

Hospital Name: _____

Birth & Beyond California Participant Self-Efficacy Scale

This questionnaire is designed to help gain a better understanding of Birth & Beyond California participants' perceptions of their own abilities to implement Model Hospital Breastfeeding Policies to improve exclusive in-hospital breastfeeding rates.

Please rate your level of confidence with the following statements.

Breastfeeding Quality Improvement:

	Not at All Confident	A Little Confident	Somewhat Confident	Fairly Confident	Totally Confident
• I can show mothers and families how to engage their infants in skin-to-skin contact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I can support breastfeeding by keeping healthy mothers and their babies close together during the entire hospital stay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I can show mothers how to properly breastfeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I can encourage new mothers to exclusively breastfeed their infants for their first six months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Communication with Healthcare Professionals:

• I can educate nurses, certified midwives, physicians and other health professionals about the benefits and management of breastfeeding.	<input type="radio"/>				
• I can encourage nurses, certified midwives, physicians and other health professionals to place mothers and babies skin-to-skin during the first two hours after birth and as much as possible thereafter.	<input type="radio"/>				
• I can make sure that breastfeeding infants are not given sterile water, glucose water, or artificial milk without the mother's informed consent and/or physician's specific order.	<input type="radio"/>				
• I can utilize opportunities to collaborate on patient care with physicians.	<input type="radio"/>				
• I can seek ideas about breastfeeding quality improvement from professionals, other than physicians, e.g., (registered dietitians, lactation consultants, occupational therapists, etc.).	<input type="radio"/>				

Communication with Patients:

• I can help a mother to understand the importance of skin-to-skin contact.	<input type="radio"/>				
• I can encourage the undecided mother to breastfeed.	<input type="radio"/>				
• I can help mothers overcome breastfeeding fears.	<input type="radio"/>				
• I can help mothers to understand babies' sleep and feeding patterns.	<input type="radio"/>				

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Please rate your level of confidence with the following statements.

Access to Resources:

	Not at All Confident	A Little Confident	Somewhat Confident	Fairly Confident	Totally Confident
• I can get the education and training I need to improve breastfeeding quality at my hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I can get the resources (staff, equipment, etc.) to improve breastfeeding quality at my hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Empowerment:

• I can have a significant impact on a mother's success with breastfeeding.	<input type="radio"/>				
• I can promote and support breastfeeding in my hospital.	<input type="radio"/>				
• I can influence breastfeeding quality improvement decisions at my hospital.	<input type="radio"/>				
• I can freely express my views about important breastfeeding quality improvement issues.	<input type="radio"/>				
• Overall, my current work environment empowers me to accomplish my work related to breastfeeding quality improvement in an effective manner.	<input type="radio"/>				

Participant Background:

Birth & Beyond California Training (Select all that apply.) None Decision Maker Learner Trainer QI/QA Network

Years of Nursing Experience None 1-5 6-10 11-15 16-20 >20

Years of Nurse Management Experience None 1-5 6-10 11-15 16-20 >20

Years of Hospital Management Experience None 1-5 6-10 11-15 16-20 >20

Hospital Quality Improvement Experience None 1-5 6-10 11-15 16-20 >20

Breastfeeding Quality Improvement Experience None 1-5 6-10 11-15 16-20 >20

Professional Status (Select all that apply.) MD CNM CNS NP PA RN

RT RD MSW LC/IBCLC Other (Please specify): _____

Specialty Area(Please select all that apply.) L&D Post Partum Nursery NICU Peds.

Management Mother/Baby Other (Please specify): _____