**Guidance notes**

**Community**

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

**(January 2025 – May 2026)**

**Introduction**

Stage 1 of the Baby Friendly assessment procedure is designed to ensure that the necessary processes, policies and guidelines are in place to enable health-care providers to implement the Baby Friendly standards effectively. Please read this guidance document in conjunction with the Stage 1 assessment application form.[[1]](#footnote-2)

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.

**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 service 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 2025**

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 at this stage, however we ask that you submit an action plan with suitable time lines to demonstrate how you plan to implement these.

**June 2025 – May 2026**

Foundation standards as above- an action plan will be reviewed.

Staff and mother standards assessed using the new assessment tools (2024 audit tool) with a 50% requirement.

**June 2026** – **onwards**

All standards to be met in full.

**All** revised standards are highlighted in a grey box in the guidance and application form for clarity.

**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 a formal breastfeeding assessment is carried out at approximately 10-14 days. Therefore, systems which enable this assessment to take place are ***required.*** A [sample breastfeeding assessment form](http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Breastfeeding_assessment_tool_comm.pdf?epslanguage=en) is provided and it is ***recommended*** that this is incorporated into the standard records or that reference is made to this to support effective development of your own assessment tool.

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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 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 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 those who are pregnant, mothers, parent/primary caregivers and babies be orientated to the policy during the first week of their employment. We ask you to include health visitors and other team members such as staff nurses, nursery nurses, health-care assistants, infant feeding support workers and peer supporters. In early years settings, we ask that all staff who have contact with parent/primary caregivers are included in this process.

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

* key staff (for example the Baby Friendly lead/team) 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 policies, protocols and/or guidelines may be developed to assist the staff to support mothers, parent/primary caregivers and babies effectively in specific situations, for example for babies who have lost an excessive amount of weight or are not gaining weight at the expected rate, are jaundiced or to guide staff with specific aspects such as the introduction of solid foods. The content of such guidelines can have a significant effect on practice, particularly with regard to safety and the incidence of exclusive breastfeeding/prevalence of breastfeeding. Whilst they will vary depending on local needs, it is important that they are unambiguous and effective. Your service may not have or need all of these guidelines. The need will be apparent/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 service to meet the standards. The support provided for mothers and parent/primary caregivers to maximise breastmilk/breastfeeding will be reviewed at Stage 3 assessment through interviews.

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
* Outline of how the staff education programme is delivered including annual updates
* 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](http://www.unicef.org.uk/BabyFriendly/Resources/Training-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
* 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 in the learning outcomes being met, the minimum amount of time spent on face-to-face classroom training for staff such as health visitors should not be less than one full day and ideally two days. It is acceptable to provide more or less than this recommendation, provided that you are able to demonstrate that all the Baby Friendly standards are covered adequately.

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\*.

*\* While a single Baby Friendly lead/team may be able to deliver all the classroom-based education unaided, it is unlikely, except in the smallest organisations, that s/he will be able to manage one-to-one teaching for all the members of staff who require it. Most services that have tackled this have found that the best solution is to train a small group of ‘key workers’, who will in turn take responsibility for training identified groups of staff. Key workers need to work closely with the lead professional / Baby Friendly lead, and have their own practice reviewed regularly, to ensure ongoing consistency throughout the team.*

**A note about GPs**

General practitioners can impact significantly on breastfeeding success. Ideally, they need to have sufficient, relevant, information and/or education about breastfeeding to enable them to provide appropriate and effective care for breastfeeding mothers and babies and to be able to signpost to relevant local services. In many settings, expecting the health visiting service to provide that information has presented a huge challenge with changing structures and boundaries and defined service specifications frequently inhibiting this process. Therefore, you are not expected to evidence that you have provided this information as part of the standard Baby Friendly accreditation programme. Given the significance for mothers however, services are encouraged to work with their GP colleagues, providing relevant local information. Where evidence of an effective training programme can be shown, this would be recognised. UNICEF UK have developed an [e-learning package for GPs](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/E-learning-for-GPs/) to cover the information for GPs to support mothers.

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.**

: For more information see [Stage 2 guidance](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-2-an-educated-workforce/) notes

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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 team if applicable
* Details of strategic leadership of the programme for example a high level strategy group and a Guardian
* All materials used to support implementation of the standards. To include the breastfeeding and bottle feeding assessment forms, feeding plan and other forms of documentation, and materials for mothers/parent/primary caregivers both written and digital, 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 education and feeding support available for mothers/parent/primary caregivers
* 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.

