**Guidance notes**

**Re-assessment**

**Health Visiting services**

**Introduction**

Re-assessment of Baby Friendly accredited facilities usually takes place two years after the initial accreditation and then at intervals decided by the Baby Friendly Initiative’s Designation Committee. Evidence is gathered via interviews with mothers and staff and the review of documentary evidence (including internal audit results) to determine whether the Baby Friendly standards are being maintained.

You will be reminded by the Baby Friendly Initiative office a few months before your re-assessment is due and asked to contact the office to arrange re-assessment dates.

The requirements for passing a re-assessment are the same as for initial accreditation; the difference is that all the standards are assessed together, rather than in stages. This is because re-assessment looks at maintenance of standards previously confirmed as being in place rather than at the initial implementation of those standards.

A full re-assessment includes:

* Review of documents such as policy, guidelines, curriculum etc
* Review of staff training records
* Interviews with managers
* Interviews with staff
* Interviews with mothers

This enables the assessment team to make an informed decision about the overall effectiveness of the way the programme has been implemented.

🖳 For more information please refer to the [Guide to the Baby Friendly Initiative standards](http://unicef.uk/babyfriendlystandards)

🖳 Please read this guidance document in conjunction with the [Re-assessment application form](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/re-accreditation/)

**Understanding the requirements**

Throughout this document, each piece of evidence is identified as being either ***required*** or ***recommended.***

* When a piece of evidence is said to be ***required*** this means that itforms a key part of the standards and is therefore necessary in order for the unit to be re-accredited as Baby Friendly. We will not be able to confirm re-accreditation if any evidence identified as a ***requirement*** is lacking.
* When a document or action is said to be ***recommended*** this means that we believe it to be an effective way of implementing the standards and therefore the Baby Friendly Initiative recommends that this is what is done.

As an example:

The standards state that all breastfeeding mothers must have a formal assessment of breastfeeding at approximately 10-14 days. A certain percentage of mothers who can confirm, at interview, that the assessment took place and that should problems have been identified an appropriate plan of care was made with them is therefore ***required***. Use of a standard assessment tool to document this assessment is also ***required.*** Implementing an assessment tool based on the Baby Friendly sample is ***recommended*** to ensure that all assessments are carried out in a consistent and effective way.

**Background information required prior to re-assessment**

We need you to supply us with certain pieces of information to help us to plan the assessment. This includes demographic, birth and infant feeding data. We will send an email to ask for this information (or an update to the information we previously have on file). A prompt response would be appreciated as the details will help us to organise the assessment.

**Documentary evidence required at a re-assessment**

The infant feeding policy, staff training curricula and mechanisms for ensuring attendance at training and for auditing practice were assessed at previous assessments and we will need to review all of these at re-assessment, along with other policies and materials, as explained in this guidance.

🖳 For further information about the standards please refer to the [Guide to the Unicef UK Baby Friendly Initiative Standards](http://unicef.uk/babyfriendlystandards) and [The evidence and rationale for the Unicef UK Baby Friendly Initiative standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/the-evidence-and-rationale-for-the-unicef-uk-baby-friendly-initiative-standards/)

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| **Coronavirus, Covid -19 assessments**During the coronavirus pandemic and in the immediate aftermath, Baby Friendly assessments were routinely carried out remotely. As such, all aspects of the assessment which would normally be carried out on-site were conducted remotely by the assessment team. As we move forward and recover from the pandemic, our aim is to begin to return to on-site assessments where possible. Irrespective of how we carry out the assessment the following will apply:* Submission of documents electronically in advance of the assessment
* Interviews with staff carried out face to face or via video link using a platform such as Microsoft Teams. This will be arranged in discussion with your lead assessor
* Interviews with mothers carried out by phone
* Observations in the facility. This may be complimented by submission of photographic or other evidence to show display boards in larger services or where an on-site visit is not possible.
* Sharing of data such as staff training records electronically

Introductory and feedback meetings will be held face to face or via video link depending on the service need. Please complete the relevant version of the application form which will guide you regarding how to make sure we receive all of the necessary evidence. We have included a section for you to tell us about how you have adapted care to meet the needs of mothers during the pandemic and in recovery.Please read the guidance carefully, as even for those of you who have had a reassessment before, we will be doing things differently this time. |

**Latest audit results**

We will ask you for annual audit results in the time in between re-assessments, and recommend that your audit should:

* Use the recognised Unicef UK audit tool (latest version)
* Be carried out by staff who have been trained to audit in order to ensure that the results are consistent and accurate.
* Be based on a sample which is of sufficient size (see table below), chosen at random and representative;
* Be carried out face-to-face or by telephone with mothers
* Enable you to be confident that the information and care provided would support a mother effectively.

**Audit programme**

The audit tool suggests sample sizes based on the number of births. The following example of frequency and numbers is appropriate for maintaining accreditation. The numbers should be seen as a minimum.

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| **Re-assessment** |
|  | **Frequency** | **Numbers** |
| **Staff** | Six monthly | 10-20 (up to 3000 births)20-30 (3000+ births) |
| **Mothers\*** | Quarterly | 10-20 (up to 3000 births)20-30 (3000+ births) |
| **Environment (Code and information e.g. Bounty Bags)** | Six monthly | All areas |

\*Mother interviews look at the care provided in pregnancy as well as that provided once the baby is born.

