**Guidance notes**

**Stage 1 assessment – Building a firm foundation**

**Maternity**

**Introduction**

Stage 1 of the Baby Friendly assessment procedure is designed to ensure that the necessary policies, guidelines and processes are in place to allow health-care providers to implement the Baby Friendly standards effectively. Please read this guidance document in conjunction with the Stage 1 assessment application form.

When you decide that you are ready to be assessed for Stage 1, please contact the Baby Friendly Initiative office to discuss the preparations to be made and to schedule an assessment date. All the necessary evidence must then be gathered and the Stage 1 application form completed to send electronically to the Baby Friendly office at least two weeks before the agreed assessment date.

**Building a firm foundation**

1. **Have written policies and guidelines to support the standards.**
2. **Plan an education programme that will allow staff to implement the standards according to their role.**
3. **Have processes for implementing, auditing and evaluating the standards.**
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.**

For each of the four standards listed above, there is a section with a list of the evidence we will ask you to submit to demonstrate how you facility is meeting the standard. These numbered sections correspond to the relevant sections on the application form so that when you are completing your submission, it is easy to find the relevant information you need from the guidance document.

**Please note:** At Stage 1 assessment we are looking at the policies, training curricula and mechanisms for implementing the standards to have been developed. However we do not expect staff to have received training or the standards to be implemented fully at this stage.

**Understanding the requirements**

Throughout this document, we refer to each piece of evidence as being either ***required*** or ***recommended.***

* When a piece of evidence is said to be ***required*** this means that itforms part of the Baby Friendly Initiative standards and is therefore necessary in order for the unit to be accredited as Baby Friendly. If a piece of evidence identified as a requirement is not submitted, then we will be unable to award a pass at Stage 1.
* When a piece of evidence or a certain action is ***recommended*** this means that we believe it to be an effective way of making sure that the standards are implemented and therefore the Baby Friendly Initiative recommends that this is what is done.

As an example:

The Baby Friendly standards state that all pregnant women have the opportunity for a discussion about feeding their baby and recognising and responding to their baby’s needs. Therefore, systems which enable this discussion to be facilitated are ***required.*** Guidance for staff on how to engage women in a conversation about these issues [is provided](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/New-guidance-for-antenatal-and-postnatal-conversations/) and it is ***recommended*** that reference is made to these to support effective development of your own staff guideline.

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

Evidence to be submitted:

* The policy
* Written commitment to adhere to the policy
* Outline of the mechanism for orientating new staff to the infant feeding policy
* Other relevant policies and guidelines.

1.1 The policy

A policy\* which adequately covers all the Baby Friendly Initiative standards is***required*** and will be formally assessed for Stage 1. In order to assist with the writing of an effective policy, we have developed samples which you are welcome to copy or adapt. Prior to submitting your policy, we ***recommend*** that you use the relevant [sample policy guidance and checklist](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/) to make sure that it covers all the standards and is as up to date as possible.

*\* We refer to a ‘policy’ but appreciate that some services will use other terms such as guidelines, protocols etc. What is important is that all relevant documents clearly support staff to implement the standards.*

🗐 **Please submit a copy of your policy with the application form**

1.2 Commitment to adhere to the policy

The Baby Friendly Initiative ***requires*** that all relevant managers sign a commitment to ensure that they and the staff working in their area adhere to the policy. Without the commitment of the manager in each ward and area, full implementation of the standards is unlikely to be achievable. This requirement is intended to ensure that all staff, from managers down engage fully with the implementation of the standards. A sample form is provided for this as part of the Stage 1 application form

🗐 **Please submit a form signed by each relevant manager with the application form.**

1.3 Orientation of new staff to the policy

The Baby Friendly Initiative ***requires*** that all staff who are involved in the care of pregnant women, mothers and babies be orientated to the policy during the first week of their employment. We ask you to include midwives, neonatal nurses, nursery nurses, health-care assistants, maternity care assistants, obstetricians and paediatricians in this process however we do not necessarily expect that domestic staff and porters or other staff who do not provide information about feeding or care are included.

