**Annual audit form**

**Health visiting/public health nursing services**

Facilities accredited as Baby Friendly must submit audit results on an annual basis in order that effective maintenance of standards may be monitored. Facilities are requested to complete the form and submit electronically to the Baby Friendly office.

|  |  |  |
| --- | --- | --- |
| **Service name:** |  | |
| **Contact name, email & telephone:** |  | |
| **Date of last assessment:** |  | |
| **Date of this annual audit:** |  | |
| **Number of staff included in audit:** | |  |
| **Number of breastfeeding mothers included in audit:** | |  |
| **Number of formula feeding mothers included in audit:** | |  |

**Breastfeeding statistics**

Please provide your latest data in the table below with your average percentages from the past year – entering values for the ‘xx’ listed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age/stage collected** | **Feeding category** | | | |
| **Full / total breastfeeding** | **Partial breastfeeding** | **Formula feeding** | **Not known** |
| **Initiation** | xx% |  | | |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx weeks/months** | xx% | xx% | xx% | xx% |
| **Period covered by the figures** | |  | | |
| **Percentage population coverage** | | These statistics relate to XX% of the population served by the facility. | | |

**Policies and guidelines**

|  |  |
| --- | --- |
| Does the policy full cover all the Baby Friendly Initiative Standards? | Yes/No |
| Does the policy prohibit the display or distribution of materials which promote breastmilk substitutes, feeding bottles, teats and dummies? | Yes/No |

**Latest audit results**

*Please note that your audit should have been carried out on a random sample of staff (or all staff), not just on those who have completed the training, and a random sample of mothers. Check the guidance document for re-assessment for recommended sample sizes. The question numbers relate to the questions numbers in the relevant audit tool.*

|  |
| --- |
| **Standard 1 – Antenatal care** |

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| 1a. The importance of developing a close and loving relationship |  |
| 1b. How to encourage this process |  |
| 1c. What information mothers to be may need |  |
| 1d. The principles of effective communication |  |

*(If the facility does not provide routine antenatal care for pregnant women you do not need to complete the following section)*

|  |  |
| --- | --- |
| **Mothers had a discussion appropriate to needs about …** | **% giving correct/adequate response** |
| 3a. Comforting and caring for her baby |  |
| 3b. Feeding her baby |  |

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| **Standard 2 – Enabling continued breastfeeding** |

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| --- | --- |
| **Staff can describe/demonstrate….** | **% giving correct/adequate response** |
| 2a. Signs a baby is receiving enough milk |  |
| 2b. The key principles of positioning |  |
| 2c. How babies attach to the breast |  |
| 2d. The signs of effective attachment |  |
| 2e. The importance of effective attachment |  |
| 2f. What is meant by responsive feeding |  |
| 2g. Why hand expressing is useful |  |
| 2h. How to support a mother with hand expressing |  |
| 2i. How to support continued breastfeeding |  |
| **Breastfeeding mothers confirmed that ….** | **% giving correct/adequate response** |
| 1a. Breastfeeding was assessed |  |
| 1b. They know how to recognise baby is getting enough breastmilk |  |
| 1c. They know about responsive feeding |  |
| 1d. They were given information about help and support available |  |
| 7**.** They were offered information about feeding out and about or with other people |  |
| 8.They were offered information about feeding and going back to work |  |
| **All mothers confirmed that ….** | **% giving correct/adequate response** |
| 1e. They had a discussion about the importance of closeness and comfort |  |
| 1f. They were given information on what enhances closeness and responsiveness |  |
| 1g. They were aware of local support available for parents |  |
| 5. They were offered information about feeding at night (bottle feeding mothers) |  |
| 6. They were offered information about feeding at night (breastfeeding mothers) |  |
| **Services accessed met mothers’ needs….** | **% giving correct/adequate response** |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |

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| **Standard 3 –Informed decisions regarding the introduction of food or fluids other than breast milk** |

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| --- | --- |
| **Staff can describe…** | **% giving correct/adequate response** |
| 3a. Support for a mother to maximise breastmilk |  |
| 3b. Information for mothers who use formula milk |  |
| 3c. How to support a mother to bottle feed responsively |  |
| 3d. Why the recommended age for starting solids is six months |  |
| 3e. The importance of avoiding formula advertising |  |
| **Breastfeeding mothers…** | **% giving correct/adequate response** |
| 4. Were supported to maximise breastmilk given |  |
| **Bottle feeding mothers….** | **% giving correct/adequate response** |
| 1a. Understand how to make up feeds safely |  |
| 1b. Know about type of milk to offer |  |
| 1c. Know how often to feed |  |
| 1d. Had a discussion about ensuring baby gets the right amount of milk |  |
| **All mothers….** |  |
| 5. advised appropriately about starting solid food |  |

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| **Standard 4 – Close and loving relationships** |

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| --- | --- |
| **Staff can describe…** | **% giving correct/adequate response** |
| 4a The importance of close and loving relationships |  |
| 4b. How to encourage close and loving relationships |  |
| **All mothers confirmed that….** | **% giving correct/adequate response** |
| 1e. They had a discussion about the importance of closeness and comfort |  |
| 1f. They were given information on what enhances closeness and responsiveness (breastfeeding mothers) |  |
| 1f. They were given information on what enhances closeness and responsiveness (bottle feeding mothers) |  |
| 1g. They were made aware of local support for parents (all mothers) |  |

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| **General** |

|  |  |  |
| --- | --- | --- |
| **Mothers…** | | **% giving correct/adequate response** |
| 9a. Had a conversation about safer sleep | |  |
| 9b. Received written information or were referred to appropriate websites | |  |
| 9c. Mother happy with care overall | very happy |  |
| fairly happy |  |
| unhappy |  |
| 9d. Staff were kind and considerate | always |  |
| mostly |  |
| sometimes |  |
| not at all |  |

Please tell us about any major change in the service which have resulted in significant gaps in care provision, or any other external assessment which has highlighted significant problems for example poor CQC report, an external review of the service, service in special measures etc.

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| --- |
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Please specify date and outcome of last CQC inspection:

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**Action planning**

*Please describe any actions you are taking following this audit, particularly to address any weaknesses to meet the standards:*

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| --- |
|  |

Thank you for completing this information. A member of the Baby Friendly Initiative team may contact you to discuss the results.

🗐 **Please send this audit form and any additional documents to** [**bfi@unicef.org.uk**](mailto:bfi@unicef.org.uk)