🖳 The [Baby Friendly audit tool for health visiting services](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Audit/Audit-tools-to-monitor-breastfeeding-support/) should be used to carry out the audits

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| **Section 1 – Policies and guidelines** |

1.1 The infant feeding policy

A policy\* which adequately covers all the Baby Friendly Initiative standards is***required***. Prior to submitting your policy, we ***recommend*** that you use the relevant [sample policy guidance and checklist](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/) to make sure that it covers all the standards and is as up to date as possible.

*\* We refer to a ‘policy’ but appreciate that some services will use other terms such as guidelines, protocols etc. What is important is that all relevant documents clearly support staff to implement the standards.*

🗐 **Please submit a copy of your policy and tell us about any changes since you were last assessed.**

1.2 Commitment to adhere to the policy

We ***require*** that all relevant managers sign a commitment to ensure that they and the staff working in their area adhere to the policy. This requirement is intended to ensure that all staff, from managers down engage fully with the implementation of the standards. A sample form is provided for this as part of the re-assessment application form.

🗐 **Please submit a form signed by each relevant manager.**

1.3 Orientation of new staff of the policy

We ***require*** that all staff who are involved in the care of pregnant women, mothers and babies be orientated to the policy during the first week of their employment. We ask you to include health visitors and other team members such as staff nurses, nursery nurses and health-care assistants in this process.

🗐 **Please describe the mechanisms in place in the relevant section of the application form.**

1.4 Other policies and guidelines

Additional policies, protocols and/or guidelines may be developed to assist the staff to care effectively for mothers and babies in specific situations, for example for babies who have lost an excessive amount of weight, are jaundiced or to guide staff with specific aspects of care such as introduction of solid foods. The content of such guidelines can have a significant effect on practice, particularly with regard to safety and the incidence of exclusive breastfeeding/prevalence of breastfeeding. Whilst they will vary depending on local needs, it is important that they are unambiguous and support effective care. Your service may not have or need all of these guidelines. The need will be apparent based on the results of internal audit.

In order that any guidelines you have produced are effective, we ***require*** that the content does not undermine the ability of the facility to meet the standards. The support provided for mothers to maximise breastmilk/breastfeeding will be reviewed at assessment through interviews.

🗐 **Please submit relevant documentation.**

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| **Section 2 - Staff education** |

Listed below are the standards which will be assessed

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| **Standard****Staff…** | **This applies to…** | **How assessed?** | **Minimum % required to pass** |
| **1.** Have been orientated to the infant feeding policy | Staff who have been employed for ≥ 1 week | Via records  | 80% |
| **2.** Have completed the mandatory training programme | Staff who have been employed for ≥ 6 months | Via records &by interview | 80% |
| 1. Can describe how the standards are implemented in their area and answer a range of relevant questions\* about how they would:
* support mothers to breastfeed
* support mothers to formula feed
* support mothers to build close and loving relationships with their baby
 | Staff who would be expected to care for babies and parents as part of their role | By interview and review of internal audit data | 80% |
| **4.** Can demonstrate an understanding of the International Code of Marketing of Breastmilk Substitutes | All staff  | By interview and review of internal audit data | 80% |

*\*Staff will be asked specific questions related to their role and responsibilities. Their ability to communicate sensitively with mothers will be valued.*

All staff who are involved in the clinical care of babies and their parents are ***required*** to have received training, according to their role, to implement the standards outlined in the infant feeding policy. Health visitors need a full programme of basic education, as do staff nurses nursery nurses and health care assistants if their role demands it. Others involved in caring for mothers may also need relevant training for example peer supporters.

We ***recommend*** that those planning and delivering the education programme have some additional training to ensure that they have sufficient knowledge and skill in relation to:

* Infant feeding
* The importance of early relationships on childhood development
* How to deliver effective training.

UNICEF UK provides a [Train the Trainer course](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Training/Train-the-trainer/) which is designed to support key staff to learn how to produce a curriculum which will enable them to deliver an effective training package and provides participants with a comprehensive package of training materials. We ***recommend*** that a key member of staff be enabled to attend this course.

*Staff who are not employed by the service seeking accreditation*

There are a number of staff groups who have a role in supporting mothers and babies or breastfeeding but who are not routinely employed by the services eligible for Baby Friendly accreditation. Such groups include GPs, pharmacists, practice nurses, school nurses etc. Although we do not ask services to educate staff that they don’t employ, our ultimate goal is a consistent level of care for mothers and babies. Therefore, services that do create systems by which these staff are educated will be awarded by Unicef UK accordingly. For example, such innovation could form part of the package of innovations which could be submitted as part of a Gold award application.

Annual updates are ***strongly recommended*** to ensure that staff knowledge and skills are maintained and to allow discussion of any new information. The content of these should be informed by ongoing audit results. In addition it is ***strongly recommended*** that the programme should include individual one-one sessions with staff to enable practical skills reviewing\*.

*\* While a single Baby Friendly leave may be able to deliver all the classroom-based education unaided, it is unlikely, except in the smallest organisations, that s/he will be able to manage one-to-one teaching for all the members of staff who require it. Most facilities that have tackled this have found that the best solution is to train a small group of ‘key workers’, who will in turn take responsibility for training identified groups of staff. Key workers need to work closely with the lead professional / Baby Friendly lead, and have their own practice reviewed regularly, to ensure ongoing consistency throughout the team.*

A random sample of staff members will be interviewed to assess their knowledge and skills in relation to breastfeeding. The interview will ask specific questions that relate to the role of each member of staff.

