

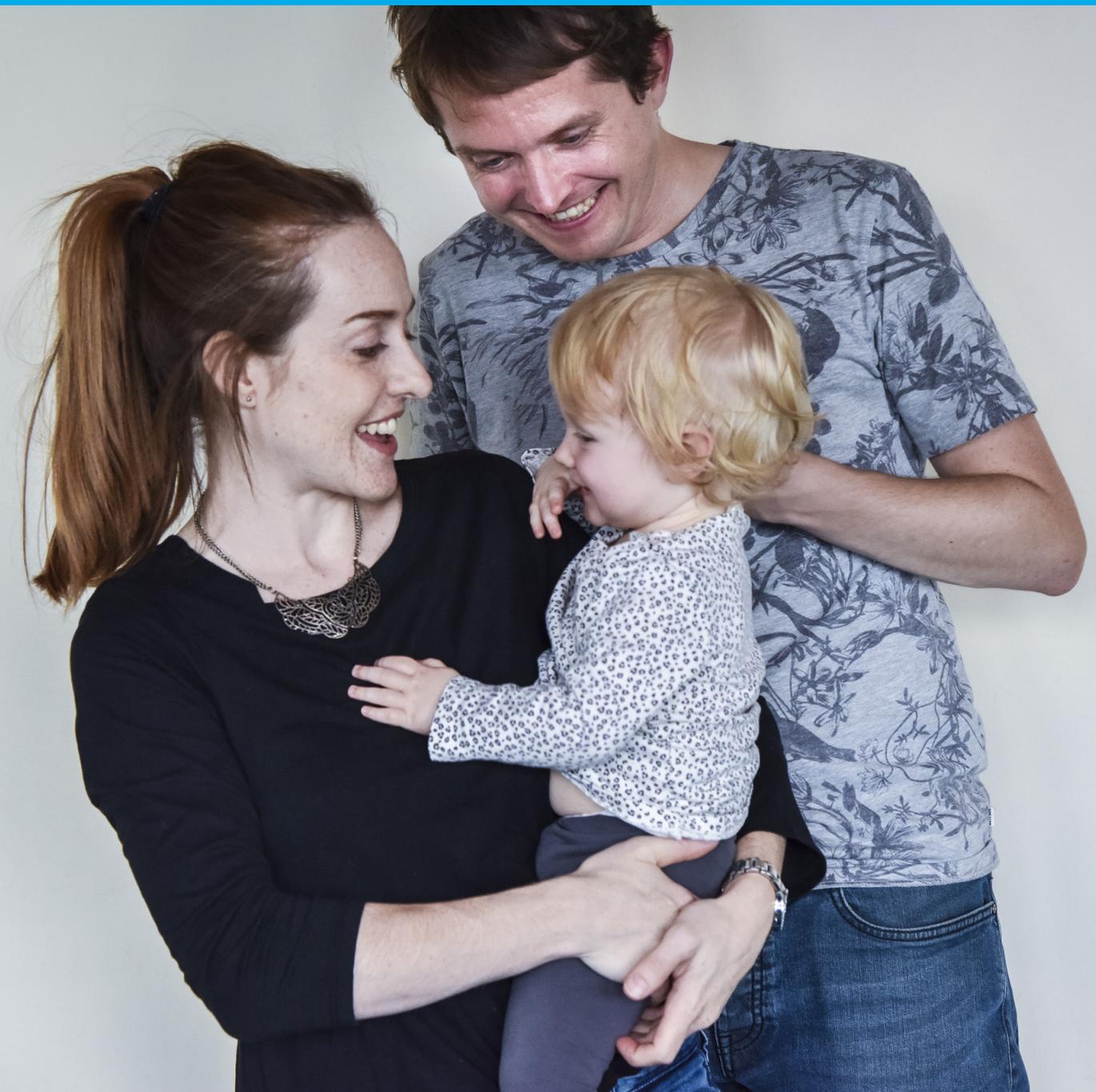


THE BABY  
FRIENDLY  
INITIATIVE



UNITED KINGDOM

# UNICEF UK BABY FRIENDLY INITIATIVE ACHIEVING SUSTAINABILITY STANDARDS AND GUIDANCE





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# INTRODUCTION

Welcome to the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative standards for Achieving Sustainability. These standards are designed to be incorporated into your plans for achieving and maintaining Baby Friendly accreditation no matter where you are in the process. They do not describe the direct clinical care of babies, their mothers and families, but rather the foundation upon which good care is built. They are the result of collating over 20 years' of experience about 'what works' from infant feeding specialists, clinicians, managers, policy makers and UNICEF UK assessors as they have implemented and supported the Baby Friendly standards in the UK.

The Achieving Sustainability standards are not intended to be another layer of work or complexity in your efforts to achieve or maintain Baby Friendly accreditation, but rather they are an organisational roadmap for how to implement the standards in a way that is both effective in the short term and sustainable over time. Our hope is that everyone's journey to Baby Friendly accreditation will be easier when using the standards, and that the result will be more consistent and sustainable care for all babies, their mothers and families.

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## BACKGROUND

In 2012, the Baby Friendly Initiative carried out a major review that resulted in new and more holistic child rights-based standards relating to the care of babies, their mothers and families. A strong theme emerging from the review process was that the Baby Friendly standards are hard to maintain in the long term. It was therefore decided that achieving sustainability should be part of the new Baby Friendly standards from the beginning, and a new award introduced to encourage focus on sustainability after the initial accreditation. A proposal for a new Baby Friendly award was published in November 2015 and a consultation period ran until March 2016.

## WHAT IS MEANT BY ACHIEVING SUSTAINABILITY?

A service is considered to be 'achieving sustainability' when they have implemented and maintained the core Baby Friendly standards for at least two



years as confirmed by a full re-assessment. In addition, they must have adequate leadership structures in place to support continued maintenance of the standards and for progressing and improving the standards over time. The service must also demonstrate that they cultivate a positive and enabling culture for Baby Friendly, with consideration given to the specific cultural and societal challenges in the UK.