For example:

* Will the postholder carry out all of the work, or will there be a team?
* Will the role include carrying out staff training, practical skills reviews and audits?
* Do you expect the role to include specialist support for breastfeeding?
* How large is the service in terms of staff numbers and births?
* What role will managers and other key staff take in supporting the lead?

You are asked to provide details of:

* The Baby Friendly lead/team including hours worked
* 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.

Experience with implementing the Achieving Sustainability standards has shown that having a strategic group involving senior leaders in the organisation is helpful to support effective implementation and progression of the standards at all stages of the Baby Friendly journey. This includes a very high level member of the service, with access to the Board who can act as a Guardian to the Baby Friendly work. We therefore ***require*** that plans are made to set up such a group and engage a Guardian. Suggestions about creating the group can be found on pages 9-10 of the [Achieving Sustainability Standards and Guidance](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/04/Achieving-Sustainability-Standards-and-Guidance-Unicef-UK-Baby-Friendly-Initiative.pdf).

4 **Please provide details 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.

You will be asked to submit evidence showing how the standards will be implemented in the workplace. This will include the mechanisms by which staff will be reminded to provide certain care and the prompt sheets/digital records, guidance documents, leaflets, and so on that they will use.

You don’t have to start each of these tools from scratch. The UNICEF UK Baby Friendly Initiative provides a variety of resources including antenatal and postnatal prompt sheets and breastfeeding assessment forms. There are Unicef/ Start4Life written materials for mothers available from the English Department of Health. For links please visit the Stage 1 page [here](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-1-a-firm-foundation/).

Similar materials can be found

* in Scotland from NHS Health Scotland at [readysteadybaby.org.uk](http://www.readysteadybaby.org.uk/)
* in Northern Ireland from <http://www.publichealth.hscni.net/publications>

There are also a number of other excellent resources available that can support the improvements in practice required, please see our [Guide to the Baby Friendly Initiative Standards for more links to resources.](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/guide-to-the-baby-friendly-initiative-standards/)

3.2.1 Information for those who are pregnant

We ***require*** all those who are pregnant to be made aware of local health visiting and early years services, including services available for those who are pregnant such as the opportunity to attend local groups and classes. We ***require*** that those who are pregnant have the opportunity to have a meaningful conversation that takes into account their individual needs. There are two aspects to this conversation:

* Helping prepare them for feeding and caring for their baby in ways which will optimise their own and their baby’s wellbeing, including an opportunity to talk about how breastfeeding works and any previous feeding challenges.
* Encouraging them to start to develop a positive relationship with their baby in utero.

The conversation can take place as part of routine antenatal provision or as part of a class provided by the service or provided in close collaboration with another service and can be face to face or virtual. The standard will be assessed on whether or not the conversation took place, whether the information given was evidence based, helpful and enabling to the mother. Experience has shown that drip feeding information may not always be effective so you are ***recommended,*** where possibleto consider how the discussion can be facilitated in a way which allows sufficient time for the issues to be addressed. We ***recommend*** that any communications about the offer are created in a way that they are likely to engage parent/primary caregivers and maximise the opportunity to access as many parent/primary caregivers as possible. We also ***recommend*** that plans are made to include local parent/primary caregivers in service design and that evaluation of the provision is considered as part of the planning.

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.

In order to be able to access those who are pregnant within your area, a system is ***required*** which enables data about pregnancies to be shared. We ***recommend*** that you work with your local maternity provider/s to agree a plan for this to happen. And overall plan for antenatal provision is ***required*** which highlights the key touchpoints for all the relevant providers and what parent/primary caregivers can expect at each point. We ***recommend*** that a visual roadmap or other document is created, collaboratively with all relevant local services.

: Guidance to support staff to have [conversations in pregnancy](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/New-guidance-for-antenatal-and-postnatal-conversations/) can be found the website. You are welcome to use/amend this to meet the needs of your facility.

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.**

3.2.2 Antenatal education classes

Those facilities which provide antenatal education classes for those who are pregnant/parents/primary caregivers are ***required*** to ensure that they make the most of the opportunity to provide good quality and effective information by making sure that they reflect the spirit of the standards. It is also important to make sure that the content does not undermine or conflict with other information given and that mothers and families can rely on a consistent standard of provision irrespective of which class they attend.

