**Revalidation submission**

**Gold accredited services - Maternity**

Facilities accredited as Gold Baby Friendly service must demonstrate in an ongoing way that they continue to maintain the core Baby Friendly standards and to further enhance the service. This process will involve periodic revalidation with an annual report in the intervening years. The initial revalidation will take place after **two** and **four** years after accreditation and then every three years subsequently. This revalidation process will include an update from the leadership team on progress, successes and challenges over the first year, a review of progress with any recommendations made in last year’s Achieving Sustainability assessment report, annual audit results, the most recent infant feeding data and confirmation of continuing adherence to the International Code of Marketing of Breastmilk Substitutes (the Code).

Please use this form to tell us the story of your progress with Achieving Sustainability standards within the last year. This will include submission from your portfolio of relevant documents, for example minutes of meetings, evaluation and feedback summaries, reports on innovations and projects. In addition, where changes have occurred please give details and include the new documentation, for example if you have a new leadership structure please describe this to us and include a change of circumstance form if not already submitted.

Facilities are requested to complete the form and submit along with portfolio evidence a week before the revalidation date scheduled. Please make sure that the Baby Friendly lead, head of Service and Guardian are available on the planned day for interview (year 2) and subsequently to support delivery of a presentation about progress to the Baby Friendly assessor. Revalidations will take place online.

|  |  |
| --- | --- |
| **Organisation name:** |  |
| **Contact name, email & telephone:**  |  |
| **Date of Gold accreditation:** |  |
| **Date of this revalidation report:** |  |
| **Number of staff in the service** |  |

**Table of contents:**

|  |
| --- |
| **Individual reports:*** **Baby Friendly Lead**
* **Head of Service**
* **Guardian**
 |
| **Summary of changes related to each of the Achieving Sustainability standards** |
| **Review of progress made in relation to previous recommendations** |
| **Annual audit results** |
| **Breastfeeding and other data** |
| **Confirmation of adherence to the International Code of Marketing of Breastmilk Substitutes** |
| **Table of supporting documents** |

**Reports**

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| **Baby Friendly Lead report***Please tell us about 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.* ***At year four, then subsequently three yearly:*** *we will ask you to develop and present a Powerpoint presentation to explain your progress covering not only the previous year, but the work and progress to date.*  |
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| **Head of Service report***Please tell us about 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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| **Guardian report***Please tell us about 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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**The standards**

*Please consider how each standard has been met over the last year. You may need to refer to the Gold application form to help you consider what progress has been made. Please include any relevant documents with this submission. Significant changes should be documented on a change of circumstance form.*

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| **Theme 1 – Leadership** |

|  |  |
| --- | --- |
| The role, responsibilities and capacity of the team remain largely unchanged. | Yes/NoIf yes, proceed to next section. If no, please describe minor changes in the box below or, for significant changes, complete and submit a change of circumstance form.  |
| Summary of changes |  |

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| **Theme 2 – Culture** |

|  |  |
| --- | --- |
| The processes in place to enhance the culture within the organisation remain largely unchanged | Yes/NoIf yes, proceed to next section. If no, please describe minor changes in the box below or, for significant changes, complete and submit a change of circumstance form.  |
| Summary of changes |  |

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| **Theme 3 – Monitoring** |

|  |  |
| --- | --- |
| Monitoring and reporting processes remain largely unchanged | Yes/NoIf yes, proceed to next section. If no, please describe minor changes in the box below or for significant changes, complete and submit a change of circumstance form.  |
| Summary of changes |  |

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| **Theme 4 – Progression** |

*Please refer to your original Gold application form and/or last years revalidation submission and tell us about any changes that have occurred in the last year related to this standard. This may include changes or cessation to any of the previously described projects/innovations. Significant changes should be documented on a change of circumstance form.*

*New projects should be listed below and described on the improvement report template and included in the relevant section of your portfolio.*

|  |  |
| --- | --- |
| Changes/improvements previously reported which are **largely unchanged.** Please list titles of submissions from last year.  |  |
| Changes/improvements previously reported **which have been changed.**Please list titles of submissions from last year |  |
| Summary of changes |  |
| New projects  |  |
| Collaborative working with other local agencies remains largely unchanged | Yes/NoIf no, please describe changes |

**Actions taken in response to previous recommendations**

*Please tell us about any actions taken in relation to recommendations in the Gold Assessment report.*

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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 question 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:** |  |

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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 |  |
| **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. How to support a mother to bottle feed responsively |  |
| 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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 |  |

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| **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** |

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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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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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| **Coronavirus, Covid -19***Please tell us about Covid-19 locally, including actions taken to mitigate the impact for sustainability of the Baby Friendly programme.* |
|  |

**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** | **Formula 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. |

**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 and/or updated | Midwives |  |
| Support staff |  |
| Neonatal staff |  |
| Paediatric medical staff |  |
| Managers |  |
| Others |  |
| Overall number of staff |  |

**Additional data**

*Please tell us about any additional data that the service collects and how this has changed over the last year (supplementation is described above).*

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*Use this box to any additional comments that you feel will substantiate your case for the Gold Award revalidation.*

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***Complete this section at your three yearly revalidation only***

***(i.e at year 4, then subsequent three yearly)***

**Breastfeeding trends**

*Please tell us about the data over time, starting at the time of your Gold assessment:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Feeding type** | **Age/stage collected** | **Year (Gold)** | **Year** | **Year** | **Year** | **Year** |
|  |  |  |  |  |
| **Exclusive breastfeeding** | **Initiation** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx weeks/months** |  |  |  |  |  |
| **Partial breastfeeding** | **Initiation** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx weeks/months** |  |  |  |  |  |
| **Formula feeding** | **Initiation** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx weeks/months** |  |  |  |  |  |

🖉 **Signature page 1 – Gold revalidation – 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:** |  |

*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:* |
|  |

🖉 **Signature page 2 – Gold revalidation**

**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:** |  |

**Table of supporting documents**

Please list all documents you are submitting as part of this application. You should list the filename of the document below, and give each document a reference number e.g. D1, D2 etc. Only documents listed on this page will be reviewed by your assessor.

In the application, you can use this to reference a document, for example *“The leadership team structure consists of….(see D1)”*

|  |  |
| --- | --- |
| **No.** | **Document titles** |
|  | **Leadership** |
| D1 |  |
| D2 |  |
| D3 |  |
|  |  |
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|  | **Culture** |
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|  | **Monitoring** |
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|  | **Progression** |
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|  | **Change of circumstance**  |
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Thank you for completing this information. Please ensure this revalidation form and supporting documentation is sent a week before your revalidation meeting.

**Submitting your portfolio**

At revalidations you will be required to submit the relevant sections of your portfolio for the most recent calendar year. Our preferred method of submission is through our encrypted cloud storage system, Box. Once you are awarded Gold, you will be invited as a collaborator to a Box folder that you can use to upload documents / add folders as suggested. You should receive an invite email from Box.com to allow access, and we will also send a unique file uploading link, which you can use to send documents to the folder without a Box account.

If you cannot access the Box uploader page, please contact the Baby Friendly office to discuss alternative arrangements for sending the files: either by another secure transfer method or by email.