Assessors will be looking for staff to demonstrate that they have:

* The knowledge and skill to effectively support mothers, including giving relevant practical tips (this will include teaching positioning and attachment and hand expressing where this is appropriate).
* The ability to communicate information effectively in a way which will enhance mothers’ confidence; qualities such as the ability to listen to the mothers’ concerns and questions, to empathise with her circumstances and demonstrate sensitivity, and to build confidence will be valued.

It is ***required*** that a minimum of 80% of those interviewed provide adequate answers to a series of questions on basic breastfeeding and formula feeding management and relationship building.

**A note about GPs**

General practitioners can impact significantly on breastfeeding success. Ideally, they need to have sufficient, relevant, information and/or education about breastfeeding to enable them to provide appropriate and effective care for breastfeeding mothers and babies and to be able to signpost to relevant local services. In many settings, expecting the health visiting service to provide that information has presented a huge challenge with changing structures and boundaries and defined service specifications frequently inhibiting this process. Therefore, you are not expected to evidence that you have provided this information as part of the standard Baby Friendly accreditation programme. Given the significance for mothers however, services are encouraged to work with their GP colleagues, providing relevant local information. Where evidence of an effective training programme can be shown, this would be recognised. Unicef UK have developed an [e-learning tutorial for GPs](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/E-learning-for-GPs/) endorsed by RCGP to cover the information for GPs to support mothers.

2.1 Training curricula

A curriculum which adequately covers all the Baby Friendly Initiative standards for each staff education programme\* was required at previous assessments. This/these will be reviewed at re-assessment in light of the level of knowledge and skills found, and amendments may be ***required*** and/or ***recommended*** as a result. The assessors will need to see a copy of the current curricula on the day of the assessment.

If you have any doubts about the efficacy of your curriculum, we ***strongly recommend*** that you refer to the Baby Friendly Initiative’s guidance document on writing a curriculum and if possible that a key member of staff has attended Unicef UK’s Train the Trainer course.

*\*A separate curriculum is required if different groups of staff receive different training. However, if the same training is provided for all, then only one curriculum is needed.*

🗐 **Please submit a copy of the latest curriculum/a and tell us about any changes since you were last assessed.**

2.2 Records of staff training and orientation to the policy

Evidence of the mechanisms to enable effective orientation of relevant new staff to the policy and recording staff’s attendance at training were required at previous assessments. Evidence that these mechanisms work and are being adhered to is ***required*** at re-assessment.

The application form therefore asks you to tell us of the percentage of new staff who have been orientated to the policy and specify how many of your staff have been trained. We will verify this by reviewing the records during the assessment and through interviews with individual staff members,

🗐 **Please ensure that the database recording staff orientation to the policy and staff training is available for the assessors to see on the day of the assessment. This can be done via a shared screen.**

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| **Section 3 – Processes for implementing, auditing and evaluating the standards** |

This section of the application forms asks for more details about the way in which the standards are implemented. Listed below are the four health visiting standards and more details about what is required.

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| **Standard 1 – Antenatal care** |

Listed below are the standards which will be assessed.

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| **Standard****Women…..** | **This applies to…** | **How assessed?** | **Minimum % required to pass?** |
| **1.** Have the opportunity for a discussion about feeding and recognising and responding to their baby’s needs | All women who have received care during pregnancy from the service | Via records, internal audit data and interview\*  | 80% |
| **2.** Are encouraged to develop a positive relationship with their baby in utero | All women who have received care during pregnancy from the service | Via records, internal audit data and interview\* | 80% |
| **3.** Confirm that the information was helpful and enabling | All women who have received care during pregnancy from the facility | Interview | 80% |
| **4.** Written information is largely accurate and effective | All written information provided for pregnant women, to include DVDs and posters | Review  | Yes |

The service is ***required*** to make sure that all women have the opportunity to have a meaningful discussion about caring for their baby to include feeding and recognising and responding to their baby’s needs. In addition, all pregnant women should be encouraged to develop a positive relationship with their growing baby. The discussion should take into account the woman’s own individual circumstances and needs.

Written information used to back up discussion can be very helpful. Ensuring that the information is accurate and effective is ***required.*** If leaflets have been developed in-house, we ***recommend*** that these compliment any standard national materials, and consider:

* the need for clarity, accuracy and simplicity of the messages
* avoidance of duplication
* that the layout is attractive and readable

*\* In recognition of the fact that there is no agreed minimum standard of service expected of health visitor (and that some services have very little contact with pregnant women) this standard will only be formally assessed when routine care is provided for pregnant women. Please indicate on the application form whether routine care is provided.*

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

Listed below are the standards which will be assessed

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| **Standard.** **Mothers…** | **Applies to…** | **How assessed?** | **Minimum % required to pass?** |
| **1.** Have a formal breastfeeding assessment carried out at approximately 10-14 days, to include developing an appropriate action plan with the mother to address any issues identified.  | All breastfeeding mothers  | Via interview and internal audit data  | 80% |
| **2.** Specialist support for those mothers with persistent and complex challenges, including an appropriate referral pathway is available and mothers know how to access this.  | All breastfeeding mothers | Via interview and internal audit data | 80% |
| **3.** Have the opportunity for a discussion about continued breastfeeding (including responsive feeding, expression of breastmilk, feeding out and about, going back to work) according to individual need | All breastfeeding mothers | Via interview and internal audit data | 80% |
| **4.** Are informed of local services to support continued breastfeeding for example peer support groups | All breastfeeding mothers | Via interview and internal audit data | 80% |
| **5.** Written information is largely accurate and effective | All written information provided for pregnant women, to include DVDs and posters | Review  | Yes |

