**Annual report - Gold accredited services**

**Health Visiting**

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

|  |  |
| --- | --- |
| **Organisation name:** |  |
| **Contact name, email & telephone:** |  |
| **Date of Gold accreditation:** |  |
| **Date of this annual audit report:** |  |
| **Number of staff employed by the service** |  |

**Report**

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| **Baby Friendly Lead 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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**Breastfeeding statistics**

*Please provide your latest data in the table below with your average percentages from the past year – entering values for the ‘xx’ listed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age/stage collected** | **Feeding category** | | | |
| **Full / total breastfeeding** | **Partial breastfeeding** | **Artificial feeding** | **Not known** |
| **Initiation** | xx% |  | | |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx weeks/months** | xx% | xx% | xx% | xx% |
| **Period covered by the figures** | |  | | |
| **Percentage population coverage** | | These statistics relate to XX% of the population served by the facility. | | |

*Please tell us about how the breastfeeding data has changed in the period that the service has had a Gold award.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age/stage collected** | **Year** | | | | | | |
| **0**  **Gold award** | **1** | **2** | **3** | **4** | **5** | **6** |
| **Initiation** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **xx days/weeks**  Full / total breastfeeding |  |  |  |  |  |  |  |
| **xx days/weeks**  Partial breastfeeding |  |  |  |  |  |  |  |

**Additional data/evidence of improved outcomes**

*Please tell us about any additional data that the service collects and how this has changed over the last year. This may also relate to other improved outcomes such as maternal or staff satisfaction.*

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**Supplementary information**

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| Does the policy full cover all the Baby Friendly Initiative Standards? | Yes/No | |
| Does the policy prohibit the display or distribution of materials which promote breastmilk substitutes, feeding bottles, teats and dummies? | Yes/No | |
| Percentage of staff trained | Health visitors |  |
| Staff nurses |  |
| Nursery nurses |  |
| Support staff |  |
| Others |  |
| Overall number of staff |  | |
| Have any significant changes been made related to the Achieving Sustainability standards. If so, please submit a [Change of Circumstance](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/) report | Leadership | Yes/No |
| Culture | Yes/No |
| Monitoring | Yes/No |
| Progression | Yes/No |

**Latest audit results**

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

|  |  |
| --- | --- |
| **Number of staff included in audit:** |  |
| **Number of breastfeeding mothers included in audit:** |  |
| **Number of formula feeding mothers included in audit:** |  |
| **Number of premises audited:** |  |

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| --- |
| **Standard 1 – Antenatal care** |

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| 1a. The importance of developing a close and loving relationship |  |
| 1b. How to encourage this process |  |
| 1c. What information mothers to be may need |  |
| 1d. The principles of effective communication |  |

*(If the facility does not provide routine antenatal care for pregnant women you do not need to complete the following section)*

|  |  |
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| **Mothers had a discussion appropriate to needs about …** | **% giving correct/adequate response** |
| 3a. Comforting and caring for her baby |  |
| 3b. Feeding her baby |  |

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| **Standard 2 – Enabling continued breastfeeding** |

|  |  |
| --- | --- |
| **Staff can describe/demonstrate….** | **% giving correct/adequate response** |
| 2a. Signs a baby is receiving enough milk |  |
| 2b. The key principles of positioning |  |
| 2c. How babies attach to the breast |  |
| 2d. The signs of effective attachment |  |
| 2e. The importance of effective attachment |  |
| 2f. What is meant by responsive feeding |  |
| 2g. Why hand expressing is useful |  |
| 2h. How to support a mother with hand expressing |  |
| 2i. How to support continued breastfeeding |  |
| **Breastfeeding mothers confirmed that ….** | **% giving correct/adequate response** |
| 1a. Breastfeeding was assessed |  |
| 1b. They know how to recognise baby is getting enough breastmilk |  |
| 1c. They know about responsive feeding |  |
| 1d. They were given information about help and support available |  |
| 7**.** They were offered information about feeding out and about or with other people |  |
| 8.They were offered information about feeding and going back to work |  |
| **All mothers confirmed that ….** | **% giving correct/adequate response** |
| 1e. They had a discussion about the importance of closeness and comfort |  |
| 1f. They were given information on what enhances closeness and responsiveness |  |
| 1g. They were aware of local support available for parents |  |
| 5. They were offered information about feeding at night (bottle feeding mothers) |  |
| 6. They were offered information about feeding at night (breastfeeding mothers) |  |
| **Services accessed met mothers’ needs….** | **% giving correct/adequate response** |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |

