**Guidance notes**

**Stage 1 assessment – Building a firm foundation**

**Neonatal**

**(January 2025 - May 2026)**

**Introduction**

Stage 1 of the Baby Friendly assessment procedure is designed to ensure that the necessary process, policies and guidelines are in place to enable healthcare providers to implement the Baby Friendly standards effectively. Please read this guidance document in conjunction with the Stage 1 assessment application form. When you decide that you are ready to be assessed for Stage 1, please contact the Baby Friendly Initiative office to discuss the preparations to be made and to schedule an assessment date. All the necessary evidence must then be gathered and the Stage 1 application form completed to send electronically to the Baby Friendly Office at least two weeks before the agreed assessment date.[[1]](#footnote-1)

**Building a firm foundation**

1. **Have written policies and guidelines to support the standards.**
2. **Plan an education programme that will allow staff to implement the standards according to their role.**
3. **Have processes for implementing, auditing and evaluating the standards.**
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.**

For each of the four standards listed above, there is a section with a list of the evidence we will ask you to submit to demonstrate how you facility is meeting the standard. These numbered sections correspond to the relevant sections on the application form so that when you are completing your submission, it is easy to find the relevant information you need from the guidance document.

**Please note:** At Stage 1 assessment we are looking at the policies, training curricula and mechanisms for implementing the standards to have been developed. However we do not expect staff to have received training or the standards to be implemented fully at this stage.

**Transition to the revised standards**

**For assessments booked:**

**January 2025 – May 2026**

Changes to some of the ‘foundation standards’ are expected as part of the move to the revised standards. These include:

- A strategy group

- A Guardian

- Data sharing - pregnancies and new births

- Hand over from acute services

- Training – annual updates for all, training for commissioned service workers

- Consideration of population needs

- Co-design of services

These standards do not need to be fully implemented until June 2026, however we ask that you submit an action plan with suitable time lines to demonstrate how you plan to implement these

Standards for staff and mothers assessed by interview are currently unchanged – we will continue to use assessment tools based on the current standards (2019 audit tools).

**Understanding the requirements**

Throughout this document, we refer to each piece of evidence as being either ***required*** or ***recommended.***

* When a piece of evidence is said to be ***required*** this means that itforms part of the Baby Friendly Initiative standards and is therefore necessary in order for the service to be accredited as Baby Friendly. If a piece of evidence identified as a requirement is not submitted, then we will be unable to award a pass at Stage 1.
* When a piece of evidence or a certain action is ***recommended*** this means that we believe it to be an effective way of making sure that the standards are implemented and therefore the Baby Friendly Initiative recommends that this is what is done.

As an example:

The Baby Friendly standards state that all parent/primary caregivers are actively encouraged to provide comfort and emotional support for their baby including prolonged skin contact. Therefore, systems which enable this to be facilitated are ***required.*** Guidance for staff on how to facilitate skin contact in ways which enhance this contact whilst maintaining stability of the baby is ***recommended***.

: For full details please refer to the [Guidance for neonatal units](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/neonatal-guidance-document/)

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| **Section 1 – Policies and guidelines** |

Evidence to be submitted:

* The policy
* Written commitment to adhere to the policy
* Outline of the mechanism for orientating new staff to the infant feeding policy
* Other relevant policies and guidelines.

1.1 The policy

A policy\* which adequately covers all the neonatal Baby Friendly Initiative standards is***required*** and will be formally assessed for Stage 1. In order to assist with the writing of an effective policy, we have developed samples which you are welcome to copy or adapt. Prior to submitting your policy, we ***recommend*** that you use the relevant [sample policy guidance and checklist](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/) to make sure that it covers all the standards and is as up to date as possible.

*\* We refer to a ‘policy’ but appreciate that some services will use other terms such as guidelines, protocols etc. What is important is that all relevant documents clearly support staff to implement the standards.*

4 **Please submit a copy of your policy with the application form**

1.2 Commitment to adhere to the policy

The Baby Friendly Initiative ***requires*** that all relevant managers sign a commitment to ensure that they and the staff working in their area adhere to the policy. Without the commitment of the manager in each ward and area, full implementation of the standards is unlikely to be achievable. This requirement is intended to ensure that all staff, from managers down engage fully with the implementation of the standards. A sample signature form is provided for this as part of the Stage 1 application form.

