**Application form**

**Stage 1 assessment**

**Maternity**

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

**Introduction**

Thank you for submitting this information for your Stage 1 assessment. The aim of this process is for us to be able to review the plans you have made for implementing the standards and to give you some feedback on these plans. The information that you give us will help us to guide you as you progress through the assessment stages. Please provide information which is as full as possible in relation to each section.

**Additional documents we will need**

The information provided in each section of this application form needs to be supported by certain documents. These are mentioned in the relevant section and included in a checklist at the end of the form. 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.

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

Please contact the Baby Friendly office to arrange an assessment date, and we will confirm who your assessor will be. You will need to send a copy of this form and related documents by email to [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk) at least **two weeks before the assessment 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 1 assessment**](http://www.unicef.org.uk/BabyFriendly/stage1), 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/)

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

1.1 The infant feeding policy

🗐 **Please submit a copy of your policy with this form.**

|  |
| --- |
| **For office use** |

1.2 Commitment to adhere to the policy

*Please tick all that apply.*

|  |  |  |
| --- | --- | --- |
| **Criteria** | ✓ | **For office use** |
| The policy is accompanied by written commitment to adhere to the policy signed by relevant managers including: |  |  |
| * Antenatal services |  |  |
| * Labour ward |  |  |
| * Postnatal ward/s |  |  |
| * NNU |  |  |
| * Community |  |  |
| * Others – please list |  |  |

🗐 **Please attach signed commitment from all relevant managers (see signature page 1)**

1.3 Orientation of new staff of the policy

*Please tell us about how you orientate new staff to the policy (add new rows if needed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category/grade of staff** | **How they are informed** | **How soon after of employment starts** | **How completed orientation is recorded** | **For office use** |
|  |  |  |  |  |
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|  |  |  |  |  |
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1.4 Other policies and guidelines

*Please tell us about any additional policies and guidelines which relate to the standards (add new rows if needed)*

|  |  |
| --- | --- |
| **Title of document** | **For office use** |
|  |  |
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🗐 **Please submit a copy of all listed guidelines with this form.**

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| --- |
| **Section 2 - Staff education** |

*Please tell us about your training plans.*

2.1 Training curricula

🗐 **Please attach a copy/copies of the curriculum/a for all categories/grades of staff.**

|  |
| --- |
| **For office use** |

2.2 Training programme

*Please tell us about the training provided for each group of staff, describing what form this education takes, i.e. how many hours are provided and how the training is delivered in relation to each category/grade of staff, including doctors (add new rows if 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** | **For office use** |
|  |  |  |  |  |  |  |
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*Please tell us about how staff involved in the provision of the training programme are trained and supervised.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Training type** | **Carried out by** | **Training received** | **For office use** |
| Classroom based training |  |  |  |
| Practical Skills Reviews |  |  |  |
| Other |  |  |  |

2.3 Mechanism for ensuring staff attendance

*Please tell us about the mechanism/s for allocating staff to attend the education programme and ensuring that they do so (e.g. attendance indicated on ward roster, non-attendees followed up)*

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| --- |
|  |
| **For office use** |

2.4 Training records

*Please tell us how records are maintained of staff’s attendance at / completion of the individual elements of the training package (e.g. computerised records) and by whom they are maintained.*

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| --- |
|  |
| **For office use** |

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

3.1 The Baby Friendly lead

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

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| --- | --- | --- |
|  | | **For office use** |
| 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

3.2.1 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.*

|  |  |  |
| --- | --- | --- |
|  | | **For office use** |
| 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) |  |  |

🗐 **Please attach a copy of all documentation used**.

3.2.2 Antenatal parent education classes

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

|  |  |
| --- | --- |
| **Class title/type** | **Provided for** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

🗐**Please supply a written outline for each different type of class.**

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| --- |
| **For office use** |

3.2.3 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.*

|  |  |  |
| --- | --- | --- |
|  | | **For office use** |
| 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 |  |  |

🗐 **Please attach a copy of all documentation used.**

3.2.4 Assessment of the effectiveness of breastfeeding

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

|  |  |  |
| --- | --- | --- |
|  | | **For office use** |
| 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 attach a copy of all documentation used**

3.2.5 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*.

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

🗐 **Please attach a copy of any paper-based materials used (e.g. leaflets, posters)**

|  |
| --- |
| **For office use** |

3.3 Mechanism for auditing practice

*Please tell us about your audit programme.*

|  |  |  |
| --- | --- | --- |
|  | | **For office use** |
| 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 |  |  |

3.4 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*

|  |  |  |
| --- | --- | --- |
|  | | **For office use** |
| Feedback |  |  |
| Complaints |  |  |

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

3.5.1 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 |  |  |  |  |
| Specialist support with difficult challenges |  |  |  |  |
| Parenting support |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
| **For office use** | | | | |

🗐 **Please attach any written information given to mothers about the services provided**

*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:*

|  |
| --- |
|  |
| **For office use** |

3.5.2 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** |
|  |  |  |
|  |  |  |
|  |  |  |
| **For office use** | | |

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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

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

|  |
| --- |
|  |

🗐 **Please attach signed commitment from the Head of Service (see signature page 2)**

4.2 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 attach a copy of a recent purchase order or invoice as evidence of proof of purchase for each item.**

|  |
| --- |
| **For office use** |

🖉 **Signature page 1 – Stage 1 assessment - Managers**

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| --- |
| **Standard 1 – Have written policies and guidelines to support the standards** |

Each member of 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. At Stage 1 assessment we ask that managers confirm they are committed to implementing the policy in their area. *Please obtain signatures from each relevant manager and copy 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 1 assessment – Head of Service**

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

**Submission checklist for Baby Friendly leads**

**Stage 1 assessment – maternity**

Finally, prior to submitting this application form for assessment, it is important to make sure that the facility is adequately prepared in order to make sure of having 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 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 the policy and any guidelines you submit are the most up to date produced by your facility
* Made sure that you have checked the policy against the most up to date version [on the website](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/)
* Checked the prevention/management of hypoglycaemia guidelines against [the guidance document](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Hypoglycaemia-policy-guidelines/)
* Checked the curriculum/a against the checklist in [the guidance document](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/Guidance-on-writing-a-curriculum/)

🗐 **Please submit an electronic copy of this form and supporting documents to** [**bfi@unicef.org.uk**](mailto:bfi@unicef.org.uk)

🗐 **Checklist of documents to be submitted with this form**

|  |  |  |
| --- | --- | --- |
| ✓ | **Section** | **Document** |
|  | 1.1 | The infant feeding policy |
|  | 1.2 | Signed commitments to upholding the policy (see signature pages) |
|  | 1.4 | Relevant guidelines to include prevention/management of hypoglycaemia guideline and management of the reluctant feeder guideline |
|  | 2.1 | Training curricula for staff education |
|  | 3.2.1 | Antenatal conversation guidance sheet if used and documentation |
|  | 3.2.2 | Relevant antenatal parent education class outlines |
|  | 3.2.3 | Postnatal information and support sheet if used and documentation |
|  | 3.2.4 | Written information for mothers regarding recognition of effective milk transfer |
|  | 3.2.4 | Breastfeeding assessment tool |
|  | 3.2.5 | Copies of all written information provided for pregnant women and new mothers |
|  | 3.4 | Latest infant feeding statistics (via email with other background information) |
|  | 3.5 | Written information for mothers about services provided |
|  | 4.1 | Confirmation of full compliance with the International Code (see signature pages) |
|  | 4.2 | Proof of purchase of infant formulae, breastmilk fortifier, sterile water and teats |