More information about developing an effective programme can be found in the [Pregnancy, birth and beyond programme](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215386/dh_134728.pdf) developed by Department of Health (DH) in England, and similar packages developed by the devolved governments for example the [National Antenatal Syllabus](http://www.maternal-and-early-years.org.uk/the-scottish-antenatal-parent-education-pack) in Scotland.

4 **Please submit a copy of the content of the antenatal class pertaining to infant feeding and relationship building with the application form.**

3.2.3 Information and support for mothers and families who are breastfeeding

We ***require*** that services provide information and support for breastfeeding mothers according to individual need. This will include making a proactive early contact to enable mothers who are struggling to be offered support and signposting. This can be in the form of a phone call by an appropriately trained member of staff who can identify any issues, ideally using the breastfeeding assessment tool or similar as a framework and can point the mother in the right direction for support, information and/or resources. We ***recommend*** that you develop a defined process for this, for example the contact could be carried out by the health visiting team, infant feeding team or peer support service, or it could be part of the process of arranging the new birth visit. Earlier timing of this call, with relevant signposting has been shown to avoid early introduction of infant formula or breastfeeding cessation before the new birth visit.

We ***require*** that a formal breastfeeding assessment is carried out at approximately 10-14 days and at each subsequent mandated contact to ensure effective feeding and well-being of the mother and baby. This should be carried out using an agreed assessment tool to ensure consistency and effectiveness and should be used as an opportunity to ensure that the mother recognises effective feeding.

The outcome of the assessment should be discussed with the mother with the aim of building her confidence and supporting breastfeeding. Where any issues are identified, a plan of care should be agreed with the mother and documented on a standard breastfeeding assessment tool. We ***recommend*** that you use the Baby Friendly assessment tool, or adapt this to suit local needs. Assessments should be repeated at each mandated contact as a minimum so that any new or persistent issues can be identified and effective support given.

We ***recommend*** that you use the Baby Friendly assessment tool, or adapt this to suit local needs.

: The [breastfeeding assessment tool](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/tools-and-forms-for-health-professionals/breastfeeding-assessment-tools/) and an information sheet for mothers can be downloaded from the website. You are welcome to use/amend this to meet the needs of your facility as long as you credit the source.

We encourage support which enables a mother to feel confident and able to continue breastfeeding for as long as she wishes. This may on occasion involve basic breastfeeding support to address simple challenges such as nipple pain, such as sitting with her through a feed and ensuring she recognises effective breastfeeding as well as, for example, providing information about responsive feeding, how to express breastmilk, feed when out and about and manage returning to work, or it may involve checking that she is already confident in all of those areas and may include referring to additional support such as infant feeding drop-ins or specialist infant feeding services.

We ***recommend*** that staff are encouraged to cover the relevant areas according to the mother’s individual need, with guidance/documentation developed to support this. We want staff to provide the mother with information and/or check that she is aware, filling in the gaps where this is needed and then giving additional information and support that meets her needs and addresses her concerns.

A referral pathway for mothers/parent/primary caregivers with persistent or complex challenges is ***required.*** The service can provide this or work collaboratively with another organisation to ensure that all mothers within the locality are able to access such a service. This should include a pathway for frenulotomy when this is needed, including a plan for assessment and follow up after the procedure. The specialist service should also be able to provide breast-pump loan as part of a plan of care. Again, these can be provided by the service or in collaboration with another provider. We ***recommend*** consideration at ICB level about how frenulotomy service and breast-pump loan schemes can be supported in order to enable equity of provision where possible.

Social (additional) support is also important as part of a multi-faceted approach to support continued breastfeeding. Support services such as peer support, drop-in groups, digital support should be established and again, this can be done collaboratively with another local provider. We ***require*** that these services meet the mothers’ needs. These could be services run wholly by the health visiting/public health nursing service for example well baby clinics or services run in collaboration with other organisations for example breastfeeding support groups jointly run by a health visitor and early years worker and/or peer supporter. We ***recommend*** that consideration is given to provision of services that support mothers to continue breastfeeding at times known to be pivotal points when breastfeeding is likely to cease. For example, breastfeeding data highlights the period around 3-6 and 10-14 days as potential crises points. Development of a local source of information about the support available is ***recommended*** and effective mechanisms put into place so that mothers are made aware proactively of provision in the early period after the birth so they can access at time of need. The effectiveness of services should be evaluated and amended as needed to ensure that they meet the needs of mothers and babies.

