**Application form**

**Stage 2 assessment**

**Maternity - remote**

|  |  |
| --- | --- |
| **Hospital/Trust name:** |  |
| **Contact name, email & telephone:**  |  |
| **Assessment date(s):** |  |

**Introduction**

At a Stage 2 assessment we are looking for evidence of an effective staff education programme. The assessment itself takes place on a date agreed with the Baby Friendly Initiative office. However, in order for this date to be confirmed, written evidence must be submitted of the facility’s readiness for assessment. When completed, this form provides much of that evidence. Please provide information which is as full as possible in relation to each section.

**Additional documents we will need**

When arranging an assessment date, we will also send you a booking form which needs to be completed for payment for this assessment, and we will request some further background information via email for your organisation. Certain documents need to be submitted in advance of the assessment. These are mentioned in the relevant section and included in a checklist at the end of the form.

**What do I do once I am ready to apply?**

Please contact the Baby Friendly office to arrange an assessment date, and we will confirm who your assessor will be. You will need to submit this form ***at least three months*** in advance of the planned date in order to allow time for full consideration of the audit results and discussion with you about whether and how any outstanding issues can be addressed within the timescale. Please note that any decision to re-schedule the date of the assessment is likely to incur costs if the application form has been received later than three months before the previously agreed date.

**Declaration**

The application formshould be signed by the Head of Service who will confirm agreement with the submission and the information provided.

🖳 To help you to complete this form, please refer to the [**Guidance notes for Stage 2 assessment**](http://www.unicef.org.uk/BabyFriendly/stage2), which provides guidance on the information required for each section.

We care about keeping your data safe; for more information about Unicef UK’s privacy policy please visit [unicef.org.uk/legal/cookies-and-privacy-policy/](https://www.unicef.org.uk/legal/cookies-and-privacy-policy/)

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| --- |
| **Staff education; records and audit results** |

2.1 Numbers of staff employed

*Please tell us about the total numbers of staff employed in the care of pregnant women and/or new mothers and babies by the maternity unit(s) which are to be assessed. Please state actual staff numbers, not whole-time equivalents*:

|  |  |
| --- | --- |
| **Category/grade of staff** | **Number employed** |
| Midwives |  |
| Neonatal nurses |  |
| Nursery nurses |  |
| Health/maternity care assistants |  |
| Paediatric medical staff |  |
| Obstetric medical staff |  |
| Other: |  |

*Please tell us about the working patterns of the staff*

|  |  |
| --- | --- |
|  | Yes/No. If yes, please give details |
| Are any staff employed who work only night duty? |  |
| Do all hospital-based midwives rotate through antenatal, labour and postnatal areas? |  |
| Do community midwives also work in the hospital? |  |

2.2 Orientation of new staff to the infant feeding policy

*Please use the records you have kept of staff orientation to the infant feeding policy to complete the table below*.

|  |  |
| --- | --- |
| **Category/grade of staff** | **% employed ≥ 1 week who have been orientated to the policy** |
| Hospital-based midwives |  |
| Community-based midwives |  |
| Neonatal nurses |  |
| Nursery nurses |  |
| Health/maternity care assistants |  |
| Paediatric medical staff |  |
| Obstetric medical staff |  |
| Other staff or volunteers who provide support for mothers |  |

🗐 **Please ensure that the orientation records are available for the assessors to see on the day of the assessment.**

2.3 Staff education

*Please use the records you have kept of staff attendance at the various elements of the Baby Friendly training programme to complete the table below. You need to show what percentage of staff who provide breastfeeding information and support to pregnant women and new mothers, and who have been employed for more than six months\*, have completed each element of the training.*

\* *Please note that junior doctors should normally attend training as soon as possible after their employment begins.*

|  |  |
| --- | --- |
| **Category/grade of staff** | **% employed ≥ 6 months who have completed this element of the training** |
| **Classroom/ theoretical education** | **Supervised Practical Skills Review** | **Additional compulsory sessions** | **Other prescribed training (e.g. for doctors)** |
| Midwives |  |  |  |  |
| Neonatal nurses |  |  |  |  |
| Nursery nurses |  |  |  |  |
| Health/maternitycare assistants |  |  |  |  |
| Paediatric medical staff |  |  |  |  |
| Obstetric medical staff |  |  |  |  |
| Other |  |  |  |  |

🗐 **Please ensure that these records are available for the assessors to see on the day of the assessment.**

2.4 The role of managers in ensuring that staff are able to implement the policy

The manager in charge of each area may be interviewed as part of the assessment.

