**Annual audit form**

**Maternity**

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.

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| **Organisation 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 breastfeeding mothers with a baby in the neonatal unit 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**

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| --- | --- |
| 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.*

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| **Standard 1 – Antenatal care** |

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| **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 |  |
| **Mothers had a discussion appropriate to needs about …** | **% giving correct/adequate response** |
| 1a. Comforting and caring for her baby |  |
| 1b. Feeding her baby |  |

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| **Standard 2 – Care after the birth** |

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| **Staff understand….** | **% giving correct/adequate response** |
| 2a. The importance of skin to skin contact |  |
| 2b. How long skin to skin contact should last |  |
| **Mothers confirmed that they….** | **% giving correct/adequate response** |
| 2a. Held their baby in skin contact after the birth |  |
| 2b. Held their baby for at least one hour or as long as wished |  |
| 2c. Was supported with breastfeeding at that time |  |
| 2c. Gave the first feeding in skin contact (if not breastfeeding) |  |

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| **Standard 3 – Getting breastfeeding off to a good start** |

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| **Staff can describe/demonstrate…** | **% giving correct/adequate response** |
| 3a. Key principles of positioning |  |
| 3b. How babies attach to the breast |  |
| 3c. The signs of effective attachment |  |
| 3d. The importance of effective attachment |  |
| 3e. The signs a baby is receiving enough milk |  |
| 3f. What is meant by responsive feeding |  |
| 3g. Why hand expressing is useful |  |
| 3h. How to support a mother with hand expressing |  |
| **Breastfeeding mothers confirmed that ….** | **% giving correct/adequate response** |
| 3a. They were supported to position and attach |  |
| 3b. They know how to recognise baby is getting enough breastmilk |  |
| 3c. They were shown how to hand express breastmilk |  |
| 3d. They know about responsive feeding |  |
| 3e. They were given information about help and support available |  |
| 3f. A breastfeeding assessment was carried out effectively |  |
| **Breastfeeding mothers with a baby on the neonatal unit confirmed that they …** | **% giving correct/adequate response** |
| 1. Had the opportunity for a discussion as early as possible about the value of breastmilk (Standard 1) |  |
| 2. Had skin contact as soon as possible after the birth (Standard 2) |  |
| 3a. Were encouraged to express |  |
| 3b. Offered help as soon as possible |  |
| 3c. Shown to express by hand and pump |  |
| 3d. Advised to express at least 8 times in 24 hours |  |
| 3e. Given information about sources of help/support |  |

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| **Standard 4 – Informed decisions regarding the introduction of food or fluids other than breast milk** |

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| **Staff understand…** | **% giving correct/adequate response** |
| 4a. Why supplements should be avoided |  |
| 4b. How to support a mother when a baby is reluctant to feed |  |
| 4c. Information needed by mothers who use formula milk |  |
| 4d. How to support a mother to bottle feed responsively |  |
| 4e. Why it is important to avoid allowing advertising for formula milks |  |

Please provide you most recent supplementation data (ideally quarterly rates over the past year)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Q1 | Q2 | Q3 | Q4 |
| **Supplementation rate (as a %)** |  |  |  |  |
| **How rates have changed over time** |  | | | |
| **Factors which may impact on local rates** |  | | | |

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| --- | --- |
| **Number of audits via interview/records review** |  |
| **Of these interviews/records, the reasons for supplementation were:** | |
| **Reasons for supplement…** | **Number of babies supplemented for this reason** |
| Clinically indicated with optimum care |  |
| Clinically indicated but care could be improved |  |
| Fully informed maternal decision |  |
| Maternal request without fully informed decision |  |
| Staff suggestion for non-clinical reasons |  |
| Number of babies supplemented without a teat |  |

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| --- | --- |
| **Mothers who bottle feed….** | **% giving correct/adequate response** |
| 4a. know to feed when feeding cues displayed |  |
| 4b. know how to feed baby |  |
| 4c. given appropriate information about making up feeds |  |
| 4d. advised to use first milk |  |

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| **Standard 5 – Close and loving relationships** |

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| **Staff understand…** | **% giving correct/adequate response** |
| 5a. The importance of close and loving relationships |  |
| 5b. How to encourage close and loving relationships |  |
| **All mothers confirmed that….** | **% giving correct/adequate response** |
| 5a. They had a discussion about the importance of closeness and comfort |  |
| 5b. They were given information on what enhances closeness and responsiveness (breastfeeding mothers) |  |
| 5b. They were given information on what enhances closeness and responsiveness (bottle feeding mothers) |  |
| 5c. Their baby stayed with them all the time whilst in hospital |  |

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| **General** |

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| **Mothers…** | | **% giving correct/adequate response** |
| 6a. Had a conversation about safer sleep | |  |
| 6b. Received written information or were referred to appropriate websites | |  |
| 6c. Mother happy with care overall | very happy |  |
| fairly happy |  |
| unhappy |  |
| 6d. 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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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)