Introduction

Welcome to the new UNICEF UK Baby Friendly Initiative standards for maternity, neonatal, health visiting (or specialist public health nursing) and children’s centre (or equivalent early years’ community settings) services.

These standards are the result of a large consultation involving clinicians, academics, policy makers and mothers. For a copy of the full review document please go to unicef.org.uk/babyfriendlyreview

There is a full review of the evidence to underpin these standards, which can be found at unicef.org.uk/babyfriendlyreview/evidence

These new standards incorporate the previous standards as specified in the Ten Steps to Successful Breastfeeding and Seven Point Plan for Sustaining Breastfeeding in the Community but update and expand them to fully reflect the evidence base on delivering the best outcomes for mother and babies in the UK. As experience of implementing the standards grows, there will be ongoing evaluation to ensure that the standards are as effective and robust as possible; we hope that you will help us with this by sharing your experiences and suggestions for improvements.

If you have questions after reading this document please contact us at bfi@unicef.org.uk
Overview of the UNICEF UK Baby Friendly Initiative standards

Building a firm foundation

Stage 1

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

An educated workforce

Stage 2

Educate staff to implement the standards according to their role and the service provided.
Parents’ experiences of maternity services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
5. Support parents to have a close and loving relationship with their baby.

Parents’ experiences of neonatal units

1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breastmilk and to breastfeed when possible.
3. Value parents as partners in care.

Parents’ experiences of health-visiting/public health nursing services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Enable mothers to continue breastfeeding for as long as they wish.
3. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
4. Support parents to have a close and loving relationship with their baby.

Parents’ experiences of children’s centres or equivalent early years settings in Wales, Scotland and Northern Ireland

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families. (For examples of innovations, see page 38).
The UNICEF UK Baby Friendly Initiative standards with guidance
Stage 1: Building a firm foundation

The following standards need to be met in order to be successful at Stage 1 assessment:

1. Have written policies and guidelines to support the standards

You will know that the facility has met this standard when:
- There is a policy (or equivalent) which covers all of the standards and is accompanied by a written commitment, signed by relevant managers, to adhere to the policy and enable their staff to do likewise.
- Policies, protocols and guidelines which pertain to one or more of the standards support the effective implementation of that standard.
- All new staff are orientated to the policy (or equivalent) on commencement of employment.

We will assess this by:
- Reviewing all relevant policies and guidelines to ensure that they support the implementation of the standards as applicable to the service provided.
- Reviewing the mechanism by which the new staff are orientated to the policy (or equivalent).

Guidance
We refer to a ‘policy’ but appreciate that some services will use other terms such as guidelines, protocols etc. What is important is that all relevant documents clearly support staff to implement the standards.

Please see:
- The Baby Friendly Initiative sample policies and guidance on writing a policy.
- The Stage 1 guidance and application form.

2. Plan an education programme that will allow staff to implement the standards according to their role

You will know that the facility has met this standard when:
- There is a written curriculum for the staff education programme which clearly covers all the standards.
- There are plans for how the staff will be allocated to attend/complete their education according to their role, including a system for recording staff attendance.

We will assess this by:
- Reviewing the written curriculum/curricula to identify where all the standards are covered and how the education is delivered.
- Reviewing the plans made for ensuring staff attendance, following up non-attendees and recording that staff have attended the education programme.

Guidance
For help with writing a curriculum please see:
- The curriculum guidance document.

For help with planning how the education programme will be delivered please see:
- The Stage 2 guidance and application form.
We strongly recommend that those planning and delivering the education programme have additional training, to ensure that they have sufficient knowledge and skill in relation to:

★ Infant feeding.
★ The importance of early relationships on childhood development.
★ How to deliver effective training.

Please see our information on:
★ Courses for
   • Midwives
   • Health visitors
   • Neonatal nurses
   • Children’s centre staff
★ Our Train the Trainer course.
★ The Baby Friendly Lead/Specialist course.

Visit unicef.org.uk/babyfriendly/training to find out more

3. Have processes for implementing, auditing and evaluating the standards

You will know that the facility has met this standard when:
★ A plan for implementing all the standards has been agreed by all the relevant managers/team leaders.
★ A project lead with the necessary knowledge and skills to implement the standards is in post.
★ Any tools you are planning to use to support the implementation of the standards (e.g. a feeding plan, feeding assessment tool, materials for mothers) have been developed.
★ A plan for auditing the standards has been agreed, including the use of the appropriate UNICEF UK Baby Friendly Initiative tool.
★ An efficient data collection system exists, or plans to address weaknesses in the data collection system have been made.
★ There is evidence of collaborative working that puts the well-being of the baby and their mother/parents at the heart of all plans for care.

We will assess this by:
★ Reviewing the systems, tools and documentation in place to support implementation of the standards.
★ Reviewing the audit mechanism.
★ Reviewing the current data collection system/plans for data collection.

Guidance
Project lead
Implementing the Baby Friendly Initiative standards is a change management project and so requires someone to take responsibility for co-ordinating the planning, implementation, audit and evaluation. Experience shows that the lead needs to have sufficient knowledge, experience and time to allow them to perform this role adequately, but that there is no one model essential to success. Services need to consider what they want this role to include before deciding on the person specification and hours required. For example:
★ Will the role include carrying out staff training, practical skills reviews and audits?
★ Do you expect the role to include specialist support for breastfeeding?
★ How large is the service in terms of staff numbers and births?
★ What role will managers and other key staff take in supporting the lead?
Tools for implementing the standards
You will be asked to submit evidence showing how the standards will be implemented in the workplace. This will include the mechanisms by which staff will be reminded to provide certain care and the prompt sheets, guidance documents, leaflets, and so on that they will use.

You don’t have to start each of these tools from scratch. The UNICEF UK Baby Friendly Initiative provides antenatal and postnatal prompt sheets and breastfeeding assessment forms. There are UNICEF/Start4Life written materials for mothers available from the English Department of Health.

Similar materials can be found in Scotland from NHS Health Scotland at readysteadybaby.org.uk

For similar materials in Northern Ireland, see www.publichealth.hscni.net/publications

There are also a number of other excellent resources available that can support the improvements in practice required, such as the Department of Health’s Pregnancy, Birth and Beyond package, the Bliss Baby Charter, the Best Beginnings Small Wonders and From Bump to Breastfeeding DVDs, and Yorkshire and Humber Health Innovation and Education Cluster (HIEC) for neonatal units.

Audit
The assessment process at Stage 2 and 3 will ask you to provide internal audit results which will be considered alongside the findings of the assessment team. This will strengthen the assessment process and make it less dependent on what happens during the day/s of assessment. You will therefore need to use the UNICEF UK Baby Friendly Initiative audit tool to carry out your internal audits; we will suggest audit timelines and numbers depending on the size and type of service.

For information on the Baby Friendly audit tools please see unicef.org.uk/babyfriendly/audit
Outcomes data
We are very keen to see that services are developed in a way that improves outcomes for mothers and babies. As a minimum, services will need to have a robust data collection system in place that aligns with DH/DfE requirements for that service, and measures breastfeeding rates for at least one period of time (for example, initiation for maternity services, or 6-8 weeks for children’s centres/early years settings and health visiting/public health nursing services).

However, it is also recommended that local health and well-being boards (or equivalent in devolved governments) directly consider any additional data that may be helpful in identifying local needs and planning services appropriately. For example, from collection of data at handover from midwifery services to health visiting services, it may be established that extra resource is needed before 10 days to reduce a steep drop off from initiation, or after 10 days if the biggest drop off is after this point. Services which collect additional data to inform service developments can use this additional information to work towards Advanced accreditation status.

Systems to monitor and deal with the results from maternal satisfaction surveys will also be explored, as well as complaints related to infant feeding.

Collaborative working
Working together across disciplines and organisations is vital for effective implementation of the standards, and leads to improved experiences for mothers. We will ask you to tell us how you work with colleagues across departments/teams and other services.

Examples
Maternity services:
★ Sharing information about pregnant women with children’s centre/early years’ settings and health visiting/public health nursing services.
★ Working with neonatal units to provide consistent and complementary care.

