

Neonatal 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 that will be monitored	
A commitment to collaborative working	
Organisational 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' experiences of care will be listened to	
Supporting parents to have a close and loving relationship with their baby	
Parents/primary caregivers have a discussion with an appropriate member of staff as soon as possible about the importance of touch, comfort and communication for their baby's health and development	
Parents/primary caregivers are actively encouraged to provide comfort and emotional support for their baby including frequent and prolonged skin contact, comforting touch and responsiveness to their baby's behavioural cues	
Enabling babies to receive breastmilk and to breastfeed when possible	
A mother's own breastmilk is always the first choice of feed for the baby	
Mothers have a discussion regarding the importance of their breastmilk for their preterm or ill babies as soon as is appropriate	

<p>Mothers are enabled to express breastmilk for their baby, including support to:</p> <ul style="list-style-type: none"> • express as early as possible after birth (ideally within two hours) • express a minimum of eight times in 24 hours, including once during the night • learn how to express effectively, including hand expression, use of breast pump equipment and storing milk safely • express frequently, especially in the first two to three weeks following delivery, in order to optimise long-term milk supply • stay close to their baby when expressing milk • access effective breast pump equipment • use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed 	
<p>In addition, staff will ensure that:</p> <ul style="list-style-type: none"> • a formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply • appropriate support is implemented to overcome expressing difficulties where necessary, particularly where milk supplies are inadequate, or if less than 750ml in 24 hours by day 10 	
<p>The service will also ensure that in the unit:</p> <ul style="list-style-type: none"> • a suitable environment conducive to effective expression is created • mothers are provided with details of voluntary support for breastfeeding which they can choose to access at any time during their baby's stay 	
<p>Mothers receive care that supports the transition to breastfeeding, including:</p> <ul style="list-style-type: none"> • being able to be close to their baby as often as possible so that they can respond to feeding cues • use of skin-to-skin contact to encourage instinctive feeding behaviour • information about positioning for feeding and how to recognise effective feeding 	
<p>Mothers have additional support to help with breastfeeding challenges when needed</p>	
<p>Mothers are supported through the transition to discharge home from hospital, particularly in relation to feeding and caring for their baby, including:</p> <ul style="list-style-type: none"> • having the opportunity to stay overnight/for extended periods to support development of the mother's confidence and modified responsive feeding • information about how to access support in the community 	
<p>Valuing parents as partners in care</p>	

All parents/primary caregivers have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest	
The unit makes being with their baby as comfortable as possible for parents/primary caregivers	
Staff enable parents/primary caregivers to be fully involved in their baby's care	
Every effort is made to ensure effective communication between the family and the healthcare team, including providing full information regarding the baby's condition and treatment to enable informed decision-making	
Parents/primary caregivers who formula feed receive information about how to clean/sterilise equipment, make up a bottle of formula milk and feed this to their baby using a safe technique	
Monitoring	
Compliance with the policy will be monitored – including the audit mechanism and frequency of the audit 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	