive methods compatible with breastfeeding.</p> <p>Explain a woman’s rights to accommodation that support and sustain breastfeeding.</p> <p>Engage in a conversation with a mother/birthing parent about age-appropriate normal feeding behaviours and their implications for feeding.</p>	K  K  K  K  K-S-A	<p>Question or case study</p> <p>Question or case study</p> <p>Question or case study</p> <p>Question or case study</p> <p>Observation</p>
9	Page 12: 53–56 Page 13: 59		K-S-A	Question or case study and observation

10	Page 13: 60- 61	<p>Describe the follow-up assessment and support provided to mothers/birthing parents following hospital discharge.</p> <p>Describe the types of services available to support feeding from infancy until the child is 2 years or older.</p> <p>Demonstrate how families are included in care planning around infant feeding.</p>	<p>K</p> <p>K</p> <p>K-S-A</p>	<p>Question or case study</p> <p>Question or case study</p> <p>Observation</p>
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