Neonatal units:
★ Working with maternity services to provide consistent and complementary care.
★ Good communication with other neonatal units when transferring babies.
★ Working with the health visiting/public health nursing service to provide adequate support for parents when they take their baby home.

Health visiting/public health nursing services:
★ Working with maternity services to support antenatal information giving and ensure smooth and effective handover of care that puts the needs of families first.
★ Working closely with children’s centres/early years’ settings.
★ Working with local GP practices.

Children’s centres/early years settings:
★ Working with maternity services to improve the provision of information and support for pregnant women and new mothers and their families.
★ Working with local GP practices.
★ Working with local health visiting/public health nursing services to support the provision of information and support for new mothers and their families.

It may make sense to work collaboratively with other services in order to provide additional social support and help for mothers with breastfeeding challenges. When this is the case, a formal agreement to specify who provides what service, how this is resourced and who is responsible for audit and evaluation will be required at Stage 1 and reviewed at Stage 3.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff

You will know that the facility has met this standard when:

★ A written statement signed by the head of service confirms that the facility is committed to implementing this standard.
★ There is no advertising in the facility or by any of the staff.
★ There are systems in place to monitor compliance with this standard.

We will assess this by:

★ Reviewing the Stage 1 application to ensure a written commitment to implementing this standard has been made.
★ Using observations made during Stage 2 and Stage 3 assessment visits of the facility.

Guidance
This standard is necessary to ensure that breastfeeding is protected and that parents receive unbiased information to support their decisions. It means that:

★ There should be no display or distribution of any materials produced by the manufacturers of breastmilk substitutes, bottles, teats or dummies, in any part of the health care facility. This includes gifts bearing company logos intended for health professionals (including pens, diary covers, obstetric calculators, notepads, etc) and written materials intended for mothers (including leaflets that do or do not relate to infant feeding).
★ There should be no sale of breastmilk substitutes on health care premises.
★ Health care facilities should not accept free or subsidised supplies of breastmilk substitutes.

This standard does not restrict the provision of accurate and impartial information about formula feeding. Parents who have chosen to formula feed their baby should be given clear written instructions and shown how to make up a feed safely before they leave hospital. All community-based staff should ensure that this information has been given and is understood.

For more information please see unicef.org.uk/babyfriendly/codeguide

For accurate and impartial information on formula milks in the UK please see the First Steps Nutrition Trust report Infant Milks in the UK at firststepsnutrition.org/children/eating-well_first-six-months.html

Implementation of this standard will be assessed as follows:

At **Stage 1** we will check that:
★ A written commitment has been made to implement the standard.

At **Stage 2** we will check that:
★ Staff have sufficient understanding of this standard and what it means for their practice.
★ Managers are aware of their responsibilities in relation to this standard.
★ There is no advertising in the facility.

At **Stage 3** we will check that:
★ There is no advertising in the facility.
Stage 2: An educated workforce

The following standard will need to be met in order to be successful at Stage 2 assessment:

1. Educate staff to implement the standards according to their role and the service provided

You will know that the facility has met this standard when:
- The education programme has been effectively implemented.
- Staff who care for mothers and babies can describe how the standards are implemented in their area and demonstrate that they have the necessary knowledge and skills to implement the standards effectively according to their role.

We will assess this by:
- Interviewing a range of staff and asking them about:
  - The education they have received and how the standards are implemented in their area.
  - The knowledge they have in order to implement the standards in their area and according to their role.
  - The skills they have to support mothers to breastfeed.
  - The skills they have to support mothers to formula feed as safely as possible.
  - Their understanding of the International Code of Marketing of Breastmilk Substitutes.
Interviewing managers and asking them about:
- The systems in place for ensuring that the standards are implemented in the service.
- What is done to ensure that the International Code of Marketing of Breastmilk Substitutes is implemented.
- Audit results and outcome data.

Interviewing the project lead and asking them about:
- Audit and evaluation results relating to the education programme.
- How care for mothers is provided and evaluated.
- The support they give to staff to help them gain knowledge, skills and confidence.
- How they would provide care for mothers with specific difficulties (if this is part of their role).

Interviewing any staff who provide additional support to mothers about:
- How they would provide care for mothers with specific difficulties.

Reviewing training records.

### Guidance

The Stage 2 guidance and application form provide useful information on what is required to meet the standards for Stage 2 (unicef.org.uk/babyfriendly/stage2).

### Internal audit of staff knowledge and skills

The Baby Friendly Initiative audit tools have been designed to help audit the effectiveness of the training programme. Using them will help you determine exactly what knowledge and skills staff need according to their role within the service. For more information, go to unicef.org.uk/babyfriendly/audittool

### The staff interview

The staff interview that forms part of the Stage 2 assessment will ask specific questions that relate to the role of each member of staff. For example, a midwife who is working on a delivery suite will be asked questions relating to her practice in this area, while a member of children’s centre staff will be asked questions relating to her practice in the children’s centre.

Assessors will be looking for staff to demonstrate that they have:
- The knowledge and skill to effectively support mothers, including giving relevant practical tips (this will include teaching positioning and attachment and hand expressing where this is appropriate).
- The ability to communicate information effectively in a way which will enhance mothers’ confidence; qualities such as the ability to listen to the mothers’ concerns and questions, to empathise with her circumstances and demonstrate sensitivity, and to build confidence will be valued.

Where staff roles are locally defined (such as the role of peer supporters or children’s centre staff) careful attention will be paid to the service’s description of the role, to ensure that appropriate questions are asked.

### The manager’s interview

The management team are expected to take responsibility for the implementation of the standards in the service. The interview at Stage 2 assessment will ask them about what they do to support this. At this Stage it is not anticipated that all the standards will be implemented in full, but it will be expected that audits of care have been undertaken and that action plans to address identified issues have been developed.

### Staff who provide additional support for breastfeeding challenges

We ask the service to ensure that there is an identified person/people to whom women with persistent or complex breastfeeding challenges can be referred, and an appropriate referral pathway to support this. Collaborative working is encouraged to ensure that mothers who need additional support have their needs met, and that locally available resources are used effectively.
In many instances it will be the infant feeding coordinator or equivalent that both acts as project lead and performs this specialist role, but not always. For example, health visiting/public health nursing services may refer to a specialist in the midwifery service or to a local breastfeeding counsellor, while children’s centres/early years settings may refer to experienced peer supporters or the health visiting service.

It is not intended that this additional support would replace the need for staff to offer routine care to get breastfeeding off to a good start and overcome common difficulties. The staff who provide additional support will be expected to have deeper knowledge, enabling them to offer support with more complex or unusual breastfeeding challenges. They will be interviewed at Stage 2 assessment about their role, their education and experience, and their ability to support and build the confidence of mothers with more complex challenges.

**Project lead interview**

The project lead will also be interviewed at Stage 2 assessment to discuss progress so far, audit results and actions required to prepare for Stage 3 assessment.

**Staff who are not employed by the service seeking accreditation**

There are a number of staff groups who have a role in supporting mothers and babies or breastfeeding but who are not routinely employed by the services eligible for Baby Friendly accreditation. Such groups include GPs, pharmacists, practice nurses, school nurses and paediatric nurses. Although we do not ask services to educate staff that they don’t employ, our ultimate goal is a consistent level of care for mothers and babies. Therefore, services that do create systems by which these staff are educated will be awarded by UNICEF UK accordingly. For example, such innovation would do much to secure Advanced status at re-accreditation.

**UNICEF UK education services**

We run a range of courses to support you with the implementation of your staff education programme, including courses for midwives, health visitors, neonatal staff and children’s centre staff. There is also a Train the Trainer programme and a course for project leads/specialist staff. Visit unicef.org.uk/babyfriendly/training to find out more.
Stage 3: Parents’ experiences of maternity services

The following standards will need to be met in order to be successful at Stage 3 assessment:

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby

You will know that the facility has met this standard when:
★ All pregnant women have the opportunity for a discussion about feeding their baby and recognising and responding to their baby’s needs.  
★ All pregnant women are encouraged to develop a positive relationship with their growing baby in utero.