In order for effective orientation of relevant staff to happen, we suggest that you implement a mechanism to make sure that:

* key staff are informed of any new starters;
* new starters are adequately orientated to the policy;
* records are kept of staff’s orientation to the policy.

Stage 1 assessment ***requires*** you to tell us about this mechanism. When submitting this evidence please explain:

* How key staff are informed that new staff are starting their employment.
* What is included in the orientation for all grades of staff, i.e. what information is covered, who facilitates the orientation, whether this happens in groups or individually, where the orientation takes place.
* How records of staff orientation are kept e.g. on a database and by whom.

🗐 **Please describe the mechanisms in place in the relevant section of the application form.**

1.4 Other guidelines and policies

Most hospital providers produce policies, protocols and/or guidelines to assist the staff to care effectively for mothers and babies in specific situations, for example for babies who are at risk of hypoglycaemia and/or are reluctant to feed, who are jaundiced or who may have lost an excessive amount of weight. The content of such policies can have a profound effect on practice, particularly with regard to safety and the incidence of supplementation of breastfed babies. Whilst they will vary depending on local needs, it is important that they are unambiguous and support effective care. Your unit may not have or need all of these guidelines. The need will be apparent based on the results of internal audit and the incidence of unnecessary supplements, however we expect that as a minimum you develop reluctant feeder and hypoglycaemia guidelines.

In order that any guidelines you have produced are effective, we ***require*** that the content does not undermine the ability of the unit to meet the standards. The incidence and indication for supplements will be reviewed at Stage 3 assessment when internal audit results will be confirmed by assessor interviews with mothers.

🖳 In order to assist you with the writing of an adequate guideline/policy for the prevention and management of hypoglycaemia, please visit [hypoglycaemia policy guidelines](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Hypoglycaemia-policy-guidelines/).

🗐 **Please submit a copy of all relevant guidelines with the application form.**

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| **Section 2 – Staff education** |

Evidence to be submitted:

* Training curricula for staff education
* Outline of how the staff education programme is delivered
* Description of the mechanism for ensuring that the education programme is mandatory
* Description of the mechanism for recording staff attendance

2.1 Training curricula

It is ***required*** that a curriculum which adequately covers all the Baby Friendly standards is produced for each staff education programme\*. The Baby Friendly Initiative produces a [detailed guidance document](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/Guidance-on-writing-a-curriculum/) to support you with development of your curriculum/a including a checklist of what should be included. Prior to submitting the curriculum, it is ***strongly recommended*** that you use this document to carry out a detailed check to ensure that it meets the required standard.

Unicef UK provides a [Train the Trainer course](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Training/Train-the-trainer/) which is designed to support key staff to learn how to produce a curriculum which will enable them to deliver an effective training package and provides participants with a comprehensive package of training materials. We ***recommend*** that a key member of staff be enabled to attend this course.

*\* A separate curriculum is required if different groups of staff are to receive different training. However, if the same training is to be provided for all, then only one curriculum is required.*

🗐 **Please submit a copy of the written curriculum/a with the application form.**

2.2 Training programme

A training programme which ensures that all staff receive training according to their role is a ***requirement.*** We strongly ***recommend*** that those planning and delivering the education programme have some additional training to ensure that they have sufficient knowledge and skill in relation to:

* Infant feeding
* The importance of early relationships on childhood development
* How to deliver effective training.

Consideration should be given to the roles and responsibilities of the different groups of staff when planning the training programme to make sure that everyone’s needs are met.

Training can comprise a combination of different methods, for example classroom based learning, e-learning, workbook completion. We ask you to tell us about the number of hours training provided for all grades of staff, including the length of any Practical Skills Review sessions. Whilst we do not stipulate that it must be of a certain length, realistically, in order to include all of the necessary topics, in a way which will be most likely to result is the learning outcomes being met, the minimum amount of time spent on face-to-face classroom training for staff such as midwives should not be less than one full day and ideally two days. It is acceptable to provide more or less than this recommendation, provided that you are able to demonstrate that all the Baby Friendly standards are covered adequately.

