Moving from the current to the new Baby Friendly Initiative standards

A guide for those working towards or maintaining Baby Friendly accreditation
This document has been written to guide all services working towards or maintaining Baby Friendly accreditation in the transition from the current to the new standards.

**Introduction - Moving to the new standards**

*The new Baby Friendly standards* for maternity and health visiting services incorporate many of the current standards and also include some brand new standards that have no current equivalent. Assessments that occur from *01 July 2014* will be assessed using the new standards (with the exception of Stage 1 assessments – see below). Interview questions will relate very closely to *the new audit tools*.

It is recognised that it is going to take facilities a number of years to fully incorporate the new standards into practice and therefore a phased approach to what is expected at assessment will be used (please see transition timetable on page six for details). The tables on the following pages list all the new standards for maternity and health visiting services. *Brand new standards are shaded*, while those with an equivalent in the current standards are not shaded.

It should be noted, that even where standards are not shaded and relate very closely to the current standards, there may be some differences in the way that they are assessed. For example:

**Standard 1** requires that all pregnant women have the opportunity for a discussion about feeding their baby and recognising and responding to their baby’s needs.

Under the *current* standards it is expected that all pregnant women be offered information about the health benefits and management of breastfeeding. At assessment, pregnant women are asked to recall some details about that conversation.

Under the *new* standards, it will be expected that pregnant women be offered the opportunity to discuss their thoughts and feelings about feeding their baby, that the information offered about the value of breastfeeding and tips for how to be successful be relevant to their own situation and needs, and that the discussion be considered by the mother to have been useful to her. At assessment new mothers will be asked about that conversation, including how useful it was to them.

**Please note:** The tables on the following pages reflect the standards that will be assessed and scored at external assessment. The new audit tools breaks these standards down into more specific criteria in order to assist with implementation across the service.
# Stage 2 assessment

## An educated workforce: Maternity services

<table>
<thead>
<tr>
<th>Standard</th>
<th>Theme (Step)</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Antenatal conversations with mothers to be</td>
<td>Developing a relationship with the unborn baby, Preparing for feeding, Effective communication</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Care at birth</td>
<td>Importance of skin to skin contact and how long it should last</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Supporting mothers to learn to breastfeed</td>
<td>Positioning and attachment and why this is important, Recognising effective feeding, Hand expression and why this is important</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Responsive feeding</td>
<td>No limit on frequency or length of feeds, aware of feeding cues, Feeding as a reciprocal relationship between mother and baby</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Protecting exclusive breastfeeding</td>
<td>Why supplements should be avoided unless clinically indicated, Managing reluctant feeders, Information for formula feeding mothers, Knowledge of the International Code of Marketing of Breastmilk Substitutes</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Support with relationships</td>
<td>Encourage loving relationships between parents and babies, including how to do this when bottle-feeding.</td>
</tr>
</tbody>
</table>

### Supporting information

- Staff orientated to the policy
- Staff who have completed the training
- Curriculum
- Observations within the unit(s)
- Specialist staff interview/s
- Managers interviews
- Project lead interview
### Stage 3 assessment

**Parents’ experiences of maternity services**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Theme (Step)</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Antenatal information for all mothers</td>
<td>Parents are/are able/are given information on Developing a relationship with the unborn baby Preparing for feeding including responsive feeding</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Care at birth for all mothers</td>
<td>Skin contact, for at least one hour Support with breastfeeding First bottle feed in skin contact</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Learning to breastfeed</td>
<td><strong>Breastfeeding mothers:</strong> Supported with positioning and attachment Taught hand expression <strong>NNU/SCBU mothers:</strong> Shown how to express Encouraged to express frequently Have skin contact as soon as possible Discussed value of breastmilk for baby</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Recognising effective feeding</td>
<td>Able to recognise effective feeding Responsive feeding Feeding when and as long as baby wants – recognises feeding cues Feeding as a reciprocal relationship between mother and baby Ongoing support for breastfeeding Ongoing support information Breastfeeding assessment Learning to bottle feed Responsive bottle feeding Shown how to make up feeds/appropriate milk to use</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Protecting exclusive breastfeeding</td>
<td>Review of babies given supplements Supplementation rate</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Support with relationships</td>
<td>Importance of closeness and responsiveness</td>
</tr>
</tbody>
</table>

### Supporting information

- Policies / guidelines
- Observations made within the unit(s)
- Mechanisms
- Written/other information
## Stage 2 assessment

