**Guidance notes**

**Re-assessment**

**Neonatal**

**Introduction**

Re-assessment of Baby Friendly accredited facilities usually takes place two years after the initial accreditation and then at intervals decided by the Baby Friendly Initiative’s Designation Committee. Evidence is gathered via interviews with mothers and key senior staff, and documentary evidence (including internal audit results) is reviewed to determine whether the Baby Friendly standards are being maintained.

The requirements for passing a re-assessment are the same as for initial accreditation; the difference is that all the standards are assessed together rather than in stages. This is because re-assessment looks at maintenance of standards previously confirmed as being in place rather than at the initial implementation of those standards.

A full re-assessment includes:

* review of documents such as policy, guidelines, curriculum, etc.
* review of staff training records
* interviews with managers
* interviews with staff
* interviews with mothers.

Under normal circumstances, evidence would also be gathered via observations carried out within the unit to enable the assessors to consider the environment and observe the interaction between staff and parents and parents and their baby. Until Covid-19 restrictions are lifted, it will not be possible to carry out full observations, although efforts will be made to gather the necessary information via video or photographic evidence. To acknowledge the limitations of this type of assessment, a note will be added to the awards table on the Baby Friendly website saying that the accreditation was awarded under ‘Covid-19 conditions’. See below and our [**statement on Neonatal Stage 3 and re-assessments**](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/03/Unicef-UK-Baby-Friendly-Initiative-Stage-3-and-re-assessments-in-neonatal-units-during-the-Covid-19-outbreak.pdf) for further details.

When the neonatal programme was introduced in 2015, a decision was made to require at least a 70% positive response rate for parents’ responses. This was lower than the 80% required at maternity and health visiting assessments. At this time, the Designation Committee felt that it would be challenging for neonatal units to achieve an 80% standard due to the amount of change in practice and culture needed in many neonatal units across the UK.

Since that time, the neonatal programme has gone from strength to strength, with high levels of engagement and many accredited units exceeding the 70% threshold required at assessment. Therefore, in April 2021, the Baby Friendly Designation Committee decided to increase the standard required for parents’ positive experiences of care in neonatal units from 70% to 80%. This change will come into effect from January 2022 and aims to bring the neonatal programme in line with the other Baby Friendly programmes in order to improve standards of care for all preterm and sick babies. Relevant [**guidance materials and audit tools**](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-3-parents-experiences/parents-experiences-of-neonatal-services/) have been amended to reflect this change, and the Baby Friendly team will continue to work with individual units to ensure that they are prepared. More details on this can be found in our [**infosheet online**](https://www.unicef.org.uk/babyfriendly/about/statements/)**.**

When you are planning your re-assessment, please contact the Baby Friendly Initiative office to discuss the preparations to be made and to arrange an assessment date. This is likely to be several months ahead. We will ask for the application form ***at least three months*** before the agreed date for the assessment. This is to allow consideration of the audit results and discussion with you about whether and how any outstanding issues can be addressed within the timescale. After this discussion, you may feel that you would rather re-schedule the date of the assessment. We will be able to postpone without penalty, *provided that* you have submitted the application form at least three months in advance. We anticipate that the majority of re-assessments will where possible, be carried out on-site and therefore we also need to have this discussion in time to enable plans to be made for travel/accommodation for the assessment team. Any applications received later than this may incur costs should a decision be made to postpone.

🖳 Please read this guidance document alongside the re-assessment application form.

**Understanding the requirements**

Throughout this document, each piece of evidence is identified as being either ***required*** or ***recommended.***

* When a piece of evidence is said to be ***required*** this means that itforms a key part of the standards and is therefore necessary in order for the unit to be accredited as Baby Friendly. We will not be able to award a pass at Stage 3 if any evidence identified as a ***requirement*** is lacking.
* When a document or action is said to be ***recommended*** this means that we believe it to be an effective way of implementing the standards and therefore the Baby Friendly Initiative recommends that this is what is done.