As part of support provision, it is a ***requirement*** that parent/primary caregivers are offered information about the variety of issues which can impact on longer term breastfeeding. Such issues may include feeding when out and about, returning to work or feeding at night, or any other issue which the mother, parent/primary caregiver or family considers may be a barrier to ongoing breastfeeding. Existing strengths and resources for support could be explored with individuals and relevant information provided according to individual need.

It is a ***requirement*** that mothers/parent/primary caregivers are encouraged to feed their baby in response to their baby’s hunger cues. It is also crucial that mothers are supported to view breastfeeding as not just a way of providing food, but also as an effective way of comforting and calming babies, or to meet their own needs for comfort, rest, emotional wellbeing, or to manage competing demands as well as strengthening the relationship with their baby. The impact of dummy use on responsive feeding and therefore on future milk supply should be explained.

We recognise the crucial importance of exclusive breastfeeding, and this should be clearly communicated. However, if formula milk has been introduced ensuring that they are supported and encouraged to offer any breastfeeds/breastmilk if this is their goal is ***required*** so that the baby benefits from receiving the maximum amount of breastmilk possible. We ***recommend*** that any relevant guidelines such as for management of faltering growth guidelines provide clear guidance for staff about how to sustain lactation and increase milk supply if appropriate.

We ***require*** that mothers who give other feeds in conjunction with breastfeeding should be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. If mothers are partially bottle feeding at home, then we would expect that staff ensure that they are able to make up formula feeds as safely as possible and bottle feed responsively, at the time they need this information.

3.2.4 Information and support for mothers and families who are formula feeding

For those parents/primary caregivers who have chosen to formula feed their baby, we ***require*** that a full bottle feeding assessment is carried out at mandated contacts and other times as indicated. We ***require*** that they be shown how to make up feeds, use a first stage milk and be and given any information necessary to enable them to feed their babies responsively and as safely as possible, including the risks associated with the use of preparation machines, according to their individual need. Ideally, this should take place early in the postnatal period, preferably on a one-to-one basis, but it is the responsibility of community staff to check that this has happened. If the family is experienced in formula feeding it is acceptable for staff to confirm that they are confident to prepare feeds and feed responsively and aware of any guidelines which may have been issued since the last baby was born.

We ***require*** that parents/primary caregivers are enabled to formula feed as safely as possible. This should include a mechanism for checking that they are confident with how to clean/sterilise equipment and make up feeds according to individual need. In addition, encouraging mothers who formula feed to feed their baby responsively and give most feeds themselves while holding their baby close will support relationship building, particularly in the early weeks and therefore we ***require*** that you ensure this information is offered*.*

3.2.5 Information and support for all mothers and families

We ***require*** that mechanisms are established to ensure that when mothers are discharged from hospital that community services are informed, including a mechanism for an effective handover of care to health visiting services. This is particularly important when feeding challenges have been experienced or the baby or mother have been unwell, for example when admission to NICU has occurred. We ***recommend*** that you work collaboratively to develop effective processes.

We ***require*** that processes be put in place to enable parents/primary caregivers to discuss the impact of feeding challenges (previous, current or perceived) on their emotional wellbeing. This may involve conversations with a member of the health visiting team, or referral to perinatal mental health services.

We ***require*** that processes be put in place to enable parents/primary caregivers to discuss the impact of feeding challenges (previous, current or perceived) on their emotional wellbeing. This may involve conversations with a member of the health visiting team, or referral to perinatal mental health services.

We ***require*** that you implement a mechanism for ensuring that mothers are enabled to introduce solid foods in ways which optimise babies’ health and wellbeing at a time which meets the needs of local parent/primary caregivers. This may be by one to one discussion or in groups and we would ***recommend*** that you define clearly for staff when and how this should happen.