### An educated workforce: Health visiting service

<table>
<thead>
<tr>
<th>Standard</th>
<th>Theme (Step)</th>
<th>Criteria</th>
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<tbody>
<tr>
<td>1</td>
<td>Antenatal conversations with mothers to be</td>
<td>Developing a relationship with the unborn baby</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preparing for feeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective communication</td>
</tr>
<tr>
<td>2</td>
<td>Supporting continued breastfeeding</td>
<td>Recognising effective feeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positioning and attachment and why this is important</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hand expression and why this is important</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing breastfeeding and problem solving</td>
</tr>
<tr>
<td></td>
<td>Responsive feeding</td>
<td>No limit on frequency or length of feeds, aware of feeding cues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeding as a reciprocal relationship between mother and baby</td>
</tr>
<tr>
<td>3</td>
<td>Supporting informed decisions about alternative food/fluids</td>
<td>Maximising breastmilk/breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information for formula feeding mothers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Starting solid foods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knowledge of the International Code of Marketing of Breastmilk Substitutes</td>
</tr>
<tr>
<td>4</td>
<td>Support with relationships</td>
<td>Encourage loving relationships between parents and babies, including how to do this when bottle-feeding.</td>
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### Supporting information

- Staff orientated to the policy
- Staff who have completed the training
- Curriculum
- Observations made within the facilities
- Specialist staff interview/s
- Managers interviews
- Project lead interview
## Stage 3 assessment

### Parents’ experiences of the health visiting service

<table>
<thead>
<tr>
<th>Standard</th>
<th>Theme (Step)</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> (If antenatal services provided)</td>
<td>Antenatal information for all mothers</td>
<td><strong>Parents are/aware of/given information on:</strong> Developing a relationship with the unborn baby Preparing for feeding</td>
</tr>
<tr>
<td></td>
<td>Ensuring effective breastfeeding</td>
<td><strong>New birth visit:</strong> Breastfeeding assessment with relevant support</td>
</tr>
<tr>
<td></td>
<td>Recognising effective feeding</td>
<td>Able to recognise effective feeding</td>
</tr>
<tr>
<td></td>
<td>Responsive feeding</td>
<td>Feeding when and as long as baby wants - recognises feeding cues Feeding as a reciprocal relationship between mother and baby</td>
</tr>
<tr>
<td></td>
<td>Support with breastfeeding</td>
<td>Aware of support available Services helpful and informative</td>
</tr>
<tr>
<td></td>
<td>Continued breastfeeding</td>
<td>Opportunity to discuss issues affecting the mothers ability/intention to continue breastfeeding (e.g. cluster feeding, feeding at night, when out and about or with other people, going back to work).</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Informed decisions about alternative food/fluids</td>
<td><strong>Breastfeeding mothers</strong> Supported to maximise the amount of breastmilk <strong>Formula feeding mothers</strong> Supported to learn how including appropriate milk to use Responsive bottle feeding <strong>All mothers</strong> Introducing solid foods</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Support with relationships</td>
<td>Importance of closeness and responsiveness Local parenting information</td>
</tr>
</tbody>
</table>

### Supporting information

- Policies/guidelines
- Observations made within the facilities
- Mechanisms
- Written/other information
Transition timetable from July 2015 onwards
This page is an update to the previously published transition timetable

Maternity and health visiting services
Since July 2014 all assessments of maternity and health visiting services have been carried out using revised assessment tools which include new standards. Until July 2015 these new standards are not included in the requirements made to achieve Baby Friendly accreditation. From July 2015 there will be a gradual increase in the requirements made related to these new standards.

Sufficient assessments have now been carried out to assess what is reasonable to expect as we move into the second year of the transition. The Designation Committee has reviewed all assessment results and developed a timetable to provide a reasonable and realistic level of expectation for facilities working towards or maintaining Baby Friendly accreditation.

Below is the new timetable including the percentage pass rates in each year. You will note a more gradual transition for mothers’ experiences of care than for the staff education programme. This is in acknowledgement of the time taken to embed staff training into practice.

Requirements at assessment

<table>
<thead>
<tr>
<th>Year of transition</th>
<th>Dates</th>
<th>Percentage pass rate for staff questions</th>
<th>Percentage pass rate for mothers questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>July 2014-June 2015</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>July 2015-June 2016</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>3</td>
<td>July 2016-June 2017</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>4</td>
<td>July 2017 onwards</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

University assessments
In keeping with the expectations above, at university Stage 2 assessments we will anticipate the same percentage pass rates as for maternity/health visiting service staff:
July 2015 - June 2016: 50%
July 2016 onwards: 80%

Neonatal unit and children’s centre assessments
The requirement for all standards to be met in full continues.