## WHY DO WE NEED STANDARDS FOR ACHIEVING SUSTAINABILITY?

Introducing any significant change into a large organisation requires a great deal of effort, and it then takes time for changes to become embedded into everyday practice. The Baby Friendly Initiative is a particularly unique improvement programme because of the complexities surrounding breastfeeding in the UK.

Despite a compelling evidence base, breastfeeding is seen by many in the UK as largely unnecessary because formula milk is viewed as a close second best. It is also a highly emotive subject because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding. Additionally, responsive parenting and building close and loving relationships with babies can be very sensitive issues, as this is not how many people in the UK were parented or parent their own children.

Staff of all grades who work in UK public services may have had painful experiences in their own families and may also share the prevailing UK cultural attitudes. In addition, the UK has one of the most successful formula feeding industries in the world, with sophisticated marketing and public relations constantly targeting parents, health workers, policy makers and the general public in order to maintain a \$900 million industry.

For Baby Friendly to be successful, not only are policies, guidelines and education required, but also a mutually supportive culture where issues can be openly and safely addressed. For such a culture to exist, well-informed and consistent leadership is needed, backed up by vigilant monitoring and a desire to keep improving over time.

## HOW WILL WE INCORPORATE THESE STANDARDS INTO OUR WORK TO ACHIEVE AND MAINTAIN BABY FRIENDLY ACCREDITATION?

Regardless of current progress, it is hoped that all maternity, neonatal, health visiting and children's centre services working towards or maintaining Baby Friendly standards will start to consider and incorporate the Achieving Sustainability standards. By having robust leadership and monitoring systems in place, together with a supportive culture, the whole Baby Friendly process becomes easier to implement and maintain. In the future, at each stage of the assessment process, progress towards the Achieving Sustainability standards will be explored and support offered (see Appendix 2).

## HOW WILL THE ASSESSMENT PROCEDURE FOR ACHIEVING SUSTAINABILITY WORK?

### Accreditation

When a service gains Baby Friendly accreditation following a successful Stage 3 assessment, they will receive a silver plaque, as they do now, and be 'Accredited as Baby Friendly'.

### Re-assessment

We anticipate that most accredited facilities will be working towards implementing the Achieving Sustainability standards by the time of their re-assessment. At this time, all the core Baby Friendly standards will be re-assessed, as happens now, and in addition, evidence gathered to demonstrate that the Achieving Sustainability standards are being implemented. Services that achieve a positive result at their re-assessment by meeting all, or almost all, of the Baby Friendly standards can then apply to be formally assessed for the Achieving Sustainability Award. At this point, services will complete and submit an Achieving Sustainability self-assessment tool (see [unicef.uk/sustainability](https://www.unicef.uk/sustainability)) to establish whether they are ready to go for the Award.

## The Achieving Sustainability assessment

The Achieving Sustainability assessment will be carried out remotely by one assessor over one day (similar to a Stage 1 assessment). The service will carry out a staff survey (provided by UNICEF UK) to elicit staff's opinion of the culture within the service, with the results coming directly to UNICEF UK. Unless the re-assessment has happened within the preceding few months, a cohort of mothers will be interviewed to ensure core Baby Friendly standards have been maintained. Staff audits will also be submitted to demonstrate continued high levels of knowledge and skill, and the assessor will interview managers, the Guardian and the Baby Friendly Lead / team. The service will complete an application form and submit

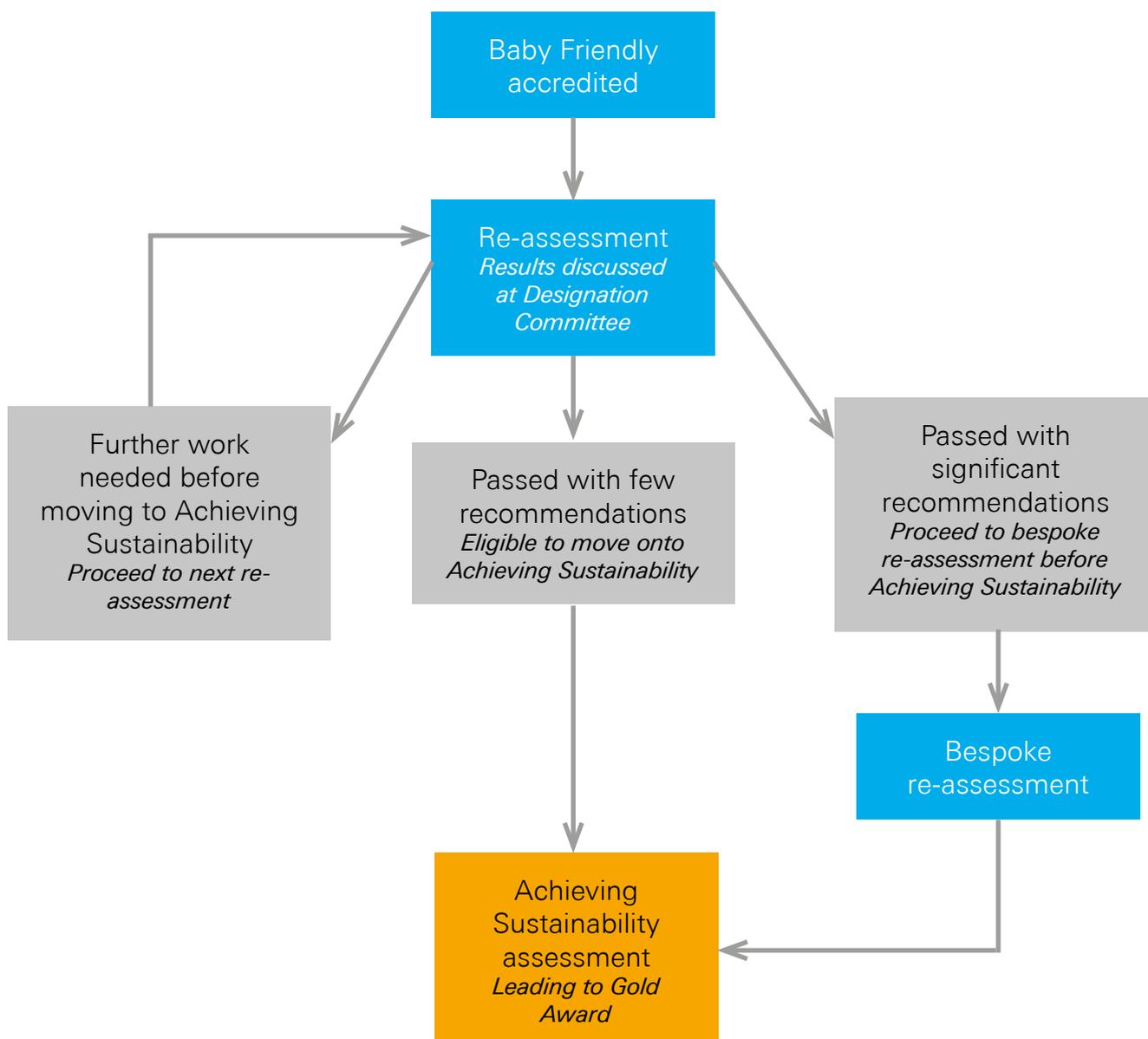
this, along with all supporting material, to the nominated assessor at least one week before the assessment. Services that meet the standards will be 'Re-accredited as Baby Friendly with Sustainability' and receive a Gold Award.

