**Revalidation submission**

**Gold accredited services - University**

Universities accredited as Gold Baby Friendly must revalidate **every three years** in order that effective maintenance and progress of standards may be monitored. This revalidation process will include an update from the leadership team on progress, successes and challenges over the first two years, a review of progress with any recommendations made since the Gold award was achieved, annual audit results and confirmation of continuing adherence to the International Code of Marketing of Breastmilk Substitutes (the Code).

Universities are requested to complete the form and submit electronically to the Baby Friendly office. Your portfolio of supplementary documents should also be submitted at this time.

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| **University name:** |  |
| **Contact name, email & telephone:**  |  |
| **Date of Gold accreditation:** |  |
| **Date of this revalidation submission:** |  |

**Table of contents:**

|  |
| --- |
| **Individual reports:*** **Baby Friendly Lead Lecturer**
* **Department Lead**
* **Guardian**
 |
| **Summary of changes related to each of the Achieving Sustainability standards** |
| **Review of progress made in relation to previous recommendations** |
| **Annual audit results** |
| **Confirmation of adherence to the International Code of Marketing of Breastmilk Substitutes** |
| **Guide to portfolio content** |

**Reports**

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| **Baby Friendly Lead Lecturer report***Please tell us about 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.* *In addition we will ask you to develop and present a Powerpoint presentation to explain your progress since achieving the Gold award* |
| **Name:** |  |
| **Leadership** |
| **Monitoring** |
| **Progression** |

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| **Department Lead report***Please tell us about 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.* |
| **Name:** |  |
| **Leadership** |
| **Monitoring** |
| **Progression** |

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| **Guardian report***Please tell us about 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.* |
| **Name:** |  |
| **Leadership** |
| **Monitoring** |
| **Progression** |

**The standards**

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| **Theme 1 – Leadership** |

*Please refer to your original Gold application form and tell us about any changes that have occurred in the last year related to this standard. Significant changes such as new staff in key posts should be documented on a change of circumstance form.*

|  |  |
| --- | --- |
| The role, responsibilities and capacity of the team remain largely unchanged. | Yes/NoIf yes, proceed to next section. If no, please describe minor changes in the box below or, for significant changes, complete and submit a change of circumstance form.  |
| Summary of changes |  |

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| **Theme 2 - Monitoring** |

*Please refer to your original Gold application form and tell us about any changes that have occurred in the last year related to this standard, for example changes to reporting mechanism/s. Significant changes should be documented on a change of circumstance form.*

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| Monitoring and reporting processes remain largely unchanged | Yes/NoIf yes, proceed to next section. If no, please describe minor changes in the box below or for significant changes, complete and submit a change of circumstance form.  |
| Summary of changes |  |

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| **Theme 3 – Progression** |

*Please refer to your original Gold application form and/or last years revalidation submission and tell us about any changes that have occurred in the last year related to this standard. This may include changes or cessation to any of the previously described projects/innovations. Significant changes should be documented on a change of circumstance form.*

*New projects should be listed below and described on the improvement report template and included in the relevant section of your portfolio.*

|  |  |
| --- | --- |
| Changes/improvements previously reported which are **largely unchanged.** Please list titles of submissions from last year.  |  |
| Changes/improvements previously reported **which have been changed.**Please list titles of submissions from last year |  |
| Summary of changes |  |
| New projects  |  |
| Collaborative working with other local agencies remains largely unchanged | Yes/NoIf no, please describe changes |

**Actions taken in response to previous recommendations**

*Please tell us about any actions taken in relation to recommendations in the Gold Assessment report.*

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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.*

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

|  |  |
| --- | --- |
| **(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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! **Signature page 1 –** **Achieving Sustainability assessment**

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

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| **I confirm that the information in this application form and the supplementary information submitted 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:** |  |

**Table of supporting documents**

Please consider the documents you wish to send. Only send those that help tell the story as the assessor has limited time to review. List all documents you are submitting as part of this application. You should list the filename of the document below, and give each document a reference number e.g. L1, L2 etc. Only documents listed on this page will be reviewed by your assessor. Documents can be embedded in this table or attached as file attachments when you submit the form.

|  |  |
| --- | --- |
| **No.** | **Document titles** |
|  | **Leadership** |
| L1 |  |
| L2 |  |
| L3 |  |
|  |  |
|  |  |
|  | **Monitoring** |
| M1 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Progression** |
| P1 |  |
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|  | **Change of circumstance report (if relevant)** |
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Thank you for completing this information. Please ensure this revalidation form and supporting documentation is sent 2 weeks before your revalidation.