**Draft plan for achieving UNICEF UK Baby Friendly accreditation in Hospital-Based Children’s Services**

To be completed in advance of a Planning Meeting or to support your Baby Friendly journey. Please refer to the [Baby Friendly Initiative standards and guidance and application forms](https://www.unicef.org.uk/babyfriendly/accreditation/) for Stage 1, 2 and 3 assessments to help you work through this action plan.

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| **Achieving Sustainability***The Achieving Sustainability standards are listed below. Please note:* * *The criteria with an asterisk (\*)* ***are*** *required from Stage 1 onwards*
* *The criteria without an asterisk (\*)* ***are not*** *required until the service implements the Achieving Sustainability standards.*

*However, implementing all of the criteria at an early stage will make the core standards easier to maintain in the long term.* |
| **Criteria**  | **Action** | **Date** | **Who is responsible** |
| **Leadership**A named Baby Friendly lead/team\* A Baby Friendly Guardian\*Effective leadership structuresA strategy group or similar\*Managers educated |  |  |  |
| **Culture**Ongoing staff education\*A positive culture for staff and families |  |  |  |
| **Monitoring**Audit programmeFeeding data available\* and analysedAction plans developed\*Reporting mechanisms |  |  |  |
| **Progression**Responsive to changeImproving outcomesIntegrated working\* |  |  |  |