As an example: The standards state that all mothers should have a discussion regarding the importance of breastmilk for their preterm or ill babies. A certain percentage of mothers who can confirm during the interview that the discussion took place is therefore ***required***. The unit may have different ways of enabling this discussion, for example it may be carried out by midwives on the antenatal ward or delivery suite or by a member of the neonatal nursing or paediatric team who visits the mother prior to the birth. Guiding staff in how best to offer the information as part of their education programme is ***recommended*** to ensure that all mothers are offered this important information as sensitively as possible.

**Background information required prior to re-assessment**

We need you to supply us with certain pieces of information to help us to plan the assessment. This includes demographic, admission and infant feeding data, as well as information about the sites which will form part of the assessment and which we will need to visit to access mothers for the interview. We will send an email to ask for this information (or an update to the information we previously have on file). A prompt response would be appreciated as the details will help us to organise the assessment.

**Documentary evidence required at a re-assessment**

The infant feeding policy, staff training curricula and mechanisms for ensuring attendance at training and for auditing practice were assessed at previous assessments and we will need to review all of these at re-assessment along with other policies and materials, as explained in this guidance. Please submit these two weeks in advance of the assessment.

🖳 For full details please refer to the [**Guidance for neonatal units**](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/neonatal-guidance-document/)**. A range of Baby Friendly resources are available at** [**unicef.uk/babyfriendly-stage3-neonatal**](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-3-parents-experiences/parents-experiences-of-neonatal-services/)

|  |
| --- |
| **Coronavirus, Covid -19 assessments**  During the coronavirus pandemic and in the immediate aftermath, Baby Friendly assessments were routinely carried out remotely. As such, all aspects of the assessment which would normally be carried out on-site were conducted remotely by the assessment team. As we move forward and recover from the pandemic, our aim is to begin to return to on-site assessments where possible. I   * submission of documents electronically in advance of the assessment * Interviews with staff carried out face to face or via video link using a platform such as Microsoft Teams. This will be arranged in discussion with your lead assessor * interviews with families who are at home carried out by phone * interviews with families who are in the neonatal unit carried out using platforms as described above or by phone if that is preferred by the family * Observations in the unit. This may be complimented by submission of photographic or other evidence to show display boards in larger services or where an on-site visit is not possible.   **Guidance for providing photographic evidence relating to the implementation of the standards should an on-site assessment not be possible.**  As part of the Stage 3 process, the assessment team require an understanding of the layout of the unit and facilities provided for families. If the assessment is required to be conducted remotely, we are asking units to provide photographs of key areas in order to help the assessment team understand the layout and facilities in parent-facing areas.  Please would you provide photographs and details of the following:   * Parent facilities (including kitchen facilities, rooming-in rooms, parent sitting rooms, areas where mothers may express, the entrance to the unit, etc.) * Any innovations that relate to the standards (e.g. fold-down beds at the cot side, reclining chairs, breast pump availability, information boards, kangaroo care wraps, parent facilities) * Clinical areas to demonstrate the layout of each clinical area (ITU, HDU and LDU/special care areas) * A map of the footprint and layout of the unit.   Individual discussions can be held prior to the assessment to clarify expectations for each individual unit.  Photographs can be presented in a PowerPoint presentation or as individual pictures.  Units should ensure confidential information is not apparent on the photographs. We do not expect staff or parents to be included in the photographs, however if this is not possible, units should follow their Trust policy regarding consent.  All photographs will be destroyed after the assessment has been completed.  **General**  We will ask senior staff about the impact of Covid-19 on their work and the practices put in place to help mitigate against the effects on babies, mothers and families related to the Baby Friendly standards.  We will ask mothers about the impact of Covid-19 on their care, particularly as it relates to Standard 3: Parents as Partners in Care. See below for suggested additions to the audit questionnaire.  Please complete the relevant version of the application form which will guide you regarding how to make sure we receive all the necessary evidence. We have included a section for you to tell us about how you have adapted care to meet the needs of families during the pandemic.  We recognise that there will have been some adaptations to some elements of care in response to the pandemic. The responsiveness and flexibility of the policies and guidance that are in place and the support provided for families during this time will be a priority in the assessment process. |

**Results of internal audit**

We will base our decision as to whether your facility is ready to undergo an external assessment on the results presented. The aim of asking for this data is to avoid the disappointment and additional costs of having to undergo a follow-up assessment, should the results of the assessment fall short of what is required. In addition, the results submitted will help inform the assessment outcome with the external assessment being intended as a process of validating the internal audit results. It is therefore vital that the results are valid. In order to facilitate this, your audit should:

* use recognised UK Committee for UNICEF (UNICEF UK) UK audit tool (latest version)
* be carried out by staff who have been trained to audit in order to ensure that the results are consistent and accurate
* be based on a sample which is of sufficient size (see table below), chosen at random and representative
* be carried out face-to-face or by video with staff
* be carried out face-to face or by telephone with mothers
* enable you to be confident that the information and care provided would support a mother effectively.