We require that care provided is of a standard that it will enable breastfeeding mothers to continue breastfeeding for as long as they wish and according to their needs. This will include ensuring that a formal feeding assessment is carried out at around 10-14 days to establish whether the feeding is progressing well or there are issues which need to be addressed. The outcome of the assessment should be discussed with the mother with the aim of building her confidence and supporting breastfeeding. Where any issues are identified, a plan of care should be agreed with the mother and documented on a standard breastfeeding assessment tool. We recommend that you use the Baby Friendly assessment tool, or adapt this to suit local needs.

A referral pathway for mothers with persistent or complex challenges is ***required.*** The facility can provide this or work collaboratively with another organisation to ensure that all mothers within the locality are able to access such a service. Social support is also important as part of a multi-faceted approach to support continued breastfeeding. Support systems should be established and again, this can be done collaboratively with another local provider. See more information [on our website.](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/further-guidance-on-implementing-the-standards/guidance-on-provision-of-additional-and-specialist-services-to-support-breastfeeding-mothers/)

We ***require*** that services accessed by mothers with the aim of providing support with continued breastfeeding meet the mothers’ needs. These could be services run wholly by the health visiting/public health nursing service for example well baby clinics or services run in collaboration with other organisations for example breastfeeding support groups jointly run by a health visitor and peer supporter. We ***recommend*** that consideration is given to provision of services which support mothers to continue breastfeeding at times known to be pivotal points when breastfeeding is likely to cease. For example breastfeeding data highlights the period around 10-14 days as a potential crisis point. Development of a local source of information about the support available is ***recommended.*** The effectiveness of services should be evaluated and amended as needed to ensure that they meet the needs of mothers and babies.

As part of her care, it is a ***requirement*** that mothers are offered information about the variety of issues which can impact on longer term breastfeeding. Such issues may include feeding when out and about, returning to work or feeding at night, or any other issue which the mother considers may be a barrier to ongoing breastfeeding. Such issues should be explored with the mother and relevant information provided according to individual need.

It is a ***requirement*** that mothers are encouraged to feed their baby in response to their baby’s hunger cues or when her breasts are full. It is crucial that mothers are supported to view breastfeeding as not just a way of providing food, but also as an effective way of comforting and calming babies, or she wishes to sit down for a rest and that feeding cannot spoil babies. The impact of dummy use on responsive feeding and therefore on future milk supply should be explained.

We ***recommend*** that staff are encouraged to provide relevant information and support according to the mother’s individual need, with guidance/documentation developed to support this. Written information used to back up discussion can be very helpful. Ensuring that all written information given is accurate and effective is ***required.*** If leaflets have been developed in-house, we ***recommend*** that these compliment any standard national materials, and consider:

* the need for clarity, accuracy and simplicity of the messages
* avoidance of duplication
* that the layout is attractive and readable.

Poster displays should be informative, and contain information which is accurate, effective and proportionate and cover issues such as breastfeeding, introduction of solid food and relationship building. Ensuring consistency across a large number of facilities can be a challenge, hence we ask you to carry out observations using the Observation Form in the Health Visiting audit tool. We will ask you to submit a selection of photographs of displays and leaflet racks so taking photographs as part of the observation process will mean that you have these ready to submit.

🗐 **Please be prepared to submit a random selection of photographs from venues which are accessed by families. Your assessor will discuss with you which ones to submit during the assessment.**

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

Listed below are the standards which will be assessed

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| **Standard.** **Mothers…** | **Applies to…** | **How assessed?** | **Minimum % required to pass?** |
| **1.** Are provided with information about why exclusive breastfeeding leads to the best outcomes, and why when this is not possible, continued partial breastfeeding is important and the amount of breastmilk offered is maximised according to individual situations | All breastfeeding mothers  | Via interview and internal audit data  | 80% |
| **2.** Who give other feeds in conjunction with breastfeeding are supported to do so as safely as possible | All breastfeeding mothers | Via interview and internal audit data | 80% |
| **3.** Who formula feed are enabled to do so as safely as possible | All bottle feeding mothers | Via interview and internal audit data | 80% |
| **4.** Mothers are enabled to introduce solid foods in ways that optimise babies’ health and wellbeing | All mothers | Via interview and internal audit data | 80% |
| **5.** Are not exposed to advertising for breastmilk substitutes, bottles, teats and dummies  | All mothers | Via observation | Yes |

We recognise the crucial importance of exclusive breastfeeding and this message should be communicated clearly to mothers, however should mothers be unable or unwilling to do this, ensuring that they are supported and encouraged to offer any breastfeeds/breastmilk is requiredso that the baby benefits from receiving the maximum amount of breastmilk possible. We ***recommend*** that any relevant guidelines such as for management of weight guidelines provide clear guidance for staff about how to sustain lactation and increase milk supply if appropriate.

Where the mother is not exclusively breastfeeding, we ***require*** that she be supported to provide infant formula in a way which will minimise the disruption to breastfeeding and that she is able to make up infant formula and feed her baby as safely as possible. Mothers who choose to use a dummy should be made aware of the possible implications of its use, both for effective attachment at the breast and for frequency of feeding, to enable them to make an informed choice.