We will assess this by:
★ Verification of the current systems by which:
  • Opportunities are provided for women to discuss feeding their baby and recognising and responding to their baby’s needs.
  • Staff encourage pregnant women to develop a positive relationship with their growing baby in utero.
★ Reviewing:
  • Information provided for women.
  • Completed records relating to the discussion that has taken place.
  • Internal audit results that relate to this standard.
★ Listening to mothers and asking them about their experiences, including:
  • If they had a discussion with a member of staff.
  • If the information they received met their needs.

Guidance
The aim of this standard is to ensure that all pregnant women have the opportunity to have a meaningful discussion that takes into account their individual circumstances and needs. There are two aspects to this:
★ Helping prepare mothers for feeding and caring for their baby in ways that will optimise their own and their baby’s well-being.
★ Encouraging women to start developing a positive relationship with their baby in utero.

The discussion can take place as part of routine antenatal care or as part of a class or can be with a peer supporter face to face or on the telephone. The standard will be assessed on whether or not the discussion took place, whether the information given was evidence based and whether it was helpful and enabling to the mother.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth

You will know that the facility has met this standard when:
★ All mothers have skin-to-skin contact with their baby after birth, at least until after the first feed and for as long as they wish.
★ All mothers are encouraged to offer the first feed in skin contact when the baby shows signs of readiness to feed.
★ Mothers and babies who are unable to have skin contact immediately after birth are encouraged to commence skin contact as soon as they are able, whenever or wherever that may be.

We will assess this by:
★ Verification of the current systems by which mothers are encouraged to spend time with their baby in skin contact after the birth.
★ Reviewing internal audit results that relate to this standard.
★ Listening to mothers and asking them about their experiences, including:
  • If they were given the opportunity to hold their baby in skin-to-skin contact as soon as possible after birth.
  • If they were able to hold their baby until after the first feed, for at least one hour or for as long as they wished.
  • If they were encouraged to feed their baby in skin contact when the baby showed signs of readiness to feed.

Guidance
A prolonged period of skin contact for all mothers as part of routine care is expected.

The opportunity to offer a first breastfeed when the baby shows signs of wanting to feed should be available, even for mothers who intend to bottle feed.

For those mothers who go on to bottle feed, skin contact remains an important way to support the bonding process and therefore offering the first feed in skin contact is encouraged. Extra precautions may be needed to ensure that babies remain warm when bottle feeding in skin contact, as there will necessarily be less of the baby’s body in close contact with their mother than when feeding from the breast.

Safety
Vigilance as to the baby’s well-being is a fundamental part of postnatal care in the first few hours after birth. For this reason, all normal observations of the mother and baby should continue and sensible safety precautions taken when required. For example, if a mother has taken drugs during labour that have made her drowsy, she should not be left alone with her baby in skin contact. In this situation her birth partner could keep an eye on the mother-baby pair, but would need to be properly informed about the responsibility.
3. Enable mothers to get breastfeeding off to a good start

You will know that the facility has met this standard when:

- Mothers are enabled to achieve effective breastfeeding according to their needs (includes appropriate support with positioning and attachment, hand expression, understanding signs of effective feeding).
- Mothers understand responsive feeding, including feeding cues and breastfeeding as a means of comforting and calming babies.
- A formal breastfeeding assessment is carried out as often as is required in the first week, with a minimum of two assessments to ensure effective feeding and the well-being of mother and baby. This assessment includes working with the mother to develop an appropriate plan of care to address any issues identified.
- Mothers are given information both verbally and in writing about recognising effective feeding prior to discharge from hospital.
- Additional support with breastfeeding, with an appropriate referral pathway, is available for all mothers, and they know how to access this.
- Mothers are given information on the availability of local support for breastfeeding.
- Mothers with a baby on the neonatal unit are enabled to start expressing milk as soon as possible after birth (ideally within six hours), and are supported to express as effectively as possible.

We will assess this by:

- Verification of the current systems by which:
  - Mothers are supported to breastfeed their babies (this could include methods of record keeping etc).
  - Formal breastfeeding assessments are carried out for all mothers and babies.
  - Mothers are made aware of additional support for breastfeeding challenges available in the area.
  - Mothers are made aware of local services to provide help and encouragement to continue breastfeeding.
  - Mothers with a baby on the neonatal unit are supported to express their milk.
- Reviewing:
  - Information on breastfeeding provided for mothers (written, DVDs, web etc).
  - Internal audit results that relate to this standard.
  - Breastfeeding rates.
- Listening to mothers and asking them about their experiences, including:
  - If they had received effective, timely help and information to meet their individual needs (positioning and attachment, hand expression, understanding signs of effective feeding, responsive feeding, etc).
  - If they knew how to access ongoing support, including additional help with difficulties if needed.
  - If mothers with a baby on the neonatal unit were supported to express their milk.

Guidance

Information for mothers and their families
We want information and care to be provided for breastfeeding mothers according to their individual need. We encourage care which enables a mother to feel confident, such as sitting with her through a feed, ensuring that she recognises effective breastfeeding and understands how to achieve this.

Guidance for staff on the minimum information that all mothers need can be found in our sample prompt sheet [unicef.org.uk/babyfriendly/prompts](http://unicef.org.uk/babyfriendly/prompts). We want staff to check that a mother is aware of the basic information topics, filling in the gaps where this is needed, and to give additional information and support that meets her needs and concerns.

For example, a mother who has already breastfed one baby might be aware of why positioning and attachment is important for successful breastfeeding, but still need some support with the practical side of this in the first couple of days. However, she might need more of a discussion about responsive feeding and feeding cues if she fed her last baby to a schedule.
Where possible, care should recognise that mothers feed their babies within the context of their families and close friends. Staff are encouraged to take advantage of opportunities to provide information to key supporters, particularly fathers and grandmothers who are known to be influential.

Responsive feeding

Baby-led or demand feeding is a commonly used but often misunderstood term. We would like staff to communicate to mothers effectively that breastfeeding can be used to feed, comfort and calm babies. Feeds can be initiated when babies show feeding cues, when they are distressed, when they are lonely, when the mother's breasts feel full or when she would just like to sit down and rest. Breastfeeds can be long or short, breastfed babies cannot be overfed or ‘spoiled’ by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

Rather than call this demand or baby-led feeding we have used the term ‘responsive feeding’ in recognition of the fact that successful breastfeeding is a sensitive, reciprocal relationship between a mother and her baby.

Dummies can interfere with responsive feeding by placating babies who would otherwise be breastfed, and this in turn can affect a mother’s milk supply. Staff would be expected to ensure that mothers are aware of this should they choose to use a dummy.

When babies are at risk and/or sleepy following birth or when there is concern about weight gain, it is sensible to encourage frequent feeding and suggest the minimum number of feeds that should be offered to ensure safety. However, it is important that mothers don’t take away the impression that feeding their baby every 2, 3 or 4 hours is ‘normal’ and any other feeding pattern a cause for concern, even when their baby is no longer sleepy or at risk.

Assessment of feeding

An important element of postnatal care is the assessment of a baby’s health, which will include ensuring that a baby is feeding well. This routine assessment of feeding as part of a ‘baby check’ is expected, and should take place at every opportunity and as often as required to ensure safety. In addition, a formal feeding assessment should be aimed at supporting mothers to gain skills and confidence, and at averting crisis points where mothers are most likely to give up breastfeeding. They should be carried out as often
as is required in the first seven days, with a minimum of two assessments taking place (the timing of which would be decided locally). Action planning and appropriate referral is expected for mothers experiencing difficulty with their breastfeeding. For more information, see

unicef.org.uk/babyfriendly/bfassessment

Planning services to support continued breastfeeding
Evidence suggests that the periods around 3 days and 10-14 days are potential 'pivotal' or crisis points where women who are experiencing breastfeeding difficulties or lack confidence in how well breastfeeding is going are likely to give up. Services should be planned mindful of this risk, involving all available local resources including voluntary organisations and peer support. Careful attention should be paid to ensuring an effective and flexible approach to handover of care between midwife and health visitor, so that the needs of mothers and babies come first.

