

UNICEF UK INFOSHEET

MATERNITY STANDARD 4 – SUPPLEMENTATION

AUDIT AND ASSESSMENT

March 2016



Introduction

We are updating the way that supplementation of breastfed babies on postnatal wards is assessed, to reflect the reviewed Baby Friendly standards.

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

In future, the Designation Committee will be looking for evidence that units are making steady progress to reduce supplementation rates over time (specifically those given without medical indication or as a result of fully informed decision).

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

It 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 rate and how this changes over time
- gather information about the quality of care provided when supplements are given.

From **January 2016** we will require all units to:

1. Audit supplementation in an ongoing way by:
 - a. Interviewing around **10 breastfeeding mothers every month** using the full breastfeeding mother audit interview form. The interviews can be done face to face or over the phone. Where a supplement has been given, if the mother's (and if relevant, baby's) records are available, check these as part of the process.
 - 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 impacting negatively on care.
5. Compare audit results over time to monitor if practice is improving.

Supplementation rates

Supplement data gathered via the audit described above can be used as a way 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: $12 \div 60 \times 100 = 20\%$

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

Starting in **April 2016**, 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 bed 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 10 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).					
<i>Ask mother what worried her.....</i>					
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				