Mechanisms and documentation
All mechanisms and documentation required to support the full implementation of the revised standards will be expected to be in place by July 2016. This includes:

- Policy and other guidelines
- Training curriculum
- Documentation such as written records/e-records
- Additional breastfeeding assessment/s (maternity)

And the following should be in place:

- Infant feeding lead in post
- Specialist service
- Evidence of collaborative working
- Evidence of sustainability (further details about this will follow)
Re-assessments of accredited facilities

At present, all accredited services undergo a full re-assessment of all the Baby Friendly standards two years after the initial accreditation. The standard re-assessment consists of interviews with managers, staff and mothers. Services undergoing their second or subsequent re-assessment can opt to have a shortened assessment at which a sample of mothers is interviewed, but not managers or staff (known as Level 2 and 3 re-assessments).

From **01 July 2014**, all re-assessments will include interviews with managers, staff and mothers regardless of how many times the service has been re-assessed in the past. This is to ensure that the new standards can be properly assessed in all services with Baby Friendly accreditation. Once all accredited services have been fully re-assessed using the new standards at least once, consideration will be given to returning to Level 2 and 3 re-assessments.

To help keep costs down, from January 2014 all re-assessments will be streamlined so that they can be carried out over a two-day period with one overnight stay for the assessors (as opposed to a two-night stay for a standard re-assessment under the current system).

**What will be included in the re-assessment**

Re-assessments will consist of interviews with mothers, staff from all areas, the head of service, relevant managers, the project lead and staff providing the specialist service. Observations will be carried out in areas used by mothers and babies. Internal audit results, policies, guidelines and materials for mothers will be reviewed.

**Annual audits of accredited facilities**

Accredited facilities are expected to submit audit results related to the Baby Friendly standards every year. **New audit tools which reflect the reviewed standards are now available.** From **01 July 2014** it will be expected that audit results will be submitted using the new audit tools and there are revised **annual audit submission forms** on the website. It is not expected that that the new standards will be achieved straight away, but rather that the results for the new standards will show a gradual improvement over the next few years.
**Joint assessments - starting the new assessment for neonatal units and children’s centres**

For the first time the Baby Friendly Initiative has introduced standards for neonatal units and children’s centres which can lead to these services being accredited as Baby Friendly in their own right. In the short term, this may present some challenges for maternity and health visiting services that have worked collaboratively with their neonatal unit or children’s centres in the past.

**Neonatal standards**

The new Baby Friendly standards for neonatal units are an entirely new and comprehensive set of standards. This will enable neonatal units to seek accreditation either in collaboration with the maternity service or independently. It should be noted that implementing these standards will require significant change over and above the standards which are currently expected as part of the maternity assessment.

**Maternity services and neonatal units**

The current maternity standards require that neonatal staff are trained to support mothers with expressing breastmilk and breastfeeding in order that there is a level of consistency for mothers on the maternity unit whose baby is admitted to the neonatal unit. Assessments include neonatal staff interviews and a short interview with mothers whose babies are on the neonatal unit about the support they have had to express their milk / breastfeed their baby. Any maternity service undergoing an assessment will continue to be expected to include this basic level of involvement from the neonatal unit.

However, with the more comprehensive standards, if a neonatal unit chooses to begin working towards Baby Friendly accreditation and would like this to be incorporated into their maternity unit’s assessment schedule, they will need to consider both how to implement the new standards and when to incorporate them into their current assessment journey. A useful starting point would be to develop an action plan for this.

**The assessment process**

Whether the neonatal unit wishes to progress to assessment independently or jointly with the maternity unit, they can choose to undergo a formal Stage 1 assessment and so gain an independent Stage 1 accreditation, or use the Stage 1 guidance and application form internally to help inform the action plan. If the unit elects to undergo a formal Stage 1 assessment this should be completed at least six months before the Stage 2/3 assessment. The Stage 2 and 3 assessments for neonatal standards can be carried out independently or incorporated into the maternity unit’s next assessment. Subsequently, if appropriate the two services can move forward together.
Maternity services who are currently ready for Stage 2 or 3 assessment or re-accreditation need to consider carefully whether it is appropriate or feasible for them to seek joint assessment at this point. Given the time it is likely to take for the neonatal unit to implement the full standards, it may be more appropriate for the maternity unit to go for their forthcoming assessment independently (with the current limited involvement from the neonatal unit) and then include the new neonatal standards at a subsequent assessment. It is anticipated that all neonatal units will ultimately work towards implementation of the new standards either independently or in collaboration with their maternity service.

