**Annual submission - Gold accredited services**

**Neonatal**

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. Facilities are requested to complete the form and submit electronically to the Baby Friendly office.

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| **Service 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 – 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/)

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| **Breastfeeding data**  | **Percentage** | **Percentage of missing data** |
| 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.*

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| **Age/stage collected** | **Year** |
| **0****Gold award** | **1** | **2** | **3** | **4** | **5** | **6** |
| 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  |  |  |  |  |  |  |  |

**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. 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 formula feeding mothers included in audit:** |  |

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

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| **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 |  |

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

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| **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 |  |

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

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| **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 |  |

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|  **General**  |

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| **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 |

**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 form*](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)*.*

! **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.

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| **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 form to** **bfi@unicef.org.uk**