## Facilities that are already re-accredited as Baby Friendly

Facilities that are already re-accredited as Baby Friendly will have the opportunity to include the Achieving Sustainability standards at their next re-assessment and so achieve the Gold Award.

## The Achieving Sustainability Pathway

Eligibility to progress to the Gold Award will depend on a successful result at re-assessment, as shown below:



# ACHIEVING SUSTAINABILITY STANDARDS: OVERVIEW

## THEME 1: LEADERSHIP

### DEVELOP A LEADERSHIP TEAM THAT PROMOTES THE BABY FRIENDLY STANDARDS

- There is a named Baby Friendly Lead/team with sufficient knowledge, skills and hours to meet their objectives
- There is a mechanism for the Baby Friendly Lead / team to remain up-to-date with their education and skills
- A Baby Friendly Guardian with sufficient seniority and engagement is in post
- The leadership structures support proportionate responsibility and accountability
- All relevant managers are educated to support the maintenance of the standards.

## THEME 2: CULTURE

### FOSTER AN ORGANISATIONAL CULTURE THAT PROTECTS THE BABY FRIENDLY STANDARDS

- There is support for ongoing staff learning
- There are mechanisms in place to support a broad positive culture, such as staff recognition schemes, mechanisms for staff to feedback concerns, and systems to enable feedback from parents and families to be heard and acted upon.

## THEME 3: MONITORING

### CONSTRUCT ROBUST MONITORING PROCESSES TO SUPPORT THE BABY FRIENDLY STANDARDS

Mechanisms exist to ensure that:

- Baby Friendly audits are carried out regularly according to service needs
- All relevant data is available and is accessed
- Data is analysed effectively and collectively to give an overall picture
- Action plans are developed in response to findings
- Relevant data is routinely reported to the leadership team
- Relevant data is routinely reported to UNICEF UK.

## THEME 4: PROGRESSION

### CONTINUE TO DEVELOP THE SERVICE IN ORDER TO SUSTAIN THE BABY FRIENDLY STANDARDS

- The service demonstrates innovation and progress
- There is evidence to demonstrate that outcomes have improved
- The needs of babies, their mothers and families are met through effective integrated working.

## THEME 1: LEADERSHIP

The following standard will need to be met in order to gain a Gold Award at re-assessment.

### DEVELOP A LEADERSHIP TEAM THAT PROMOTES THE BABY FRIENDLY STANDARDS

#### **You will know that the service has met this standard when:**

- There is a named Baby Friendly Lead / team with sufficient knowledge, skills and hours to meet their objectives
- There is a mechanism for the Baby Friendly Lead / team to remain up-to-date with their education and skills
- A Baby Friendly Guardian with sufficient seniority and engagement is in post
- The leadership structures support proportionate responsibility and accountability
- All relevant managers are educated to support maintenance of the standards.

#### **We will assess this by:**

- Reviewing:
  - the job descriptions or outlines of roles and responsibilities of the Baby Friendly team
  - the education and updating of the Baby Friendly team
  - the profile and personal statement of

- the Baby Friendly Guardian
- the organogram (or similar) of the leadership structures, including details of membership of relevant groups and terms of reference / minutes of meetings, etc.
- the written curriculum / outline for manager education
- confirmation of managers' attendance at education sessions
- the process for induction and education of new managers (including the Guardian).
- Interviewing the Baby Friendly Guardian and asking them about their role and responsibilities
- Interviewing managers to ascertain:
  - the education they have received and the knowledge this has given them
  - the leadership structures and how these work in practice
  - their role and how this supports the maintenance of the Baby Friendly standards.
- Interviewing the Baby Friendly Lead/ team and asking them how they remain up-to-date.

## GUIDANCE

We are looking for robust leadership structures being in place to encourage active engagement from key staff, with reach up to senior management and down to the staff delivering care to parents and babies. A collaborative approach will be required so that different levels of staff have an understanding of the challenges that others face.

### **Baby Friendly Lead / team**

Maintaining the Baby Friendly standards requires a person and/or team to take responsibility on a day-to-day basis for planning, training and supporting staff, as well as monitoring and evaluation. Experience shows that the Lead needs to have sufficient capability and time to fulfil this role and to be effectively supported by the leadership team as a whole.

