**Annual report - Gold accredited services**

**University**

Universities accredited as Gold Baby Friendly service must revalidate every three years and submit an annual report in the intervening years in order that effective maintenance and progress of standards may be monitored. Universities are requested to complete the form and submit electronically to the Baby Friendly office.

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| **University name:** |  |
| **Contact name, email & telephone:**  |  |
| **Date of Gold accreditation:** |  |
| **Date of this annual report:** |  |

**Report**

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| **Baby Friendly Lead Lecturer report***Please give a summary of progress made in the last year. This should include challenges faced, successes and any learning from these. You may also wish to comment on any threats to the programme together with opportunities identified and taken.*  |
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**Latest audit results**

*Please note that your audit should have been carried out on a random sample of students.*

*Check the guidance document for re-assessment for recommended sample sizes. The question numbers relate to the question numbers in the relevant audit tool.*

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| **Number of students included in the audit:** |  |

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| **(Theme 1) Understand breastfeeding****Students understand…** | **% giving correct/adequate response** |
| 1a. Antenatal information |  |
| 1b. Constituents of human milk |  |
| 1c. Hormones and milk supply |  |
| 1d. Getting breastfeeding off to a good start |  |
| **(Theme 2) Support infant feeding****Students understand…** | **% giving correct/adequate response** |
| 2a. Breastfeeding rates in UK |  |
| 2b. Importance of skin-to-skin |  |
| 2c. Key principles of positioning |  |
| 2d. How babies attach to the breast |  |
| 2e. The signs of effective attachment |  |
| 2f. The importance of effective attachment |  |
| 2g. The signs a baby is receiving enough breastmilk |  |
| 2h. Able to describe feeding cues |  |
| 2i. Able to describe responsive feeding |  |
| 2j. Supporting continued breastfeeding |  |
| 2k. Able to describe safe formula feeding |  |
| 2l. Able to describe responsive bottle feeding |  |
| 2m. Recommended age for staring solids (HV) |  |
| **(Theme 3) Support close and loving relationships****Students understand…** | **% giving correct/adequate response** |
| 3a. The importance of close and loving relationships |  |
| 3b. How to encourage close and loving relationships |  |
| **(Theme 4) Manage the challenges****Students understand…** | **% giving correct/adequate response** |
| **Student midwives** |
| 4a. How to support a mother when a baby is reluctant to feed |  |
| 4b. Why supplements should be avoided |  |
| 4c. Supporting a baby at risk of hypoglycaemia |  |
| 4d. How engorgement can be prevented |  |
| **Student health visitors** |
| 4a. How to help prevent mastitis |  |
| 4b. Assessing and managing poor weight gain |  |
| 4c. Managing significant weight issues |  |
| **All students** |
| 4e. How to support a mother with hand expressing |  |
| 4f. Why it is important to avoid allowing advertising for formula milks |  |
| **(Theme 5) Promote positive communication****Students understand…** | **% giving correct/adequate response** |
| 5a. Antenatal communication |  |
| 5b. Postnatal communication |  |
| 5c .Keeping updated in infant feeding |  |

**Action planning**

*Please describe the actions you are taking in response to any issues with the audit findings:*

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Please tell us about any major change to the programme which has resulted/may result in significant gaps in education provision, or any other external report which has identified issues with the programme.

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| **Coronavirus, Covid -19***Please tell us about Covid-19 locally, including actions taken to mitigate the impact for sustainability of the Baby Friendly programme.* |
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🖉 **Signature page 1 – Achieving Sustainability annual report**

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| **Declaration by Baby Friendly Project Lead Lecturer** |

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| **I confirm that the information in this application form is accurate, to the best of my knowledge** |
| **Signed (Baby Friendly Lead):** |  | **Date:** |  |

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| **Declaration by Baby Friendly Guardian** |

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| **I confirm that the information in this application form is accurate, to the best of my knowledge** |
| **Signed (Baby Friendly Guardian):** |  | **Date:** |  |

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| **Declaration by Department Lead** |

The Head of Department is asked to confirm adherence to the International Code of Marketing of Breastmilk Substitutesand sign the declaration below for this application form.

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| **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 (Head of Department):** |  | **Date:** |  |

🗐 **Please send this audit report and any additional documents to** **bfi@unicef.org.uk**