We ***require*** that *all* parent/primary caregivers are supported to build a close and loving relationship with their baby. This should involve keeping their baby close, learning how to recognise and respond to their baby’s cues for feeding, communication and comfort and encouraging skin-to-skin contact throughout the postnatal period. Parent/primary caregivers should be given information about any local parenting groups which are available. Training and guidance for staff to enable them to do this effectively is ***recommended.***

We ***require*** that processes be put in place to enable parents/primary caregivers to discuss the impact of feeding challenges (previous, current or perceived) on their emotional wellbeing. This may involve conversations with a member of the health visiting team, or referral to perinatal mental health or other partner services. We recognise that in many instances this is already in place, by health care professionals or peer supporters using active listening skills when parents/primary caregivers describe birth stories or feeding challenges, building on this by providing guidance for staff about when to refer on is ***recommended.***

**Mother-baby closeness and safety issues**

Young babies need to be close to their mothers, parent/primary caregivers or primary care givers, as this is the biological norm. We want to see that services/staff share with parent/primary caregivers about the benefits of keeping their baby close, and encourage them to do so. However, modern lifestyles sometimes mean that there are safety risks associated with parent/primary caregivers and babies being close to each other, particularly when a parent/primary caregiver falls asleep (which could be night or day). It is therefore vital that safety issues, in particular safe sleeping, are discussed in a way that is proportionate to the risks involved and that does not frighten parent/primary caregivers or close down discussion. Training and guidance for staff to enable them to do this effectively will be needed.

We ***require*** that parent/primary caregivers are supported to keep their baby safe when they are asleep, both in conversation and with written or on-line information to reinforce the messages.

More information can be found here:

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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.  |

*Caring for your baby at night leaflet for parent/primary caregivers* - [unicef.uk/caringatnight](https://unicef.uk/caringatnight) (and accompanying Health Professional’s guidance)

Development of resources and services that meet the needs of local parents/primary caregivers is best achieved by involving them in development. We therefore ***require*** that you consider which elements lend themselves to this and incorporate this into their planning, development and evaluation. For example, if you are rolling out infant feeding support groups in areas of targeted need, discussing with parents/primary caregivers about aspects such as venue choice, timing and content would be relevant. Or if developing written/digital materials gaining opinions on the content and wording will help ensure they are accessible and helpful.

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.

: See guidance to support Baby Friendly leads with [educating staff to have conversations in postnatal period](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Forms-and-checklists/New-guidance-for-antenatal-and-postnatal-conversations/)

3.2.5 Written information and other materials for mothers

We ***recommend*** that services provide mothers to be and mothers 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:

* input into their development from local parents/primary caregivers
* 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. The following example of frequency and numbers is appropriate whilst the facility is progressing to Stage 2 and 3. The numbers should be seen as a minimum.

|  |  |
| --- | --- |
| **Stage 2** | **Stage 3** |
|  | **Frequency** | **Numbers** | **Frequency** | **Numbers** |
| **Staff** | Quarterly | 15-20 (up to 3000 births)20-30 (3000+ births) | Six monthly | 15-20 (up to 3000 births)20-25 (3000+ births) |
| **Mothers \*** | Six monthly |  15-20 mothers who are breastfeeding 10-15 mothers\*\* who are formula feeding (up to 3000 births)20-25 mothers who are breastfeeding @15 mothers who are formula feeding (3000+ births) | Quarterly |  15-20 mothers who are breastfeeding 10-15 mothers who are formula feeding (up to 3000 births)\*\*20-25 mothers who are breastfeeding @15 mothers who are formula feeding (3000+ births) |
| **Environment (Code and information including digital)** | Six monthly | All areas | Six monthly | All areas |

\*The sample should be representative of the area as a whole and therefore include mothers from all localities served by the HV and Early Years service.

*\*\** Samples of mother who are breastfeeding and formula feeding should be representative of the local rates. This may mean that larger numbers of mother who are formula feeding will be appropriate in some areas.

Systems to monitor and respond to the results from maternal satisfaction surveys and complaints related to infant feeding will also be explored (see section 3.4).

: The [Baby Friendly audit tool for health visiting services](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/audit/) 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 breastfeeding rates for at least one point in time, for example 6-8 weeks. In addition we ***recommend*** that statistics for a further time-point or multiple time points such as transfer to health visitor and later also be collected in order that the effectiveness of care provision can be established and areas of significant drop-off rates can be targeted.