The Baby Friendly Lead / team should have the following skills:

- Knowledge and understanding of the Baby Friendly standards
- Relevant clinical and audit skills
- Ability to educate and update staff
- Organisational and prioritisation skills, including effective time management
- Ability to oversee the monitoring process and interpret findings to enable action planning.

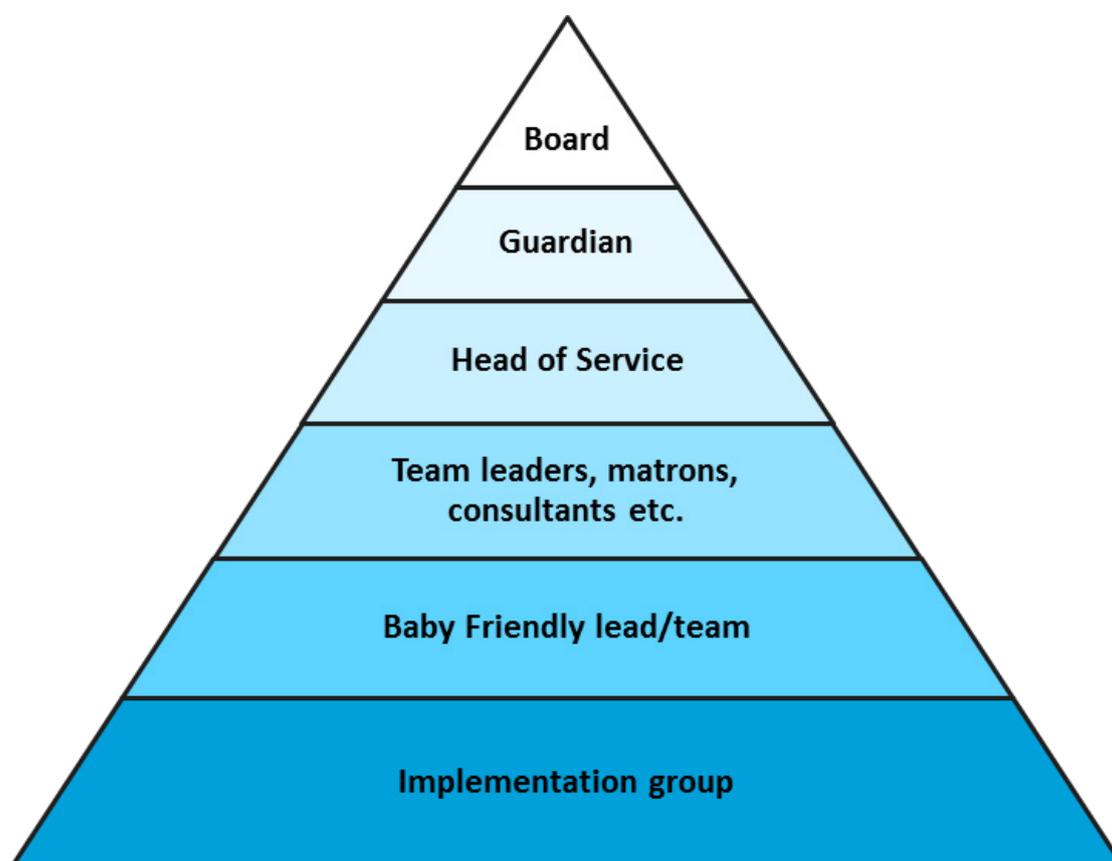
The role should have sufficient hours to cover the workload as described above and also for any other responsibilities allocated to the role (e.g. providing clinical care, a specialist breastfeeding service, etc.). Consideration should also be given to the number of births, sites, staff and geography of the area when deciding how many hours are required.

Some thought should be given to succession planning, particularly if a model with a single project lead is in place.

For the service to keep moving forward, it is necessary for there to be an understanding of the latest thinking around the Baby Friendly standards. It is therefore important to ensure that the Baby Friendly Lead / team are signed up to relevant news and emailing services, are members of their regional National Infant Feeding Network (NIFN) or equivalent (including being able to attend meetings), attend the Baby Friendly conference and take up other relevant learning opportunities.

### **Leadership team pyramid**

The leadership team consists of all those who have a responsibility for ensuring that the Baby Friendly standards are maintained (see diagram below).



For the purposes of achieving sustainability for the Baby Friendly standards, we consider leadership to encompass:

- Establishing and sharing a clear vision
- Having a robust understanding of the challenges
- Facilitating relevant learning for staff
- Monitoring, evaluation and action planning
- Providing a supportive working environment for staff
- Collective responsibility.

Each tier of leadership should take a proportionate level of responsibility that is commensurate with their role. Proper engagement is required, including a sense of personal responsibility for making the standards a reality. For this to happen there need to be structures in place that allow appropriate input and reporting across all levels of staff.

An organogram (or similar) of the leadership structures to support implementation of the standards will be required for assessment. Supporting evidence, e.g. terms of reference, meeting minutes, outlines of particular responsibilities attached to certain roles, etc. can also be submitted. We will look for:

- Robust leadership structures that can range from high level, multi-agency strategy groups to implementation groups consisting of Champions from each area
- No large gaps in the hierarchy of structures, as these allow key levels of staff to abdicate their share of responsibility
- Structures that enable individual staff members to take a level of responsibility appropriate to their role (i.e. they are neither under-used nor over-burdened with responsibilities that they do not have the time or power to fulfil).

## Guardian

A Baby Friendly Guardian should be identified. This will be a high-level member of staff, for example a senior manager or a board member, who has taken on the responsibility of promoting, protecting and supporting the standards, including compliance with the International Code of Marketing of Breastmilk Substitutes.

The role and responsibilities of the Guardian will include:

- Understanding the Baby Friendly standards and the International Code of Marketing of Breastmilk Substitutes
- Having an awareness of the cultural context within the UK, including why breastfeeding is a contentious issue and how it needs to be protected
- Being an advocate and spokesperson for the Baby Friendly Initiative at a senior level and externally as required
- Receiving relevant data and progress reports as appropriate
- Looking for opportunities and threats and communicating these to the leadership team
- Being available to provide support to the leadership team when required
- We anticipate the role may be carried out by, for example, a non-executive director, director of public health or a senior management role (director level).