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| **Standard 3 –Informed decisions regarding the introduction of food or fluids other than breast milk** |

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| **Staff can describe…** | **% giving correct/adequate response** |
| 3a. Support for a mother to maximise breastmilk |  |
| 3b. Information for mothers who use formula milk |  |
| 3c. How to support a mother to bottle feed responsively |  |
| 3d. Why the recommended age for starting solids is six months |  |
| 3e. The importance of avoiding formula advertising |  |
| **Breastfeeding mothers…** | **% giving correct/adequate response** |
| 4. Were supported to maximise breastmilk given |  |
| **Bottle feeding mothers….** | **% giving correct/adequate response** |
| 1a. Understand how to make up feeds safely |  |
| 1b. Know about type of milk to offer |  |
| 1c. Know how often to feed |  |
| 1d. Had a discussion about ensuring baby gets the right amount of milk |  |
| **All mothers….** |  |
| 5. advised appropriately about starting solid food |  |

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| **Standard 4 – Close and loving relationships** |

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| --- | --- |
| **Staff can describe…** | **% giving correct/adequate response** |
| 4a The importance of close and loving relationships |  |
| 4b. How to encourage close and loving relationships |  |
| **All mothers confirmed that….** | **% giving correct/adequate response** |
| 1e. They had a discussion about the importance of closeness and comfort |  |
| 1f. They were given information on what enhances closeness and responsiveness (breastfeeding mothers) |  |
| 1f. They were given information on what enhances closeness and responsiveness (bottle feeding mothers) |  |
| 1g. They were made aware of local support for parents (all mothers) |  |

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| **General** |

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| **Mothers…** | **% giving correct/adequate response** | |
| 9a. Had a conversation about safer sleep |  | |
| 9b. Received written information or were referred to appropriate websites |  | |
| 10. Mother happy with care overall | % | very happy |
| % | fairly happy |
| % | unhappy |
| 11. Staff were kind and considerate | % | always |
| % | mostly |
| % | sometimes |
| % | not at all |

Please tell us about any major change in the service which have resulted in significant gaps in care provision, or any other external assessment which has highlighted significant problems for example poor CQC report, an external review of the service, service in special measures etc.

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**Action planning**

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

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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.* |
|  |

🖉 **Signature page 1 – Gold review**

The role of managers in ensuring that staff are able to implement the policy

The management team is expected to take responsibility for ensuring that the standards are implemented in their area. Please also ask each manager to sign their commitment. *Please obtain signatures from each relevant manager and copy and paste this page if more boxes are needed. Signatures can be obtained electronically or as a hard copy and scanned for submission.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of ward/area:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the infant feeding policy** * **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of ward/area:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the infant feeding policy** * **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of ward/area:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the infant feeding policy** * **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

🖉 **Signature page 2 – Gold review – Head of Service**

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| --- |
| **Declaration by Head of Service** |
| **Standard 4 – Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff** |

The Head of Service is asked to confirm adherence to the International Code of Marketing of Breastmilk Substitutesand sign the declaration below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of facility:** |  | | |
| **I confirm that we will fully implement the International Code of Breastmilk Substitutes (and subsequent relevant WHA resolutions)**  **I confirm that the information in this application form is accurate, to the best of my knowledge** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

🖉 **Signature page 3 – Gold review**

**Confirming that the content of this form and the supplementary documentation submitted is a true reflection of the service provided.**

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| **Declaration by Baby Friendly lead** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of facility:** |  | | | |
| **Review date:** |  | | | |
| **I confirm that the information submitted is a true reflection of the work undertaken within the service over the past 12 month period.** | | | | |
| **Signed** | |  | **Date:** |  |

🗐 **Please send this audit report and any additional documents to** [**bfi@unicef.org.uk**](mailto:bfi@unicef.org.uk)