4 **Please submit a form signed by each relevant manager with the application form.**

1.3 Orientation of new staff to the policy

The Baby Friendly Initiative ***requires*** that all staff who are involved in the care of mothers, parent/primary caregivers and babies be orientated to the policy during the first week of their employment. We ask you to include neonatal nurses, nursery nurses, healthcare assistants and paediatricians in this process, however we do not necessarily expect that domestic staff and porters or other staff who do not provide information about feeding or care are included.

In order for effective orientation of relevant staff to happen, we suggest that you implement a mechanism to make sure that:

* key staff are informed of any new starters;
* new starters are adequately orientated to the policy;
* records are kept of staff’s orientation to the policy.

Stage 1 assessment ***requires*** you to tell us about this mechanism. When submitting this evidence please explain:

* How key staff are informed that new staff are starting their employment.
* What is included in the orientation for all grades of staff, i.e. what information is covered, who facilitates the orientation, whether this happens in groups or individually, where the orientation takes place.
* How records of staff orientation are kept e.g. on a database and by whom.

4 **Please describe the mechanisms in place in the relevant section of the application form.**

1.4 Other guidelines and policies

Additional guidelines may be developed to assist the staff to care effectively for mothers, parent/primary caregivers and babies in specific situations, for example babies having skin contact/kangaroo care. The content of such policies can have a profound effect on practice, particularly with regard to safety and the ability of the unit to fully implement the standards. Whilst they will vary depending on local needs, it is important that they are unambiguous and support effective care. Your unit may not have or need such guidelines. The need will be a parent/primary caregiver based on the results of internal audit. In order that any guidelines you have produced are effective, we ***require*** that the content does not undermine the ability of the unit to meet the standards.

4 **Please submit a copy of all relevant guidelines with the application form.**

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| **Section 2 – Staff education** |

Evidence to be submitted:

* Training curricula for staff education for nursing and medical staff, including annual updates
* Outline of how the staff education programme is delivered
* Description of the mechanism for ensuring that the education programme is mandatory
* Description of the mechanism for recording staff attendance

2.1 Training curricula

It is ***required*** that a curriculum which adequately covers all the Baby Friendly standards is produced for each staff education programme\*. The Baby Friendly Initiative produces a [detailed guidance document](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guidance-on-writing-a-curriculum/) to support you with development of your curriculum/a including a checklist of what should be included. Prior to submitting the curriculum, it is ***strongly recommended*** that you use this document to carry out a detailed check to ensure that it meets the required standard.

UNICEF UK provides a [Train the Trainer course](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Training/Train-the-trainer/) which is designed to support key staff to learn how to produce a curriculum which will enable them to deliver an effective training package and provides participants with a comprehensive package of training materials. We ***recommend*** that a key member of staff be enabled to attend this course.

*\* A separate curriculum is required if different groups of staff are to receive different training. However, if the same training is to be provided for all, then only one curriculum is required.*

4 **Please submit a copy of the written curriculum/a with the application form.**

2.2 Training programme

A training programme which ensures that all staff receive training according to their role is a ***requirement.*** We ***strongly*** ***recommend*** that those planning and delivering the education programme have some additional training to ensure that they have sufficient knowledge and skill in relation to:

* Infant feeding
* Supporting preterm breastfeeding
* The importance of early relationships on childhood development
* How to deliver effective training.

Consideration should be given to the roles and responsibilities of the different groups of staff when planning the training programme to make sure that everyone’s needs are met.

Training can comprise a combination of different methods, for example classroom based learning, e-learning, workbook completion. We ask you to tell us about the number of hours training provided for all grades of staff, including the length of any Practical Skills Review sessions. Whilst we do not stipulate that it must be of a certain length, realistically, in order to include all of the necessary topics, in a way which will be most likely to result is the learning outcomes being met, the minimum amount of time spent on face-to-face classroom training for staff such as neonatal nursing staff should not be less than one full day and ideally two days. Some services will already have a programme that is delivered in collaboration with the maternity services. It is important to review the content and facilitate additional learning to ensure that all the neonatal standards are covered. This full curriculum will need to be submitted as part of the Stage 1 assessment.

Annual updates are ***required*** to ensure that staff knowledge and skills are maintained and to allow discussion of any new information. The content of these should be informed by ongoing audit results. In addition it is ***strongly recommended*** that the programme should include individual one-one sessions with staff to enable practical skills reviewing.

4 **Please provide a description of the training provided for all relevant staff in the relevant section of the application form.**

2.3 Mechanism for ensuring staff attendance

We ***require*** that the education programme is mandatory for all relevant staff. In order to ensure that this is the case, you are asked to provide details of:

* The mechanism for allocating staff to attend the education programme, e.g. who decides which staff will attend? How are staff invited to attend?
* The mechanism for ensuring that all relevant staff attend, e.g. what action is taken if staff avoid attending the education programme.

