

Health visiting 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	
Consideration to the needs of the local population and parents involved in service design	
Pregnancy	
Systems enable information sharing for local health visiting and early years services	
All those who are pregnant have the opportunity for a conversation about:	
Their thoughts and feelings about feeding their baby including the value of breastfeeding, getting breastfeeding off to a good start and the support available	
The value of connecting with their growing baby in utero	
The value of skin contact	
The importance of responding to baby's needs after birth, and that keeping their baby close supports this	

Breastfeeding	
Mothers are actively contacted and offered feeding support in advance of the new birth visit	
A formal breastfeeding assessment using the [insert name of local tool] ¹ will be carried out at the new birth visit and at subsequent mandated contacts	
A specialist service for those mothers who require support with persistent and complex challenges, including frenulotomy and breast pump loan	
A discussion about options for continued breastfeeding according to individual need to include: responsive feeding, support to meet individual goals, expression of breastmilk, feeding when out and about and going back to work	
There is provision of social support and basic problem solving	
All breastfeeding mothers will be informed about the local support for breastfeeding	
Information is provided about why exclusive breastfeeding leads to the best outcomes for their baby	
And the value of continuing partial breastfeeding (when exclusive breastfeeding is not possible / has not been chosen)	
Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so: as safely as possible with the least possible disruption to breastfeeding	

¹ Sample tool available at <http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/Breastfeeding-assessment-form/>
Bottle feeding assessment tool available at: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/bottle-feeding-assessment-tool/>

Formula feeding	
Parents who are formula feeding have the information they need to be enabled to do so as safely as possible and to use a first stage formula	
Parents who formula feed have had a discussion about the importance of responsive feeding	
Introducing solid foods	
Parents are enabled to start solids in ways that optimise health and well-being	
Parenting and close relationships	
Parents are supported to understand:	
their baby's social and emotional needs and how to respond	
the positive impact on their own emotional wellbeing	
safe sleeping practice	
Mothers who bottle feed encouraged to hold baby close during feeds and offer the majority of feeds to baby themselves	
Parents given information about local parenting support	
Mothers are enabled to discuss the impact of feeding challenges (previous, current or perceived) on the emotional wellbeing of themselves and their family with options for signposting or referral if indicated	
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	