

Hospital-based Children's Services policy self-assessment checklist

Your policy should clearly cover the following points:	Is the point clearly covered? (Answer: yes, no or unclear)
Introduction and purpose	
Has mandatory status	
The Code is implemented throughout the service	
The outcomes identified that will be monitored	
A commitment to collaborative working	
Service support for implementation of the policy	
Orientation of staff to policy	
Training for all staff (according to role)	
New staff trained within six months of appointment	
Mechanisms by which mothers'/parents'/primary caregivers' experiences of care will be listened to	
Enabling babies to continue to breastfeed and/or receive expressed breastmilk where possible	
Breastfeeding will be respected as a response to infants' needs for comfort, love and food.	
Families who are breastfeeding/feeding with human milk have a discussion with an appropriate member of staff regarding the continued importance of breastfeeding and human milk for their baby.	
Breastfeeding and infant feeding histories are undertaken and appropriate care plans are created following effective assessment to enable continued and effective feeding.	
Mothers are supported to breastfeed responsively according to the infant's care requirements. Staff will support families in care planning relating to alternative ways to provide milk feeds if responsive breastfeeding is not possible due to the infant's condition.	
A mother's own breastmilk is always the first choice of feed for the baby, including using breastmilk for mouth care if the baby is unable to have oral feeds and later to tempt the baby to feed or when re-introducing oral feeding.	
A suitable environment that allows mothers to effectively express breastmilk is created across the service.	

<p>Mothers are supported to express breastmilk for their baby as required. This includes:</p> <ul style="list-style-type: none"> • access to effective breast pumps and equipment • information on how to express effectively, including by hand and by pump, according to individual need • information on how to store milk safely within the hospital setting and at home • allowing mothers to stay close to their baby (when possible) when expressing milk. 	
<p>A formal review of expressing is undertaken as required to support effectiveness, with assistance provided to overcome any challenges.</p>	
<p>Mothers receive care that supports the transition to (or back to) breastfeeding, including support to:</p> <ul style="list-style-type: none"> • recognise and respond to feeding and comfort cues • use skin-to-skin contact to encourage instinctive feeding behavior • position and attach their baby for breastfeeding • recognise effective feeding • overcome challenges when needed. 	
<p>Families are provided with details of support for breastfeeding, which they can choose to access at any time during their baby's stay.</p>	
<p>A pathway is provided to enable specialist support with expressing and/or breastfeeding as and when required or when requested by the mother/family.</p>	
<p>Mothers are enabled to stay with their baby at all times, including overnight, in order to support confidence and responsive breastfeeding or modified responsive breastfeeding as appropriate (learn more: unicef.uk/bf-responsive).</p>	
<p>Families are provided with information about all available sources of support within the community; this may include breastfeeding support groups, how to access breast pump equipment and other sources of support available through health professionals and the voluntary sector when discharged home.</p>	
<p>The philosophy of care across the service supports breastfeeding and enables an appropriate environment in which to feed comfortably and in privacy if requested by the mother.</p>	
<p>Families are supported in their feeding choices and are enabled to do so as safely as possible and with the least possible disruption to breastfeeding.</p>	

Implementing evidenced-based practices relating to giving foods or fluid other than human milk	
Bottle feeding and infant feeding histories are undertaken, and appropriate care plans are created following effective assessment to enable continued and effective feeding.	
Families who are bottle feeding (expressed human milk or infant formula) are supported to do so safely and responsively and are encouraged to: <ul style="list-style-type: none"> • respond to cues that their baby is hungry • invite their baby to draw in the teat rather than forcing the teat into their baby's mouth • pace the feed in response to the baby's behavioural and stress cues • recognise when the baby has had enough at an individual feed and avoid forcing the baby to finish the bottle. 	
Staff will support families in care planning, relating to alternative ways to provide milk feeds if responsive bottle feeding is not possible due to the infant's condition.	
Families who are using infant formula will be supported to make up and/or prepare feeds safely in line with local and national policy.	
Families are provided with information on using a first milk for the first year and then moving to cow's milk, unless medically indicated.	
All families who are giving solid foods or fluids other than breastmilk are provided with evidence-based ¹ information and guidance, according to local and national policy, on providing food and drink in a safe way which optimises the infant's health.	
Families who wish to provide their own food for their child are supported to do so.	
There is no advertising of breastmilk substitutes, bottles, teats, or dummies anywhere in the service.	
Have ongoing, family-centered conversations with the healthcare team to enable referral or signposting to appropriate support services if required.	
Supporting close and loving relationships and valuing parents as partners in care	
Have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest.	

¹ Such as First Steps Nutrition
Hospital-based Children Services policy self-assessment checklist 2024.

Parents/primary caregivers are supported to be fully involved in their baby's care, with as much care as is possible entrusted to them.	
<p>Have ongoing, family-centered conversations with the healthcare team to enable referral or signposting to appropriate support services if required</p> <ul style="list-style-type: none"> • Have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest • Be supported to be fully involved in their baby's care, with as much care as is possible entrusted to them • Be listened to (e.g. observations, feelings and wishes) regarding their baby's care • Receive full information regarding their baby's condition and treatment to enable informed decision-making • Be provided with a level of comfort when on the unit, with the aim of enabling them to spend as much time as is possible with their baby including comfortable beds and chairs, washing facilities and provision of food and drinks • Be actively encouraged to provide comfort and emotional support for their baby, including skin-to-skin contact, comfort touch and responding to behavioural cues • Be supported to understand safe sleep guidance and practice both within the hospital environment and at home. 	
Monitoring	
Compliance with the policy will be monitored, including the audit mechanism and frequency of the cycle	
How the audit results (and other described monitoring mechanisms) will be reported and to whom	
How the relevant outcomes will be monitored	
How the outcome indicators above will be reported and to whom	