Evaluation Plan:

Purpose: The purpose of this evaluation plan is to provide practitioners with guidance on evaluating the extent of implementation and acceptability and effectiveness of a systems approach to implementing the Baby-Friendly Hospital Initiative (BFHI). The Center TRT Evaluation Plan is modeled after the approach taken by the Connecticut Breastfeeding Initiative (CBI), a joint project of the CT Dept. of Public Health and Connecticut Breastfeeding Coalition. It provides a menu of options for evaluation questions covering several dimensions commonly included in program evaluations, including: reach, adoption, extent of program implementation, and effectiveness in addressing targeted outcomes. Please note that this suggested evaluation plan focuses on program implementation; a list of other relevant evaluation questions is available in the Evaluation section of the Center TRT website.

Evaluation Questions: This evaluation plan likely includes many more evaluation questions than will be feasible to answer. Similarly, it may include questions that are less important for your particular context or lack questions that should be prioritized for your context. Center TRT recommends working with your stakeholder group to prioritize the evaluation questions you will seek to answer.

Design: The evaluation is a pre- and post-test design with no comparison group.

Data collection: A variety of data collection tools are referenced throughout the evaluation plan. Several of the process and outcome data collection tools were developed by evaluators of the Connecticut Breastfeeding Initiative and are available for your use. These tools are asterisked through this evaluation plan. Please note that Center TRT has not reviewed these tools. Additional data collection tools that were not used in the Connecticut Breastfeeding Initiative intervention are suggested; these tools will need to be created to apply to your context. These same tools also appear in the lower section of the Center TRT Logic Model.

Process evaluation tools:

- Program trackers – These are logs used to monitor various aspects of the program. (Note: The CBI used an online database to track a variety of process evaluation program components. The method used, paper or online, is not important as long as the information is tracked.) Some of the program logs suggested in this evaluation plan would probably be maintained by the Baby-Friendly expert/consultant, others by the statewide coordinating agency, and others by participating hospitals/maternity facilities. The program trackers we suggest keeping are:
  - Hospital participation log (to assess adoption and hospital characteristics);
  - Consultant hours log – tracking consultant hours (maintained by consultant);
  - Hospital progress log – tracking each hospital’s progress on the 4-D Pathway (maintained by consultant);
  - Training log – tracking who, when, and how many maternity staff have been trained, etc.; and
  - Materials development and distribution log – tracking what type and how many materials were developed and distributed (both by the key coordinators within individual hospitals and within the statewide coordinating agency)
- State Hospital Association patient data and/or patient data collected from hospitals
• Implementation Plan for Systems Approach to BFHI
• BFHI Maternity Staff Training curriculum (there are multiple options available to fulfill this requirement)
• Maternity Facility staff interview guide* – documents progress on five targeted steps, hospitals’ use of the trainer (for step 2), consultant hours used, policy changes, how the coordinating agency could have helped participating hospitals more.
• Baby-Friendly USA Self-Appraisal (CT used this appraisal tool and also created a “mock survey,” which was used at the end of the project, that was created from this self-appraisal tool and the consultant’s prior experience). Available here: http://www.babyfriendlyusa.org/get-started/d1-discovery (click on link to self-appraisal tool for PDF download of a sample).

Short-term (1-3 year) outcome evaluation tools:
• Baby-Friendly USA Self-Appraisal Tool – http://www.babyfriendlyusa.org/get-started/d1-discovery (click on link to self-appraisal tool for PDF download)
• Maternity facility staff interview guide*
• Maternity staff survey*
• Mock survey
• Consultant logs (or electronic database)
• Baby-Friendly USA – Hospital Designation Tracker (official records of designations – see: http://www.babyfriendlyusa.org/eng/03.html

Tools that are asterisked were used by the CBI and are available for your use. These tools can be accessed on our website within the Evaluation Materials section of the CBI Intervention Package. These tools were developed by an Evaluation Team based at PDA, Inc, which was contracted by the CBI to conduct the evaluation for the CBI’s BFHI project.

Contact information for the developers is available on the Center TRT website within the CBI Intervention Package. Please contact the intervention developers for questions about the intervention itself.

Finally, the breastfeeding practices among mothers and babies were not measured in this evaluation. Here are some approaches to measuring these outcomes: http://www.babyfriendlyusa.org/eng/docs/2010_Guidelines_Criteria_Rev%2011_28_11.pdf.

### PROCESS EVALUATION

This section should address the reach of the intervention into the intended population; the adoption or uptake of the intervention by setting; and the fidelity of implementation of the intervention components and core elements.

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Data to be Collected</th>
<th>Data Collection Method</th>
</tr>
</thead>
</table>
| Reach
How many and what were the characteristics of the staff reached by the | • # of staff trained     | • Training log         |
<p>| | | |
|                                                           |                          |                        |</p>
<table>
<thead>
<tr>
<th>Consultant-provided (or other options) of training?</th>
<th>Demographics (hospital where work, race, training level, position title, etc.)</th>
<th>Maternity staff survey*</th>
</tr>
</thead>
<tbody>
<tr>
<td>What proportion of maternity patients across the state were reached by hospitals/maternity facilities that had already achieved designation or were actively working on achieving designation?</td>
<td># of women who give birth annually at all hospitals/maternity facilities in state</td>
<td>State Hospital Association patient data and/or patient data collected from maternity facilities</td>
</tr>
<tr>
<td>How representative of state-level demographics were the mothers and babies reached by hospitals/maternity facilities already Baby-Friendly designated or actively working toward designation?</td>
<td># of women who give birth annually at already BFHI designated facilities or those working on designation</td>
<td>State Hospital Association patient data and/or patient data collected from hospitals/maternity facilities</td>
</tr>
<tr>
<td>Demographics of women giving birth in hospitals/maternity facilities across the state compared to demographics of women giving birth in hospitals/facilities already designated or working towards designation</td>
<td>Demographics of women giving birth in hospitals/maternity facilities compared to demographics of women giving birth in hospitals/facilities already designated or working towards designation</td>
<td></td>
</tr>
</tbody>
</table>

**Adoption**

What proportion of hospitals/maternity facilities within the state adopted the technical assistance/training program to become Baby-Friendly?