Additional support for breastfeeding challenges
We want to ensure that additional support will be available for more complex breastfeeding challenges. This may be provided by the facility or in collaboration with another provider. However it is expected that midwifery staff will be able to support mothers to manage common breastfeeding problems. For more information on our training course for those providing additional support go to unicef.org.uk/babyfriendly/training

Social support
Mothers are more likely to continue breastfeeding if they have people in their lives who believe that they can succeed. While the maternity services do not necessarily have to provide social support for mothers, they do have a responsibility to ensure that mothers know what is available locally. They should also work collaboratively with other services to make social support as attractive as possible to mothers, so that they will engage and benefit from it.

4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk

You will know that the facility has met this standard when:
★ Mothers who breastfeed are provided with information about why exclusive breastfeeding leads to the best outcomes for their baby and why, when exclusive breastfeeding is not possible, continuing partial breastfeeding is important. Therefore, when mothers are partially breastfeeding, they are supported to maximise the amount of breastmilk their baby receives according to individuals’ situations.
★ Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding.
★ Mothers who formula feed are enabled to do so as safely as possible.
★ There is no advertising for breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

We will assess this by:
★ Verification of the current systems by which:
  • The facility ensures that no unnecessary supplements are given to breastfed babies.
★ Reviewing:
  • Information provided for mothers.
  • Internal audit results that relate to this standard (including supplementation rates).
  • The hospital environment to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
★ Listening to mothers and asking them about their experiences, including:
  • Whether breastfeeding mothers were supported to maximise the amount of breastmilk their baby received
  • Whether mothers who formula feed received information about how to make up a bottle of formula milk and how to feed this to their baby using a safe technique.
Guidance

We recognise the crucial importance of exclusive breastfeeding, and this should be clearly communicated. However we also acknowledge that there are mothers who are unable to do this, or choose not to. In these circumstances we want to ensure that mothers are encouraged, and that any breastfeeding is valued so that the baby is able to benefit from receiving the maximum amount of breastmilk possible. Minimising the disruption to breastfeeding includes choosing an alternative method of feeding which best supports the return to full breastfeeding when possible.

It would not be necessary to show mothers how to prepare formula feeds when these are given for a clinical reason or for a short period only in hospital. However, if mothers are partially bottle feeding at home, staff are expected to ensure that they are able to make up formula feeds as safely as possible.

Supplementation rates will be collected at suggested intervals. It is anticipated that steady progress to reduce supplementation rates (specifically those given without medical indication or fully informed choice) will be made.

For more information about collecting supplementation rates see the maternity audit tool at unicef.org.uk/babyfriendly/audittool

For more information about reducing supplementation rates see our guidance on creating hypoglycaemia policies and reluctant feeder guidelines at unicef.org.uk/hypopolicy

Responsive formula feeding

There is very limited research to guide us when talking about responsive formula feeding, and unfortunately it is possible to overfeed a formula-fed baby. It is suggested that parents are informed about responsive feeding and encouraged to:

★ Respond to cues that their baby is hungry.
★ Invite the baby to draw in the teat rather than forcing the teat into the mouth.
★ Pace the feed so that the baby is not forced to feed more than they want to.
★ Recognise their baby’s cues that they have had enough milk.

Forcing babies to take a bit more milk so that they will go longer between feeds can lead to overfeeding and should be discouraged.
5. Support parents to have a close and loving relationship with their baby

You will know that the facility has met this standard when:

★ Skin-to-skin contact is encouraged throughout the postnatal period.
★ Parents are supported to understand a newborn baby’s needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
★ Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
★ Parents are given information about local parenting support that is available.

We will assess this by:

★ Verification of the current systems by which:
  • Parents are given information and support to develop close and loving relationships with their baby.
  • Support is offered to enable parents to formula feed in ways that promote health and well-being.
★ Reviewing:
  • Information provided for parents.
  • Internal audit results that relate to this standard.
★ Listening to mothers and asking them about their experiences, including:
  • If they had a discussion about their baby’s needs.
  • If skin-to-skin contact was encouraged.
  • If they had been encouraged to respond to their baby’s cues for feeding, communication and comfort.
  • If they were encouraged to keep their baby close, including at night.
  • If they were informed of any local support available.

Guidance

Mother baby closeness and safety issues
Young babies need to be close to their mother, as this is the biological norm. We want to see services/staff telling mothers about the benefits of keeping their baby close, and encouraging them to do so. However, in day-to-day life there can be risks associated with mothers and babies being close to each other, particularly when the mother falls asleep (which could be night or day).

It is therefore vital that safety issues, in particular safe sleeping, are discussed in a way that is proportionate to the risks involved and that does not frighten parents or close down discussion. Training and guidance for staff to enable them to do this effectively will be needed. See our information on bed sharing at unicef.org.uk/caringatnight

The mother-baby relationship
Encouraging a close mother-baby relationship is important in the early days following birth. When mothers and babies breastfeed they spend a great deal of time in close contact which helps build and enhance their relationship. Encouraging formula feeding mothers to give most feeds themselves while holding their baby close will support relationship building.
Stage 3: Parents’ experiences of neonatal units

The following standards will need to be met in order to be successful at Stage 3 assessment:

1. Support parents to have a close and loving relationship with their baby.

You will know that the facility has met this standard when:

- All parents have unrestricted access to their baby unless individual restrictions can be justified in the baby’s best interest.
- Parents have a discussion with an appropriate member of staff as soon as possible about the importance of touch, comfort and communication for their baby’s health and development.
- Parents are actively encouraged to provide comfort and emotional support for their baby including prolonged skin contact, comforting touch and responsiveness to their baby’s behavioural cues.

We will assess this by:

- Verification of the current systems by which:
  - Parents have unrestricted access to their baby.
  - Parents have a discussion about touch, comfort and responding to behavioural cues as soon as possible.
- Reviewing:
  - Information provided for parents on the importance of touch, comfort and responding to behavioural cues and skin-to-skin contact.
  - Internal audit results that relate to this standard.
- Listening to mothers and asking them about their experiences of:
  - Access to their baby.
  - Encouragement to touch, comfort and respond to their baby.
  - Skin-to-skin contact and kangaroo care.

Guidance

The aim of this standard is to ensure that a positive parent/baby relationship is recognised as being crucial to the well-being and development of babies. In order for this to happen, parents should be encouraged to be with their baby for as long as, and as often as, they wish. They should be supported to comfort and respond to their baby’s needs by communicating with and touching their baby as appropriate to their condition.

Hospital routines should not be deemed as more important than parents for babies’ well-being; parents should only ever be denied access to their baby on occasions where it is judged to be in the baby’s best interest.

It is expected that skin-to-skin contact and/or kangaroo care will be encouraged as part of the developmental care package, and that local guidelines to ensure best practice regarding frequency and duration of skin contact will be available.

It is suggested that parents are provided with a personal log or diary to record their daily observations and interactions with their baby including touch, comfort holding and skin-to-skin contact.

See UNICEF UK: unicef.org.uk/babyfriendly/skincontact
If a mother chooses to bottle feed, skin contact/kangaroo care is important for them to develop close and loving bonds with the baby. When their baby is developmentally ready to bottle feed they should be taught to hold their baby close and offer feeds in a responsive way that follows the baby’s lead. Premature babies can sometimes find bottle feeding stressful, as they have little control over the milk flow, and can struggle to protect their airway if the flow is too rapid. Parents should be supported to recognise the cues for a need for pacing, such as by removing the teat at frequent intervals to allow the baby to rest during feeds.

See unicef.org.uk/babyfriendly/bottlefeeding for further information.