For those mothers who have chosen to formula feed their baby, we ***require*** that they be shown how to make up feeds and given any information necessary to enable them to feed their babies as safely as possible according to their individual need, including offering a first stage milk until one year of age. Ideally, this teaching should take place early in the postnatal period, preferably on a one-to-one basis, but it is the responsibility of community staff to check that this has happened. If a mother is experienced in formula feeding it is acceptable for staff to confirm that she is confident to prepare feeds and is aware of any guidelines which may have been issued since her last baby was born. Whilst there is limited research to guide us about responsive feeding in formula fed babies, it is suggested that parents be informed about responding to their babies hunger cues, inviting the baby to take the teat rather than forcing it into his mouth, pacing the feed and recognising when the baby has had sufficient to avoid overfeeding.

We ***require*** that mothers are enabled to introduce solids in a way which will optimise babies’ health and well-being. In practice this is likely to mean that a local system is established which ensures that all mothers receive information at a time which meets the needs of local parents and that they are made aware of this so that they know what to expect.

We ***recommend*** that staff are encouraged to cover the relevant areas according to the mother’s individual need, with guidance/documentation developed to support this.

Ensuring that there is no advertising for breastmilk substitutes, bottles, teats and dummies within the facility is ***required.*** It is ***recommended*** that regular checks are made in all areas accessed by mothers and of materials provided for them, including sample packs, leaflets and visual materials such as film/DVD.

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

Listed below are the standards which will be assessed

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| **Standard.**  | **Applies to…** | **How assessed?** | **Minimum % required to pass?** |
| **1.** Parents are supported to understand a newborn baby’s changing developmental abilities and needs | All parents | Via interview and internal audit data | 80% |
| **2.** Parents are encouraged to respond to their baby’s needs (including encouraging frequent touch, sensitive verbal and visual communication, keeping babies close, responsive feeding and safe sleeping practices) | All parents | Via interview and internal audit data | 80% |
| **3.** Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds themselves during the early weeks | All bottle feeding mothers | Via interview and internal audit data | 80% |
| **4.** Parents are encouraged to access social and educational support networks that enhance health and well-being | All parents | Via interview and internal audit data | 80% |

We require that all parents are supported to build a close and loving relationship with their baby. This should involve keeping their baby close, learning how to recognise and respond to their baby’s cues for feeding, communication and comfort and encouraging skin-to-skin contact throughout the postnatal period. When mothers and babies breastfeed they spend a great deal of time in close contact, which helps build and enhance their relationship. Encouraging formula feeding mothers to give most feeds themselves while holding their baby close will support relationship building.

Parents should be given information about any local parenting groups which are available. The service is encouraged to work collaboratively to provide parents with social and educational opportunities designed to help them to build strong and loving relationships with their baby. This could include social groups, parenting classes, baby massage etc. The service is not expected to provide all of these opportunities itself, but rather to know what is available, signpost mothers appropriately and work with others to highlight and fill any gaps in provision.

Training and guidance for staff to enable them to communicate this issue effectively to parents is ***recommended.*** We ***recommend*** that staff are encouraged to cover the relevant areas according to the mother’s individual need, with guidance/documentation developed to support this.

**Mother-baby closeness and safety issues**

Young babies need to be close to their mother, as this is the biological norm. We want to see that services/staff tell mothers about the benefits of keeping their baby close, and encourage them to do so. However, modern lifestyles sometimes mean that there are risks associated with mothers and babies being close to each other, particularly when the mother falls asleep (which could be night or day). It is therefore vital that safety issues, in particular safe sleeping, are discussed in a way that is proportionate to the risks involved and that does not frighten parents or close down discussion. Training and guidance for staff to enable them to do this effectively will be needed.

See more information:

* *Caring for your baby at night leaflet for parents* - [unicef.uk/caringatnight](https://unicef.uk/caringatnight) (and accompanying Health Professional’s guidance)
* *Co-sleeping and SIDS: A Guide for Health Professionals* - [unicef.uk/safesleeping](https://unicef.uk/safesleeping)

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| Unicef UK has collaborated with the [Lullaby Trust](https://www.lullabytrust.org.uk/) and [Basis](https://www.basisonline.org.uk/) to develop a set of materials to support staff to have sensitive conversations with parents about the crucial importance of safer sleep. These materials include a [quick reference guide](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-quick-reference-card.pdf) and a more detailed [guide for parents](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-a-guide-for-parents.pdf) together with a [guide for professionals](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-saving-babies-lives-a-guide-for-professionals.pdf) to support them to have a helpful and evidence based conversations. The materials are available to purchase from the Lullaby Trust as printed copies or to download free of charge, and are translated into a number of languages. As part of this work, we have agreed with the Lullaby Trust and Basis that we will include assessment of the effectiveness of the work undertaken by maternity, neonatal and health visiting services to support safer sleep in all families. At the Stage 1 assessment services will be asked to describe the mechanism for providing the information both verbally and in writing. At the Stage 3 assessment and at Re-assessment mothers being interviewed will be asked a question to establish whether a conversation about safer sleep has taken place and whether the mother has been given written information or a link to a website where the material is easily accessible. The information provided at Stage 1 and the question asked of mothers at Stage 3 and Re-assessment **will not** be scored formally and **will not** impact on the services ability to pass the assessment or retain their accreditation, however we will give feedback about the process and the responses we have received from mothers.Audit tools have been amended to include the relevant questions. If you do not have the 2019 version please contact the office at bfi@unicef.org.uk  |

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| **Section 4 - The International Code of Marketing of Breastmilk Substitutes** |

4.1 Adherence to the International Code of Marketing of Breastmilk Substitutes

In accordance with the International Code of Marketing of Breastmilk Substitutes (1981) and subsequent relevant WHA resolutions, we ***require*** that there is no advertising or promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by its staff. This includes the use of company-sponsored leaflets, posters, diary covers, pens, mugs, obstetric wheels and other materials.

