A logo for a baby

Description automatically generated**Application form**

**Re-assessment**

**Neonatal**

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

**Introduction**

Facilities that have achieved Baby Friendly accreditation will routinely be re-assessed, usually at two years after gaining accreditation and then at intervals of three to five years to ensure that the standards have been maintained. This will be carried out using a combination of submitted written evidence, face-to-face video interviews and telephone interviews with staff and new mothers, and virtual observations within the unit. Completion of this form will form part of the written evidence required. 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. We will also request an update to 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 a re-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 re-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 re-assessment**](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/re-accreditation/) 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.*

**Baby Friendly Lead**

*Please tell us about the lead role:*

|  |  |
| --- | --- |
| Summary of roles and responsibilities |  |
| Hours worked |  |
| Support provided for the lead (by key workers, for example) |  |
| Who do they report to? |  |

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

1.1 The infant feeding policy

|  |  |
| --- | --- |
| Has the policy been changed since the last assessment? | Yes/No |
| Does the policy fully cover all the Baby Friendly Initiative Standards? | Yes/No |
| Does the policy prohibit the display or distribution of materials which promote breastmilk substitutes, feeding bottles, teats and dummies? | Yes/No |

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

1.2 Commitment to adhere to the policy

*Please tick all that apply.*

|  |  |
| --- | --- |
| The policy is accompanied by written commitment to adhere to the policy signed by relevant managers including: | ✓ |
| * NNU |  |
| * Others – please list |  |

🗐 **Please submit relevant documentation**

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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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)*

|  |  |
| --- | --- |
| **Date of document** | **Title of document** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

🗐 **Please submit relevant documentation**

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

2.1 Training curricula

|  |
| --- |
| Has any of the training curricula changed since the facility was assessed? |
| Yes/No |
| If Yes, please outline the changes that have been made: |

🗐 **Please submit a copy of the latest curriculum/a**

2.2 Records of staff training and orientation to the policy

*Please use the records you have kept of staff attendance at the various elements of the Baby Friendly training programme, and of staff orientation to the infant feeding policy, to complete the table below. You need to show what percentage of staff who provide breastfeeding information and support to pregnant women and new mothers, and who have been employed for more than six months\*, have completed each element of the training.*

\* *Please note that junior doctors should normally attend training as soon as possible after their employment begins.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category/grade of staff** | **% employed ≥ 1 week who have been orientated to the policy** | **% employed ≥ 6 months who have completed this element of the training** | | | |
| **Classroom/ theoretical education** | **Supervised Practical Skills Review** | **Additional compulsory sessions** | **Other prescribed training (e.g. for doctors)** |
| Neonatal nurses |  |  |  |  |  |
| Nursery nurses |  |  |  |  |  |
| Health care assistants |  |  |  |  |  |
| Paediatric medical staff |  |  |  |  |  |
| Other |  |  |  |  |  |

🗐 **Please ensure that the database recording staff orientation to the policy and staff training is available for the assessors to see on the day of the assessment. We would like to review this via a shared screen.**

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

Tools to support the implementation of the standards

Information

*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: | |
| 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: | |
| 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 (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**

An environment to support expressing

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

|  |  |
| --- | --- |
| 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 submit relevant documentation**

Reviewing the effectiveness of expressing

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

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

🗐 **Please submit relevant documentation**

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: | |
| 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 submit relevant documentation**

Preparing for discharge

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

|  |  |
| --- | --- |
| How does the unit: | |
| 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 make documentation available to your assessors during the assessment**

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, 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 (e.g. leaflets, posters) and include links to relevant websites**

*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.**

Mechanism for auditing practice

*Please tell us about your audit programme.*

|  |  |
| --- | --- |
| Please confirm that the UNICEF UK 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 |  |

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 |  |

Support for mothers including collaborative working and an appropriate referral pathway

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 difficult  challenges |  |  |  |  |
| Parenting support |  |  |  |  |
| Support provided via social media |  |  |  |  |
| Other |  |  |  |  |

🗐 **Please make available any written information given to mothers about the services provided to your assessors during the assessment**

*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:*

|  |
| --- |
|  |

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** |
|  |  |  |
|  |  |  |
|  |  |  |

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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 |  |
| Teats and non-nutritive sucking devices |  |
| Preterm / low birth weight formula e.g SMA prem gold pro, nuriprem 1 and 2 |  |
| Specialist formulas e.g infitrini, monogen, afamino, nutrmigen, neocate |  |
| Breastmilk fortifier e.g. 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 submit a copy of a recent purchase order or invoice as evidence of proof of purchase for all products used 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 |