🖳 For more information about training courses run by Unicef UK Baby Friendly Initiative please visit [unicef.org.uk/BabyFriendly/Health-Professionals/Training/](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Training/) including an [e-learning package for training paediatricians](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/E-learning-for-paediatricians/)

Annual updates are ***strongly recommended*** to ensure that staff knowledge and skills are maintained and to allow discussion of any new information. The content of these should be informed by ongoing audit results. In addition it is ***strongly recommended*** that the programme should include individual one-one sessions with staff to enable practical skills reviewing\*.

*\* While a single Baby Friendly lead may be able to deliver all the classroom-based education unaided, it is unlikely, except in the smallest organisations, that s/he will be able to manage one-to-one teaching for all the members of staff who require it. Most facilities that have tackled this have found that the best solution is to train a small group of ‘key workers’, who will in turn take responsibility for training identified groups of staff. Key workers need to work closely with the lead professional / Baby Friendly lead, and have their own practice reviewed regularly, to ensure ongoing consistency throughout the team.*

🗐 **Please provide a description of the training provided for all relevant staff in the relevant section of the application form.**

2.3 Mechanism for ensuring staff attendance

We ***require*** that the education programme is mandatory for all relevant staff. In order to ensure that this is the case, you are asked to provide details of:

* The mechanism for allocating staff to attend the education programme, e.g. who decides which staff will attend? How are staff invited to attend?
* The mechanism for ensuring that all relevant staff attend, e.g. what action is taken if staff avoid attending the education programme.

🗐 **Please provide a description of the mechanisms in the relevant section of the application form.**

2.4 Training records

Evidence is ***required*** of the mechanism for recording staff members’ attendance at the training programme. We ***recommend*** that attendance records are kept on a simple Excel spreadsheet. It is important to ensure that the names of all staff members are included and that their attendance at all the separate components of the programme is addressed. These records will be reviewed as part of the Stage 2 assessment.

🗐 **Please provide a description of how records will be maintained in the relevant section of the application form.**

🖳 For more information see [Stage 2 guidance](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-2-an-educated-workforce/)

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

Evidence to be submitted:

* Description of the Baby Friendly lead post
* All tools used to support implementation of the standards. To include the breastfeeding assessment form, feeding plan, and materials for mothers, together with details of how these are used.
* Description of the mechanism for audit of practice.
* Description of the data collection system
* Description of the support available for mothers
* Description of collaborative working arrangements, including an effective referral pathway and how mothers are informed of this.

3.1 The Baby Friendly lead

Implementing the Baby Friendly Initiative standards is a change management project and so ***requires*** someone to take responsibility for co-ordinating planning, implementation, audit and evaluation. Experience shows that the lead needs to have sufficient knowledge, experience and time to allow them to undertake the role adequately, but that there is no one model that is essential to success. We ***recommend*** that services consider what they want this role to include before deciding on the person specification and hours required.

For example:

* Will the role include carrying out staff training, practical skills reviews and audits?
* Do you expect the role to include specialist support for breastfeeding?
* How large is the service in terms of staff numbers and births?
* What role will managers and other key staff take in supporting the lead?

You are asked to provide details of:

* The hours worked by the Baby Friendly lead
* Any support that she receives from others such as key-workers for example
* How line management for the post is arranged and the support provided by other managers
* The duties carried out by the post holder.

🗐 **Please provide details of the role in the relevant section of the application form.**

3.2 Implementation of the standards, including tools used

A variety of mechanisms and tools will be needed in order to ensure that staff are able to implement the standards and mothers are communicated with and supported effectively. Some of these are ***required*** as without them it would not be possible to implement the standard and some are ***recommended*** where experience has shown that such a mechanism or tool will support staff to make sure effective care is given.

You will be asked to submit evidence showing how the standards will be implemented in the workplace. This will include the mechanisms by which staff will be reminded to provide certain care and the prompt sheets, guidance documents, leaflets, and so on that they will use.

