# **UNICEF UK INFOSHEET**

## Maternity standard 4 –supplementation

## audit and assessment

**Updated October 2025**

**Introduction**

Supplements are generally given for a small number of reasons including clinical concerns and cultural expectations, as well as a lack of confidence in mothers or some staff that breastfeeding can provide everything a baby needs.

The Baby Friendly assessment process looks for evidence that services are making steady progress to reduce supplementation rates over time, with specific regard to supplements given without medical indication or as a result of fully informed decision making.

This document provides guidance about the audit and assessment process which is designed to support you to monitor your supplementation rates and for the UK Committee for UNICEF (UNICEF UK) to collect information in a consistent way from all facilities. It includes supplement details forms for you to use to review supplements which are given as a result of a clinical indication or a maternal request, together with an action plan template for you to plan any necessary changes in order to improve care.

This document should be read in conjunction with the supplementation audit which is part of the [Baby Friendly audit tool.](https://www.unicef.org.uk/babyfriendly/?s=audit+tool)

**Internal audit**

Internal audit of supplements enables you to review your supplementation rates and see how these change over time while also allowing you to gather information about the quality of care provided when supplements are given. We require services to:

1. Audit supplementation in an ongoing way by:
   1. interviewing around **10 breastfeeding mothers every month** either face-to-face or over the phone using the full breastfeeding mother audit interview form. Where a supplement has been given, check the mother’s records as part of the process, plus those of the baby if relevant.
   2. randomly selecting and reviewing **10 sets of records per month**.
2. Decide for each supplement found whether it was given predominantly as a result of a maternal request or as a result of a clinical indication and then complete the relevant supplement details form (see forms below).
3. Use the forms to review the care given and identify where care could have been improved. Accumulating the forms and reviewing the care on a quarterly basis may help with identification of key issues and trends.
4. Develop an action plan to address any factors that are negatively impacting care.
5. Compare audit results over time to monitor if practice is improving.

**Supplementation rates**

Supplement data gathered via the audit as described above can be used as a method of calculating supplementation rates. For example:

If over a **3-month** period:

**30** mothers are interviewed and 5 report that their baby has received a supplement, and

**30** sets of records are reviewed and a further 7 supplements are identified

That means that there are **12** babies out of **60** who have received a supplement*.*

***To calculate the supplementation rate: 12 ÷ 60 x 100 = 20%***

If the supplementation rate is calculated regularly, you will be able to see easily whether the rates are improving over time as a result of staff training and improvements in care.

**Assessment**

You will be asked to provide the following information at Stage 3 and re-assessments:

* Additional information about local factors that could affect supplementation rates (e.g. staffing levels, local demographics etc.)
* Internal audit data and action plans – see above.

