**Revalidation submission**

**Gold accredited services - Maternity**

Services accredited as Gold Baby Friendly 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 a brief annual submission in the intervening years. The initial revalidation will take place **two** and **four** years after accreditation and then **every three** years subsequently. This revalidation process will include an update from the leadership team including a review of progress with any recommendations made last year, 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). In addition, ongoing revalidations from 4 years will review progress since the service initially received the Gold award.

Information will be provided in part through the completion of this submission form and via interviews with or a presentation from the leadership team. Please use this form to tell us the story of your progress with Achieving Sustainability standards within the **last year**. This will include relevant documents from your portfolio, for example minutes of meetings, evaluation and feedback summaries, reports on innovations and projects.

**2 year**

* send in a submission form plus additional relevant evidence, two weeks before the revalidation date.
* Baby Friendly Lead, Head of Service and Guardian to be available on the planned day for interview online.
* Change of circumstance report/s if indicated.

**4, 7 and 10 year**

* send in submission form plus additional relevant evidence, two weeks before the revalidation date.
* Develop presentation (example slides provided) about progress since the Gold award or previous revalidation.
* Presentation to be delivered by Baby Friendly Lead, Head of Service and Guardian.
* Change of circumstance report/s if indicated.
* Staff culture audit

Revalidations will take place online.

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

**Table of contents:**

|  |
| --- |
| **Individual reports:**   * **Baby Friendly Lead** * **Head of Service** * **Guardian** |
| **Overview 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**

|  |  |
| --- | --- |
| **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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

|  |  |
| --- | --- |
| **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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

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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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

**The standards**

*Please consider how each standard has been met over the last year. Please include any relevant documents with this submission. Significant changes should be documented on a* [*change of circumstance report.*](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/revalidation-and-annual-report/)

|  |
| --- |
| **Theme 1 – Leadership** |

|  |  |
| --- | --- |
| The role, responsibilities and capacity of the team remain largely unchanged. | Yes/No  If 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 |  |

|  |
| --- |
| **Theme 2 – Culture** |

|  |  |
| --- | --- |
| The processes in place to enhance the culture within the organisation remain largely unchanged | Yes/No  If 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 |  |
| **7 year and onwards**  How are women’s/parents voices and staff voices (and possibly those of the wider community) used to enhance service provision.  *Share examples as part of documents submission or via presentation.* |  |

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| **Theme 3 – Monitoring** |

|  |  |
| --- | --- |
| Monitoring and reporting processes remain largely unchanged | Yes/No  If 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 |  |
| **7 year and onwards**   * How is data used to advance service provision * What local KPI’s/outcomes are set to meet local need * How does the data compare with national statistics * Overall, how has the data changed, do you see a culture shift towards breastfeeding? If not, what do you think are the barriers to this?   *Share examples as part of documents submission or via presentation.* |  |

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| **Theme 4 – Progression** |

*Please refer to your original Gold application form and/or the previous 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 report*](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/revalidation-and-annual-report/)*.*

|  |  |
| --- | --- |
| List changes/improvements previously reported which **have had a positive outcome** |  |
| List changes/improvements previously reported **which have been changed/not progressed** |  |
| List **new** changes/improvements and complete an improvement template |  |
| Summary of changes |  |
| Collaborative working with other local agencies remains largely unchanged | Yes/No  If no, please describe changes |
| **7 year and onwards**  Evidence of sharing expertise (e.g. buddying with another service, peer support, peer review, sharing of case studies, sharing via NIFN) and influencing wider policy and agendas |  |
| **7 year and onwards**  Evidence of co-production |  |
| **7 year and onwards**  Evidence of enhanced consideration to diversity including feedback from parents about how they experience the service |  |

**Actions taken in response to previous recommendations**

*Please tell us about any actions taken in relation to recommendations in the Gold Assessment/annual and revalidation reports.*

|  |
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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:** |  |

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

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

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

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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**

|  |  |  |
| --- | --- | --- |
| Percentage of staff trained and/or updated | Midwives |  |
| Support staff |  |
| Neonatal staff |  |
| Paediatric medical staff |  |
| Managers |  |
| Others |  |

**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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|  |

**Summary**

*Please summarise the impact of being a Gold Baby Friendly service, how has this increased impact, enabled resilience, protected services and breastfeeding through challenges.*

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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 (revalidation)** | **Year**  **(revalidation)** | **Year**  **(revalidation)** | **Year**  **(revalidation)** |
|  |  |  |  |  |
| **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)** | | | |
| **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 (**ü) |
| Infant formula |  |
| Teats |  |
| Preterm / low birth weight formula |  |
| Breastmilk fortifier |  |
| *Please specify which brand/s of infant formula are provided:* | |
|  | |
| *Please submit a recent purchase order or invoice as evidence of payment.* | |

! **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.**

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

|  |
| --- |
| **Declaration by Head of Service** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 consider the documents you wish to send. Only send those that help tell the story as the assessor has limited time to review. 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. L1, L2 etc. Only documents listed on this page will be reviewed by your assessor. Documents can be embedded in this table or attached as file attachments when you submit the form.

|  |  |
| --- | --- |
| **No.** | **Document titles** |
|  | **Leadership** |
| L1 |  |
| L2 |  |
| L3 |  |
|  |  |
|  |  |
|  | **Culture** |
| C1 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Monitoring** |
| M1 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Progression** |
| P1 |  |
|  |  |
|  |  |
|  |  |
|  | **Change of circumstance report (if relevant)** |
|  |  |

Thank you for completing this information. Please ensure this revalidation form and supporting documentation is sent 2 weeks before your revalidation.