You don’t have to start each of these tools from scratch. The Unicef UK Baby Friendly Initiative provides antenatal and postnatal prompt sheets and breastfeeding assessment forms. There are Unicef/ Start4Life written materials for mothers available from the English Department of Health. For links please visit the Stage 1 page [here](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-1-a-firm-foundation/).

Similar materials can be found

* in Scotland from NHS Health Scotland at [readysteadybaby.org.uk](http://www.readysteadybaby.org.uk/)
* in Northern Ireland from <http://www.publichealth.hscni.net/publications>

There are also a number of other excellent resources available that can support the improvements in practice required, please see our [Guide to the Baby Friendly Initiative Standards for more links to resources.](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/)

3.2.1 Information for pregnant women

We ***require*** all pregnant women to have the opportunity to have a meaningful discussion that takes into account their individual needs and therefore a system needs to be in place to make sure this happens. There are two aspects to this discussion:

* Helping prepare them for feeding and caring for their baby in ways which will optimise their own and their baby’s wellbeing.
* Encouraging them to start to develop a positive relationship with their baby in utero.

The discussion can take place as part of routine antenatal care or as part of a class or can be with a peer supporter face to face or on the telephone. The standard will be assessed on whether or not the discussion took place, whether the information given was evidence based and whether it was helpful and enabling to the mother. Experience has shown that drip feeding information may not always be effective so you are ***recommended,*** where possibleto consider how the discussion can be facilitated in a way which allows sufficient time for the issues to be addressed. We ***recommend*** that staff are guided to cover the relevant areas according to the mother’s individual need, with guidance/documentation developed to support this.

🖳 Guidance to support staff to have [conversations in pregnancy](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/New-guidance-for-antenatal-and-postnatal-conversations/) can be found the website. You are welcome to use/amend this to meet the needs of your facility.

🗐 **Please describe the mechanism/s you have instigated to ensure that this discussion takes place in the relevant section of the application form. Please submit any documentation used by staff with the application form.**

3.2.2 Antenatal parent education classes

Those facilities which provide antenatal parent education classes for mothers to be (+/- partners) are ***required*** to ensure that they make the most of the opportunity to provide good quality and effective information by making sure that they reflect the spirit of the standards. It is also important to make sure that the content does not undermine or conflict with other information given and that women can rely on a consistent standard of provision irrespective of which class they attend. It is likely that calling the class something other than breastfeeding or infant feeding will widen the appeal and encourage greater attendance.

More information about developing an effective programme can be found in the [Pregnancy, birth and beyond programme](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215386/dh_134728.pdf) developed by Department of Health (DH) in England, and similar packages developed by the devolved governments for example the [National Antenatal Syllabus](http://www.maternal-and-early-years.org.uk/the-scottish-antenatal-parent-education-pack) in Scotland.

🗐 **Please submit a copy of the content of the antenatal class pertaining to infant feeding and relationship building with the application form.**

3.2.3 Information and care for mothers and families

We ***require*** that facilities provide information and care for breastfeeding mothers according to individual need, to include:

* support to initiate a close relationship and feeding soon after the birth
* appropriate support with positioning and attachment and hand expression
* recognising effective breastfeeding
* information about responsive feeding
* that supplements of formula milk are only given when there is a genuine clinical indication or as a result of a fully informed decision by the mother
* information about the support available, both social and additional support for challenges.

We ***recommend*** that staff are encouraged to cover the relevant areas according to the mother’s individual need, with guidance/documentation developed to support this. We want staff to provide the mother with information and/or check that she is aware, filling in the gaps where this is needed and then giving additional information and support that meets her needs and addresses her concerns.

For mothers with a baby in the neonatal unit we ***require*** that support is provided to enable expressing as soon as possible after the birth (ideally within the first two hours) and that support enables them to express as effectively as possible.