**Audit programme**

The audit tool suggests sample sizes based on the number of births. It is recommended that an audit programme is developed. The following example of frequency and numbers is appropriate whilst the facility is progressing to Stage 2 and 3. The numbers should be seen as a minimum.

|  |  |  |  |
| --- | --- | --- | --- |
| **Stage 2** | | **Stage 3** | |
|  | **Frequency** | **Numbers** | **Frequency** | **Numbers** |
| **Staff** | Quarterly | Minimum 12-15 | Six-monthly | Minimum 12-15 |
| **Mothers** | Six-monthly | Minimum 12-15 | Quarterly | Minimum 12-15 |
| **Environment (Code and information, e.g. Bounty Bags)** | Six-monthly | All areas | Six-monthly | All areas |
| **Standard 1 – Support parents to have a close and loving relationship with their baby** | | | | |

Listed below are the standards which will be assessed at Stage 3.

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard**  **Parents…..** | **Applies to…** | **How assessed?** | **Minimum % required to pass** |
| **1.** Have a discussion with an appropriate member of staff as soon as possible about the importance of touch, communication and comfort for their baby’s development | All parents | Via records, internal audit data and interview\* | 80% |
| **2.** Are encouraged to provide comfort and emotional support for their baby, including prolonged skin contact, comforting touch and responsiveness to their baby’s behavioural cues | All parents | Via records, internal audit data and interview\* | 80% |
| **4.** Written information is largely accurate and effective | All written information provided for parents, to include DVDs and posters | Review | Yes |

*\*Parents who have a baby on the NNU or whose baby was previously cared for on the NNU and is now home with them will be interviewed.*

The enforced separation endured by parents can have a profound impact on their ability to form a close and loving relationship with their baby and all aspects of care should take this into account. The unit is ***required*** to make sure that all parents are supported to comfort and respond to their baby’s needs as appropriate to the baby’s condition. This should include encouragement to be close to their baby as much as possible so they can start to learn to recognise, understand and respond to behavioural cues. Positive touch, containment holding and kangaroo care alongside supportive communication such as talking, reading and singing to the baby should be supported and enabled. Additional strategies such as video links and virtual platforms can be considered to compliment parental presence.

It is ***required*** that where the condition of the baby allows, this will include skin-to-skin contact and/or kangaroo care carried out frequently and for prolonged periods. Guidelines for staff in how to support best practice in frequency and duration of skin contact are ***recommended***.

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

Listed below are the standards which will be assessed at Stage 3.

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard**  **Mothers….** | **Applies to…** | **How assessed?** | **Minimum % required to pass** |
| **1.** Are informed about the importance of their breastmilk | All mothers | Via interview and internal audit data | 80% |
| **2.** Are encouraged to express as soon as possible | All breastfeeding\* mothers | Via interview and internal audit data | 80% |
| **3.** Are encouraged to express effectively in order to establish a good milk supply | All breastfeeding mothers | Via interview and internal audit data | 80% |
| **4.** Have a formal expressing assessment a minimum of four times in the first two weeks | All breastfeeding mothers | Via interview and internal audit data | 80% |
| **5.** Receive care to support the transition to breastfeeding | All breastfeeding mothers | Via interview and internal audit data | 80% |
| **6.** Were prepared for going home with her baby | All breastfeeding mothers | Via interview and internal audit data | 80% |
| **7.** Written information is largely accurate and effective | All written information provided for parents, to include DVDs and posters | Review | Yes |

\*The term breastfeeding refers to mothers who are expressing and/or breastfeeding

