**Annual report - Gold accredited services**

**Maternity**

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 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.*

|  |  |
| --- | --- |
| **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 (supplementation is described later in the report). 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 | Midwives |  |
| Neonatal nurses |  |
| Nursery nurses |  |
| Support staff |  |
| Paediatric medical 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 breastfeeding mothers with a baby in the neonatal unit included in audit:** |  |
| **Number of formula feeding mothers included in audit:** |  |

|  |
| --- |
| **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 |  |
| **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** |

|  |  |
| --- | --- |
| **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. 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)

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

|  |  |
| --- | --- |
| **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 |  |

|  |  |
| --- | --- |
| **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 |  |

Full payment for infant feeding supplies

*Please complete the grid below to confirm that all infant feeding supplies are paid for in full (i.e. without subsidy or discount from the manufacturer or distributor):*

|  |  |
| --- | --- |
| **Item** *If any products listed are not used in the facility, please enter N/A* | **Tick to confirm that****full price is paid (**✓) |
| Infant formula |  |
| Teats |  |
| Preterm / low birth weight formula |  |
| Breastmilk fortifier |  |
| Sterilised water (in bottles supplied by formula companies) |  |
| *Please specify which brand/s of infant formula are provided:* |
|  |

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

|  |  |
| --- | --- |
| **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**  |

|  |  |
| --- | --- |
| **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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| **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**