4 **Please provide a description of the mechanisms in the relevant section of the application form.**

2.4 Training records

Evidence is ***required*** of the mechanism for recording staff members’ attendance at the training programme. We ***recommend*** that attendance records are kept on a simple Excel spreadsheet. It is important to ensure that the names of all staff members are included and that their attendance at all the separate components of the programme is addressed. These records will be reviewed as part of the Stage 2 assessment.

4 **Please provide a description of how records will be maintained in the relevant section of the application form.**

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| **Section 3 – Processes for implementing, auditing and evaluating the standards** |

Evidence to be submitted:

* Description of the Baby Friendly lead post and feeding team if applicable
* Details of strategic leadership for the programme for example a high level strategy group and a Guardian
* All tools used to support implementation of the standards. such as expressing assessment, breastfeeding assessment and bottle feeding assessment documentation feeding care plan, other forms of documentation and materials for mothers/parent/primary caregivers, together with details of how these are used.
* Description of the mechanism for audit of practice.
* Description of the data collection system
* Description of the support available for mothers
* Description of how information/services are made relevant to local need and involve parent/primary caregivers in design
* Description of collaborative working arrangements, including an effective referral pathway and how mothers are informed of this.

3.1 The Baby Friendly leadership

Implementing the Baby Friendly Initiative standards is a change management project and so ***requires*** someone to take responsibility for co-ordinating planning, implementation, audit and evaluation. Experience shows that the lead needs to have sufficient knowledge, experience and time to allow them to undertake the role adequately, but that there is no one model that is essential to success. We ***recommend*** that services consider what they want this role to include before deciding on the person specification and hours required. It may be that the Baby Friendly lead for the maternity unit is in a position to take on the task of overall leadership in the neonatal unit. If this is the case however, it will be necessary for the neonatal unit to have their own named lead with expertise in neonatal care even if this post-holder takes this on as part of a wider clinical/management role.

You are asked to provide details of:

* The hours worked by the Baby Friendly lead
* Any support that she receives from others such as key-workers for example
* How line management for the post is arranged and the support provided by other managers
* The duties carried out by the post holder.

4 **Please provide details of the role in the relevant section of the application form.**

3.2 Implementation of the standards, including tools used

A variety of mechanisms and tools will be needed in order to ensure that staff are able to implement the standards and mothers/parent/primary caregivers are communicated with and supported effectively. Some of these are ***required*** as without them it would not be possible to implement the standard and some are ***recommended*** where experience has shown that such a mechanism or tool will support staff to make sure effective care is given.

3.2.1 Information and care for mothers and families

We ***require*** that facilities provide information and care for *all* parent/primary caregivers according to individual need, to include:

* that mothers have a discussion about the importance of their breastmilk for their preterm or ill baby as soon as is appropriate
* information about the importance of, and encouragement to, provide skin contact, touch, and comfort and responding to their baby’s behavioural cues

For mothers who express, we ***require*** that they are enabled to express breastmilk including support to:

* express as early as possible after the birth
* learn how to express effectively, including how to hand express, use of breastpump equipment and safe storage of milk
* express frequently, especially in the first 2-3 weeks to optimise milk supply
* stay close to their baby whilst expressing
* access effective breastpump equipment
* access additional support if their milk supply is inadequate (or if less than 750mls in 24 hours by day 10)

And that they are supported in the transition to breastfeeding, if appropriate by:

* being able to be close to their baby so that they can respond to feeding cues
* use of skin contact to encourage instinctive feeding behaviour
* receiving support with positioning and attachment
* being enabled to recognise effective feeding

For mothers who have chosen to bottle feed, we ***require*** that they are enabled to do this as safely as possible. This should include a mechanism for ensuring that mothers are supported to learn how to do this in hospital according to individual need including holding their baby close and being responsive to their baby’s cues to support relationship building and positive feeding experiences. We ***require*** that you ensure this information is offered*.* We also ***recommend*** that families who are formula feeding are provided with information on safe preparation of infant formula prior to discharge home.

We ***recommend*** that staff are guided to cover the relevant areas according to the mother’s individual need, with guidance/documentation developed to support this.

