**Application form**

**Stage 1 assessment**

**Neonatal**

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| --- | --- |
| **Unit/Hospital 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 electronically to 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/)

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

1.1 The policy

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

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| --- |
| **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: |  |  |
| * NNU
 |  |  |
| * 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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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1.4 Other policies and guidelines

*Please tell us about any additional policies and guidelines which relate to the standards.*

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| --- | --- |
| **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.**

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| --- |
| **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.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 and care for mothers and families

*Please tell us about how information and care is provided for mothers/families 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.*

|  |  |
| --- | --- |
| All parents: | **For office use** |
| Have a discussion about the importance of breastmilk as soon as is appropriate |  |  |
| Are given information about the importance of, and encouragement to, provide skin contact, touch, and comfort and responding to their baby’s behavioural cues(Consideration is given to how, in the absence of parents baby's needs for comfort and emotional support are met) |  |  |
| Mothers: | For office use |
| Receive care which supports the transition to breastfeeding *(including being able to be close to their baby so they can respond to feeding cues, skin contact, positioning and attachment, recognising effective feeding)* |  |  |
| Please describe any additional levels of support which may be helpful in implementing the standards such as speech and language therapy, developmental care, occupational therapy etc |  |  |
| Mothers who have chosen to formula feed are enabled to do so responsively, recognising the baby's cues and as safely as possible |  |  |
| Mothers are supported to keep babies safe when they are asleep (advisory, see Guidance) |  |  |
| List documentation used to support information giving (eg guidance sheet, written record) |  |  |

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

3.2.2 An environment to support expressing

*Please tell us how the unit enables mother to express effectively.*

|  |  |
| --- | --- |
|  | **For office use** |
| Are supported to express their milk including:Expressing early (ideally within 2 hours of the birth)Expressing frequently and effectively |  |  |
| Mothers are enabled to express in comfort/close to their baby |  |  |
| Equipment is available, both for use in the unit and for loan/hire once the mother returns home |  |  |
| Breastmilk is stored safely whilst enabling mothers to access |  |  |
| Breastmilk is used for mouthcare |  |  |

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

3.2.3 Reviewing the effectiveness of expressing

*Please tell us about the process for reviewing the effectiveness of expressing*

|  |  |
| --- | --- |
|  | **For office use** |
| Describe the mechanism by which expressing reviews are carried out and care planned where necessary |  |  |
| List the documentation used to support this standard |  |  |

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

3.2.4 Valuing parents as partners in care

*Please tell us about how the unit ensures that parents are valued as partners in care*

|  |  |
| --- | --- |
| How does the unit: | **For office use** |
| Ensure that parents are enabled to have unrestricted access to their baby *(unless individual restrictions can be justified in the baby’s best interest)* |  |  |
| Make being with their baby as comfortable as possible for parents *(for example creating a welcoming atmosphere, unrestricted access, enabling privacy when needed, comfortable chairs at the side of each cot, facilities to stay overnight)* |  |  |
| Encourage parents to be fully involved in the care of their baby |  |  |
| Ensure effective communication with parents including ensuring that their emotional needs are met |  |  |
| Please describe any documentation which supports the standard.  |  |  |

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

3.2.5 Preparing for discharge

*Please tell us about how the unit ensures that parents are prepared for discharge*

|  |  |
| --- | --- |
| How does the unit: | **For office use** |
| Ensure that parents are prepared for discharge home*(to include written information about how to recognise effective feeding)* |  |  |
| Ensure that parents are referred to support available with feeding and caring for their baby in the community |  |  |

🗐 **Please attach a copy of any documentation/information for parents used.**

3.2.6 Written information and other materials for parents

*Please tell us about the written information for parents and other materials used to support the standards.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of material** **(e.g. leaflet, poster, app, DVD)** | **Name/title** | **When given** | **Free from advertising of infant formula, bottles, teats and dummies (**✓/🗶) |
|  |  |  |  |
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🗐 **Please attach a copy of any paper-based materials used (e.g. leaflets, posters)**

3.3 Mechanism for auditing practice

*Please tell us about your audit programme.*

|  |  |
| --- | --- |
|  | **For office use** |
| Please confirm that the Unicef audit tool will be used | 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 any specific support available locally for mothers whose baby is or has been cared for in NNU*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| Additional support e.g. Breastfeeding groups |  |  |  |  |
| Peer support |  |  |  |  |
| Telephone helpline/s |  |  |  |  |
| Specialist support with difficultchallenges |  |  |  |  |
| 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 |  |
| Specialist formulas e.g infitrini, monogen, afamino, nutrmigen, neocate |  |
| 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) |  |
| *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 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 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 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 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 – neonatal**

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 the 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 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 this form and accompanying documents electronically to** **bfi@unicef.org.uk**

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

|  |  |  |
| --- | --- | --- |
| ✓ | **Section** | **Document** |
|  | 1.1 | The policy |
|  | 1.2 | Signed commitments to upholding the policy (see signature pages) |
|  | 1.4 | Relevant guidelines  |
|  | 2.1 | Training curricula for staff education |
|  | 3.2.1 | Postnatal information and support sheet if used and documentation |
|  | 3.2.3 | Expressing log |
|  | 3.2.6 | Copies of all written information provided for parents |
|  | 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 |