This standard is necessary to ensure that breastfeeding is protected and that parents receive unbiased information to support their decisions. It means that:

* There should be no display or distribution of any materials produced by the manufacturers of breastmilk substitutes, bottles, teats or dummies, in any part of the health care facility. This includes gifts bearing company logos intended for health professionals (including pens, diary covers, obstetric calculators, notepads, etc) and written materials intended for mothers (including leaflets that do or do not relate to infant feeding).
* Images which ‘normalise’ bottle feeding should not be displayed.
* There should be no sale of breastmilk substitutes on health care premises.
* Health care facilities should not accept free or subsidised supplies of breastmilk substitutes, bottles and teats.

This standard does not restrict the provision of accurate and impartial information about formula feeding. Parents who have chosen to formula feed their baby should be given clear written instructions and shown how to make up a feed safely before they leave hospital. This discussion should include guidance to use a first stage milk for the first year and how to bottle feed responsively. All community-based staff should ensure that this information has been given and is understood.

🖳 The Baby Friendly Initiative has produced a [guidance document](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/the-code/a-guide-for-health-workers-to-working-within-the-international-code-of-marketing-of-breastmilk-substitutes/) aimed at health care facilities and describing what practices are and are not acceptable within the Code.

🖳 For accurate and impartial information on infant milks in the UK please visit [First Steps Nutrition Trust’s website](http://www.firststepsnutrition.org/)

🗐 **Please describe the plans in place to ensure that the Code is implemented in the relevant section of the application form, including signed declaration of adherence to the Code.**

🗐 **Please use the application form to confirm that venues accessed by parents are Code compliant. Should sample packs be provided, please confirm that these have been checked.**

**Progressing to Gold**

Unicef UK’s Baby Friendly Initiative’s Achieving Sustainability standards provide a roadmap for improving care for the long-term and lead to the Gold Award.

For more details please see the [Achieving Sustainability guidance](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/achieving-sustainability-standards-guidance/) and the infosheet [Should we go for Gold?](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/should-we-go-for-gold-award/)

The management team are expected to take responsibility for the implementation of the standards across the service. Managers will be interviewed during the assessment to ascertain how they support the implementation of the standards in their area.

This will relate in particularly to:

* how policy and guidelines are developed
* how the policy is implemented
* how staff are enabled to attend the training programme
* how the standards are audited and actions taken should audit results highlight any weaknesses in care.
* the International Code of Marketing of Breastmilk Substitutes and an awareness of how this is enforced in their area

If you intend to progress towards the Gold award, we will ask more detailed questions around the Achieving Sustainability standards.

The application form asks for your intentions around progressing towards the Gold award so that your lead assessor can give further support and advice as part of your re-assessment, and so the appropriate manager interviews are conducted.

|  |
| --- |
| **Re-assessment process** |

Re-assessments will generally take place over a two day period and involve a number of Baby Friendly assessors.

A short introductory meeting will be held with key members of staff at the beginning of the assessment to explain what will happen, and a feedback meeting will be held at the end to explain the findings. These meetings will be in-person for on-site assessments and via video call for remote assessments.

The assessors will select a representative sample of staff for interview from the list of those on duty during the two days. They will then interview these members of staff and collate their responses. The aim of the assessment is to ensure that the education programme is effective, not to ‘test’ individuals’ knowledge. The assessors will therefore do their best to put interviewees at their ease so that they feel confident to discuss their everyday practice and demonstrate their knowledge and skills.

A selection of managers will be interviewed to ascertain how they support the process of implementing and maintaining the standards.

The assessors will also select a representative sample of mothers for interview from the lists provided by the service (see below). In on-site assessments we will also aim to talk to a small sample of mothers face to face. In order to gain a representative sample in your area, it may be necessary to interview some mothers via a translator or using a service such as language line. The same consenting processes will apply – see below. The aim of the assessment is to establish the overall standard of care delivered, not to ‘test’ individuals’ knowledge or unearth personal details. The assessors will therefore do their best to put mothers at their ease so that they feel confident to discuss the care they have received.

It is important that the staff are made aware that all interviews will be carried out in confidence and that the assessors will not record interviewees’ names. The assessors have a background in midwifery, nursing, health visiting and/or public health and are bound by the Nursing and Midwifery Council’s Code of Professional Conduct and Unicef UK’s own policies. They are particularly aware of the requirement to protect the confidentiality of information provided during an assessment.

In addition to the interviews, the assessors will review the application form and associated documents with the aim of ensuring that all adhere to the standards. Relevant documents should be submitted two weeks in advance of the assessment. Service leads will be expected to confirm adherence to the International Code of Marketing of Breastmilk Substitutes and to ensure any visual materials are largely accurate and effective.

**Preparations in advance of the assessment**

Certain preparations need to be made in advance of the assessment to help the process to run smoothly on the day.

