**Annual submission - Gold accredited services**

**Maternity**

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

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

**Report**

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| **Baby Friendly Lead report** *Please give a brief summary of progress made in the last year in relation to each of the standards below (maximum 500 words). No additional documents are required unless specifically requested.* |
| **Name:** |  |
| **Leadership** |
| **Culture** |
| **Monitoring** |
| **Progression** |

**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.*

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| **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 |  |  |  |  |  |  |  |

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| --- | --- |
| **Age/stage collected** | **Year** |
| **7** | **8** | **9** | **10** | **11** | **12** | **13** |
| **Initiation** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **xx days/weeks**Full / total breastfeeding |  |  |  |  |  |  |  |
| **xx days/weeks**Partial breastfeeding |  |  |  |  |  |  |  |

**Data trends**

*Please summarise trends in the data since the service achieved the Gold award.*

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**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.*

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| **Number of staff included in audit:** |  |
| **Number of breastfeeding mothers included in audit:**  |  |
| **Number of breastfeeding mothers with a baby in the neonatal unit included in audit:** |  |
| **Number of formula feeding mothers included in audit:** |  |

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| **Standard 1 – Antenatal care** |

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| **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 |  |
| **Mothers had a discussion appropriate to needs about …** | **% giving correct/adequate response** |
| 1a. Comforting and caring for her baby |  |
| 1b. Feeding her baby |  |

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| **Standard 2 – Care after the birth** |

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| **Staff understand….** | **% giving correct/adequate response** |
| 2a. The importance of skin to skin contact |  |
| 2b. How long skin to skin contact should last |  |
| **Mothers confirmed that they….** | **% giving correct/adequate response** |
| 2a. Held their baby in skin contact after the birth |  |
| 2b. Held their baby for at least one hour or as long as wished |  |
| 2c. Was supported with breastfeeding at that time |  |
| 2c. Gave the first feeding in skin contact (if not breastfeeding) |  |

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| **Standard 3 – Getting breastfeeding off to a good start** |

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| **Staff can describe/demonstrate…** | **% giving correct/adequate response** |
| 3a. Key principles of positioning |  |
| 3b. How babies attach to the breast |  |
| 3c. The signs of effective attachment  |  |
| 3d. The importance of effective attachment |  |
| 3e. The signs a baby is receiving enough milk |  |
| 3f. What is meant by responsive feeding |  |
| 3g. Why hand expressing is useful  |  |
| 3h. How to support a mother with hand expressing |  |
| **Breastfeeding mothers confirmed that ….** | **% giving correct/adequate response** |
| 3a. They were supported to position and attach |  |
| 3b. They know how to recognise baby is getting enough breastmilk |  |
| 3c. They were shown how to hand express breastmilk |  |
| 3d. They know about responsive feeding |  |
| 3e. They were given information about help and support available |  |
| 3f. A breastfeeding assessment was carried out effectively |  |
| **Breastfeeding mothers with a baby on the neonatal unit confirmed that they …** | **% giving correct/adequate response** |
| 1. Had the opportunity for a discussion as early as possible about the value of breastmilk (Standard 1) |  |
| 2. Had skin contact as soon as possible after the birth (Standard 2) |  |
| 3a. Were encouraged to express |  |
| 3b. Offered help as soon as possible |  |
| 3c. Shown to express by hand and pump |  |
| 3d. Advised to express at least 8 times in 24 hours |  |
| 3e. Given information about sources of help/support |  |

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|  **Standard 4 – Informed decisions regarding the introduction of food or fluids other than breast milk** |

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| **Staff understand…** | **% giving correct/adequate response** |
| 4a. Why supplements should be avoided |  |
| 4b. How to support a mother when a baby is reluctant to feed |  |
| 4c. Information needed by mothers who use formula milk |  |
| 4d. How to explain responsive bottle feeding |  |
| 4e. Why it is important to avoid allowing advertising for formula milks |  |

Please provide you most recent supplementation data (ideally quarterly rates over the past year)

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| --- | --- | --- | --- | --- |
|  | Q1 | Q2 | Q3 | Q4 |
| **Supplementation rate (as a %)** |  |  |  |  |
| **How rates have changed over time** |  |
| **Factors which may impact on local rates** |  |

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| **Number of audits via interview/records review** |  |
| **Of these interviews/records, the reasons for supplementation were:** |
| **Reasons for supplement…** | **Number of babies supplemented for this reason** |
| Clinically indicated with optimum care |  |
| Clinically indicated but care could be improved |  |
| Fully informed maternal decision |  |
| Maternal request without fully informed decision |  |
| Staff suggestion for non-clinical reasons |  |
| Number of babies supplemented without a teat |  |

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| **Mothers who bottle feed….** | **% giving correct/adequate response** |
| 4a. know to feed when feeding cues displayed |  |
| 4b. know how to feed baby |  |
| 4c. given appropriate information about making up feeds |  |
| 4d. advised to use first milk |  |

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| **Standard 5 – Close and loving relationships** |

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| **Staff understand…** | **% giving correct/adequate response** |
| 5a. The importance of close and loving relationships |  |
| 5b. How to encourage close and loving relationships |  |
| **All mothers confirmed that….** | **% giving correct/adequate response** |
| 5a. They had a discussion about the importance of closeness and comfort |  |
| 5b. They were given information on what enhances closeness and responsiveness (breastfeeding mothers) |  |
| 5b. They were given information on what enhances closeness and responsiveness (bottle feeding mothers) |  |
| 5c. Their baby stayed with them all the time whilst in hospital |  |

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|  **General**  |

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| **Mothers…** | **% giving correct/adequate response** |
| 6a. Had a conversation about safer sleep |  |
| 6b. Received written information or were referred to appropriate websites |  |
| 6c. Mother happy with care overall | very happy |  |
| fairly happy |  |
| unhappy |  |
| 6d. Staff were kind and considerate | always |  |
| mostly |  |
| sometimes |  |
| not at all |  |

**Action planning**

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

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**Change of circumstance**

*For changes in key personnel or service provision, please complete a* [*change of circumstance report*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.unicef.org.uk%2Fbabyfriendly%2Fwp-content%2Fuploads%2Fsites%2F2%2F2021%2F02%2FChange-of-circumstance-report-1.docx&wdOrigin=BROWSELINK)*.*

 Please specify date and outcome of last CQC (or equivalent) inspection:

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! **Signature page 1 – Gold annual 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)** |
| **Name:** |  |
| **Job title:** |  |
| **Signed:** |  | **Date:** |  |

! **Signature page 2 – Gold annual review**

**Confirming that the content of this form is a true reflection of the service provided.**

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| **Declaration by Baby Friendly lead**  |

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| **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:** |  |

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| **Declaration by Head of Service**  |

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| **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:** |  |

4 **Please send this submission form to** **bfi@unicef.org.uk**