For mothers who have chosen to formula feed, we ***require*** that they are enabled to do this as safely as possible. This should include a mechanism for ensuring that mothers are supported to learn how to do this in hospital, reinforced by the community midwifery service, according to individual need. In addition, encouraging mothers who formula feed to give most feeds themselves while holding their baby close will support relationship building, particularly in the early weeks and therefore we ***require*** that you ensure this information is offered*.*

We ***require*** that *all* mothers are supported to begin to build a close and loving relationship with their baby. We encourage care that supports mothers to keep their baby close, learn how to recognise and respond to their baby’s cues for feeding, communication and comfort and encourages skin-to-skin contact throughout the postnatal period. Parents should be given information about any local parenting groups which are available.

🖳 See guidance to support Baby Friendly leads with [educating staff to have conversations in postnatal period](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/New-guidance-for-antenatal-and-postnatal-conversations/)

🗐 **Please explain the processes you have put in place to support this strategy in the relevant section of the application form. Documentation used by staff should also be submitted.**

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| Unicef UK has collaborated with the [Lullaby Trust](https://www.lullabytrust.org.uk/) and [Basis](https://www.basisonline.org.uk/) to develop a set of materials to support staff to have sensitive conversations with parents about the crucial importance of safer sleep. These materials include a [quick reference guide](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-quick-reference-card.pdf) and a more detailed [guide for parents](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-a-guide-for-parents.pdf) together with a [guide for professionals](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-saving-babies-lives-a-guide-for-professionals.pdf) to support them to have a helpful and evidence based conversations. The materials are available to purchase from the Lullaby Trust as printed copies or to download free of charge, and are translated into a number of languages. As part of this work, we have agreed with the Lullaby Trust and Basis that we will include assessment of the effectiveness of the work undertaken by maternity, neonatal and health visiting services to support safer sleep in all families. At the Stage 1 assessment services will be asked to describe the mechanism for providing the information both verbally and in writing. At the Stage 3 assessment and at Re-assessment mothers being interviewed will be asked a question to establish whether a conversation about safer sleep has taken place and whether the mother has been given written information or a link to a website where the material is easily accessible. The information provided at Stage 1 and the question asked of mothers at Stage 3 and Re-assessment **will not** be scored formally and **will not** impact on the services ability to pass the assessment or retain their accreditation, however we will give feedback about the process and the responses we have received from mothers.Audit tools have been amended to include the relevant questions. If you do not have the 2019 version please contact the office at bfi@unicef.org.uk  |

3.2.4 Assessment of the effectiveness of breastfeeding

Written information, which informs mothers about how to recognise that their baby is taking milk effectively, emphasising the normal stool and urine output and also including information about normal sucking and swallowing patterns, baby behaviour and normal breast changes should be available and it is ***required*** that this be given to each mother prior to transfer home.

We also ***require*** that facilities ensure that formal feeding assessments are carried out with each breastfeeding mother as often as is required in the first week with a minimum of two assessments to ensure effective feeding and wellbeing of the mother and baby. This should be carried out using an agreed assessment tool to ensure consistency and effectiveness.

Should the feeding assessment identify that further support is needed, we ***require*** that an individualised plan of care be developed jointly with the mother to enable any issues to be effectively addressed.

To support this process, you are ***required*** to provide a written description of the mechanism for ensuring that the relevant information is given prior to transfer home from hospital. We also ***require*** a written description of the mechanism for ensuring that formal feeding assessments are carried out and how care will be planned should an issue be identified.

🖳 We have developed a [sample breastfeeding assessment tool](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/Breastfeeding-assessment-form/) and an information sheet for mothers. You are welcome to use/amend this to meet the needs of your facility.

🗐 **Please describe the mechanisms in place to ensure that effective feeding assessments are carried out in the relevant section of the application from. A copy of the written information given to mothers and the breastfeeding assessment tool should be submitted.**

3.2.5 Written information and other materials for mothers

We ***recommend*** that services provide mothers to be and mothers with simple written information on feeding and relationship building to reinforce information given verbally by staff. If you provide such information, it is ***required*** that it be accurate and effective. We also ***require*** you to confirm that all information provided is free of any form of promotion for breastmilk substitutes, bottles, teats and dummies.