4 **Please describe the mechanism/s you have instigated to ensure that this discussion takes place in the relevant section of the application form. Please submit any documentation used by staff with the application form.**

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| UNICEF UK has collaborated with the [Lullaby Trust](https://www.lullabytrust.org.uk/) and [Basis](https://www.basisonline.org.uk/) to develop a set of materials to support staff to have sensitive conversations with parent/primary caregivers about the crucial importance of safer sleep. These materials include a [quick reference guide](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-quick-reference-card.pdf) and a more detailed [guide for parent/primary caregivers](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-a-guide-for-parents.pdf) together with a [guide for professionals](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-saving-babies-lives-a-guide-for-professionals.pdf) to support them to have a helpful and evidence based conversations. The materials are available to purchase from the Lullaby Trust as printed copies or to download free of charge, and are translated into a number of languages. As part of this work, we have agreed with the Lullaby Trust and Basis that we will include assessment of the effectiveness of the work undertaken by maternity, neonatal and health visiting services to support safer sleep in all families. At the Stage 1 assessment services will be asked to describe the mechanism for providing the information both verbally and in writing. At the Stage 3 assessment and at Re-assessment mothers being interviewed will be asked a question to establish whether a conversation about safer sleep has taken place and whether the mother has been given written information or a link to a website where the material is easily accessible. The information provided at Stage 1 and the question asked of mothers at Stage 3 and Re-assessment **will not** be scored formally and **will not** impact on the services ability to pass the assessment or retain their accreditation, however we will give feedback about the process and the responses we have received from mothers.Audit tools have been amended to include the relevant questions. If you do not have the 2024 version please contact the office at bfi@unicef.org.uk  |

3.2.2 An environment to support expressing

We ***require*** that the unit provides an environment which is conducive to effective expressing. This will include:

* enabling mothers to be close to their baby when expressing
* that sufficient appropriate equipment is available for mothers whilst in-patient and when they are with their baby
* that an effective scheme for hiring/loaning pumps to mothers is available in the locality
* that robust breastmilk storage standards are in place

4 **Please explain the processes you have put in place to support this strategy in the relevant section of the application form. Please submit any documentation used by staff with the application form.**

3.2.3 Reviewing the effectiveness of expressing

A formal review of expressing is ***required*** on a minimum of four occasions within the first two weeks to support optimum expressing and milk supply. It is ***recommended*** that an individual expressing log is provided for all mothers to help them record frequency of expression and increases in volume of milk expressed.

To support this process, you are ***required*** to provide a written description of the mechanism for ensuring that the expressing reviews take place and how care will be planned should an issue be identified.

: We have developed a [sample expressing log](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/neonatal-care-resources/expressing-milk-for-your-baby-on-the-neonatal-unit/). You are welcome to use/amend this to meet the needs of your facility.

4 **Please describe the mechanisms in place to ensure that effective expressing reviews are carried out in the relevant section of the application from.**

3.2.4 Valuing parent/primary caregivers as partners in care

The aim of this standard is to enable staff to create an environment whereby parent/primary caregivers are valued as crucially important to the well-being of their baby. We ***require*** that parent/primary caregivers are enabled to have unlimited access to their baby unless individual restrictions can be justified in the baby’s best interest. This will involve ensuring that parent/primary caregivers are made as comfortable as possible when they are with their baby for example by creating a welcoming atmosphere, providing comfortable chairs by the side of each cot, giving privacy when needed, facilities for parent/primary caregivers to stay overnight.

We ***require*** that parent/primary caregivers are enabled to be fully involved in their baby’s care. In addition, we ***require*** that every effort is made to ensure effective communication between the family and the health care team, including listening to the parent/primary caregivers’ wishes, feelings and expectations.

We ***recommend*** that staff training and guidelines outline ways in which parent/primary caregivers are made to feel welcome. Training should emphasise that the baby is part of a wider family, all of whom need care during this challenging time.

4 **Please explain the processes you have put in place to support this strategy in the relevant section of the application form.**

3.2.5 Preparing for discharge

We ***require*** that parent/primary caregivers are prepared to feed and care for their baby prior to discharge home. This will include having the opportunity to stay overnight/for extended periods as needed to support development of the mother’s confidence in breastfeeding and how to recognise effective feeding. This is likely to involve a move to modified responsive feeding. In addition, ensuring that mothers are aware of how to access support with expressing and breastfeeding once home is ***required***.

4 **Please explain the processes you have put in place to support parent/primary caregivers to feed and care for their baby prior to discharge home. Documentation used by staff should be submitted.**

3.2.6 Written information and other materials for parent/primary caregivers

We ***recommend*** that services provide parent/primary caregivers with simple written information on feeding and relationship building to reinforce information given verbally by staff. If you provide such information, it is ***required*** that it be accurate and effective. We also ***require*** you to confirm that all information provided is free of any form of promotion for breastmilk substitutes, bottles, teats and dummies.