## Manager education

Appropriate and proportionate education and support for key managers, including Heads of Service and clinical managers, will be required, as it has been found that it is often these staff who have had the least opportunity for education and so are most likely to rely on pre-existing knowledge or personal belief to guide their actions. A mechanism should exist for ensuring the induction and education of new managers when they begin in the service.

The education should cover:

- The Baby Friendly standards (including the Achieving Sustainability standards and the International Code of Marketing of Breastmilk Substitutes) and why they are important
- How the standards function together to provide a holistic model of care for all babies, their mothers and families
- The importance of sensitive and effective staff communication skills for successful implementation of the Baby Friendly standards
- Health outcomes associated with infant feeding and parent-infant relationships
- The local and UK context, including why infant feeding is such a contentious issue requiring special attention
- Understanding a manager's role in protecting exclusive breastfeeding, maximising breastmilk intake and reducing supplementation.

At assessment, we will look for an effective and proportionate training programme that meets the needs of all relevant managers within the leadership team, including Heads of Service, the Guardian and clinical managers. Evidence of attendance will also be required. Evidence of effectiveness will be ascertained via manager interviews.

For further information on this, refer to the Curriculum Guidance document on the [Baby Friendly website](#).

## THEME 2: CULTURE

The following standard will need to be met in order to gain a Gold Award at re-assessment.

### FOSTER AN ORGANISATIONAL CULTURE THAT PROTECTS THE BABY FRIENDLY STANDARDS

#### **You will know that the service has met this standard when:**

- There is support for an ongoing annual staff learning programme
- There are mechanisms in place to support a positive culture, for example:
  - staff recognition schemes, including how good news related to the Baby Friendly standards is passed up the leadership structures to the board
  - mechanisms for staff to feedback concerns and contribute to developments
  - systems to enable parents' and families' feedback to be heard and acted upon, including evidence of how complaints related to the Baby Friendly standards are handled.

#### **We will assess this by:**

- Reviewing rationale, content and evaluation for ongoing staff learning

and confirming attendance

- Evidence of specific schemes in place for two-way feedback related to the implementation of the Baby Friendly standards
- Evidence of schemes to support a positive culture within the service
- Evidence of systems to enable feedback from parents and families to be heard and acted upon, including evidence of how complaints are handled
- Surveying staff about the culture within the service
- Interviewing the managers about their role in enabling a positive culture and what exists to offer support to staff and managers who need this
- Interviewing mothers about whether they perceived the culture to be one of kindness and consideration to them and their families.

## GUIDANCE

Experience has shown that a kind culture between staff results in a kind culture towards babies, their mothers and families. The Baby Friendly standards are also more successfully implemented and maintained when there is a culture where high standards are expected and valued and where there are mechanisms for two-way feedback between managers and staff, including recognition when staff members have done well. For this to happen, there needs to be an acknowledgement that organisational culture is important, with

mechanisms in place for staff to be listened to and valued. The aim is for there to be a culture where staff feel valued and safe enough to voice concerns when they believe that something is not right. This way the staff will have the courage to challenge poor practice and attitudes when this happens.

We would like to see specific processes which relate to the Baby Friendly standards. These could include:

- Recognition for staff members who have performed well or gone the extra mile,

for example through individual feedback following audits, sharing of compliment cards, etc.

- Mechanisms for managers and staff to feedback when changes are working, reinforcing good practice and making it more likely to continue
- Mechanisms for staff to raise concerns, without fear of criticism or reprisal and in the belief that their comments will be acted upon, for example, by anonymous surveys, email, suggestion cards, open surgeries, attendance at meetings
- Mechanisms for mothers to be able to comment on the kindness and compassion shown by staff. This could be achieved by reviewing data already available (e.g. from the Maternity Survey or similar) and by adding specific questions to current national recognition schemes. Using the Baby Friendly audit tool to elicit mothers' satisfaction with their care or devising evaluation tools

specific to key services such as support groups can also be useful ways of gathering information.

### **Staff education**

We are looking for there to be support and training for staff that allows them to build on the foundations of what they have already learnt. Training should be maintained annually and should take into account internal audit and evaluation findings, along with any external factors such as changes to services, improvements in care that have proven to be successful in other facilities, advances in the evidence base, etc. Keeping the training fresh, interesting and relevant is crucial. It may be that innovative ways of provision are considered, such as e-learning.

For further information on this, refer to the audit tools available from the [Baby Friendly website](#).

## THEME 3: MONITORING

The following standard will need to be met in order to gain a Gold Award at re-assessment.

### CONSTRUCT ROBUST MONITORING PROCESSES TO SUPPORT THE BABY FRIENDLY STANDARDS

#### You will know that the service has met this standard when:

- Mechanisms exist to ensure that:
  - Baby Friendly audits are carried out regularly according to service needs
  - all relevant data is available and is accessed
  - data is analysed effectively and collectively to give an overall picture
  - action plans are developed in response to findings
  - relevant data is routinely reported to the leadership team
  - relevant data is routinely reported to UNICEF UK.

#### We will assess this by:

- Reviewing:
  - mechanisms for audit and data collection and analysis
  - audit and data results
  - examples of action plans to address challenges
  - evidence of reporting submitted to the leadership team
- Interviewing the Baby Friendly Lead and managers and asking them about the processes in place for data collection, analysis, action planning and reporting.

## GUIDANCE

We are looking for the monitoring of standards to be an ongoing process which includes Baby Friendly audits and other outcome data to analyse everyday practice and progress. One of the best ways to do this is to map a family's journey through the service(s), taking into consideration their whole experience to work out why certain results occur. Action planning based on this monitoring is then a continuing part of the process to improve care.

We will therefore require a joint approach to monitoring in terms of using and comparing the varied range of available data, working across areas and sectors to consider the whole experience of care and using older data to compare with current data in order to map progress over time.