Once the dates of the assessment have been agreed, please:

* Have a conversation with your lead assessor to discuss the arrangements and confirm whether the assessment will be carried out on-site.
* Inform all staff who may be involved that the assessment will be taking place, giving them as much information as possible on how the assessment will be run and what to expect.
* Consider what video technology is available for the staff to use for interview in case this is needed.
* For an on-site assessment, please arrange a room (lockable) for the assessors to use for the duration of their time in the unit and rooms for the introductory and feedback meetings.
* Organise appointment times for the Head of Service and relevant managers to be interviewed (see timetable)
* Arrange a video meeting for an introductory and feedback meeting and invite key members of staff (including senior managers and medical staff, where relevant).
* Arrange for one key member of staff to be available at all times during the assessment to assist the assessors as necessary.
* Make sure staff have access to a doll and breast model and any relevant leaflets that are routinely used. Staff would not be expected to have access to staff education materials or copies of the Baby Friendly audit tool during their interview. If the assessor suspects that staff are using such prompts to answer questions she will opt the staff member out of the scoring process.
* Assessors will ideally need access to wi-fi. Establish whether this is a possibility in your organisation, either by enabling use of a Trust computer or a wi-fi password so that UNICEF laptops can be used.

🗐 Then, at least two weeks before the assessment, please send details of the staff working during the period of the assessment.

A template is provided (see [*Staff lists - Stage 2 or Re-assessment*](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/03/Staff-lists-Stage-2-or-Re-assessment.docx)and[*Timetable for interviews - remote assessments*](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/06/Timetable-for-interviews-remote-assessments.docx)template*s*). The list will need to be sent at least **two weeks in advance of the assessment** (this is to enable your lead assessor to give you a week’s notice of staff chosen).

A sample timetable is included for guidance as to how the assessment will run; your lead assessor will notify you one week in advance of the assessment of the names of community staff who have been randomly selected so that you can arrange appointment times, so you can complete the grid once these names are given.

Once you have been provided with this list, please arrange a 30-minute interview schedule for those selected – to coincide with their shifts and allowing meal breaks for the assessors. Staff will need to be able to access props for the assessment- to include a doll (or equivalent such as a teddy bear), breast model and commonly used leaflets.

*Staff lists and Staff interview timetable templates – download from website*

  

Sending data such as names and phone numbers should be done securely;

* We strongly recommend you send the files via a secure file sending system and password protect the document. Please avoid sending the lists via email without any encryption.
* You may wish to use the Box upload link to send the file (see guidance below) or your own internal IT department may have a preferred approach or system to use. Allowing plenty of time to research and finalise safe sending of the data will help avoid delay and potential threat to us being able to carry out your assessment effectively.

To send us these files directly, please visit this uploading page on our website

[**unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/**](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/)

Select ‘choose file’ and select the file you’d like to send from your computer.

Add details in the description box to include your organisation name and dates of assessment.

Add your email address, so we know who has sent the file and who to contact with any queries. You can send additional files by returning to the link again.

If you have password protected the file, please call or email the Baby Friendly office to give the password for the files you’ve sent.

*If you are unable to use this uploading page, please send the files by any secure method used by your organisation and ensure the files are password protected.*

Video calls for staff interviews / meetings

Once your lead assessor confirms the interview slots on the timetable, you should set up meeting invites for each slot. Please invite all of the assessment team to each interview slot.

You will need to check what technology you have access to for video calls, for example Microsoft Teams. If you have not set up video calls before please ensure you have plenty of time to check with your IT team. It may also be helpful to set up some practice sessions. It is important to ensure that your video link can be accessed externally by the Baby Friendly assessors.

**Guidance for collecting telephone numbers and consenting mothers**

**Consenting mothers for interview**

In order to ensure that a fair and representative sample of mothers is interviewed, it is crucial that the following is adhered to:

**Sample size**

Many mothers don’t answer the phone, so in order for us to talk to sufficient mothers, we need a big list of names of mothers who have consented to be interviewed. For most services**\***, this means that we will need to receive *at least* 150 names.

**Sample validity**

When consenting mothers, it is important to select entirely at random. Therefore the following is required:

* Commence consenting mothers 5-6 weeks in advance of the assessment.**\***
* *All* mothers who have had a primary visit/contact from the health visiting service in the last 2-3 months should be asked to consent to interview (see exclusion criteria below).
* It is not acceptable to bias the sample by selecting mothers based on their feeding history, or to select only those who have accessed classes, groups or been seen by the Infant Feeding Lead. However, some of these mothers are suitable for interview as part of a random sample.
* It is not acceptable to bias the sample by asking staff to select only two or three mothers each from their caseload or by selecting mothers from certain areas only.
* Please consent mothers who do not use English as a first language. The telephone numbers list has a column for you to identify preferred language spoken. Your lead assessor will discuss with you about how we can interview a sample of these mothers, if appropriate.

The goal is to achieve a random list of mothers – different types of birth, parity, feeding experience, babies with varying ages, living in different areas, breast and formula feeding in order to give the fairest representation of the care the facility provides.

If you are being assessed jointly with the health visiting service you may want to co-ordinate collection to avoid duplication.

***\*****For average sized facilities – we may need more or fewer numbers so smaller or larger facilities may need to collect numbers for a longer/shorter period.*

**Exclusion criteria**

There may be reasons to exclude some mothers from your sample. The following mothers should be excluded. Mothers:

* who are under the age of 18
* who could be too ill to take part in an interview
* with vulnerabilities where the service feels contact would be inappropriate
* with a baby who is unwell
* who live out of the area.