We ***require*** that families who are about to or have given birth to a baby who needs to be cared for in a neonatal unit are informed about the importance of their breastmilk for their baby. Guiding staff in how best to offer the information as part of their education programme is ***recommended*** to ensure that all families are offered this important information as sensitively as possible. [**This remains crucial during the Covid-19 outbreak.**](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/04/Unicef-UK-Baby-Friendly-Initiative-statement-on-infant-feeding-on-neonatal-units-during-the-Covid-19-outbreak.pdf)

Making sure that all families who wish to provide breastmilk for their baby are encouraged to start expressing as soon as possible after the birth and that they are shown how to express effectively including by both hand and then by pump when appropriate is ***required.*** A formal assessment of expressing to establish whether milk supplies are optimal and whether additional support is needed is ***required.*** Documentation of the assessment should be completed using a standard assessment tool to ensure consistency and effectiveness, and conversations with the mother should enable strategies to enhance her expressing as she is able. Where any issues are identified, a plan of care should be agreed with the mother and documented. Development and implementation of a standard assessment tool such as the [**sample**](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/Assessment-of-breastmilk-expression--Checklist/) is ***recommended****.*

If indicated, ensuring that mothers are provided with additional support to transition to breastfeeding is ***required.*** This will include appropriate support with skin contact, how to position and attach their baby and recognise effective feeding. The support offered should enable mothers to achieve this for themselves so that they can breastfeed independently.

Making sure that families are effectively prepared for taking their baby home in a way that will enable them to have the confidence to continue to care for and feed their baby is ***required.*** This will include discussion about responsive feeding, making sure that this is appropriate to the baby’s feeding method, condition and needs. It will also include information about the support available with breastfeeding – both social and related to challenges – that families can access once home.

Prior to transfer, we ***require*** that all mothers are given information about how to recognise effective milk transfer, both verbally and in writing.

We ***recommend*** that staff are encouraged to provide relevant information/support according to the mother’s individual need, with guidance/documentation developed to support this. Written information used to back up discussion can be very helpful. Ensuring that all written information given is accurate and effective is ***required.*** If leaflets or online information for parents have been developed in-house, we ***recommend*** that these complement 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.

If a standard pack of information is given to all mothers when they are discharged home, the expectation is that mothers are aware that they have been given this information; it is not sufficient for them to have been handed a pack with no explanation of what it contains.

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

Listed below are the standards which will be assessed at Stage 3.

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** | **Applies to…** | **How assessed?** | **Minimum % required to pass** |
| **1.** All parents have unrestricted access to their baby unless restrictions can be justified in the baby’s best interest | All parents | Via interview and internal audit data | 80% |
| **2.** Staff enable parents to be fully involved in their baby’s care | All parents | Via interview and internal audit data | 80% |
| **3.** The unit makes being with their baby as comfortable as possible for parents | All formula feeding mothers | Via interview and internal audit data | 80% |
| **4.** Parents are communicated with effectively | All parents | Via interview and internal audit data | 80% |

This standard requiresthat parents are able to have unrestricted access to their baby, unless there is justifiable reason why this cannot be achieved, for example when active resuscitation is being carried out on another baby in the same room. We expect that staff will show awareness that the baby is part of a family, to which he will return once his immediate care needs have stabilised. Parents should therefore be seen as the primary caregiver. This will involve supporting them to learn to care for their baby and gain confidence in providing for all of the baby’s needs. It will also involve ensuring that parents are communicated with clearly and effectively about their babies needs and kept updated about their condition at all times and supported to be involved in decisions about their baby’s care.

To support this, we ***require*** that the unit works on ways of ensuring that it is as welcoming as possible for parents. We therefore ***recommend*** that simple facilities are provided to enable parents to take time out with something to eat and drink and via the provision of comfortable chairs close to the incubator/cot.

The impact that both short- and long-term separation may have on already vulnerable babies and their families is widely recognised. The developing relationship should be viewed as crucial if the best outcomes are to be achieved and therefore needs to be nurtured. Parents should not be viewed as “visitors” to their baby but encouraged and supported to be with their baby as much as is possible for their individual circumstances.

Whilst we recognise that strict infection control procedures will be required during the Covid-19 pandemic, services should demonstrate flexibility and innovation to enable the parent(s) to have open access to their baby at all times. This may be assisted by implementation of the following principles.