2. Enable babies to receive breastmilk and to breastfeed when possible

You will know that the facility has met this standard when:

★ A mother’s own breastmilk is always the first choice of feed for her baby.
★ Mothers have a discussion regarding the importance of their breastmilk for their preterm or ill babies as soon as is appropriate.
★ Mothers are enabled to express breastmilk for their baby, including support to:
  • Express as early as possible after birth (ideally within two hours).
  • Learn how to express effectively, including hand expression, use of breast pump equipment and storing milk safely.
  • Express frequently, especially in the first two to three weeks following delivery, in order to optimise long-term milk supply.
  • Stay close to their baby when expressing milk.
  • Access effective breast pump equipment.
  • Access further help with expressing if milk supplies are inadequate, or if less than 750ml in 24 hours by day 10.
  • Use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed.
★ In the unit there is evidence that:
  • A suitable environment conducive to effective expression is created.
  • A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply.
  • Appropriate interventions are implemented to overcome breastfeeding/expressing difficulties where necessary.
★ Mothers receive care that supports the transition to breastfeeding, including:
  • Being able to be close to their baby as often as possible so that they can respond to feeding cues.
  • Use of skin-to-skin contact to encourage instinctive feeding behaviour.
  • Information about positioning for feeding and how to recognise effective feeding.
  • Additional support to help with breastfeeding/expressing challenges when needed.
★ Mothers are prepared to feed and care for their baby after discharge from hospital, including:
  • Having the opportunity to stay overnight/for extended periods to support development of the mother’s confidence and modified responsive feeding
  • Information about how to access support in the community.
There is no advertising for breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

**We will assess this by:**

- Verification of the current systems by which:
  - Mothers are informed about the importance of their breastmilk.
  - Mothers are encouraged to express, including availability of equipment, how milk is stored and information about expressing (including frequency of expressing, night time expressing and enabling mothers to be close to their baby when expressing their breastmilk).
  - A formal expressing assessment is carried out a minimum of four times in the first two weeks.
  - Mothers receive care that supports the transition to breastfeeding.
  - Additional support with breastfeeding is provided when needed.
  - Mothers are prepared for discharge home with their baby, including facilities available for staying overnight/for extended periods.
  - Mothers are informed about local support available after discharge.

- Reviewing:
  - Information provided for parents.
  - Internal audit results about parents’ experiences of care.
  - Internal processes for loaning/hiring expressing equipment.
  - Breastmilk storage standards.
  - Breastfeeding statistics including use of mothers’ own breastmilk, use of all breastmilk, use of breastmilk on discharge and rates of exclusive/any breastfeeding on discharge.
  - The hospital environment to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.

- Listening to mothers with babies who have been discharged from the unit to find out about their experiences of:
  - Expressing breastmilk.
  - Establishing breastfeeding.
  - Preparing to go home with their baby.
Guidance
The aim of this standard is to ensure that mothers of sick and preterm babies are supported to initiate and maintain lactation so that they can provide breastmilk for their baby and make a successful transition to breastfeeding. It is important that, where possible, a mother’s own breastmilk is the first choice of feed for her baby. Where a mother’s breastmilk is not available, appropriate use of donor milk should be considered as the second choice.

For sick and preterm babies the importance of breastmilk cannot be overestimated. Human milk supports growth, provides protection from infection and is linked to reductions in mortality and morbidity. In particular, evidence suggests that the use of breastmilk decreases the incidence and severity of the life threatening disease necrotising enterocolitis. It is therefore important that mothers, partners and their family understand this to allow informed decision making in the best interests of the baby.

Expressing breastmilk
Mothers should be shown how to express their breastmilk as soon as possible, and certainly within six hours of birth. Thereafter they should be supported to express a minimum of 8 times in 24 hours, including once during the night. Early and frequent expressing is vital if the immature glandular tissue is to be effectively programmed so that the mother has the potential to produce enough milk for her baby. Hand expressing is effective for obtaining colostrum, but mothers should be taught how to use an electric breastpump as the volume of milk increases to 5–7 ml per expression. Hand expressing can still be used in conjunction with pumping if the mother wishes. Good liaison between staff in the maternity and neonatal unit is important to ensure that mothers are supported to express early, frequently and effectively.

It is recommended that an individual expressing log is provided to all mothers to help them record frequency of expression and increases in volumes of milk expressed. In recognition of the challenges faced by mothers to sustain frequent expressions, it is expected that staff will review expressing progress at least four times during the first two weeks to ensure an effective technique and to monitor milk volumes. See unicef.org.uk/babyfriendly/expressinglog

With effective expression a mother can aim to achieve an approximate daily volume of 750ml of breastmilk at two weeks. Mothers do not need to adhere to a strict regime when expressing, but should be advised not to leave gaps longer than four hours in the day and six hours at night between expressions. Skin-to-skin contact should be encouraged to help boost milk-producing hormones and to encourage pre-feeding behaviour, such as licking and nuzzling at the breast.

Transition to breastfeeding
Mothers should be supported to make the transition to breastfeeding when the baby shows signs of developmental readiness. However, staff can encourage mothers to practice the principles of positioning at any time, so that they develop confidence and are alert to early feeding cues and signs of readiness. Where possible, avoidance of teats and dummies while the baby is learning to breastfeed may assist with a smoother transition.

See bestbeginnings.org.uk/small-wonders
See yhhiec.org.uk

It is expected that all breastfeeding mothers will have access to specialist support with expression and breastfeeding at all times during their stay in the unit. They should also be provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby’s stay.

Preparation for discharge should begin at admission, and parents should be supported to provide increasing amounts of care for their baby at the earliest opportunity. Parents should also have the opportunity to stay overnight and care for their baby independently prior to discharge home. At this time it is important that parents are encouraged to respond to their baby’s needs for feeding and comfort and,
as part of the preparation for discharge, discussions should be had on the importance of moving towards a less regimented feeding plan.

It is expected that the unit will collect breastfeeding rates on discharge in an effort to demonstrate ongoing improvements in care and support provided. (See the Department of Health’s Toolkit for High Quality Neonatal Services bit.ly/PU9mdR)

The prospect of caring for their baby at home after a long period in a neonatal unit can be a major cause of anxiety in parents. It is therefore important to provide them with details of where they can access support within the community. If an outreach service is not provided, staff in the unit should liaise with other health professionals such as the health visiting team to ensure that parents are supported after discharge.

Information on specific support groups (such as Bliss) should also be provided.

3. Value parents as partners in care

You will know that the facility has met this standard when:

★ The unit makes being with their baby as comfortable as possible for parents (for example, by creating a welcoming atmosphere, putting comfortable chairs by the side of each cot, giving privacy when needed or providing facilities for parents to stay overnight).

★ Staff enable parents to be fully involved in their baby’s care.

★ Every effort is made to ensure effective communication between the family and the health care team (including listening to parents’ feelings, wishes and observations).

We will assess this by:

★ Verification of the current systems by which:
  • Staff enable parents to be involved in the care of their baby.
  • Effective communication is supported throughout the unit.
  • Parents’ emotional needs are addressed.

★ Reviewing:
  • The facilities on the unit for making parents comfortable.
  • Internal audit results about parents’ experiences of care.
Listening to mothers to find out about their experiences of care, including:
- How they were involved in their baby’s care.
- What methods staff used to communicate with them.
- The facilities on the unit to make their stay comfortable.
- Whether mothers who formula feed received information about how to clean/sterilise equipment, make up a bottle of formula milk and feed this to their baby using a safe technique.

**Guidance**

The aim of this standard is to enable staff working within neonatal units to create an environment whereby parents are valued for their contribution to the well-being of their baby.

Staff training and unit guidelines should outline ways in which parents are made to feel welcome, needed and safe when they are on the unit.

Good communication is essential if parents are to be fully engaged with their baby’s progress, and staff should ensure that they provide clear, regular updates for parents. Families may be in the neonatal unit for weeks or even months; the relationship they build with the staff who care for their baby is therefore important to them, and has been shown to help alleviate stress. Staff caring for a baby should keep in mind that the baby is part of a wider family, and that supporting family-centred care will result in better outcomes for all. Ensuring that staff take time to talk to parents about the impact on their lives of having a baby in the unit is important.


See [poppy-project.org.uk](http://poppy-project.org.uk)


The provision of comfortable chairs close to their baby will encourage parents to spend more time with the baby, and enable them to rest during their time in the unit. Where possible, the unit should aim to provide simple facilities where parents can go to meet with other parents, or take time out to have something to eat or drink; this has been recognised as important for parents. (See [poppy-project.org.uk](http://poppy-project.org.uk)).

Supporting parents in care-giving activities from the very start is recognised as best practice, and has a positive impact on confidence and family relationships. Parents will have the baby’s best interest at heart and will often be the most vigilant when it comes to picking up on subtle changes in their baby’s condition. It is therefore essential that they are respected, listened to and valued as partners in working to achieve the very best outcomes possible for the baby.
Stage 3: Parents’ experience of health visiting/public health nursing services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby*

You will know that the facility has met this standard when:
★ Pregnant women have the opportunity for a discussion about feeding their baby and recognising and responding to their baby’s needs.
★ Pregnant women are encouraged to develop a positive relationship with their growing baby in utero.