*Please tell us about the relevant areas:*

|  |  |  |
| --- | --- | --- |
| **Area** | **Management post (e.g. matron, ward manager)** *Please also indicate how many you have in each area* | Please obtain signed commitment to implement the policy (see Signature page 1) |
| Antenatal clinic |  |  |
| Day assessment unit |  |  |
| Labour ward |  |  |
| Postnatal ward |  |  |
| Neonatal unit |  |  |
| Community midwifery services |  |  |
| Birth centre |  |  |
| Other |  |  |

🗐 **Please obtain signed commitment to implement the policy from all relevant managers (see Signature page 2) and submit this in advance of the assessment.**

2.5 The role of the Baby Friendly lead

*Please complete the table below. If you have completed this table recently in your Stage 1 application form, you could copy and paste across and update as needed.*

|  |
| --- |
|  |
| Summary of roles and responsibilities |  |
| Hours worked  |  |
| Support provided for the lead (by key workers for example) |  |
| Line management arrangements |  |

*If this role does not take responsibility for referrals of mothers with persistent or complex challenges with breastfeeding, please identify who takes that role locally.*

|  |  |
| --- | --- |
| **Name** | **Role/Job title** |
|  |  |
|  |  |
|  |  |
|  |  |

2.6 Training curricula

🗐 **Please submit a copy of the latest curriculum/a.**

2.7 Hours of training provided

*Please complete the table below. If you have completed this table recently in your Stage 1 application form, you could copy and paste across and update as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category/****grade of staff** | **Classroom/ theoretical education** | **Supervised practical skills reviews (if relevant)** | **Additional methods e.g. workbooks, e-learning** | **Timescale for completion of full programme** | **Annual updates** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

2.8 Results of audit of the effectiveness of the staff education programme

*Please tell us about your audit programme.*

|  |  |
| --- | --- |
| Please confirm that the Unicef audit tool for staff and mothers will be used, and that the supplement audit will be carried out as suggested [(see Supplementation guidance)](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/further-guidance-on-implementing-the-standards/supplementation-guidance/) | Yes/No |
| Who will be carrying out the audit and how will they be trained |  |
| Describe the planned frequency and numbers to be audited  |  |

*Please use the results of your most recent audit to complete the table below.*

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 should have included a sample size relevant to the size of your facility as recommended in the guidance document. The question number relates to the responses on the relevant page of the audit tool.

|  |  |
| --- | --- |
| **Standard 1. 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 |  |
| **Standard 2. Staff understand….** | **% giving correct/adequate response** |
| 2a. The importance of skin to skin contact |  |
| 2b. How long skin to skin contact should last |  |
| **Standard 3. 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 |  |
| **Standard 4. 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 |  |
| **Standard 5. Staff understand…** | **% giving correct/adequate response** |
| 5a. The importance of close and loving relationships |  |
| 5b. How to encourage close and loving relationships |  |
| **Number of staff interviewed** |  |

|  |
| --- |
| **Coronavirus, Covid -19***Please tell us about Covid-19 locally, including actions taken to mitigate the impact for staff training and outcomes for babies, mothers and families.* |
|  |