**Obtaining consent**

We suggest that you ask all mothers for consent to be interviewed, when staff are in contact with them in the period prior to the assessment. We provide a sample Mother consent form ([unicef.uk/motherconsent](http://unicef.uk/motherconsent)) to help you obtain consent. You may wish to use our sample, or adapt the wording into your own format, however it is essential that the wording retains the following information:

*What happens to the information I give?*

* *Your contact details will only be used for the purpose of the interview, and will not be passed on to anyone else. Unicef UK will destroy your contact details within a week of our conversation.*
* *What you tell Unicef UK is confidential and won’t be linked to you by name. We’re talking to many mothers in your area and will use all the answers together to find out what is working well and where we could do better.*
* *Unicef UK will only feedback your individual information to the service if you or your baby need urgent help or are in danger.*

If mothers are being consented by telephone, it is important that the member of staff gaining consent covers all of the information on the form and signs and dates the form. The interviewers will confirm consent with each interviewee before proceeding with the interview.

**Safeguarding policy**

Throughout our work in the Baby Friendly Initiative, the welfare of children is our paramount consideration. Under Working Together 2018, we have a duty to both report any concerns we have that a child may be at risk of harm, and to follow up with the agency to whom we have reported these concerns, to confirm that action has been taken to protect the child. In order to conduct Baby Friendly assessments, we routinely work in partnership with experienced healthcare professionals and our normal reporting process will be to inform the Infant Feeding Lead that we are working with of any concerns, so that these can be processed in the usual way within the healthcare setting.

We would only report directly to statutory agencies if our concern was so urgent that contacting the Infant Feeding Lead would cause delay that could prejudice the child’s welfare, or where we were unable to confirm that action had been taken and therefore needed to escalate our concern in order to ensure the child was protected from harm.

A copy of our full safeguarding procedures can be provided upon request.

**Record keeping**

Please collect all consent forms and transfer contact numbers into the telephone grid. You do not need to send each copy of the consent form to us. Please keep copies of the individual consents until your assessment is complete (i.e. you have received your assessment report) and then destroy the forms securely.

Unicef UK will not keep any data of the consented mothers you submit to us after the assessment; all phone numbers are deleted and would not be used for any other purpose other than the Baby Friendly assessment.

For more information about Unicef UK’s privacy statement please visit

[unicef.org.uk/legal/cookies-and-privacy-policy/](https://www.unicef.org.uk/legal/cookies-and-privacy-policy/)

**Sending the telephone numbers**

There is a sample grid provided to submit these telephone numbers (see [website Stage 3 page](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-3-parents-experiences/parents-experiences-of-health-visiting-services/)). Please use the form as it will help us to divide telephone numbers between assessors. The list will need to be submitted **at least a week in advance of the assessment** (occasionally this can be up to two weeks in advance as the phone interviewers may be doing the calls up to a week before the actual assessment).

Sending data such as names and phone numbers should be done securely;

* We strongly recommend you send the files via a secure file sending system and password protect the document. Please avoid sending the lists via email without any encryption.
* You may wish to use the Box upload link to send the file (see guidance below) or your own internal IT department may have a preferred approach or system to use. Allowing plenty of time to research and finalise safe sending of the data will help avoid delay and potential threat to us being able to carry out your assessment effectively.

Please contact the Baby Friendly office with any queries.

To send us these files directly, please visit this uploading page on our website

[**unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/**](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/)

Select ‘choose file’ and select the file you’d like to send from your computer.

Add details in the description box to include your organisation name and dates of assessment.

Add your email address, so we know who has sent the file and who to contact with any queries. You can send additional files by returning to the link again.

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*If you are unable to use this uploading page, please send the files by any secure method used by your organisation and ensure the files are password protected.*

🗐 **Please confirm that the consents list has been collected in accordance with the above guidance and is a true reflection of the mothers cared for by the facility in the application form (signature page 3)**

🗐 **Use the checklist on the Re-assessment application form to help track the documentation required**

**What happens after the assessment**

**Feedback of findings**

You will be informed of the results of the assessment at a feedback meeting towards the end of the assessment. We request that you consider carefully who is invited to attend this meeting. We suggest that this is limited to the Baby Friendly lead/s, line manager and other managers with involvement in implementing the standards together with the head of service. This meeting is an opportunity to discuss and plan how any shortfalls can be addressed in order that this assessment is passed or to consider how progress can be made towards the next assessment/reassessment.

**Confirmation of the outcome of the assessment**

After the assessment, the results will be written up in a detailed report. A copy of this report will be sent to the Baby Friendly Initiative’s Designation Committee, which has to approve the report. They will normally do this within ten days of receiving it and you will then receive a copy of the report and any requirements suggested by the Committee. Occasionally, the report has to be considered at one of the Committee’s meetings, which take place every two months. In this case you will need to wait a little longer for confirmation of the result of the assessment.

If the standards have been met, the facility will be re-accredited for a number of years, to be determined by the Designation Committee. If all the standards have not been met, the Designation Committee may consider a follow up visit or further internal audit is appropriate to re-examine the criteria which are lacking and they will decide the timescale to be allowed for this.

🗁 **Re-assessment application form**

To download, please visit [unicef.org.uk/babyfriendly/reassessments](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/re-accreditation/)