We will assess this by:
★ Verification of the current systems by which:
   • Opportunities are provided for women to discuss feeding their baby and recognising and responding to their baby’s needs.
   • Staff encourage pregnant women to develop a positive relationship with their growing baby in utero.
★ Reviewing:
   • Information provided for pregnant women.
   • Internal audit and evaluation results related to any services provided for pregnant women.
★ Listening to mothers about their experiences, including:
   • Whether they had a discussion that included breastfeeding and early relationships.
   • Whether they were made aware of services available during pregnancy.
   • Whether the information/services they received met their needs.

Guidance
We very strongly support the view that pregnancy is the right time for health visitors to begin to talk to parents, and will therefore assess this aspect of the service when it is applicable. However, when health visiting services do not provide routine antenatal care we will not formally assess the standard described above.

When routine antenatal care is not provided, the following guidance will support best practice.

The significance of pregnancy as a time for building the foundations of future health and well-being is widely recognised, as is the potential role of health visitors to positively influence pregnant women and their families. We are therefore looking for health visitors to make the most of opportunities available to them to support the provision of information about feeding and caring for babies to pregnant women and their families. This will include ensuring that:
★ Spontaneous antenatal contacts (such as visits to clinic) are used as an opportunity to discuss breastfeeding and the importance of early relationship building, using a sensitive and flexible approach.
★ Members of the health visiting team proactively support and recommend the services provided by other organisations to mothers (e.g. antenatal programmes run by the maternity services, children’s centres or voluntary organisations).
★ Health visiting services work collaboratively to develop/support any locally operated antenatal interventions delivered with partner organisations.

* In recognition of the fact that there is no agreed minimum standard of service expected of the health visitor (and that some services have very little contact with pregnant women) this standard will only be formally assessed when routine care is provided for pregnant women.
At all stages of assessment, we will ask about the level of service that is being achieved. Provision of a routine service, such as antenatal visiting, will lead to a formal assessment as described above. Non-routine contacts and/or collaboration with local partners to deliver antenatal programmes will be encouraged, and will have the potential to contribute to the overall grading at Stage 3 accreditation.

2. Enable mothers to continue breastfeeding for as long as they wish

You will know that the facility has met this standard when:

- A formal breastfeeding assessment is carried out at approximately 10–14 days to ensure effective feeding and well-being of the mother and baby. This includes developing with the mother an appropriate plan of care to address any issues identified.
- Additional support for those mothers with persistent and complex breastfeeding challenges, including an appropriate referral pathway, is available for all mothers and that they know how to access this.
- Mothers have the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.
- Services are available to support continued breastfeeding and mothers are informed about them (for example, peer support groups).
- There is no advertising for breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

We will assess this by:

- Verification of the current systems by which:
  - A formal breastfeeding assessment is carried out.
  - Additional support is provided.
  - Mothers are made aware of additional support for breastfeeding challenges available in the area.
  - Mothers are made aware of local services to provide help and encouragement to continue breastfeeding.

- Reviewing:
  - Information provided for parents.
  - Internal audit and evaluation results related to the standard.
  - Services (through internal audit results and visits to relevant services where appropriate).
  - Breastfeeding continuation rates.

- Listening to mothers to find out about their experiences, which should confirm:
  - That they had an effective feeding assessment at 10-14 days.
  - That they had the opportunity to discuss continued breastfeeding according to individual need (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work).
  - That they were informed about local breastfeeding services, including how to access additional support and help if needed.

Guidance

Breastfeeding assessment
The formal breastfeeding assessment at 10-14 days is designed to confirm, for the parents and the health visitor, that feeding is going well. If any challenges are identified, or the parents have any concerns, these must be addressed with the aim of building the mother’s confidence and supporting breastfeeding. Action planning and appropriate referral is expected for mothers experiencing difficulty with breastfeeding. For more information and a sample breastfeeding assessment form go to unicef.org.uk/bfassessment

Responsive feeding
Baby-led or demand feeding is a commonly used but often misunderstood term. We would like staff to communicate to mothers effectively that breastfeeding can be used to feed, comfort and calm babies.
Feeds can be initiated when babies show feeding cues, when they are distressed, when they are lonely, when the mother’s breasts feel full or when she would just like to sit down and rest. Breastfeeds can be long or short, breastfed babies cannot be overfed or ‘spoiled’ by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

Rather than call this demand or baby-led feeding we have used the term ‘responsive feeding’ in recognition of the fact that successful breastfeeding is a sensitive, reciprocal relationship between a mother and her baby.

Dummies can interfere with responsive feeding by placating babies who would otherwise be breastfed, and this in turn can affect a mother’s milk supply. Staff would be expected to ensure that mothers are aware of this should they choose to use a dummy.

When babies are at risk and/or sleepy following birth or when there is concern about weight gain, it is sensible to encourage frequent feeding and suggest the minimum number of feeds that should be offered to ensure safety. However, it is important that mothers don’t take away the impression that feeding their baby every 2, 3 or 4 hours is ‘normal’ and any other feeding pattern a cause for concern, even when their baby is no longer sleepy or at risk.

Additional support for breastfeeding challenges
We want to ensure that additional support will be available for more complex breastfeeding challenges. This may be provided by the service or in collaboration with another provider. However, it is expected that health visiting staff will be able to support mothers to manage common breastfeeding problems. For more information on our training course for those providing additional support go to unicef.org.uk/babyfriendly/training

Social support
Social support for breastfeeding is an important part of a multi-faceted approach to supporting breastfeeding. The health visiting service does not have to provide this service directly, but does need to work in collaboration with other local services to make sure that mothers have access to this.

Planning services to support continued breastfeeding
Reflections on mothers’ journeys and breastfeeding data highlight the period around 10–14 days as a potential ‘pivotal’ or crisis point. At this point, women who are experiencing difficulties or lacking confidence in breastfeeding are likely to give up. Services should be planned mindful of this risk, carefully ensuring an effective and flexible approach to the handover between midwife and health visitor, so that the needs of mothers and babies come first. There should also be close collaboration with other sources of support available locally.

Assessments will include interviewing mothers who have accessed the services provided to encourage continued breastfeeding. Services will be visited where possible.

3. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk

You will know that the facility has met this standard when:

★ Mothers who breastfeed are provided with information on why exclusive breastfeeding leads to the best outcomes for the baby and why, when exclusive breastfeeding is not possible, continuing partial breastfeeding is important. In this way, mothers who partially breastfeed are supported to maximise the amount of breastmilk their baby receives according to individual situations.

★ Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding.

★ Mothers who formula feed are enabled to do so as safely as possible.
★ Mothers are enabled to introduce solid foods in ways that optimise babies' health and well-being.
★ There is no advertising for breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

We will assess this by:
★ Verification of the current systems by which:
  • Mothers are shown how to prepare infant formula as safely as possible when this is needed.
  • Mothers are supported to introduce solid foods.
★ Reviewing:
  • Information provided for parents.
  • Internal audit results that relate to this standard.
  • The facilities to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
★ Listening to mothers to find out about their experiences, which should confirm:
  • Support given to help them maximise the amount of breastmilk given.
  • If the described systems are in place and the information offered met their needs.
  • If mothers who formula feed received information about how to clean/sterilise equipment, make up a bottle of formula milk and feed their baby.

Guidance
We recognise the crucial importance of exclusive breastfeeding, and this should be communicated clearly to mothers. However, we also acknowledge that there are a number of mothers who are unable to do this, or choose not to. In these circumstances we want to ensure that women are encouraged, and that any breastfeeding is valued so that the baby benefits from receiving the maximum amount of breastmilk possible.

Minimising the disruption to breastfeeding may, in the early period, include choosing an alternative method of feeding the baby which best supports the return to full breastfeeding when this is possible.

If mothers have made the transition from exclusive to partial breastfeeding, ensuring that they are able to make up formula feeds as safely as possible is important. A member of the health visiting team will be expected to have offered this information when a mother informs a member of staff that she has introduced formula milk.