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| **Baby Friendly accreditation** |
| **Strategy** | **Action** | **Date** | **Who is responsible** |
| Develop an action plan which covers all of the standards. This should be agreed by relevant managers. |  |  |  |
| Identify a project lead/team with sufficient skills and capacity (substantive and protected hours) to implement the standards. |  |  |  |
| Form a group to oversee the implementation of the project; to include members from the multidisciplinary team, e.g. senior nurses, dietitians, paediatricians, and infant feeding leads from Midwifery and NNU. Consider inclusion of external partners.  |  |  |  |
| Develop an infant feeding policy. Managers in all areas to sign a written commitment to implement the policy in their areas. |  |  |  |
| Ensure staff are orientated to the policy within one week of commencing post. Maintain records of this orientation. |  |  |  |
| Ensure additional guidelines and/or policies are evidence-based, accurate and effective.  |  |  |  |
| Ensure that tools which aim to support implementation of the standards (e.g. feeding plans and breastfeeding, bottle feeding, and expressing tools, etc.) meet the evidence base. |  |  |  |
| Commit to implementing the [International Code of Marketing of Breastmilk Substitutes (the Code).](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/guide-to-working-within-the-code/) Ensure mechanisms exist to monitor implementation of the Code. Materials and resources used avoid inferring formula and bottle feeding equivalence with breastfeeding. |  |  |  |
| Ensure that written information provided for or displayed to new mothers, including teaching materials, online materials and websites, are accurate, effective and are free from promotion of breastmilk substitutes, bottles, teats and dummies. Develop relevant displays to underpin key messages. |  |  |  |
| Develop a training plan for all staff, including a curriculum that covers all the standards and the Code, using [our guidance](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guidance-on-writing-a-curriculum/).  |  |  |  |
| Develop a system to ensure that all staff are scheduled to attend the training (within six months for new staff) and receive ongoing updates. The system should also ensure that non-attendees receive a follow up and accurate records are kept of staff attendance at training. |  |  |  |
| Processes enable assessment and evaluation of the outcome of the training. |  |  |  |
| Orientate medical staff to the policy and provide training relevant to their role. |  |  |  |
| Develop a plan for auditing the standards including use of the appropriate [audit tool](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Audit/Audit-tools-to-monitor-breastfeeding-support/). |  |  |  |
| Ensure an efficient data collection system is in place. |  |  |  |
| Share data and information:* Internally at all levels of the organisation
* Externally as appropriate across relevant organisations.
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| Consider how feedback from parents/primary caregivers, including complaints, will be heard and acted upon. Consider setting up a parent group or having parent representation on the Strategy Group. |  |  |  |
| Consider how the facility can work collaboratively with other services to put the wellbeing of the baby and their mother/parents/primary caregivers at the heart of care (e.g. maternity unit, NNU, PICU, health visiting service, children centre/family hub). This may include pre-discharge planning and follow-up. |  |  |  |
| Consider how infant feeding and relationship building are taken into account within relevant local health policies and deliverables. |  |  |  |
| Work with local acute services to implement processes for handover of feeding plans to community services. |  |  |  |
| Consider the needs of the local population, including families from diverse backgrounds and with special needs. Include parents/primary caregivers/families in co-design of services. |  |  |  |
| Ensure that appropriate signs indicating that breastfeeding is welcome are displayed in all public areas. |  |  |  |
| **Caring for sick babies** | **Action** | **Date** | **Who is responsible** |
| Develop a prompt sheet and documentation to support parent/primary caregiver-centred information giving and care. |  |  |  |
| Ensure that all parents/primary caregivers are supported to develop and continue to build a close and loving relationship with their baby and to provide comfort and emotional support for their baby. This should include:* Supporting parents/primary caregivers to understand their baby’s changing developmental abilities and needs
* Encouraging them to recognise and respond to their baby’s needs (including encouraging frequent touch, talking to their baby, visual communication, keeping babies close, responsive feeding and safe sleeping practices.)
* Parents/primary caregivers spending prolonged periods in skin contact with their baby
* Enabling them to understand why the items above are crucial for their baby’s development.
* Consider how babies’ needs for comfort and emotional support can be met in the absence of the parents/primary caregivers.
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| Ensure that staff use a breastfeeding assessment tool to plan care when an issue is identified and as an opportunity to enhance the mother’s confidence. |  |  |  |
| Develop a process to ensure that all families have a discussion about the importance of breastmilk for their baby.  |  |  |  |
| The value of mothers’ own breastmilk is recognised. |  |  |  |
| Ensure that all parents/primary caregivers are: * Encouraged to breastfed exclusively and are supported to understand why this is important for their baby
* Encouraged to maximise the amount of breastmilk received should exclusive breastfeeding not be possible and are supported to understand that expressed breastmilk or infant formula should be offered in a way which minimises the impact on breastfeeding.
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| Ensure that all breastfeeding mothers are supported to continue breastfeeding according to individual need including:* Responsive feeding (including the potential impact of dummy use on responsive feeding)
* Expression of breastmilk
* The importance of night-time feeds and strategies for coping with feeding at night (including information on issues surrounding safer sleep).
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| Develop a mechanism to ensure expressing assessments are carried out, if appropriate, and according to need. To include: * As frequently as required (at least 8-10 times in 24 hours, valuing the importance of expressing at night if not breastfeeding)
* As effectively as possible, including effective hand expressing technique
* Provide effective support if milk supplies are dwindling
* Parents/primary caregivers being close to baby.
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| Create an environment conducive to expressing, including availability of pumps, pump equipment, storage of breastmilk, privacy and suitable furniture. |  |  |  |
| Ensure there is an effective mechanism for provision of breast pumps for mothers to use once home if needed.  |  |  |  |
| Support mothers in the transition to breastfeeding, including:* Enabling mothers to be close to their baby as often as possible
* Use of skin contact
* Support with positioning and attachment
* Recognising effective feeding
* Additional support with breastfeeding/expressing challenges if needed.
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| Develop a referral pathway for mothers in need of additional support with breastfeeding challenges |  |  |  |
| Identify sources of social and additional support with breastfeeding/expressing challenges and develop a mechanism to ensure mothers are made aware of these verbally and in writing. To evaluate the effectiveness of these mechanisms.  |  |  |  |
| Ensure that families who formula feed are: * Supported to learn how to clean and sterilise equipment, make up a bottle of infant formula and to feed their baby safely and responsively, pacing the feed enabling the baby to rest as needed
* Encouraged to hold their baby close, swap sides and offer the majority of feeds themselves.
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| Implement a system which ensures that all families receive timely and effective information about the introduction of solid foods. |  |  |  |
| Ensure parents/primary caregivers are able to have unrestricted access to their baby whilst in hospital  |  |  |  |
| Consider how the unit/ward can make being with their baby as comfortable as possible for parents/primary caregivers, to include facilities for them to stay with their baby.  |  |  |  |
| Enable parents/primary caregivers to be fully involved in their baby’s care. Encourage them to comfort and support their baby during procedures. |  |  |  |
| Ensure parents/primary caregivers are fully communicated with, including listening to their feelings, wishes, observations and opinions. |  |  |  |

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| **General (advisory)** | **Action** | **Date** | **Who is responsible** |
| Provide families with information, verbally, written or digitally about safer sleep. |   |  |  |