### Data collection

For initial Baby Friendly accreditation, services are required to have a robust system in place that aligns with the DH/

DfE/devolved governments' requirements that service and measures breastfeeding rates for at least one period of time (for example, initiation for maternity services, 6-8 weeks for children's centres / early years settings and health visiting / public health nursing services).

To achieve a Gold Award, services will also be required to collect breastfeeding data for at least one other time period, as this will be helpful in identifying local needs and planning services appropriately. For example, collection of breastfeeding data at handover from maternity services to health visiting services would establish the rate of any decline in breastfeeding during midwifery care. Improvements in continuation rates would then indicate whether changes in midwifery care are improving outcomes. Similarly, collecting data at the health visiting new birth visit would allow comparisons to be made with the 6-8 week data and so map improvements in health visiting care.

Data collected	Current standards	Gold Award
Breastfeeding initiation	✓	✓
6-8 week breastfeeding data	✓	✓
Interim data, such as transfer home from hospital, transfer to health visitor		✓
Supplementation rates*	✓ (maternity)	✓ (maternity)
Readmission rates		✓ (optional)

\*For further information on this, refer to the Supplementation Guidance document on the [Baby Friendly website](#).

## Reporting

We anticipate that services will develop methods for reporting key data at timely intervals to the leadership team. It is likely that some data is already reported to management and onwards to Trust Board level via systems such as the dashboard. We recommend that you consider the needs of each level of the leadership pyramid and decide whether the mechanisms already in place need to be strengthened.

It may also be that more frequent reporting is appropriate at certain times as a temporary measure, for example following changes to service provision, or to support effective action planning when care related to a particular standard has been found to be lacking.

External reporting to UNICEF UK will be carried out electronically and will contribute to the development of a portfolio of evidence which will be required from all Gold facilities.

## Action planning

Action plans to address weaknesses in service provision identified by the monitoring process will be required. These should include what improvements are to be made, how this will be accomplished, who is responsible, the proposed timeframe, and resources required. The action plans will form part of the portfolio submitted to UNICEF UK as evidence of continuing sustainability.

## THEME 4: PROGRESSION

The following standard will need to be met in order to gain a Gold Award at re-assessment.

### CONTINUE TO DEVELOP THE SERVICE IN ORDER TO SUSTAIN THE BABY FRIENDLY STANDARDS

#### You will know that the service has met this standard when:

- The service demonstrates innovation and progress
- There is evidence to demonstrate that outcomes have improved
- The needs of babies, their mothers and families are met through effective integrated working.

#### We will assess this by:

- Reviewing:
  - examples of improvements made to the service, including the rationale, planning and implementation, monitoring and evaluation
  - evidence of improvements in outcomes
  - examples of effective integrated working
- Interviewing the Baby Friendly Lead / team and relevant managers about the examples provided, including process, challenges and next steps.

## GUIDANCE

The vision for progression is that services will continue to improve even after they have achieved the initial accreditation and the Gold Award. Experience has shown that services which do not continually progress find maintaining the standards increasingly difficult over time, as services change, staff become less motivated, and improvements in outcomes plateau. By being responsive to the monitoring results, new evidence and ideas and the ever-changing environment, services are better able to sustain and improve the Baby Friendly standards.

Progression will look different in different services depending on numerous factors, from the type and size of service, to the local demographics, to the individual challenges identified. However, if the leadership, culture and monitoring standards have been effectively implemented, it should be possible to

take a systematic approach that allows weaknesses, opportunities and threats to be identified and addressed and therefore progress to be made.

Below is a suggested model for how a systematic approach can be taken to progression. It can be used in full or in part as appropriate. The changes made can be small or large, as long as there is evidence of a positive impact on outcomes. Sometimes small changes can have a big impact and over time all improvements help to sustain and enhance what has gone before.

At assessment, we will be looking for examples of improvements that have positively impacted, or have the potential to impact, on outcomes for babies, their mothers and families. We will use these examples to confirm that the leadership, culture and monitoring standards are working in practice.

This is your opportunity to showcase your successful ideas and innovations, as well as what you have learnt from the process. In time, we envisage creating a central repository for information-sharing so that services can learn from each other.