When collecting breastfeeding statistics it is important that the definitions of what constitutes ‘breastfeeding’ are used and understood. We ***recommend*** that the following definitions be used:

* **Feeding at initiation**: The milk (breastmilk or formula) given as the baby’s first feed. (DH England allows initiation to be defined as breastfeeding if, *within the first 48 hours after birth*, the baby has *either* been put to the mother’s breast *or* been given any of the mother’s breastmilk.)
* **Full (or total) breastfeeding**: The infant is currently\* receiving only breastmilk either by direct breastfeeding or feeding expressed breastmilk, with *no other liquids or solids* except vitamin or mineral supplements, or medicines. (NB: S/he may have received infant formula or other foods or drinks in the past.)
* **Partial breastfeeding**: The infant is currently\* receiving some feeds of breastmilk and some formula feeds and/or complementary (weaning) foods.
* **Formula feeding / no breastfeeding**: The infant is not currently\* receiving any breastmilk. S/he is fed on infant formula, with or without complementary (weaning) foods.

*\*currently means over the last 24 hours*

We will keep track of your progress in this area. Data will be required at each assessment process and in an ongoing way following accreditation. The following grid of data will be requested via email before an assessment:

|  |  |
| --- | --- |
| **Age/stage collected** | **Feeding category** |
| **Full / total breastfeeding** | **Partial breastfeeding** | **Formula feeding** | **Not known** |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx weeks/months** | xx% | xx% | xx% | xx% |
| **Period covered by the figures** |  |
| **Percentage population coverage** | These statistics relate to XX% of the population served by the facility. |

Additional mechanisms for monitoring outcomes are also ***recommended*** for example timing of the introduction of solids, collection of qualitative data related to maternal 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 application form and provide your latest data when requested.**

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

3.5.1 Support for mothers

Mothers leave hospital and return home soon after the birth and home visits by community midwives and health visitors have reduced in frequency. Therefore, consideration needs to be given to the provision of local support mechanisms which will meet their needs, including parents/primary caregivers in planning and design. Mothers may experience or perceive that they are experiencing problems with breastfeeding. The mechanisms in place should enable access to support with basic problem solving via the local health visiting service or other local routes such as breastfeeding support groups, peer support etc. Mothers are more likely to continue breastfeeding if they have people in their lives who believe that they can succeed. This can come in the form of meeting other mothers at groups or from peer supporters. While the health visiting services do not necessarily have to provide this social support, it is ***required*** that mothers know about what is available locally and that health visiting services work collaboratively with other services to make the social support as attractive as possible so that they engage and benefit from it.

In addition, those mothers with difficult challenges will need specialist level support. We ***require*** that a local referral pathway for enabling specialist support is established, with the health visiting 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 statement [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/)

Evidence suggests that the periods around 3 and 10-14 days are potential ‘pivotal’ or crisis points where mothers who are experiencing breastfeeding difficulties or lack confidence in how well breastfeeding is going are likely to give up. We therefore ***recommend*** that services are planned with this risk in mind. Careful attention should be paid to ensuring an effective and flexible approach to handover of care between midwife and health visitor, so that the needs of mothers and babies come first.

We ***require*** that mothers are made aware of all support available. Parent/primary caregivers should also be signposted towards any local parent/primary caregiver classes which will support them to develop a close bond with their baby for example baby massage classes, We ***recommend*** that written information is compiled, giving details of how to contact a health visitor how to access local support services and national telephone helplines. We ***recommend*** that you implement a mechanism to ensure that this information is kept up to date.

4 **Please describe how this information is provided for mothers in the relevant section of the application form and submit a copy of any written materials used to inform 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. Often the information and support provided for mothers both during pregnancy and to continue breastfeeding and with parenting is provided collaboratively with other organisations. For example, additional support with breastfeeding challenges may be provided by the maternity service, social support groups may be provided in collaboration with early years services and perinatal mental health support may be provided by the health visiting perinatal mental health team. We ask you to tell us how you work with colleagues in other departments and services to ensure best possible implementation of the standards. This will include how data about who is pregnant and has given birth is shared to enable antenatal contact and effective postnatal handover of care, including how services are organised and how mothers are informed of the services available. If parents/primary caregivers are referred to local voluntary organisations, you should develop mechanisms to collaborate formally, including appropriate referral pathways. For all services provided collaboratively, we would expect that formal agreements are reached about how these are resourced and who is responsible for audit and evaluation.

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.**

|  |
| --- |
| **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.
* 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 parents/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 formula feeding. Parents/primary caregivers who have chosen to formula feed their baby should be given clear written instructions and shown how to make up a feed safely before they leave hospital. This discussion should include guidance to use a first stage milk for the first year 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.**

: 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-2)