**Children’s Centre standards**
The new Baby Friendly standards for children’s centres (or other early years equivalent) are a new and comprehensive set of dedicated standards. Whilst they are based on the Baby Friendly model they have been developed in a different way, applying a non-medical model and therefore the approach to assessment will be different. We envisage that children’s centres will generally still seek accreditation in collaboration with the health visiting service, however, it will be possible for groups of children’s centres to seek accreditation independently. It should be noted that implementing these standards will require significant change over and above the standards which are currently expected as part of the current community assessment. The services will be able to apply jointly at any stage (see below).

**Health Visiting and children’s centres**
The current community standards allow health visiting services and children’s centres to achieve joint accreditation using the same set of standards. The new standards will require that health visiting services and children’s centres implement bespoke but complementary standards to achieve joint accreditation. The current community standards most closely relate to the new health visiting standards and so re-assessments of accredited community facilities will be carried out on the health visiting service. If children’s centres choose to work in collaboration with their local health visiting service, they will need to consider both how to implement the new standards and when to incorporate them into the health visiting service’s current assessment journey. A useful starting point would be to develop an action plan.

**The assessment process**
Whether the children’s centres plan to progress to assessment independently or jointly with the health visiting service, they will be asked to complete an assessment application form. The children’s centres can either choose to undergo a formal Stage 1 assessment and so gain an independent Stage 1 accreditation, or use the application form internally to help inform the development of an action plan. Once the action plan has been implemented, the
Stage 2 and 3 assessments can be carried out independently or jointly incorporated into the next assessment of the health visiting services. Subsequently, if appropriate the two services can move forward together.
Key considerations and resources

The infant feeding policy/written guidelines
The infant feeding policy will need to be amended to include the new standards. Sample policies and a checklist are available to download. Consideration should be given to the time taken for policies to progress through the internal ratification process. Following ratification, we suggest that the new policy be introduced once sufficient staff have received training related to the new standards.

Other written guidelines which pertain to infant feeding or mother / parent relationship building will also need to be reviewed to ensure that they effectively support the implementation of the new standards. An example would be documents that refer to demand/baby-led feeding which would benefit from including relevant information about responsive feeding.

Staff training
The written curricula will need to be updated to include the new standards. A revised curriculum guidance document and updated teaching materials for those who have completed the Train the Trainer course are available to support this. All new staff joining the service will need to undergo the revised training and all existing staff will require update sessions to help them understand the new topics and how to implement these into practice. Annual updates, practical skills reviews and shorter training sessions can be utilised, as well as written materials, the local intranet etc. It is important to be realistic regarding the length of time that should be allocated to allow all staff to fully understand what is required and why. The relevant audit tools can help with this.

Audit
New audit tools are available to support the implementation of the standards. Making a plan for how the new audit will be integrated into the current audit cycle is suggested. This will need to include a baseline audit to establish strengths and weaknesses related to the new standards, the staff training plan and the phasing in of the new audit questions once staff have started to receive training and changes have been made in the information and care provided for mothers.

Other considerations
It is worth noting that the new standards require services to have a named project lead with the necessary knowledge, skills and time to lead on the implementation of the standards. Managers are also expected to demonstrate that they take responsibility for implementation of the standards according to their role. Services are required to demonstrate effective collaboration with
other relevant services in their area to ensure that families receive a joined up and comprehensive level of care.

Taking Baby Friendly to the next level: A course for infant feeding leads has been developed to support those with responsibility for implementing the new standards. The course includes information on planning for change, how to incorporate the standards into established training programmes, setting up and evaluating a specialist service, conducting effective audit using the new audit tools and preparing for assessment. This interactive course also provides an excellent opportunity to learn from, collaborate with and network with leads in other areas.

**Action planning**

In order to ensure that changes are made in a sensible order and timely manner that corresponds to the dates reassessments are due, it is advised that an action plan be developed. Using the new Stage 1 guidance and application forms to help identify the actions required is suggested.

**Pricing structure for combined Baby Friendly assessments**

Please see the Costs and charging information sheet 2015 for standard assessment prices and a breakdown of what these charges cover - [unicef.org.uk/babyfriendly/costs](http://unicef.org.uk/babyfriendly/costs)

As plans are made for implementation of the revised Baby Friendly standards for neonatal and children’s centre services, facilities may wish to consider the potential cost saving of combining assessments. For estimates of these prices, please contact the Baby Friendly office.

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For further information about the evidence and rationale for the standards please refer to [The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards](http://www.unicef.org.uk/babyfriendly/costs)

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If you have further questions please contact the Baby Friendly office on 0207 375 6052/6114 or email bfi@unicef.org.uk