If leaflets have been developed in-house, we ***recommend*** that these compliment any standard national materials, and consider:

* the need for clarity, accuracy and simplicity of the messages
* avoidance of duplication
* that the layout is attractive and readable.

🗐 **Please list the materials in current use (or which are planned) on the application form and submit copies of all paper-based materials for review.**

3.3 Mechanism for auditing practice

We ***require*** that a programme of internal audit of all standards is planned and conducted with results submitted to the Baby Friendly office at regular intervals, including in advance of Stage 2 and 3 assessments and re-assessments. In order to ensure equity across facilities, you will be ***required*** to audit specified numbers of staff/mothers to be/mothers using the appropriate Baby Friendly audit tool. It is important that staff who will be carrying out audits of practice be trained to do so in order to ensure that results are consistent and accurate. We will therefore ask you to describe how staff are trained and supported.

**Audit programme**

The audit tool suggests sample sizes based on the number of births. It is ***recommended*** that an audit programme is developed in order that any necessary changes to practice to improve care can be identified and the necessary data can be made available to Baby Friendly as part of the assessment process. The following example of frequency and numbers is appropriate whilst the facility is progressing to Stage 2 and 3.

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| **Stage 2 assessment** | **Stage 3 assessment** |
|  | **Frequency** | **Numbers** | **Frequency**  | **Numbers** |
| **Staff** | Quarterly | 10-20 (up to 3000 births)20-30 (3000+ births) | Six monthly | 10-20 (up to 3000 births)20-30 (3000+ births) |
| **Mothers** | Six monthly | 10-20 (up to 3000 births)20-30 (3000+ births)Plus 6 mothers with a baby on NNU | Quarterly | 10-20 (up to 3000 births)20-30 (3000+ births)Plus 6 mothers with a baby on NNU |
| **Supplement audit** | Ongoing for all mothers | 10 interviews per month10 sets of records reviewed per month | Ongoing for all mothers | 10 interviews per month10 sets of records reviewed per month |
| **Environment (Code and information e.g. Bounty Bags)** | Six monthly | All areas | Six monthly | All areas |

Supplementation rates will be collected and reported to Baby Friendly as part of the assessment process. It is anticipated that steady progress to reduce supplementation rates (specifically those supplements given without medical indication or fully informed choice) will be made. Whilst the ***recommended*** method of monitoring supplements is an ongoing continuous audit, we recognise that implementing such a process may take some time. The minimum ***requirement*** would therefore be a regular sampling and review of written records by the Baby Friendly Lead at a rate of around 10 of each per month (*based on an average sized unit of 3000-4000 births*).

Facilities with computer systems may find these easier to use to track their supplementation rates and it is hoped that in time, all services will be able to track their rates electronically. Details about both will be required with each assessment and annual audit submission.

Please see our [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/) for more details.

Systems to monitor and respond to the results from maternal satisfaction surveys and complaints related to infant feeding will also be explored (see section 3.4).

🖳 The [Baby Friendly audit tool for maternity services](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Audit/Audit-tools-to-monitor-breastfeeding-support/) should be used to carry out the audits

🗐 **Please describe the mechanisms in place to ensure that the audit programme is effective in the relevant section of the application form.**

3.4 Data collection

Improving outcomes for mothers and babies is a key goal of the Baby Friendly Initiative. Measuring outcomes is therefore a ***requirement.*** As a minimum we ***require*** that you collect breastfeeding rates for at least one point in time, for example initiation or transfer home from hospital. In addition we ***recommend*** that statistics for a further time-point such as 10-14 days also be collected in order that the effectiveness of care provision can be established.

When collecting breastfeeding statistics it is important that the definitions of what constitutes ‘breastfeeding’ are used and understood. We ***recommend*** that the following definitions be used.