* All parents are screened as soon as possible for Covid-19 to prevent unnecessary separation
* Parents are able to advocate for and participate fully in their baby’s care
* Everything possible is done to enable parents to be present on the unit at all times to fully engage with their baby when they are present, and for alternative methods to be available such as via video links if they are unable to be present
* Staff check regularly on how parents are coping with the stress of the situation and acknowledge their anxieties – referral for additional support may be necessary.

|  |
| --- |
| 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 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](mailto:bfi@unicef.org.uk) |

|  |
| --- |
| **The Re-assessment process** |

Neonatal units vary significantly in size and the format of the assessment will therefore be tailored to the individual circumstances. The following information is provided for guidance only and specific details about the assessment may alter. These will be discussed with you by the lead assessor in advance of the assessment.

The re-assessment involves a review of the service, generally over a two-day period by a number of Baby Friendly Initiative assessors.

A short introductory meeting will be held with key members of staff at the beginning of the assessment to explain what will happen, and a feedback meeting will be held at the end to explain the findings. These meetings will be in-person for on-site assessments and via video call for remote assessments.

The assessors will select a representative sample of families for interview from the lists provided by the unit (see below). The aim of the assessment is to establish the overall standard of care delivered, not to ‘test’ individuals’ knowledge or unearth personal details. The assessors will therefore do their best to put mothers at ease so that they feel confident to discuss the care they have received. Mothers can be interviewed by phone, however it may be appropriate to talk to some mothers via video link if this is acceptable to the family. This should be carried out in a private space on the unit, although it would be important not to expect mothers to be away from their baby if time is limited. In order to gain a representative sample in your area, it may be necessary to interview some mothers via a translator or using a service such as language line. The same consenting processes will apply – see below.

It is important that the staff are made aware that all interviews will be carried out in confidence and that the assessors will not record interviewees’ names. The assessors have a background in midwifery, nursing, health visiting and/or public health and are bound by the Nursing and Midwifery Council’s Code of Professional Conduct and UNICEF UK’s own policies. They are particularly aware of the requirement to protect the confidentiality of information provided during an assessment.

In addition to the interviews, the assessors will make observations in the unit(s) via a virtual tour and review the application form to check the facility’s adherence to the International Code of Marketing of Breastmilk Substitutes and to ensure any visual materials are largely accurate and effective.

**Preparations in advance of the assessment**

Certain preparations need to be made in advance of the assessment to help the process to run smoothly on the day. Once the dates of the assessment have been agreed, please:

* Have a conversation with your lead assessor to discuss the arrangements and confirm whether the assessment will be carried out on-site.
* Inform all staff who may be involved that the assessment will be taking place, giving as much information as possible on how the assessment will be run and what to expect
* Consider what video technology is available for the staff to use for interview in case this is needed.
* For an on-site assessment, please arrange a room (secure) for the assessors to use for the duration of their time in the unit and rooms for the introductory and feedback meetings.
* Organise an appointment time for the Head of Service to be interviewed – interviews should generally not take longer than 30 minutes
* Arrange an introductory video meeting and a video feedback meeting and invite key members of staff, including senior staff and medical staff, if relevant
* Arrange for one key member of staff to be available at all times during the assessment to assist the assessors as necessary
* Assessors will ideally need access to wi-fi. Establish whether this is a possibility in your organisation, either by enabling use of a Trust computer or a wi-fi password so that UNICEF laptops can be used.

**Video calls for meetings**

You will need to check what technology you have access to for video calls, for example Microsoft Teams. If you have not set up video calls before, please ensure you have plenty of time to check with your IT team. It may also be helpful to set up some practice sessions. It is important to ensure that your video link can be accessed externally by the Baby Friendly assessors.

