**Application form**

**Stage 3 assessment**

**Maternity**

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

**Introduction**

At a Stage 3 assessment we are looking for evidence of the delivery of a high standard of care for pregnant women and new mothers and babies. 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. We anticipate that Stage 3 assessments will where possible, be carried out onsite and therefore we need to have this discussion in time to enable plans to be made for travel/accommodation for the assessment team. 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.

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/)

🖳 To help you to complete this form, please refer to the [**Guidance notes for Stage 3 assessment**](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-3-parents-experiences/parents-experiences-of-maternity-services/), which provides guidance on the information required for each section.

*Please complete the information in the following tables. If you have completed this information recently on previous application forms, you could copy and paste across and update as needed.*

|  |
| --- |
| **Section 1 - Processes for implementing, auditing and evaluating the standards** |

1.1 The Baby Friendly lead

*Please tell us about the Baby Friendly lead role:*

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

* 1. Tools to support the implementation of the standards

1.2.1 Information for pregnant women

*Please tell us about how pregnant women are offered a discussion/information, for example, as part of routine midwifery care, via a parent education class, peer supporter contact and whether it happens at a specified gestation.*

|  |  |
| --- | --- |
| Describe the mechanism/s by which pregnant women have the opportunity to have a discussion about feeding and caring for their baby and are encouraged to develop a positive relationship with their growing baby |  |
| Percentage of mothers who have antenatal care from other Trusts (approx.) |  |
| List documentation used to support information giving (e.g. guidance sheet, written record) |  |
| For remote assessments, please select 10 sets of antenatal records at random and check whether the antenatal conversation has been completed | Number fully completed:  Number partially completed:  Number not completed: |

🗐 **Please submit relevant documentation.**

1.2.2 Antenatal parent education classes

*Please tell us about any antenatal parent education classes provided for mothers to be (+/- partners)*

|  |  |
| --- | --- |
| **Class title/type/method of delivery** | **Provided for** |
|  |  |
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|  |  |
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🗐 **Please submit relevant documentation.**

1.2.3 Information and care for mothers and families

*Please tell us about how information and care is provided for mothers according to individual need. For example, it would be helpful to tell us which members of staff are involved, whether aspects of care are carried out at specified times, in groups or individually, in hospital or at home, via dvd etc. Please describe how care is documented.*

|  |  |
| --- | --- |
| Mothers are enabled to have skin to skin contact and offer their baby the first feed in skin contact |  |
| Mothers are supported to breastfeed according to their individual need. |  |
| Unnecessary supplements are avoided. |  |
| Mothers with a baby on the neonatal unit are supported to express their breastmilk including:   * Expressing early (ideally within 2 hours of the birth) * Expressing frequently and effectively |  |
| Mothers who have chosen to formula feed are enabled to do so as safely as possible |  |
| Mothers are supported to have a close and loving relationship with their baby |  |
| Mothers are supported to keep babies safe when they are asleep (advisory, see Guidance) |  |
| List documentation used to support information giving (e.g. guidance sheet, written record) |  |
| Main languages spoken (other than English) and what information/support is available |  |
| For assessment purposes please suggest options for interviewing mothers who do not speak English as their first language |  |

🗐 **Please submit relevant documentation.**

1.2.4 Assessment of the effectiveness of breastfeeding

*Please tell us about the process for assessing the effectiveness of breastfeeding*

|  |  |
| --- | --- |
| Describe the mechanism/s by which mothers are offered information about how to recognise effective feeds |  |
| Describe the mechanism by which the feeding assessments are carried out and care planned where necessary |  |
| List the documentation used to support this standard |  |

🗐 **Please submit relevant documentation.**

1.2.5 Written information and other materials for mothers

*Please tell us about the written information for parents and other materials used to support the standards. Include details of leaflets etc. which are given only to certain groups of mothers, for example those with babies in the neonatal unit. This also includes links to the service website if this includes information and other relevant websites and relevant social media sites.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of material**  **(e.g. leaflet, poster, app, website, DVD)** | **Name/title** | **When given** | **Free from advertising of infant formula, bottles, teats and dummies (**✓/🗶) |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

🗐 **Please submit a copy of any paper based materials used eg leaflets and include links to relevant websites**

*If the assessment is being carried out remotely, please review posters displayed within the unit and confirm below.*

|  |  |
| --- | --- |
| Displays are accurate, effective and proportionate related to breastfeeding and relationship building | Yes/No/N/A |

🗐 **Please take a sample selection of photographs of displays and submit.**

1.3 Mechanism for auditing practice

*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 |  |

1.4 Data collection

🗐 **Please complete your latest infant feeding statistics along with other background information via email when requested.**