* **Feeding at initiation**: The milk (breastmilk or formula) given as the baby’s first feed. (DH England allows initiation to be defined as breastfeeding if, *within the first 48 hours after birth*, the baby has *either* been put to the mother’s breast *or* been given any of the mother’s breastmilk.)
* **Full (or total) breastfeeding**: The infant is currently\* receiving only breastmilk, with *no other liquids or solids* except vitamin or mineral supplements, or medicines. (NB: S/he may have received infant formula or other foods or drinks in the past.)
* **Partial breastfeeding**: The infant is currently\* receiving some feeds of breastmilk and some formula feeds and/or complementary (weaning) foods.
* **Formula feeding / no breastfeeding**: The infant is not currently\* receiving any breastmilk. S/he is fed on infant formula, with or without complementary (weaning) foods.

*\*currently means over the last 24 hours*

We will keep track of your progress in this area. Data will be required at each assessment process and in an ongoing way following accreditation. The following grid of data will be requested via email before an assessment:

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| **Age/stage collected** | **Feeding category** |
| **Full / total breastfeeding** | **Partial breastfeeding** | **Formula feeding** | **Not known** |
| **Initiation** | xx% |  |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx weeks/months** | xx% | xx% | xx% | xx% |
| **Period covered by the figures** | (e.g Jan –Dec 2017) |
| **Percentage population coverage** | These statistics relate to XX% of the population served by the facility. |

Additional mechanisms for monitoring outcomes are also ***recommended*** for example readmission rates, supplementation rates, collection of qualitative data related to maternal satisfaction and dealing with complaints. Whilst these will not necessarily impact on assessment outcomes at Stage 1, establishing systems to gather such data will support progress to Stage 3, re-accreditation and Gold status in the future.

🗐 **Please complete the relevant section of the background information form and provide your latest data when requested.**

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

3.5.1 Support for mothers

Mothers leave hospital and return home soon after the birth and therefore consideration needs to be given to the provision of local support mechanisms which will meet their needs, both from the community midwifery service and other sources. Mothers may experience or perceive that they are experiencing problems with breastfeeding. The mechanisms in place should enable mothers to access support with basic problem solving via their local maternity service or other local routes such as breastfeeding support groups, peer support etc. Mothers are more likely to continue breastfeeding if they have people in their lives who believe that they can succeed. This can come in the form of meeting other mothers at groups or from peer supporters. While the maternity services do not necessarily have to provide this social support for mothers, it is ***required*** that mothers know about what is available locally and that maternity services work collaboratively with other services to make the social support as attractive as possible to mothers so that they engage and benefit from it.

In addition, those mothers with difficult challenges will need additional specialist level support. We ***require*** that a local referral pathway for enabling specialist support is established, with the maternity services working collaboratively with other local services to ensure this provision is available and effective. Further information about the varying levels of support to be provided is available in the [Guidance on provision of additional and specialist services to support breastfeeding mothers](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/further-guidance-on-implementing-the-standards/guidance-on-provision-of-additional-and-specialist-services-to-support-breastfeeding-mothers/)

Evidence suggests that the period around 3 and 10-14 days are potential ‘pivotal’ or crisis points where women who are experiencing breastfeeding difficulties or lack confidence in how well breastfeeding is going are likely to give up. We therefore ***recommend*** that services are planned with this risk in mind. Careful attention should be paid to ensuring an effective and flexible approach to handover of care between midwife and health visitor, so that the needs of mothers and babies come first.

We ***require*** that mothers are made aware of all support available prior to discharge from hospital. Parents should also be signposted towards any local parenting classes which will support them to develop a close bond with their baby for example baby massage classes, We ***recommend*** that written information is compiled, giving details of how to contact a midwife and/or health visitor, how to access local support services and national telephone helplines. We ***recommend*** that you implement a mechanism to ensure that this information is kept up to date.

🗐 **Please describe how this information is provided for mothers in the relevant section of the application form and submit a copy of any written materials used to inform mothers.**

3.5.2 Collaborative working

Collaborative working across disciplines and with other organisations is ***required*** in order to enable effective implementation of the standards and provide improved experiences for mothers. Often the support provided for mothers to continue breastfeeding is provided collaboratively with other organisations and we ask you to tell us how you work with colleagues in other departments and services to ensure best possible implementation of the standards. For example, how you work with staff in the neonatal unit to ensure that mothers are made aware of the crucial importance of breastmilk for their preterm baby and supported to begin to express as early as possible.

