**Annual report - Gold accredited services**

**Neonatal**

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**

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

**Breastfeeding statistics**

Please provide your latest data in the table below – in percentages only and covering an entire year of collection where possible. More information about the data fields can be found here: [unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/neonatal-guide-to-the-standards/data-for-neonatal-units/](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/neonatal-guide-to-the-standards/data-for-neonatal-units/)

|  |  |
| --- | --- |
| **Breastfeeding data**  | **Percentage** |
| Mothers expressing breastmilk during the first 24 hours following their admission to the neonatal unit  |  |
| Babies receiving human milk in the first 24 hours after admission to the neonatal unit  |  |
| Babies receiving human milk when they leave the unit  |  |
| Mothers expressing when their baby leaves the unit  |  |
| Mothers breastfeeding their baby when they leave the unit  |  |
| Period of collection  |  |

*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. This may also relate to other improved outcomes such as maternal or staff satisfaction.*

|  |
| --- |
|  |

**Supplementary information**

|  |  |
| --- | --- |
| 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 | Neonatal 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. 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:** |  |

|  |
| --- |
| **Standard 1 – Support parents to have a close and loving relationship****with their baby** |

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| 1a. The importance of developing a close and loving relationship |  |
| 1b. Why this is particularly important on the neonatal unit |  |
| 1c. How to support this process |  |
| 1d. Why skin contact/kangaroo care is important for preterm/sick babies |  |
| 1e. How to support parents who are bottle feeding to bottle feed responsively |  |
| **All mothers were….** | **% giving correct/adequate response** |
| 1a. supported to get to know her baby in the early days |  |
| 1b. had the importance of this explained to her |  |
| 1c. had skin to skin contact with her baby as early and as often as possible |  |
| 1d. supported to give EBM by bottle (mothers providing EBM for their baby) |  |
| **Bottle feeding mothers were….** |  |
| 1d. given information on how to feed her baby responsively |  |
| 1e. shown to make up her baby’s feeds |  |

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

|  |  |
| --- | --- |
| **Standard 2. Staff can describe/demonstrate….** | **% giving correct/adequate response** |
| 2a. Why breastmilk is particularly important for preterm babies |  |
| 2b. How to help a mother initiate lactation |  |
| 2c. How to help a mother maintain her milk supply |  |
| 2d. How to support a mother to make the transition to breastfeeding her baby |  |
| 2e. The key principles of positioning and attachment |  |
| 2f. How babies attach to the breast |  |
| 2g. The signs of effective attachment |  |
| 2h. Why effective attachment is important |  |
| 2i. Why hand expressing is useful |  |
| 2j. How to support a mother with hand expressing |  |
| 2k. How to support a mother to make the transition to responsive/modified responsive feeding |  |
| 2l. The signs that a baby is receiving enough breastmilk |  |
| 2m. Why it is important to avoid allowing advertising of formula milks in the health care system |  |
| **Mothers confirmed that they….** | **% giving correct/adequate response** |
| 2a. had the importance of breastmilk explained  |  |
| 2b. were supported to start expressing as soon as possible |  |
| 2c. were shown how to express by hand and pump |  |
| 2d. know how to ensure a good milk supply |  |
| 2e. had support to keep expressing |  |
| 2f. had support with breastfeeding |  |
| 2g. were prepared for going home with the baby |  |

|  |
| --- |
| **Standard 3 Value parents as partners in care.** |

|  |  |
| --- | --- |
| **Standard 3. Staff understand…** | **% giving correct/adequate response** |
| 3a. Why it is important to recognise parents as parents in care |  |
| 3b. How to create a culture where parents are recognised as the primary caregivers |  |
| 3c. How to create an environment which enables parents to be the primary caregivers |  |
| 3d. How to communicate with parents sensitively and effectively |  |
| **All mothers confirmed that ….** | **% giving correct/adequate response** |
| 3a. felt fully involved in their baby’s care |  |
| 3b. were able to be with their baby whenever they wanted |  |
| 3c. were made to feel at home on the unit |  |

|  |
| --- |
|  **General**  |

|  |  |
| --- | --- |
| **Mothers…** | **% giving correct/adequate response** |
| 4a. had a conversation about safer sleep |  |
| 4b. received written information or were referred to appropriate websites |  |
| 4c. Mother happy with care overall | %  | very happy |
| % | fairly happy |
| % | unhappy |
| 4d. 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.

|  |
| --- |
|  |

**Action planning**

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

|  |
| --- |
|  |

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

|  |
| --- |
| **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:** |  |

|  |
| --- |
| **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:** |  |

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

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

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