**Notes**

* Some facilities have mechanisms in place to allow them to audit all supplements given to breastfed babies and this is done continuously. If this is the case in your facility, then we recommend that you continue with your current audit system as this is more robust than the intermittent audits suggested above.
* You can use the supplement details forms (below) as a replacement for the intermittent supplement audit form (audit tool) if you wish or can transfer information from the intermittent form to this form.
* It is important to assess the care given by the community midwife, especially in facilities where hospital stays are very short. Therefore, we recommend that you include audits of mothers who have gone home related to the care given during the first ten days of their baby’s life. For example, a mother giving formula milk under the guidance of the community midwife when weight gain is an issue, assuming effective care would be a clinically indicated supplement. It should be noted that, once at home, there can be many influences on mothers’ decision making and so it is important to make judgements related to the effect of the information and support given by the maternity services only.
* In many areas, there is a trend for increasing numbers of mothers to mixed feed, whether this is by intention or following a challenging start to breastfeeding. When auditing, the same principles apply; making sure that a conversation has taken place, ideally antenatally about the importance of exclusive breastfeeding to establish milk supply and the health impacts of the supplements. Good care would include encouraging skin contact, frequent breastfeeds/expressing to maximise breastfeeding and breastmilk, support with effective positioning and attachment. If the conversation indicates that the mother has made a fully informed decision to mixed feed, she will also need support with making up feeds as safely as possible and responsive feeding.
* If the information and support has been given, and mixed feeding remains the goal, she could be opted out for scoring purposes. We would, however, encourage monitoring of mixed feeding data to help with ongoing action planning.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Supplement details – Clinical indication  Individual details at time of initial supplement | | | | | | | |
|  |  | |  | | | **Unique identifier** |  |
| **Birth weight** | **Gestation** | | **Type of birth** | | | **Age and weight (if different) when given supplement** | |
|  |  | |  | | |  | |
| **Brief history** | | | | | | | |
|  | | | | | | | |
| **Analysis of care** | | **P** | **X** | **N/A** | **Comments** | | |
| Baby correctly identified as “at risk” | |  |  |  |  | | |
| Optimum skin contact and support with first feed | |  |  |  |  | | |
| Proactive feeding – at least every 3 hours and in response to cues | |  |  |  |  | | |
| Supported appropriately with positioning and attachment | |  |  |  |  | | |
| Use of skin contact and laid back nursing to encourage feeding | |  |  |  |  | | |
| Hand expression effective and timely | |  |  |  |  | | |
| EBM given and the method used | |  |  |  |  | | |
| Appropriate observations and blood glucose monitoring | |  |  |  |  | | |
| Full feeding assessment, including stools and urine output ideally using BFI assessment tool | |  |  |  |  | | |
| Volume of infant formula appropriate | |  |  |  |  | | |
| Formula milk given safely with least possible disruption to breastfeeding (method of giving, responsive bottle feeding if appropriate) | |  |  |  |  | | |
| Information for mother was effective/appropriate | |  |  |  |  | | |
| Plan made for future feeds (to support lactation) | |  |  |  |  | | |
| Documentation satisfactory | |  |  |  |  | | |
| Longer term feeding outcome if known | | Fully breastfed/mainly breastfed/mainly formula fed/formula fed | | | | | |
| Supplement classification | | Clinical indication - optimum care/clinical indication – care could have been improved | | | | | |
| Supplement details – Maternal request  Individual details at time of initial supplement | | | | | | | |
|  |  | |  | | | **Unique identifier** |  |
| **Birth weight** | **Gestation** | | **Type of birth** | | | **Age and weight (if different) when supplement given** | |
|  |  | |  | | |  | |
| **Mother’s story (if interviewed).** | | | | | | | |
| *Could ask the mothers story and about her goals……….* | | | | | | | |
| **Analysis of care** | | **P** | **X** | **N/A** | **Comments** | | |
| Mother appears to have had antenatal conversation | |  |  |  |  | | |
| Clear documentation of mother’s reason, alternative options and information given. | |  |  |  |  | | |
| Optimum skin contact and support with first feed | |  |  |  |  | | |
| Responsive feeding explained/encouraged | |  |  |  |  | | |
| Number of feeds in last 24 hours | |  |  |  |  | | |
| Support with positioning and attachment (effectively and timely) | |  |  |  |  | | |
| Use of skin contact and laid back nursing to encourage feeding | |  |  |  |  | | |
| Hand expression as indicated (effective and timely) | |  |  |  |  | | |
| Appropriate observations and monitoring | |  |  |  |  | | |
| Volume of infant formula appropriate | |  |  |  |  | | |
| Formula milk given safely with least possible disruption to breastfeeding (method of giving, responsive bottle feeding if appropriate) | |  |  |  |  | | |
| Plan made for future feeds (maximising breastmilk/breastfeeding) | |  |  |  |  | | |
| Longer term feeding outcome if known | | Fully breastfed/mainly breastfed/mainly formula fed/formula fed | | | | | |
| Supplement classification | | Fully informed maternal decision/Maternal request without fully informed decision/Staff suggestion for non- clinical reasons | | | | | |