Collaboration could also be demonstrated with staff in other areas such as paediatrics, health visiting and children’s centres. It may make sense to work collaboratively with other services in order to provide additional social support and help for mothers with breastfeeding challenges. If parents are referred to local voluntary organisations, you should develop mechanisms to collaborate formally including appropriate referral pathways and formal service agreements. For all services provided collaboratively, we would expect that formal agreements are reached about how these are resourced and who is responsible for audit and evaluation.

🗐 **Please provide a description of how collaboration works across all services, including any formal agreements in place in the relevant section of the application form.**

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| **Section 4 – The International Code of Marketing of Breastmilk Substitutes** |

Evidence to be submitted:

* Declaration of adherence to the International Code of Marketing of Breastmilk Substitutes (and subsequent relevant WHA resolutions) signed by the Head of Service.
* Proof of purchase of infant formulae, breastmilk fortifiers and teats.
* A description of the mechanisms is place to monitor compliance with this standard.

4.1 Adherence to the International Code of Marketing of Breastmilk Substitutes

In accordance with the International Code of Marketing of Breastmilk Substitutes (1981) and subsequent relevant WHA resolutions, we ***require*** that there is no advertising or promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by its staff. This includes the use of company-sponsored leaflets, posters, diary covers, pens, mugs, obstetric wheels and other materials.

This standard is necessary to ensure that breastfeeding is protected and that parents receive unbiased information to support their decisions. It means that:

* There should be no display or distribution of any materials produced by the manufacturers of breastmilk substitutes, bottles, teats or dummies, in any part of the health care facility. This includes gifts bearing company logos intended for health professionals (including pens, diary covers, obstetric calculators, notepads, etc) and written materials intended for mothers (including leaflets that do or do not relate to infant feeding).
* Images which ‘normalise’ bottle feeding should not be displayed.
* There should be no sale of breastmilk substitutes on health care premises.
* Health care facilities should not accept free or subsidised supplies of breastmilk substitutes.

This standard does not restrict the provision of accurate and impartial information about formula feeding. Parents who have chosen to formula feed their baby should be given clear written instructions and shown how to make up a feed safely before they leave hospital. This discussion should include guidance to use a first stage milk for the first year and how to bottle feed responsively. All community-based staff should ensure that this information has been given and is understood.

🖳 The Baby Friendly Initiative has produced a [guidance document](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/the-code/a-guide-for-health-workers-to-working-within-the-international-code-of-marketing-of-breastmilk-substitutes/) aimed at health care facilities and describing what practices are and are not acceptable within the Code.

🖳 For accurate and impartial information on infant milks in the UK please visit [First Steps Nutrition Trust’s website](http://www.firststepsnutrition.org/)

🗐 **Please describe the plans in place to ensure that the Code is implemented in the relevant section of the application form, including signed declaration of adherence to the Code.**

4.2 Full payment for infant feeding supplies

The Baby Friendly Initiative ***requires*** that all supplies of infant formula and related products, and teats, be paid for at the full market price.

Please note: this standard does not restrict the provision of accurate and impartial information about infant feeding. Parents who have chosen to formula feed their baby should be given clear written instructions and shown how to make up a feed safely before they leave hospital (see Section 3). Community based staff should make sure this information has been given and understood.

🗐 **Please attach proof of purchase of relevant infant feeding supplies (e.g. a recent purchase order or invoice) with the application form.**

🖳 For further information about the standards please refer to the [Guide to the Unicef UK Baby Friendly Initiative Standards](http://unicef.uk/babyfriendlystandards) and [The evidence and rationale for the Unicef UK Baby Friendly Initiative standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/the-evidence-and-rationale-for-the-unicef-uk-baby-friendly-initiative-standards/)

🗁 **Stage 1 application form**

To download, please visit the [Stage 1 page](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-1-a-firm-foundation/) on our website