*Please tell us about your system for obtaining feedback from mothers and how you address relevant complaints*

|  |  |
| --- | --- |
| Feedback |  |
| Complaints |  |

1.5 Support for mothers including collaborative working and an appropriate referral pathway

1.5.1 Support for mothers

*Please tell us about the support available locally for mothers (add new rows if needed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of support** | **Name/details of service** | **Availability for mothers, (number of groups etc)** | **Provided by/in collaboration with** | **How mothers are informed or referred** |
| Ongoing midwifery support | N/A | N/A | N/A |  |
| Telephone helpline/s |  |  |  |  |
| Additional support e.g.Breastfeeding groups |  |  |  |  |
| Peer support |  |  |  |  |
| Support provided via social media |  |  |  |  |
| Specialist support with difficult challenges |  |  |  |  |
| Parenting support |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

🗐 **Please submit relevant documentation.**

🗐 **Please submit details about the specialist service, including referral pathway and information about outcomes, for example a brief report.**

*Please tell us how you ensure that the information provided for mothers on the support available to them and of how they may access this support, is kept up to date:*

|  |
| --- |
|  |

1.5.2 Collaborative working

*Please tell us about the other disciplines and services that you collaborate with, including how this is formalised where appropriate and outcomes monitored*

|  |  |  |
| --- | --- | --- |
| **Discipline/service** | **Service provided and how this is organised** | **Outcome** |
|  |  |  |
|  |  |  |
|  |  |  |

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

*Please tell us about the planned mechanism to ensure that there is no advertising.*

|  |
| --- |
|  |

Full payment for infant feeding supplies

*Please complete the grid below to confirm that all infant feeding supplies are paid for in full (i.e. without subsidy or discount from the manufacturer or distributor):*

|  |  |
| --- | --- |
| **Item**  *If any products listed are not used in the facility, please enter N/A* | **Tick to confirm that**  **full price is paid (**✓) |
| First Infant formulas  e.g SMA, Cow and Gate, Aptamil etc |  |
| Teats |  |
| Preterm / low birth weight formula  e.g SMA gold prem, Nutriprem 1 and 2 |  |
| Breastmilk fortifier  e.g Nutriprem human milk fortifier, SMA gold prem breast milk fortifier, Neokare mothers milk fortifier, Prolacta humavant |  |
| Sterilised water (in bottles supplied by formula companies) |  |
| Specialist formulas  e.g infitrini, monogen, afamino, nutrmigen, neocate |  |
| *Please specify which brand/s of infant formula are provided:* | |
|  | |

🗐 **Please submit a copy of a recent purchase order or invoice as evidence of proof of purchase for all products within your unit (or alternatively plan to show this to your assessor via a shared screen).**

*For remote assessments, please confirm that any packs of materials (such as Bounty packs for example) have been checked and are free from advertising materials.*

|  |  |
| --- | --- |
| Materials have been checked and are free from advertising | Yes/No/N/A |

*For on-site assessments, please have a sample pack for the assessors to review,*

*For remote assessments, please confirm that a review of all areas of the unit accessed by families has been carried out and are free from advertising for infant formula, bottles, teats and dummies.*

|  |  |
| --- | --- |
| All relevant areas have been checked and are free from advertising | Yes/No/N/A |

|  |
| --- |
| **Section 2 – Audit results** |

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

*\*Please note that your audit should have been carried out on a random sample of mothers 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 relevant question of the audit tool.*

|  |  |
| --- | --- |
| **Number of breastfeeding mothers included in audit:** |  |
| **Number of breastfeeding mothers with a baby in the neonatal unit included in audit:** |  |
| **Number of formula feeding mothers included in audit:** |  |

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

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

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

|  |  |
| --- | --- |
| **Mothers confirmed that they….** | **% giving correct/adequate response** |
| 2a. held their baby in skin contact after the birth |  |
| 2b. held their baby for at least one hour or as long as wished |  |
| 2c. was supported with breastfeeding at that time |  |
| 2c. gave the first feeding in skin contact (if not breastfeeding) |  |