If leaflets have been developed in-house, we ***recommend*** that these compliment any standard national materials, and consider:

* the need for clarity, accuracy and simplicity of the messages
* avoidance of duplication
* that the layout is attractive and readable.

4 **Please list the materials in current use (or which are planned) on the application form and submit copies of all paper-based materials for review.**

3.3 Mechanism for auditing practice

We ***require*** that a programme of internal audit of all standards is planned and conducted with results submitted to the Baby Friendly office at regular intervals, including in advance of Stage 2 and 3 assessments and re-assessments. In order to ensure equity across facilities, you will be ***required*** to audit specified numbers of staff/mothers to be/mothers using the appropriate Baby Friendly audit tool. It is important that staff who will be carrying out audits of practice be trained to do so in order to ensure that results are consistent and accurate. We will therefore ask you to describe how staff are trained and supported.

**Audit programme**

The audit tool suggests sample sizes based on the number of births. It is ***recommended*** that an audit programme is developed in order that any necessary changes to practice to improve care can be identified and the necessary data can be made available to Baby Friendly as part of the assessment process. The following example of frequency and numbers is appropriate whilst the facility is progressing to Stage 2 and 3.

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| **Stage 2 assessment** | **Stage 3 assessment** |
|  | **Frequency** | **Numbers** | **Frequency**  | **Numbers** |
| **Staff** | Quarterly | Minimum of 12-15 | Six monthly | Minimum of 12-15 |
| **Mothers** | Six monthly | Minimum of 12-15 | Quarterly | Minimum of 12-15 |
| **Environment (Code and information e.g. Bounty Bags)** | Six monthly | All areas | Six monthly | All areas |

: The [Baby Friendly audit tool for neonatal services](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Audit/Audit-tools-to-monitor-breastfeeding-support/) should be used to carry out the audits

4 **Please describe the mechanisms in place to ensure that the audit programme is effective in the relevant section of the application form.**

3.4 Data collection

Improving outcomes for mothers and babies is a key goal of the Baby Friendly Initiative. Measuring outcomes is therefore a ***requirement.*** As a minimum we ***require*** that you collect the following data:

* Percentage of mothers expressing breastmilk during the first 24 hours following their baby’s **admission** to the neonatal unit
* Percentage of babies who receive human milk in the first 24 hours following **admission** to the neonatal unit
* Percentage of babies receiving human milk when they **leave** the unit
* Percentage of mothers expressing breastmilk when their baby **leaves** the unit
* Percentage of mothers breastfeeding their baby when they **leave** the unit.

We will keep track of your progress in this area. Data will be required at each stage of the assessment process and in an ongoing way following accreditation. To help us with this, please tell us your statistics for the most recent complete year.

Additional mechanisms for monitoring outcomes are also ***recommended,*** for example collection of qualitative data related to parent/primary caregiveral satisfaction and dealing with complaints. Whilst these will not necessarily impact on assessment outcomes at Stage 1, establishing systems to gather such data will support progress to Stage 3, re-accreditation and Gold status in the future.

4 **Please complete the relevant section of the background information form and provide your latest data when requested.**

3.5 Support for mothers including collaborative working and an effective referral pathway

3.5.1 Support for parent/primary caregivers

Families are often unable to be resident with their baby for long periods after the birth. Ensuring that there is ongoing support available with expressing and the transition to breastfeeding is an integral part of the work of the neonatal unit staff. Families may in addition, benefit from some additional support for example being able to talk to another mother who has been in the same situation. Therefore consideration should be given to the provision of local support mechanisms which will meet mothers/families’ needs. Ongoing support in an environment where people believe that breastfeeding can succeed is also helpful. While the neonatal services do not necessarily have to provide this social support for families, it is ***required*** that families know about what is available locally and that neonatal services work collaboratively with other services to make the social support as attractive as possible to families so that they engage and benefit from it.

