**Guidance notes**

**Stage 3 assessment with staff sample– Parents’ experiences**

**Neonatal**

**Introduction**

The achievement of Stages 1 and 2 of the Baby Friendly Initiative assessment process confirms that the necessary mechanisms have been put in place and that staff have been educated appropriately to provide the foundation for delivery of a high standard of care for pregnant women and new mothers and babies. Stage 3 assesses the practices which make that care a reality. Evidence is gathered via interviews with mothers/primary care givers and key senior staff and is used alongside documentary evidence including internal audit results to determine whether the Baby Friendly standards are being met.

Evidence is also 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.

**Parents’ experiences of neonatal units:**

1. **Support parents to have a close and loving relationship with their baby**
2. **Enable babies to receive breastmilk and to breastfeed when possible**
3. **Value parents as partners in care.**

You will be ready for Stage 3 assessment when your audit results give a good indication that, by the date you consider that you will be ready, at least 80% of mothers and babies are receiving a high standard of care in all areas (see below and Sections 1 and 2 of this guidance).

Given the length of time that has elapsed since the achievement of Stage 2 and following discussions between the service and the Baby Friendly team a sample of staff will be interviewed to ensure that the training remains effective.

Using the UK Committee for UNICEF (UNICEF UK) audit tool whilst working towards assessment at both Stages 2 and 3 will help you to monitor your progress, judge when you are ready to be assessed and minimise the chances of a disappointing outcome at the assessment. It will also enable you to complete the application form easily.

When you are planning your 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 Stage 3 with a staff sample 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 Stage 3 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 in conjunction with the Stage 3 with a staff sample assessment application form.

**Combining with a maternity assessment**

If the maternity unit is also planning an assessment, you may wish to consider having these at the same time. Please discuss with the office for more details when scheduling your assessment.

**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, at 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 on 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 Stage 3 with staff sample 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 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 Stage 3 with staff sample assessment**

The policy, staff training curricula and mechanisms for ensuring attendance at training and for auditing practice were assessed at Stages 1 and 2. We will review all of these again at this assessment. We will also examine other policies and materials, as explained in this guidance. Please submit these at least two weeks before 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/) **to help you implement Stage 3 in neonatal services.**

**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 the recognised UNICEF 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 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.

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| **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 |

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| **Section 1 – Processes for implementing, auditing and evaluating the standards** |

This section of the application forms asks for more details about the way in which the standards are implemented. Listed below are the three neonatal standards and more details about what is required for the Stage 3 element of this assessment.

For the Stage 2 element, please refer to the [Stage 2 guidance document](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-2-an-educated-workforce/)

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| **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 |

*\*This includes parents who have a baby on the NNU or whose baby was previously cared for on the NNU and is now home.*

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***.

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

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

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| **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 |

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

\*\**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.

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 expressing 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 all 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 discharge, we ***require*** that all families 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 and 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 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.

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

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

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| **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% |

*\*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.*

This standard requiresthat parents are able to have unrestricted access to their baby, unless there is a 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 gaining 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, 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 facilities are provided to enable parents to take time out, access to food and drink, places to stay overnight 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 .

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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  |

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| **The Stage 3 with a staff sample assessment process** |
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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.

Stage 3 with a staff sample assessment involves a review of the service, generally over a two-day period by a at least two 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.

The assessors will select a representative sample of staff for interview from the list of those on duty during the two days. They will then interview these members of staff and collate their responses. The aim of the assessment is to ensure that the education programme is effective, not to ‘test’ individuals’ knowledge. The assessors will therefore do their best to put interviewees at their ease so that they feel confident to discuss their everyday practice and demonstrate their knowledge and skills.

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., The assessors will therefore do their best to put mothers at their 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 review the application form and associated documents with the aim of ensuring that all adhere to the standards. Service leads will be expected to confirm adherence to the International Code of Marketing of Breastmilk Substitutes and to ensure any written, visual and digital 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. Consider any specific requirements that the service has in terms of infection control measures and inform the lead assessor.
* 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 IT is available for the staff to use for interview in case this is needed.
* 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 for one key member of staff to be available at all times during the assessment to assist the assessors as necessary. This is most likely to be the infant feeding lead, however please consider alternative arrangements should these be needed at short notice e.g. due to sickness.
* Assessors will 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.

4 Then, at least two weeks before the assessment, please send details of the staff working during the period of the assessment.

A grid is provided (see *Staff lists and Staff interview timetable templates* on [Stage 2 page on the website](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-2-an-educated-workforce/)) or alternatively please send a copy of all duty rotas, with a key to any abbreviations used and an explanation of the shift patterns. A sample timetable is included for guidance as to how the assessment will run. If you have an outreach service, please include the names of those who facilitate this as they will be included in the staff sample.

In most units everyone on duty will be interviewed to enable to good sample of staff, however in larger units we may randomise a sample from the list of staff provided. We will also take into account acuity of the unit on the assessment dates.

In smaller units, there may be a need to complete some staff interviews before the assessment date to enable an effective sample. This will be discussed with your service individually.

*Staff lists and Staff interview timetable templates – download from website*



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

**Consenting mothers for interview**

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

**Sample size**

Many mothers/primary care givers don’t answer the phone, so for us to talk to sufficient mothers, we need a large list of names of mothers who have consented to be interviewed. Please discuss sample size with your lead assessor, we would generally recommend at least 50 mothers are consented. This is a **minimum** number, but we strongly recommend that you consent all discharges or transfers for the four to six months leading up to the assessment,

**Sample validity**

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

* commence consenting families around 4-6 months in advance of the assessment**\***
* consent all families who are discharged from the unit; this should include those who are transferred back to their referring unit (see exclusion criteria below)
* it is not acceptable to bias the sample by selecting mothers based on their feeding history, or to select only those who 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 mothers 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 these mothers.

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 regarding 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 4-6 months 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 two weeks of the assessment being completed. What you tell UNICEF UK is confidential and won’t be linked to you by name. We will make brief notes of the conversation which will be destroyed around 6 months after the assessment.*
* *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 2023, 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 mothers 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.

UNICEFUK 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 UNICEFUK’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](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-3-parents-experiences/)). 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.

* **Please do not send the lists via email**
* You may wish to use the SharePoint upload link to send the file (see guidance below) or your own internal governance 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/)and follow the link to the Sharepoint upload page

Before you send us any files, please ensure the file names are clear and concise as to what the file contains. Please ensure your organisation name is specified within the document as well. E.g. “Telephone list – Organisation name” or “Curriculum – Organisation name”.

Click ‘select files’ and then choose the file you’d like to send from your computer. You will be prompted to enter your first/last name.

**Please then send an email to** **bfi@unicef.org.uk** **to confirm how many files you have uploaded to us, so we can confirm receipt of the files.**

This will help us identify your files quickly, particularly when we are receiving a large number of files relating to different assessments.

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

If you have a large number of files to upload and send to us, please contact the office before sending as we may set up a bespoke link for you to use.

4 **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 staff list and timetable (if used)
* 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 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 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. You will receive a copy of the report and any requirements suggested by the Committee with 4-6 weeks of the assessment date. 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

For a stage 3 with a staff sample assessment, processes reviewed at stage 2 will be reviewed to ensure any changes that may have been made remain effective and compliant with the standards. If all criteria relating to the stage 2 assessment are met, this will result in a stage 2 award, if there are gaps this will be dealt with as with any other assessment.

Recommendations or requirements relating to the stage 3 element of the assessment will be dealt with similarly.

All of the stage 2 and stage 3 elements need to be met in order for the service to be awarded an accredited status.

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.