Responsive formula feeding
There is very limited research to guide us when talking about responsive formula feeding, and unfortunately it is possible to overfeed a formula-fed baby. It is suggested that parents are informed about responsive feeding and encouraged to:
★ Respond to cues that their baby is hungry.
★ Invite the baby to draw in the teat rather than forcing the teat into the mouth.
★ Pace the feed so that the baby is not forced to feed more than they want to.
★ Recognise their baby’s cues that they have had enough milk.

Forcing babies to take a bit more milk so that they will go longer between feeds can lead to overfeeding and should be discouraged.

We will expect services to have a system in place to ensure that mothers are offered information about the appropriate introduction of solid foods at a time that meets the needs of local parents.
4. Support parents to have a close and loving relationship with their baby

You will know that the facility has met this standard when:
★ Parents are supported to understand their baby’s changing developmental abilities and needs.
★ Parents are encouraged to respond to their baby’s needs (including encouraging frequent touch, sensitive verbal and visual communication, keeping babies close, responsive feeding and safe sleeping practices).
★ Mothers who bottle feed their babies are encouraged to hold their baby close during feeds, and to offer the majority of feeds themselves in the early weeks, in order to help build a close and loving relationship.
★ Parents are encouraged to access social and educational support networks that enhance health and well-being.

We will assess this by:
★ Verification of the current systems by which:
  • Parents are given information and support to develop close and loving relationships with their baby.
  • Support is offered to enable parents to bottle feed in ways which promote health and well-being.
★ Reviewing:
  • Information provided for parents.
  • Internal audit results that relate to this standard.
  • Services provided which pertain to relationship building with babies.
★ Listening to mothers to find out about their experiences, including:
  • If they had a discussion about their baby’s abilities and needs.
  • If they were encouraged to respond to their baby’s cues for feeding, communication and comfort.
  • If they were encouraged to keep their baby close, including at night.
  • If they were informed of the local support available.

Guidance
The health visiting service is encouraged to work collaboratively to provide parents with social and educational opportunities designed to help them build strong and loving relationships with their baby. This could include social groups, parenting classes, baby massage etc. The service is not expected to provide all of these opportunities itself, but rather to know what is available, signpost mothers appropriately and work with others to highlight and fill any gaps in service.

Mother-baby closeness and safety issues
Young babies need to be close to their mother, as this is the biological norm. We want to see that services/staff tell mothers about the benefits of keeping their baby close, and encourage them to do so. However, modern lifestyles sometimes mean that there are risks associated with mothers and babies being close to each other, particularly when the mother falls asleep (which could be night or day). It is therefore vital that safety issues, in particular safe sleeping, are discussed in a way that is proportionate to the risks involved and that does not frighten parents or close down discussion. Training and guidance for staff to enable them to do this effectively will be needed. See our information on bed sharing at unicef.org.uk/caringatnight.

The mother-baby relationship
Encouraging a close mother-baby relationship is important in the early days following birth. When mothers and babies breastfeed they spend a great deal of time in close contact, which helps build and enhance their relationship. Encouraging formula feeding mothers to give most feeds themselves while holding their baby close will support relationship building.
Stage 3: Parents’ experiences of children’s centres
(or equivalent early years settings in Wales, Scotland and Northern Ireland)

The following standards will need to be met in order to be successful at Stage 3 assessment:

1. Support pregnant women to recognise the importance of breastfeeding and early relationships to the health and well-being of their baby

You will know that the children’s centre has met this standard when:
★ Pregnant women and their partners can access local services that support them to prepare for feeding and caring for their new baby (this may include classes, peer support, telephone contact etc).
★ Services are relevant to local need, accessible and woman-centred (including involving parents in the design).

We will assess this by:
★ Verification of the system by which:
  • Pregnant women are identified.
  • Pregnant women are contacted and offered information and support.
  • Services are planned, implemented and evaluated.
★ Reviewing:
  • Internal audit and evaluation results related to the services provided, including: number of pregnant women identified, contacted and offered service; number of women/parents accessing the service and parents’ evaluations of the service provided.
  • Services provided, through visits to relevant services where appropriate.
  • Breastfeeding initiation rates.
★ Listening to mothers to find out about their experiences, including:
  • Whether they were made aware of the services available during pregnancy.
  • If the service was suitable for their needs, accessible, comfortable and welcoming.

Guidance
Access to pregnant women
Collaborative working and effective information sharing policies will be needed to ensure that local children’s centres (for simplicity’s sake, we will use this term throughout) are able to make contact with local pregnant women.

The expectation is that the children’s centre will develop a robust mechanism that enables them to contact all (or nearly all) local pregnant women. Audit results relating to the number of local pregnant women will be reviewed at assessment and compared to the typical birth rate for the area. We will also need to look at audit results which tell us what proportion of local pregnant women accessed the service; this will provide feedback on how accessible and relevant the service is to local need. The expectation is that children’s centres will see a rise in uptake of services for pregnant women over time.

What services should the children’s centre provide?
We would like to see an overall view of all services available to local pregnant women being taken so that these are not duplicated, but complement and support one another. Where local services are already

Guide to the Baby Friendly Initiative standards
good, children’s centres would be expected to consider how best they can signpost what’s available, not only through posters or leaflets but with active, positive encouragement, sensitive to women’s situations and needs. We would like to see the views of local women taken into consideration as plans are made.

Evidence shows us that a proactive approach, where women are offered a service and made to feel welcome and valued, rather than needing to find out about and opt in to what is offered, is effective at improving outcomes.

Services which include partners/other important family members such as grandmothers can be very helpful.

Data
Robust data collection systems are vital to being able to show the difference that children’s centre services are making.

2. Protect and support breastfeeding in all areas of the service

You will know that the children’s centre has met this standard when:

- A welcoming atmosphere for breastfeeding is created throughout the children’s centre.
- Services are provided which meet breastfeeding mothers’ needs for social support (may include peer support, telephone contact, home visits, support groups etc).
- Breastfeeding mothers are made aware of the additional help with breastfeeding challenges available in the local area and know how to access this.
- Encouragement is given to all parents to introduce solid food to babies in ways that optimise health and well-being.
- There is no advertising for breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

We will assess this by:

- Verification of the current systems by which:
  - Breastfeeding mothers are identified and contacted to offer support.
  - Mothers are made aware of any additional support with breastfeeding challenges available in the area.
  - Women are made to feel welcome to breastfeed.
  - Parents are encouraged to learn about the appropriate introduction of solid food.

- Reviewing:
  - Internal audit and evaluation results related to the services provided, including: number of breastfeeding mothers identified, contacted and offered service; number of mothers accessing the service and mothers’ evaluations of the service provided.
  - Services provided, through visits to relevant services where appropriate.
  - Breastfeeding continuation rates.
  - The centre(s), through visits, to ensure that breastfeeding is welcome and there is no advertising of breastmilk substitutes, bottles, teats or dummies.

- Listening to mothers to find out about their experiences including:
  - Whether they were made aware of the support services available for breastfeeding.
  - If the service was suitable for their needs, accessible, comfortable and welcoming.

Guidance
Children’s centre staff require education that reflects the role they actually take in supporting mothers with breastfeeding, even if this is not reflected in their job title. For example, a staff member who never offers support to breastfeeding mothers would need only a basic orientation and information about signposting appropriate support. A staff member who is facilitating a support group would need in-depth education to allow them to handle queries and problems appropriately.
Support for breastfeeding

Whilst the majority of women start breastfeeding, a large number stop in the very early days after birth, before they want to, and before they will be able to get out and about to visit a children’s centre. A proactive approach will therefore be vital, and you will need to know who has had a baby so that support can be offered.

Evidence shows that mothers are more likely to continue breastfeeding if there are people in their lives who actively support them to do so. Providing opportunities for mothers to access support in ways that meet their particular needs is therefore important. What works in one area will not work in all, so appropriate planning which includes parents in the process is important, as is collaboration between children’s centres and other services. Careful audit and evaluation, as well as willingness to change services which don’t meet mothers needs, is also important.

Breastfeeding mothers sometimes face challenges with breastfeeding which require support from someone who has an in-depth knowledge and skills. We therefore ask services to work collaboratively to make sure that mothers have access to this more specialist help where required.