**Guidance for collecting telephone numbers and consenting mothers**

**Consenting families for interview**

In order to ensure that a fair and representative sample of families who are interviewed, it is crucial that the following is adhered to:

**Sample size**

It is important that we are able to speak to a variety of families who received care from the neonatal unit. We suggest that you collect names and numbers of all families who have been discharged in the 3-4 months before the assessment takes place. Many families do not answer the phone or are unable to undertake the interview when we call, so to ensure we are able to obtain a good sample we need at least 40 telephone number. We recognise this can be challenging in smaller units, or where local demographics mean that sample sizes will be smaller for certain aspects of care (e.g. bottle feeding). In these instances, you may need to gain consents from families who have been discharged before the 3-4 months guidance. The lead assessor will discuss this with you on a one-to-one basis before the assessment. We will also speak to families who are still requiring care from the neonatal unit. Consent for this does not need to be sent to the Baby Friendly team unless the family would prefer to talk to us away from the hospital environment.

If families have received a proportion of their care with your service and then have been transferred to another hospital, we will only ask them about the care your service provided.

**Sample validity**

When consenting families, it is important to select entirely at random. Therefore, the following is required:

* commence consenting families at least 4-6 months in advance of the assessment**\***
* *consent all* families who have been discharged from the neonatal unit; this should include those who are transferred back to their referring unit (see exclusion criteria)
* it is not acceptable to bias the sample by selecting mothers based on their feeding history, or to select only those who have been seen by the Infant Feeding Lead
* it is not acceptable to bias the sample by asking staff to select only two or three families each or by selecting families from certain areas.
* Please consent mothers who do not use English as a first language. The telephone numbers list has a column for you to identify preferred language spoken. Your lead assessor will discuss with you about how we can interview a sample of these mothers, if appropriate.

The goal is to achieve a random list of families – different types of birth, gestation, parity, feeding experience, babies with varying ages, living in different areas, breast and formula feeding, etc. in order to give the fairest representation of the care the facility provides.

***\*****For average sized units – the lead assessor will discuss your units’ individual circumstances around the quantity of numbers.*

**Exclusion criteria**

There may be reasons to exclude some mothers from your sample. The following mothers should be excluded. Mothers:

* who are under the age of 18
* who could be too ill to take part in an interview
* with vulnerabilities where the service feels contact would be inappropriate
* with a baby who is unwell.

**Obtaining consent**

We suggest that you ask all families who have been discharged from the neonatal unit in the 3-4 months period prior to the assessment. We provide a sample Mother consent form ([**unicef.uk/motherconsent**](http://unicef.uk/motherconsent)) to help you obtain consent. You may wish to use our sample or adapt the wording into your own format, however it is essential that the wording retains the following information:

*What happens to the information I give?*

* *Your contact details will only be used for the purpose of the interview and will not be passed on to anyone else. UNICEF* *UK will destroy your contact details within a week of our conversation.*
* *What you tell UNICEF* *UK is confidential and won’t be linked to you by name. We’re talking to many mothers in your area and will use all the answers together to find out what is working well and where we could do better.*
* *UNICEF* *UK will only feedback your individual information to the service if you or your baby need urgent help or are in danger.*

If mothers are being consented by telephone, it is important that the member of staff gaining consent covers all of the information on the form and signs and dates the form. The assessors will confirm consent with each mother before proceeding with the interview.

**Safeguarding policy**

Throughout our work in the Baby Friendly Initiative, the welfare of children is our paramount consideration. Under Working Together 2018, we have a duty to both report any concerns we have that a child may be at risk of harm and to follow up with the agency to whom we have reported these concerns to confirm that action has been taken to protect the child. In order to conduct Baby Friendly assessments, we routinely work in partnership with experienced healthcare professionals and our normal reporting process will be to inform the Infant Feeding Lead that we are working with of any concerns so that these can be processed in the usual way within the healthcare setting.

We would only report directly to statutory agencies if our concern was so urgent that contacting the Infant Feeding Lead would cause delay that could prejudice the child’s welfare, or where we were unable to confirm that action had been taken and therefore needed to escalate our concern in order to ensure the child was protected from harm.

A copy of our full safeguarding procedures can be provided upon request.

**Record keeping**

Please collect all written consent forms from families and transfer their contact numbers into the telephone grid. You do not need to send each copy of the consent form to us. Please keep copies of the individual consents until your assessment is complete (i.e. you have received your assessment report) and then destroy the forms securely.