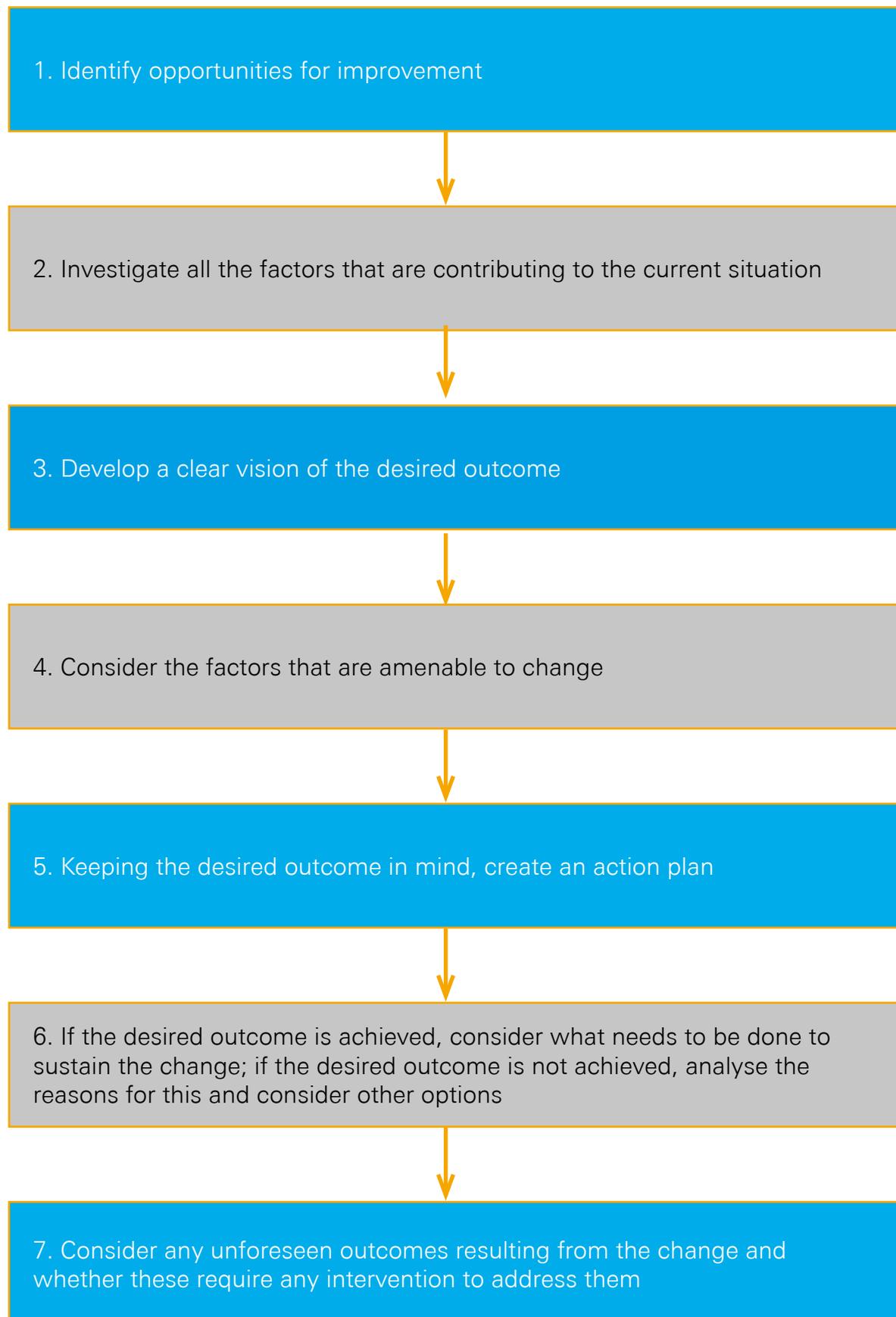
### **Integrated working**

When you are planning changes that are intended to improve outcomes for babies, their mothers and families, it is very valuable to consider their whole experience of public services, not just the service you are providing. An integrated approach across services allows you to consider all the factors that may be impacting on outcomes, and to then make plans in a

holistic way, helping to avoid the good work of one service being undermined by inaction in another. In times of scarce resources it is also a cost-effective way of working that helps share the burden of responsibility and avoid unnecessary duplication of services. To be properly effective, integrated working needs to be considered as part of the leadership structures (for example through a cross service strategy group) and monitoring process (for example through sharing and comparison of data), as this will then lead to the identification of cross service changes that could improve outcomes.

# THE BABY FRIENDLY PROGRESSION MODEL

Below is a suggestion for how you could approach identifying what changes are needed and how these could be made.



<b>Step</b>	<b>Explanation</b>	<b>Example (where applicable – see appendix for full case study)</b>
1. Identify opportunities for improvement	Regular monitoring and more informal feedback from staff, parents and managers as described in Theme 3 will alert the team to any areas in need of improvement.	
2. Investigate all the factors that are contributing to the current situation	The Baby Friendly standards are affected by many things; sometimes there is a complex mixture of factors impacting outcomes, and one simple intervention is not going to work without consideration being given to all of these.	
3. Develop a clear vision of the desired outcome	After you have identified the factors that are impacting on the situation and before you start planning changes, it is very important to articulate exactly what you want the outcome to be. Think about this carefully in terms of the final outcome, not just the process.	If parents are complaining of long waits for appointments related to tongue tie division, it may be tempting to conclude that the desired outcome is simply to provide more appointments. However, if your investigation into all the factors as described in step 2 reveals that the number of referrals is very large compared to other areas, then it is likely that the issue is more complex than first thought. A better desired outcome may therefore be to have less mothers identifying with painful breastfeeding in the first weeks after birth. This broader desired outcome will allow for a much more holistic approach to action planning.
4. Consider the factors that are amenable to change	Not every solution is within your capacity, particularly in the short term, and it can be very limiting to make all change dependent on factors that will take a long time or a great deal of resource to address. Instead it can be better to focus on what can be done and start to make changes now, even while highlighting the need for the larger issues to be addressed. Indeed, sometimes making smaller changes can bring into focus why the larger changes are required.	True parent-centred care may be dependent on a neonatal unit with enough space for parents to eat, sleep and 'live' on the unit. However, while making the argument for a neonatal unit with more space, it is still possible to educate the staff to understand a parent-centred approach and to make changes to the existing facilities so that at least some of the principles can be put into practice.

<b>Step</b>	<b>Explanation</b>	<b>Example (where applicable – see appendix for full case study)</b>
5. Keeping the desired outcome in mind, create an action plan	As with all action planning, it is important to prioritise changes in a logical order and to incorporate on-going monitoring and review.	
6. If the desired outcome is achieved, consider what needs to be done to sustain the change, and if the desired outcome is not achieved, analyse the reasons for this and consider other options	Even when changes are successful and resulting in improved outcomes, they can still be tenuous and vulnerable to slipping back or being undermined by other changes happening at the same time. Working on sustainability once the change has been shown to be effective is therefore important. If the changes made are not improving outcomes, then solutions are still required and other options must be considered.	
7. Consider any unforeseen outcomes resulting from the change and whether these require any intervention to address them	Sometimes making changes has results that were not anticipated. Even if the change has been successful in achieving the desired outcome, it is important to be sensitive to any feedback of other effects it may be having. Feedback from staff can be especially useful in this regard.	If mothers are complaining of feeling unsupported on a busy postnatal ward, a solution may be to employ peer supporters to visit mothers while in hospital. The desired outcome of mothers feeling more supported may be achieved, but an unintended consequence could be that midwives complain of becoming de-skilled at supporting mothers with breastfeeding. Efforts would then be needed to ensure that the midwives still had the opportunity to support mothers and maintain their skills.