- % of hospitals/maternity facilities interested in participating in the technical assistance/training program (out of total number of facilities in state)

- State hospital association data

- Hospital/maternity facility participation log (maintained by coordinating agency)

**Implementation – Statewide Coordinating Agency**

Did the statewide coordinating agency develop an implementation plan for the BFHI program?

- Existence of plan

- Systems Approach to BFHI Implementation Plan
What materials did the statewide coordinating agency develop to support implementation for participating hospitals/maternity facilities?

What materials did the statewide coordinating agency distribute to participating hospitals/maternity facilities to support implementation?

What training was provided to participating hospitals/maternity facilities?

Did participating hospitals/maternity facilities distribute educational materials to staff and/or patients?

Were the perceived benefits of the BFHI worth the costs from the perspective of the statewide coordinating agency?

**Implementation – Hospital level**

What proportion (and number) of maternity staff completed the advanced practice hours?

<table>
<thead>
<tr>
<th>Materials development and distribution log (maintained by coordinating agency)</th>
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<tbody>
<tr>
<td>Materials development and distribution log (maintained by facility-level coordinator)</td>
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<tr>
<td>Interviews with key staff at statewide coordinating agency</td>
</tr>
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<td>Budget and other recorded costs</td>
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- **Materials development and distribution log (maintained by coordinating agency)**
- **Materials development and distribution log (maintained by facility-level coordinator)**
- **Interviews with key staff at statewide coordinating agency**
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- **BFHI Maternity Staff Training curriculum**
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<tr>
<th># and type of materials developed</th>
<th># and type of materials distributed</th>
<th># and type of educational materials distributed to patients and/or staff</th>
<th>Perceived benefits of the systems approach to BFHI (reported by staff at the statewide coordinating agency)</th>
<th>Perceived costs of participation in the systems approach to BFHI (reported by staff at the statewide coordinating agency)</th>
<th>% (or #/total) of maternity staff who completed the advanced practice hours</th>
</tr>
</thead>
</table>

- **BFHI Maternity Staff Training curriculum**
- **Materials development and distribution log (maintained by coordinating agency)**
- **Materials development and distribution log (maintained by facility-level coordinator)**
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<tbody>
<tr>
<td>What proportion (and number) of MDs completed the advance practice hours?</td>
<td>• # (or % of total) of MDs completed advance practice hours</td>
<td>• Training log (maintained by hospital-level coordinator)</td>
</tr>
<tr>
<td>Was the BFHI initiative acceptable to hospital level stakeholders?</td>
<td>• Perceived level of acceptability of the BFHI reported by hospital level stakeholders (key contact, maternity staff)</td>
<td>• Maternity Facility Staff Interview guide*</td>
</tr>
<tr>
<td>What were maternity staff perceptions of the BFHI?</td>
<td>• Perceptions of BFHI reported by trained maternity staff</td>
<td>• Maternity Facility Staff Interview guide*</td>
</tr>
<tr>
<td>What were mother/parent perceptions of the BFHI?</td>
<td>• Perceptions reported by mothers/parents</td>
<td>• Patient survey</td>
</tr>
<tr>
<td>Was the BFHI implementation feasible for maternity facilities?</td>
<td>• Reports of feasibility (or lack thereof) by maternity staff and key hospital contacts</td>
<td>• Maternity Facility Staff Interview guide*</td>
</tr>
<tr>
<td>Were the perceived benefits of the BFHI program worth the financial and other costs for the hospitals?</td>
<td>• Reports of perceived benefits (by hospital contacts)</td>
<td>• Maternity Facility Staff Interview guide*</td>
</tr>
</tbody>
</table>

**OUTCOME EVALUATION**

This section should address the effect of the intervention on the intended short-term outcomes (those you can measure at the end of a 1-3 year project period).

**Evaluation Questions**

**Data to be Collected**

**Data Collection Method**

**Outcome 1: Increased positive attitudes and knowledge about implementing the Ten Steps from BFHI (among trained maternity staff)**
| How have attitudes and knowledge about the Ten Steps from BFHI improved from pre to post-training? | # of Baby-Friendly practices (measured at baseline and follow-up) | • Maternity staff survey*  
• Consultant logs (or electronic database) |
|---|---|---|
| **Outcome 2: Increased number of facility-level policies and practices in place that are supportive of breastfeeding** | What policies and practices are in place in participating hospitals/maternity facilities that are supportive of breastfeeding? | # of practices and policies in place in each participating hospital/maternity facility (measured at baseline and follow-up) | • Baby-Friendly USA Self-Appraisal tool  
• Maternity staff survey*  
• Maternity facility staff interview guide*  
• Consultant logs (or electronic database) |
| **Outcome 3: Increased number of hospitals/maternity facilities designated as Baby-Friendly** | How many hospitals/maternity facilities achieved Baby-Friendly designation? | # of facilities designated as Baby-Friendly (measured at baseline and follow-up) | • Baby-Friendly USA Self-Appraisal tool  
• Baby-Friendly USA Hospital Designation Tracker |
| **Possible Unintended Consequences** | - Parent/family dislike of or disagreement/frustration with Baby-Friendly approach.  
- Increased focus and resources spent on Baby-Friendly Hospital initiative, and reduced focus and funding for other areas. | | |