UNICEF UK will not keep any data of the consented mothers you submit to us after the assessment; all phone numbers are deleted and would not be used for any other purpose other than the Baby Friendly assessment. For more information about UNICEF UK’s privacy statement please visit: [unicef.org.uk/legal/cookies-and-privacy-policy/](https://www.unicef.org.uk/legal/cookies-and-privacy-policy/)

**Sending the telephone numbers**

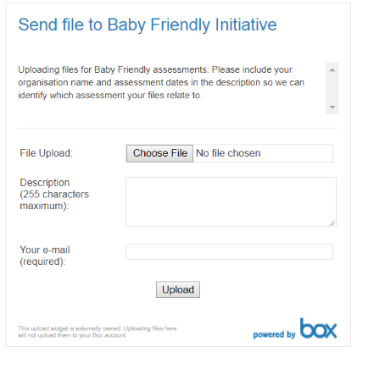
There is a sample grid provided to submit these telephone numbers (see website Stage 3 page). Please use the form as it will help us to divide telephone numbers between assessors, including the telephone assessor/s. The list will need to be sent to the lead assessor **at least a week in advance of the assessment** (occasionally this can be up to two weeks in advance as the phone interviewers may be doing the calls up to a week before the actual assessment).

Sending data such as names and phone numbers should be done securely.

* We strongly recommend you send the files via a secure file sending system and password protect the document. Please avoid sending the lists via email without any encryption.
* You may wish to use the Box upload link to send the file (see guidance below) or your own internal IT department may have a preferred approach or system to use. Allowing plenty of time to research and finalise safe sending of the data will help avoid delay and potential threat to us being able to carry out your assessment effectively. Please contact the Baby Friendly office with any queries.

To send us these files directly, please visit this uploading page on our website

[**unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/**](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/)

Select ‘choose file’ and select the file you’d like to send from your computer.

Add details in the description box to include your organisation name and dates of assessment.

Add your email address, so we know who has sent the file and who to contact with any queries. You can send additional files by returning to the link again.

If you have password protected the file, please call or email the Baby Friendly office to give the password for the files you’ve sent.

*If you are unable to use this uploading page, please send the files by any secure method used by your organisation and ensure the files are password protected.*

🗐 **Please confirm that the consents list has been collected in accordance with the above guidance and is a true reflection of the mothers cared for by the facility in the application form (signature page 3)**

Please ensure that the following are submitted two weeks before the assessment:

* The lists of mothers who have consented to be interviewed, with their telephone numbers (see above).
* A copy of the current infant feeding policy.
* A copy of any additional policy/ies or guidance which may be relevant to care provided under the standards.
* A copy of the curricula for staff training and an outline of the induction programme for new staff.
* 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

**What happens after the assessment**

**Feedback of findings**

You will be informed of the results of the assessment at a video feedback meeting towards the end of the visit.

We request that you consider carefully who is invited to attend this meeting. We suggest that this is limited to the Baby Friendly lead/s, line manager and other managers with involvement in implementing the standards together with the Head of Service. This meeting is an opportunity to discuss and plan how any shortfalls can be addressed in order that this assessment is passed or to consider how progress can be made towards the next assessment/re-assessment.

**Confirmation of the outcome of the assessment**

After the assessment, the results will be written up in a detailed report. A copy of this report will be sent to the Baby Friendly Initiative’s Designation Committee, which must approve the report. They will normally do this within ten days of receiving it and you will then receive a copy of the report and any requirements suggested by the Committee. Occasionally, the report must be considered at one of the Committee’s meetings, which take place every two months. In this case, you will need to wait a little longer for confirmation of the result of the assessment

Although standards assessed on the basis of the information provided at Stages 1 and 2 will not be formally re-assessed at Stage 3, the assessors will comment at this visit on anything they notice which conflicts with the information provided previously. They will then include recommendations for addressing these anomalies in their Stage 3 report. If Stage 3 is deemed passed, the facility will be accredited as Baby Friendly.

Once the facility is accredited, this lasts for two years, at which point you will be invited to undertake a re-assessment in order to maintain Baby Friendly status. Re-assessment takes place in one go, not in stages.

🗁 **Reassessment application form**

To download the Reassessment application form please visit [the website](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-3-parents-experiences/parents-experiences-of-neonatal-services/)