# WHAT HAPPENS AFTER WE ACHIEVE THE GOLD AWARD?

A portfolio will be kept by the service which will include audit results, breastfeeding rates and other relevant data. It will record successes and challenges relating to all the standards, including evidence of action planning and evaluation. Significant changes in management structures and personnel will also be reported. The portfolio will be submitted annually to UNICEF UK. One year after the initial Gold accreditation a meeting will take place with a UNICEF UK Baby Friendly assessor to review the portfolio and to review the action taken to address any recommendations made at the re-assessment visit and/or Achieving Sustainability assessment. Following this meeting, further formal re-validation meetings will take place with a Baby Friendly assessor every three years. Short notice monitoring visits will be carried out by UNICEF UK on a percentage of facilities holding a Gold Award every year.



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# APPENDICES

## APPENDIX 1: PROGRESSION IN PRACTICE IN A HEALTH VISITING SERVICE

### 1. Identify opportunities for improvement

A health visiting service noted that despite an increasing breastfeeding initiation rate in their area, there were large numbers of mothers discontinuing breastfeeding before the new birth visit at 10 days.

### 2. Investigate all the factors that are contributing to the current situation

The local maternity service was not Baby Friendly accredited and audit results revealed that mothers were not necessarily being given all the support needed to get breastfeeding off to a good start. They were often discharged very early from hospital and had few community midwife visits. The maternity service did not have a formal mechanism for ensuring that mothers had breastfeeding assessments before the health visitors visited mothers at 10 days, and audit results revealed that mothers were often not informed of the support services provided in their community.

### 3. Develop a clear vision of the desired outcome

It was agreed that the desired outcome was for more mothers to be breastfeeding at 10 days.

### 4. Consider the factors that are amenable to change

While a long-term goal was for the maternity services to achieve Baby Friendly accreditation, it was agreed that the health visiting service could do some things now. Therefore, while the head of the health visiting service, the Baby Friendly Guardian and local commissioners advocated for the maternity services to improve care, the Baby Friendly team considered how they could use their current resources to better support mothers.

### 5. Keeping the desired outcome in mind, create an action plan

If more mothers were going to be breastfeeding at 10 days, they needed

to know how to access timely help. All mothers were being contacted by the health visiting team to arrange their new birth visit at around 10 days. It was suggested that bringing this call forward to around 4-6 days post birth would enable this contact to be used to explore how feeding was going and to offer support as needed. This could be an early visit or referral to local midwifery services, support services or specialist services if needed.

### 6. If the desired outcome is achieved, consider what needs to be done to sustain the change, and if the desired outcome is not achieved, analyse the reasons for this and consider other options

After 6 months the breastfeeding rates at 10 days had risen. Therefore, the infant feeding policy was amended to make the supportive phone call an integral part of the universal service. The nursery nurses' (who made the phone calls) induction and training programme was amended so that new staff starting in the service were able to effectively support the change.

### 7. Consider unforeseen outcomes resulting from the change and whether these require any intervention to address them

The existing network of support groups were run by peer supporters with health visitor input as required. Following the introduction of the new style phone call, these groups were attended by more mothers with babies in the first 2 weeks after birth. While the current structure allowed for most of these mothers to receive appropriate help or to be referred on to specialist support, the environment often did not allow for privacy and quiet. Therefore, a new action was agreed to work with the local children's centres to make a quiet room available to allow mothers of very young babies to receive help in an appropriate environment.

## APPENDIX 2: HOW THE ACHIEVING SUSTAINABILITY STANDARDS WILL BE INCORPORATED INTO THE CURRENT ASSESSMENT PROCEDURE

Stage	Assessment	Award
<b>Implementation Visit</b>	The Achieving Sustainability standards will be introduced for the first time and we will require consideration to be given in the action plan as to how they will be implemented.	Certificate of Commitment
<b>Stage 1</b>	The Stage 1 submission form will include basic information on the Achieving Sustainability standards. The assessor may give guidance for consideration. There will be no formal expectation of progress on Achieving Sustainability.	Stage 1 accreditation
<b>Stage 2</b>	Manager interviews will include questions regarding the progress made with Achieving Sustainability. Further guidance may be given.	Stage 2 accreditation
<b>Stage 3</b>	Manager interviews will include questions regarding the progress made with Achieving Sustainability and formal recommendations may be made in preparation for the re-assessment.	Accredited as Baby Friendly – Silver plaque given
<b>Re-assessment</b>	At the re-assessment visit, manager and mother interviews will explore the implementation of the Achieving Sustainability standards. The information gathered will be used to inform the sustainability assessment.	Re-accredited as Baby Friendly
<b>Achieving Sustainability self-assessment</b>	In order to establish whether the service is ready to go for the Gold assessment, the self-assessment checklist will be completed and submitted.	n/a
<b>Achieving sustainability</b>	A submission form will be submitted following a successful re-assessment visit. The form and supporting material will be formally assessed on an agreed date. On the same date we will interview the Baby Friendly lead, Head of Service and Guardian. A staff survey supplied by UNICEF UK will be carried out. A mother sample will be interviewed to demonstrate that care has been maintained. Feedback will be given on the day.	Achieving Sustainability Award – Gold Award given
<b>Re-validation</b>	Two years following the Achieving Sustainability Award, a portfolio of documents will be submitted which includes details of how any recommendations made at the assessment have been addressed. A date will be booked and a telephone meeting with a UNICEF UK assessor will confirm that the recommendations have been adequately met, together with looking at further progress made.	Re-validation certificate
<b>Subsequent re-validation</b>	Annual submission of portfolio will continue. A three yearly revalidation meeting by phone will be booked with a Baby Friendly assessor. Short notice monitoring visits will be carried out on a percentage of facilities each year.	Re-validation certificate



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FRIENDLY  
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