UNICEF UK INFOSHEET

MATERNITY STANDARD 4 – SUPPLEMENTATION

AUDIT AND ASSESSMENT

Updated December 2021

Introduction

Supplements are generally given for a small number of reasons including clinical concerns and cultural expectations, as well as a lack of confidence in both mothers and some staff that breastfeeding can provide everything a baby needs.

The Baby Friendly assessment process looks for evidence that units are making steady progress to reduce supplementation rates over time, with specific regard to supplements given without medical indication or as a result of fully informed decision making.

This document provides guidance about the audit and assessment process which is designed to support you to monitor your supplementation rates and for the UK Committee for UNICEF (UNICEF UK) to collect information in a consistent way from all facilities. It includes supplement details forms for you to use to review supplements which are given as a result of a clinical indication or a maternal request, together with an action plan template for you to plan any necessary changes in order to improve care.

This document should be read in conjunction with the supplementation audit which is part of the Baby Friendly audit tool.

Internal audit

Internal audit of supplements enables you to review your supplementation rates and see how these change over time while also allowing you to gather information about the quality of care provided when supplements are given. We require units to:

1. Audit supplementation in an ongoing way by:
   a. interviewing around **10 breastfeeding mothers every month** either face-to-face or over the phone using the full breastfeeding mother audit interview form. Where a supplement has been given, check the mother's records as part of the process, plus those of the baby if relevant.
   b. randomly selecting and reviewing **10 sets of records per month**.
2. Decide for each supplement found whether it was given predominantly as a result of a maternal choice or predominantly as a result of a clinical indication and then complete the relevant supplement details form (see forms below).

3. Use the forms to review the care given and identify where care could have been improved. Accumulating the forms and reviewing the care on a quarterly basis may help with identification of key issues and trends.
4. Develop an action plan to address any factors that are negatively impacting care.
5. Compare audit results over time to monitor if practice is improving.

Supplementation rates

Supplement data gathered via the audit as described above can be used as a method of calculating supplementation rates. As an example:

If over a **3-month** period:

30 mothers are interviewed and 5 report that their baby has received a supplement, and **30** sets of records are reviewed and a further 7 supplements are identified

That means that there are **12** babies out of **60** who have received a supplement.

To calculate the supplementation rate: 12 ÷ 60 x 100 = 20%

If the supplementation rate is calculated regularly, you will be able to see easily whether the rates are improving over time as a result of staff training and improvements in care.

Assessment

You will be asked to provide the following information at Stage 3 and re-assessments:

- Additional information about local factors that could affect supplementation rates (e.g. staffing levels, local demographics etc.)
- Internal audit data and action plans – see above.

Notes

- Some facilities have mechanisms in place to allow them to audit all supplements given to breastfed babies and this is done continuously. If this is the case in your facility, then we recommend that you continue with your current audit system as this is more robust than the one suggested above.
- You can use the supplement details forms (below) as a replacement for the intermittent supplement audit form (audit tool) if you wish or can transfer information from the intermittent form to this form.
- It is important to assess the care given by the community midwife, especially in facilities where hospital stays are very short. Therefore we recommend that you include audits of mothers who have gone home related to the care given during the first ten days of their baby's life. It should be noted that, once at home, there can be many influences on mothers' decision making and so it is important to make judgements related to the effect of the information and support given by the maternity services only.

Supplement details – Clinical indication

Individual details at time of initial supplement

			Unique identifier	
Birth weight	**Gestation**	**Type of birth**	**Age and weight (if different) when given supplement**	
Brief history				

Analysis of care	✓	X	N/A	Comments
Baby correctly identified as "at risk"				
Optimum skin contact / support with first feed				
Proactive feeding – at least every 3 hours				
Supported appropriately with positioning and attachment				
Use of skin contact/laid back nursing to encourage feeding				
Hand expression effective and timely				
Appropriate observations and/or blood glucose monitoring				
Feeding assessment, including urine output and stools				
Volume of infant formula appropriate				
Formula milk given safely with least possible disruption to breastfeeding				
Information for mother was effective/appropriate				
Plan made for future feeds (to support lactation)				
Documentation satisfactory				
Longer term feeding outcome if known	Fully breastfed/mainly breastfed/mainly formula fed/formula fed			
Supplement classification	Clinical indication - optimum care/clinical indication – care could have been improved			

Supplement details – Maternal request

Individual details at time of initial supplement

			Unique identifier	
Birth weight	**Gestation**	**Type of birth**	**Age and weight (if different) when supplement given**	
Mother's story (if interviewed).				
Ask mother what worried her…….				

Analysis of care	✓	X	N/A	Comments
Mother appears to have had antenatal conversation				
Clear documentation of mother's reason, alternative options and information given.				
Optimum skin contact / support with first feed				
Responsive feeding explained/encouraged				
Number of feeds in last 24 hours				
Support with positioning and attachment (effectively and timely)				
Use of skin contact/laid back nursing to encourage feeding				
Hand expression as indicated (effective and timely)				
Appropriate observations and monitoring				
Volume of infant formula appropriate				
Formula milk given safely with least possible disruption to breastfeeding				
Plan made for future feeds (maximising breastmilk/breastfeeding)				
Longer term feeding outcome if known	Fully breastfed/mainly breastfed/mainly formula fed/formula fed			
Supplement classification	Fully informed maternal decision/Maternal request without fully informed decision/Staff suggestion for non- clinical reasons			