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

|  |  |
| --- | --- |
| **Breastfeeding mothers confirmed that ….** | **% giving correct/adequate response** |
| 3a. they were supported to position and attach |  |
| 3b. they know how to recognise baby is getting enough breastmilk |  |
| 3c. they were shown how to hand express breastmilk |  |
| 3d. they know about responsive feeding |  |
| 3e. they were given information about help and support available |  |
| 3f. breastfeeding assessments were carried out effectively |  |
| **Breastfeeding mothers with a baby on the neonatal unit confirmed that they …** | **% giving correct/adequate response** |
| 1. had the opportunity for a discussion as early as possible about the value of breastmilk (Standard 1) |  |
| 2. had skin contact as soon as possible after the birth (Standard 2) |  |
| 3a. were encouraged to express |  |
| 3b. offered help as soon as possible |  |
| 3c. shown to express by hand and pump |  |
| 3d. advised to express at least 8 times in 24 hours |  |
| 3e. given information about sources of help/support |  |

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

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

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

**🗐 Please make available your latest supplementation audits and action plan to your assessors.**

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

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

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

|  |  |
| --- | --- |
| **All mothers confirmed that….** | **% giving correct/adequate response** |
| 5a. they had a discussion about the importance of closeness and comfort |  |
| 5b. they were given information on what enhances closeness and responsiveness (breastfeeding mothers) |  |
| 5b. they were given information on what enhances closeness and responsiveness (bottle feeding mothers) |  |
| 5c. their baby stayed with them all the time they were in hospital |  |

|  |
| --- |
| **General (advisory)** |

|  |  |
| --- | --- |
| **Mothers…** | **% giving correct/adequate response** |
| 6a. had a conversation about safer sleep |  |
| 6b. received written information or were referred to appropriate websites |  |

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

|  |
| --- |
|  |

Please specify date and outcome of last CQC inspection:

|  |
| --- |
|  |

🖉 **Signature page 1 – Stage 3 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 3 each manager will be asked about how they do this. Please also ask each manager to sign their commitment and submit this 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 3 assessment – Head of Service**

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| --- |
| **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:** |  |

🖉 **Signature page 3 – Stage 3 assessment**

**Confirming that the consents list is a true reflection of mothers available (please see Stage 3 guidance document)**

|  |
| --- |
| **Declaration by Baby Friendly lead** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of facility:** |  | | | |
| **Assessment date(s):** |  | | | |
| **Description of how the sample was collected:** |  | | | |
| **Period of collection of consents:** |  | | | |
| **Please note any particular issues:** |  | | | |
| **I confirm that the list of names of mothers for interview is a true reflection of the local population.** | | | | |
| **Signed** | |  | **Date:** |  |

**This application should be sent to the Baby Friendly office at least three months in advance of your assessment, preferably by email to** [**bfi@unicef.org.uk**](mailto:bfi@unicef.org.uk)

**Submission checklist for Baby Friendly Leads**

**Stage 3 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 2 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 you have completed an effective audit of mothers to include sufficient numbers and spread across geographical areas and wards to ensure you aware of practice across the whole facility
* Implemented any changes to practice required as a result of the audit findings and re-audited to assess effect
* Ensured that the venues covered by the facility do not display any advertising for infant formula, bottles, teats and dummies, including checking of Bounty bags or equivalent

🗐 **At least three months in advance of your assessment dates** Please send this form via email to [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk) including copies of relevant copies and guidelines

🗐 At least one week prior to the assessment please send the telephone numbers of mothers for interview – see the guidance document for information on consenting mothers and how to send this list

🗐 **Checklist of documents - please submit two weeks in advance of the assessment. For on-site assessments, please discuss with your assessor, it is most likely that the documents can be viewed as a paper copy during the assessment and so should be collected in a folder.**

|  |  |
| --- | --- |
| ✓ | **Document** |
|  | Signature pages of this application form – signed commitment from managers and Head of Service and Baby Friendly lead |
|  | A copy of the latest infant feeding policy |
|  | A copy of the current hypoglycaemia policy or guidelines and any policy or guidance on the management of babies who are reluctant to feed. |
|  | A copy of any other policy/ies which may be relevant to the care provided in relation to infant feeding, e.g. guidelines on the management of jaundice. |
|  | A copy of the curricula for staff training and an outline of the induction programme for new staff. |
|  | Antenatal parent education class curriculum/a for infant feeding and related topics (if provided) |
|  | Copies of all written materials on infant feeding and relationship building currently provided for pregnant woman and/or new mothers, including those whose babies are in the neonatal unit. |
|  | Copies of the antenatal and postnatal prompts sheets and associated documentation. |
|  | A copy of the information given to mothers about how to recognise effective milk transfer. |
|  | A copy of the breastfeeding assessment tool. |
|  | A copy of the specialist referral pathway, audit and evaluation data. |
|  | Supplementation record keeping audit  Completed action plan for dealing with issues raised in supplementation audits. |
|  | Proof of purchase of infant formula, bottles and teats |