**Latest audit results**

*Please note that your audit should have been carried out on a random sample of staff or all staff – not just on those who have completed the training – and a random sample of mothers. Check the guidance document for re-assessment for recommended sample sizes. The question numbers relate to the question number in the relevant audit tool.*

|  |  |
| --- | --- |
| **Numbers included in the audit** | |
| Number of staff |  |
| Number of breastfeeding mothers |  |
| Number of formula feeding mothers |  |

|  |
| --- |
| **Standard 1 – Support parents to have a close and loving relationship with their baby** |

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| 1a. the importance of developing a close and loving relationship |  |
| 1b. why this is particularly important on the neonatal unit |  |
| 1c. how to support this process |  |
| 1d. why skin contact/kangaroo care is important for preterm/sick babies |  |
| 1e. how to support parents who are bottle feeding to bottle feed responsively |  |

|  |  |
| --- | --- |
| **All mothers were….** | **% giving correct/adequate response** |
| **1a.** supported to get to know her baby in the early days |  |
| **1b.** had the importance of this explained to her |  |
| **1c.** had skin to skin contact with her baby as early and as often as possible |  |
| **1d**. supported to give EBM by bottle (mothers providing EBM for their baby) |  |
| **Bottle feeding mothers were….** |  |
| **1d.** given information on how to hold her baby for feeding |  |
| **1e**. shown to make up her baby’s feeds |  |

|  |
| --- |
| **Standard 2 – Enabling babies to receive breastmilk and to breastfeed when possible** |

|  |  |
| --- | --- |
| **Staff can describe/demonstrate….** | **% giving correct/adequate response** |
| 2a. why breastmilk is particularly important for preterm babies |  |
| 2b. how to help a mother initiate lactation |  |
| 2c. how to help a mother maintain her milk supply |  |
| 2d. how to support a mother to make the transition to breastfeeding her baby |  |
| 2e. the key principles of positioning and attachment |  |
| 2f. how babies attach to the breast |  |
| 2g. the signs of effective attachment |  |
| 2h. why effective attachment is important |  |
| 2i. why hand expressing is useful |  |
| 2j. how to support a mother with hand expressing |  |
| 2k. how to support a mother to make the transition to responsive/modified responsive feeding |  |
| 2l. the signs that a baby is receiving enough breastmilk |  |
| 2m. why it is important to avoid allowing advertising of formula milks in the health care system |  |

|  |  |
| --- | --- |
| **Mothers confirmed that they….** | **% giving correct/adequate response** |
| **2a**. had the importance of breastmilk explained |  |
| **2b**. were supported to start expressing as soon as possible |  |
| **2c.** wereshown how to express by hand and pump |  |
| **2d**. know how to ensure a good milk supply |  |
| **2e**. had support to keep expressing |  |
| **2f.** had support with breastfeeding |  |
| **2g.** were prepared for going home with the baby |  |

|  |
| --- |
| **Standard 3 – Valuing parents as partners in care** |

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| **3a**. why it is important to recognise parents as parents in care |  |
| **3b**. how to create a culture where parents are recognised as the primary caregivers |  |
| **3c.** how to create an environment which enables parents to be the primary caregivers |  |
| **3d**. how to communicate with parents sensitively and effectively |  |

|  |  |
| --- | --- |
| **All mothers confirmed that ….** | **% giving correct/adequate response** |
| **3a**. felt fully involved in their baby’s care |  |
| **3b**. were able to be with their baby whenever they wanted |  |
| **3c.** were made to feel at home on the unit |  |

|  |
| --- |
| **General** |

|  |  |
| --- | --- |
| **Mothers…** | **% giving correct/adequate response** |
| **4a**. had a conversation about safer sleep |  |
| **4b**. 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 – Re-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 re-assessment 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 – Re-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:** |  |

🖉 **Signature page 3 – Re-assessment**

**Confirming that the consents list is a true reflection of mothers available (please see Re-assessment guidance document)**

|  |
| --- |
| **Declaration by Infant feeding 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 Infant Feeding Leads**

**Re-assessment – neonatal**

🗐 **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 – signed commitment from managers and Head of Service |
|  | A copy of the latest policy |
|  | A copy of any other policy/ies which may be relevant to the care provided under the standards |
|  | A copy of the curricula for staff training and an outline of the induction programme for new staff. |
|  | Staff education records |
|  | Copies of all written materials on infant feeding and relationship building currently provided for parents |
|  | A copy of the information given to mothers about how to recognise effective milk transfer. |
|  | A copy of the expressing assessment tool. |
|  | A copy of all documentation used to record care related to the standards including an expressing log, for example |