Welcoming atmosphere

It is essential that the culture created throughout children’s centre services is one that values breastfeeding. A welcoming atmosphere for breastfeeding mothers will flow from this. Creating such an atmosphere should not be restricted to services which relate specifically to infant feeding, but should be created in all relevant groups and classes, as well as in nurseries etc. It is also suggested that consideration be given to the influence the children’s centre may have on the local area by, for example, encouraging a welcoming atmosphere in local community buildings cafes, shops etc that breastfeeding mothers may visit.
3. Support parents to have a close and loving relationship with their baby

You will know that the children’s centre has met this standard when:

★ Parents are encouraged to understand and respond to their baby’s needs for love, comfort and security.
★ Services provided for parents support the development of close and loving relationships with babies.
★ Parents who bottle feed are encouraged to do so in ways which optimise their baby’s health and well-being.

We will assess this by:

★ Verification of the current system by which:
  • Parents are given information and support to develop close and loving relationships with their babies.
  • Support is offered to enable parents to bottle feed in ways that promote health and well-being.
★ Reviewing:
  • The services provided pertaining to parenting of babies.
★ Listening to mothers to find out about their experiences including:
  • Whether they were encouraged to keep their baby close.
  • Whether they were encouraged to respond to their baby’s cues for feeding, communication and comfort.
  • Whether mothers who were bottle feeding were offered sufficient information and support.

Guidance

Close and loving relationships between parents and their babies will be supported by a culture within children’s centres which encourages frequent touch, sensitive verbal and visual communication, keeping babies close, responsive feeding and safe sleeping practice.

Children’s Centres are encouraged to work collaboratively to provide parents with social and educational opportunities designed to help them build strong and loving relationships with their baby. This could include social groups, parenting classes, baby massage etc. The service is not expected to provide all of these opportunities itself, but rather to know what is available, signpost mothers appropriately and work with others to highlight and fill any gaps in service.

The mother-baby relationship

Encouraging a close mother-baby relationship is important. When mothers and babies breastfeed they spend a great deal of time in close contact, which helps to build and enhance their relationship. Encouraging formula feeding mothers to give most feeds themselves, especially in the early days, while holding their baby close, will support relationship building.

Mother-baby closeness and safety issues

Young babies need to be close to their mother, as this is the biological norm. We want to see services/staff telling mothers about the benefits of keeping their baby close, and encouraging them to do so. However, in day-to-day life there can be risks associated with mothers and babies being close to each other, particularly when the mother falls asleep (which could be night or day). It is therefore vital that safety issues, in particular safe sleeping, are discussed in a way that is proportionate to the risks involved and that does not frighten parents or close down discussion. Training and guidance for staff to enable them to do this effectively will be needed.
The assessment procedure

Introduction

The original UNICEF UK Baby Friendly Initiative assessment procedure was based closely on the international assessment tool. It had many strengths, including its simplicity, consistency and ability to assess real practice through interviews with staff, pregnant women and new mothers. Internal audit tools that accompanied the external assessment procedure allowed facilities to really understand the criteria by self-assessing as they worked towards the standards, reducing the number of ‘surprises’ and the ‘exam’ feeling so often experienced by staff undergoing external assessments.

The staged approach to achieving accreditation was introduced in 2008, and made the process easier by allowing project leads to manage the changes in chunks, receiving credit for progress along the way and guidance prior to undertaking the next stage.

However, the assessment procedure also had weaknesses. The simple ‘pass/fail’ approach could sometimes seem a blunt tool for recognising the efforts made and progress achieved by facilities. In addition, the heavy dependence on ‘ground floor’ practice could allow managers to take very little interest in the project while staff, particularly infant feeding leads, could be expected to bear too much individual responsibility for success.

Furthermore, once the standards were achieved, UNICEF UK had no mechanism to recognise and reward further work undertaken or progress made. The updated assessment procedure outlined over the next few pages attempts to retain all the positive aspects of the original procedure, but also introduces more scope for recognising progress made and building on good practice.
Assessment overview

The new staged approach

Action planning and Certificate of Commitment
A Certificate of Commitment will be awarded when the facility has:
★ An action plan addressing all the actions required to implement the standards.
★ A policy (or equivalent) that covers all the standards.
★ Completed an application form for the Certificate of Commitment and submitted this with a letter of support from the chief executive.

A visit to support the facility with action planning will be available from the Baby Friendly Initiative and is recommended.

Stage 1: Building a firm foundation
This stage will be more or less the same as the current Stage 1 assessment and conducted in the same way. The assessment will take place remotely over one day, and an assessor will review the submitted evidence and feed back the results, both verbally and as a written report.

Stage 2: An educated workforce
This stage will be very similar to the current Stage 2 assessment; a range of staff will be interviewed about their everyday practice related to the standards.

The key differences are as follows:
★ The questioning will be more scenario-based and relate closely to the staff member’s current role and responsibilities.
★ Managers responsible for specific areas will be interviewed on their support for implementation of the standards in their area, particularly on how they ensure that staff have the skills needed, and how the standards are audited and evaluated to ensure that progress is being made.
★ A specialist interview will be introduced for those with responsibility for educating staff and/or supporting mothers with more complex challenges.

Stage 3: Parents’ experiences
This stage will be similar to the current Stage 3 assessment and mothers will be interviewed about their experiences of care.

The key differences are as follows:
★ Mothers will be asked about their experiences, but internal audit and evaluation results/outcome data will also be used in order to form a full picture of the care offered by the facility.
★ Based on the findings at Stage 3 assessment, facilities will be accredited as follows:
  • Excellent: An example of good practice. All the standards are met and there are no or few recommendations. There is evidence of strong management support and team work.
  • Good: All the standards are met with some recommendations.
  • Promising: Some good practice but some of the standards are not fully met.
  • Requires improvement: Significant improvement required to meet the standards.

When a facility is excellent or good they will be accredited as Baby Friendly.

When a facility is promising they will be asked to submit further evidence as to how the remaining standards have been addressed, as well as internal audit results, within one year of the Stage 3 assessment. If this is satisfactory they will be accredited as Good.

When a facility requires improvement they will need a follow-up assessment to reassess areas in which the standards have not been met.
Re-assessment: Building on good practice

This will consist of some interviews with mothers, staff and managers to check audit results and discuss how the standards are being maintained. Internal audit results and outcomes such as breastfeeding initiation, continuation and exclusive rates, supplementation rates and so on will be reviewed.

Evidence of additional work to improve care for mothers and babies related to the standards will be reviewed and added to the overall picture at re-assessment.

Facilities will again be graded as excellent, good, promising or requires improvement with the hope that facilities will work towards improving their original accreditation.

Subsequent re-assessments: Advanced status

As at present, decisions will be made about support required by individual facilities to maintain standards following the first re-assessment. The principle will be to encourage and enable continued improvement. Facilities who achieve excellent status can move towards becoming an Advanced Baby Friendly facility.

To achieve Advanced status, facilities will be required to submit internal audit results and outcome data relating to the basic standards, in order to show that they are maintaining these as required to become an excellent facility.

They will also be asked to demonstrate that they have introduced effective innovations to improve the service provided for mothers and babies. Examples of the type of innovation suggested can be found in the box below. The advanced re-assessment will consist of visiting the facility to see the innovations (where this is appropriate) and talking to mothers who have used them.

Beacon status

Facilities can apply to the Designation Committee for Beacon status when they are an Advanced Baby Friendly facility that can demonstrate: consistent improvements in outcomes; innovation; effective joint working across services and that they have made (or are willing to make) a contribution to increasing the knowledge base. This can be done, for example, by mentoring other services, supporting UNICEF UK with the development of the Baby Friendly Initiative, presenting at conferences or commissioning research.

Suggested innovations for improving services could include:

- Peer support programmes in maternity and/or community settings
- Work to reduce readmission rates
- Back to work policies
- Milk banking
- Specialist parent education classes
- Wider parenting innovations
- Innovations to engage partners, grandparents, significant others
- Wider support networks
- Peer support programmes, facilitated on the neonatal unit, to support breastfeeding and responsive parenting
- Training for GPs
- Training for pharmacists
- Training for paediatric staff