In addition, those mothers with difficult challenges in relation to breastfeeding will need specialist level support. We ***require*** that a local referral pathway for enabling specialist support is established, with the neonatal services working collaboratively with other local services to ensure this provision is available and effective. Further information about the varying levels of support to be provided is available in the [Guidance on provision of additional and specialist services to support breastfeeding mothers](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/further-guidance-on-implementing-the-standards/guidance-on-provision-of-additional-and-specialist-services-to-support-breastfeeding-mothers/)

3.5.2 Collaborative working

Collaborative working across disciplines and with other organisations is ***required*** in order to enable effective implementation of the standards and provide improved experiences for mothers. We ask you to tell us how you work with colleagues in other departments and services to ensure best possible implementation of the standards. For example, how you work with staff in the maternity unit to ensure that mothers are made aware of the crucial importance of breastmilk for their preterm baby and supported to begin to express as early as possible.

Collaboration could also be demonstrated with staff in other areas such as paediatrics, health visiting and children’s centres. It may make sense to work collaboratively with other services in order to provide additional social support and help for mothers with breastfeeding challenges. If parent/primary caregivers are referred to local voluntary organisations, you should develop mechanisms to collaborate formally, including appropriate referral pathways.

4 **Please provide a description of how collaboration works across all services, including any formal agreements in place in the relevant section of the application form.**

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| **Section 4 – The International Code of Marketing of Breastmilk Substitutes** |

Evidence to be submitted:

* Declaration of adherence to the International Code of Marketing of Breastmilk Substitutes (and subsequent relevant WHA resolutions) signed by the head of service.
* Proof of purchase of infant formulae, breastmilk fortifiers and teats.
* A description of the mechanisms is place to monitor compliance with this standard.

4.1 Adherence to the International Code of Marketing of Breastmilk Substitutes

In accordance with the International Code of Marketing of Breastmilk Substitutes (1981) and subsequent relevant WHA resolutions, we ***require*** that there is no advertising or promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by its staff. This includes the use of company-sponsored leaflets, posters, diary covers, pens, mugs, obstetric wheels and other materials.

This standard is necessary to ensure that breastfeeding is protected and that parent/primary caregivers receive unbiased information to support their decisions. It means that:

* There should be no display or distribution of any materials produced by the manufacturers of breastmilk substitutes, bottles, teats or dummies, in any part of the health care facility. This includes gifts bearing company logos intended for health professionals (including pens, diary covers, obstetric calculators, notepads, etc) and written materials intended for mothers (including leaflets that do or do not relate to infant feeding).
* Images which ‘normalise’ bottle feeding should not be displayed.
* There should be no sale of breastmilk substitutes on health care premises.
* Health care facilities should not accept free or subsidised supplies of breastmilk substitutes.

This standard does not restrict the provision of accurate and impartial information about bottle/formula feeding. Parent/primary caregivers who have chosen to formula feed their baby should be given clear written instructions and shown how to make up a feed as safely as possible before they leave hospital (see Section 3). This discussion should include guidance to use a first stage milk for the first year, if relevant to the baby’s condition, and how to bottle feed responsively. All community-based staff should ensure that this information has been given and is understood.

: The Baby Friendly Initiative has produced a [guidance document](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/the-code/a-guide-for-health-workers-to-working-within-the-international-code-of-marketing-of-breastmilk-substitutes/) aimed at health care facilities and describing what practices are and are not acceptable within the Code.

: For accurate and impartial information on infant milks in the UK please visit [First Steps Nutrition Trust’s website](http://www.firststepsnutrition.org/)

4 **Please describe the plans in place to ensure that the Code is implemented in the relevant section of the application form, including signed declaration of adherence to the Code.**

4.2 Full payment for infant feeding supplies

The Baby Friendly Initiative ***requires*** that all supplies of infant formula and related products, and teats, be paid for at the full market price.

4 **Please attach proof of purchase of relevant infant feeding supplies (e.g. a recent purchase order or invoice) with the application form.**

: For further information about the standards please refer to the [Guide to the UNICEF UK Baby Friendly Initiative Standards](http://unicef.uk/babyfriendlystandards) and [The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/the-evidence-and-rationale-for-the-unicef-uk-baby-friendly-initiative-standards/)

1 **Stage 1 application form**

To download, please visit the [Stage 1 page](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-1-a-firm-foundation/) on our website

1. We care about keeping your data safe; for more information about UNICEF UK’s privacy policy please visit [unicef.org.uk/legal/cookies-and-privacy-policy/](https://www.unicef.org.uk/legal/cookies-and-privacy-policy/)

The UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative fully supports inclusivity in accordance with Article 2 (non-discrimination) of the UN Convention of the Rights of the Child and the Equality Act 2010. Learn more about our inclusivity policy at: [unicef.uk/bf-inclusivity](https://unicef.uk/bf-inclusivity)  [↑](#footnote-ref-1)