🖉 **Signature page 1 – Stage 2 assessment**

The role of managers in ensuring that staff are able to implement the policy

The management team is expected to take responsibility for ensuring that the standards are implemented in their area. At Stage 2 each manager will be asked about how they do this. Please also ask each manager to sign their commitment and this should be submitted in advance of the assessment.*Please obtain signatures from each relevant manager and print/photocopy this page if more boxes are needed.*

|  |  |
| --- | --- |
| **Name of ward/area:** |  |
| **I confirm that it is my intention to ensure that** * **all staff working in this area are adequately trained to implement the infant feeding policy**
* **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy**
 |
| **Name:** |  |
| **Job title:** |  |
| **Signed:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Name of ward/area:** |  |
| **I confirm that it is my intention to ensure that** * **all staff working in this area are adequately trained to implement the infant feeding policy**
* **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy**
 |
| **Name:** |  |
| **Job title:** |  |
| **Signed:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Name of ward/area:** |  |
| **I confirm that it is my intention to ensure that** * **all staff working in this area are adequately trained to implement the infant feeding policy**
* **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy**
 |
| **Name:** |  |
| **Job title:** |  |
| **Signed:** |  | **Date:** |  |

🖉 **Signature page 2 – Stage 2 assessment**

|  |
| --- |
| **Declaration by Head of Service** |
| **Standard 4 – Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff** |

The Head of Service is asked to confirm adherence to the International Code of Marketing of Breastmilk Substitutesand sign the declaration below for this application form.

|  |  |
| --- | --- |
| **Name of facility:** |  |
| **I confirm that we will fully implement the International Code of Breastmilk Substitutes (and subsequent relevant WHA resolutions)****I confirm that the information in this application form is accurate, to the best of my knowledge** |
| **Name:** |  |
| **Job title:** |  |
| **Signed:** |  | **Date:** |  |

**This application should be sent to the Baby Friendly office at least three months in advance of your assessment to** **bfi@unicef.org.uk**

**Submission checklist for Baby Friendly leads**

**Stage 2 assessment – maternity**

Finally, prior to applying for a Baby Friendly assessment, it is important to make sure that the facility is adequately prepared in order to make sure of the best possible chance of meeting all of the standards and avoid as far as possible the need for follow up. Completing the following checklist will help to make sure you are as well prepared as possible.

Before submitting, have you:

* Made sure that all of your documents address the relevant Baby Friendly standards – check the [Guide to the Baby Friendly Standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/guide-to-the-baby-friendly-initiative-standards/)
* Made sure that you have addressed all of the recommendations from the Stage 1 report and can provide evidence of this for the visiting assessor
* Made sure that any changes to documents such as the [policy](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/), [training curriculum](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/Guidance-on-writing-a-curriculum/), [hypoglycaemia guidelines](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Hypoglycaemia-policy-guidelines/) etc have been done with reference to the relevant guidance document
* Ensured that all new staff have been orientated to the policy and that you have documentary evidence of this
* Ensured that *at least* 80% of your staff completed *all elements* of the training programme and that you have documentary evidence of this
* [Audited](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Audit/Audit-tools-to-monitor-breastfeeding-support/) a sample of staff from across *all areas* of the facility by conducting interviews with a randomly selected sample of staff and that the sample audited was of sufficient size to be valid
* Addressed any issues identified by the audit and then re-audited a further sample of staff
* Made sure that Practical Skills Reviews have been conducted by yourself or a team of key workers who have received additional training to ensure consistency.

🗐 **Please send this form via email to** **bfi@unicef.org.uk** **at least three months in advance of your assessment dates.**

🗐 Two weeks prior to the assessment please send your staff lists securely – see guidance document for more information

🗐 Please make sure staff have access to a doll, breast model and relevant leaflets for their interview

🗐 **Checklist of documents to be submitted two weeks in advance of the assessment.**

|  |  |  |
| --- | --- | --- |
| ✓ | **Section** | **Document** |
|  |  | A copy of the latest infant feeding policy |
|  | **2.4**  | Signature pages – signed commitment from managers and Head of Service |
|  | **2.6** | Latest training curriculum/a |
|  |  | Staff lists – to be sent securely |

🗐 **Checklist of documents to be made available to the assessors on the day of the assessment:**

|  |  |  |
| --- | --- | --- |
| ✓ | **Section** | **Document** |
|  | **2.2** | Orientation records of new staff to the infant feeding policy |
|  | **2.3** | Staff education records |