**Draft plan for achieving UNICEF UK Baby Friendly Accreditation in community services**

To be completed in advance of a planning meeting or to support your Baby Friendly accreditation journey. Please refer to the Guide to the [Baby Friendly Initiative standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/) and [guidance and application forms](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/stage-3-parents-experiences/parents-experiences-of-health-visiting-services/) for Stage 1, 2 and 3 assessments to help you work through this action plan.

*Please note: The* [*Achieving Sustainability standards*](https://www.unicef.org.uk/babyfriendly/?s=achieving+sustainability) *(with the exception of those marked\*) are not required for initial accreditation. However, implementing them at an early stage will make the core Baby Friendly standards easier to implement and maintain.*

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| **Achieving Sustainability** | **Action** | **Date** | **Who is responsible** |
| **Leadership**  A named Baby Friendly lead/team  A Baby Friendly Guardian\*  Effective leadership structures  Managers educated |  |  |  |
| **Culture**  Ongoing staff education\*  A positive culture for staff and families |  |  |  |
| **Monitoring**  Audit programme  Feeding data available\*, analysed  Action plans developed\*  Reporting mechanisms |  |  |  |
| **Progression**  Responsive to change  Improving outcomes  Integrated working\* |  |  |  |
| **Strategy** | **Action** | **Date** | **Who is responsible** |
| Develop and agree an action plan which covers all of the standards. This should be agreed by relevant managers. |  |  |  |
| Identify a project lead/team with sufficient skills and capacity (substantive and protected hours) to implement the standards. |  |  |  |
| Form a group to oversee the implementation of the project, to include relevant staff and managers. |  |  |  |
| Develop an infant feeding policy;  Managers to sign a written commitment to implement the policy in their areas. |  |  |  |
| Orientate staff to the policy within one week of commencing post. Maintain records of this orientation. |  |  |  |
| Ensure that any additional guidelines or policies are evidence-based, accurate and effective. |  |  |  |
| Tools which support implementation of the standards (e.g. feeding plan, breastfeeding, bottle feeding, expressing tools, etc.) meet the evidence base. |  |  |  |
| Agree commitment to implementing the [International Code of Marketing of Breastmilk Substitutes](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutes-resources/guide-to-working-within-the-code/).  Ensure mechanisms exist to monitor implementation.  Materials and resources used avoid inferring formula and bottle feeding equivalence with breastfeeding. |  |  |  |
| Written information provided for or displayed to new mothers/parents/primary caregivers, including teaching and online materials and websites, are accurate, effective and free from promotion of breastmilk substitutes, bottles, teats and dummies.  Develop relevant displays to underpin key messages. |  |  |  |
| Develop a training plan for all staff including a curriculum/a that cover all of the standards and the International Code of Marketing of Breastmilk Substitutes, using [our guidance](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guidance-on-writing-a-curriculum/). |  |  |  |
| Develop a system to ensure that all staff are scheduled to attend the training (within six months for new staff) and receive ongoing updates.  Follow up non-attendees.  Keep accurate records of staff attendance at training.  Processes enable assessment of the outcome of the training. | Stage 1, 2 |  |  |
| Develop a plan for auditing the standards including use of the appropriate [audit tool](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Audit/Audit-tools-to-monitor-breastfeeding-support/). |  |  |  |
| Ensure an efficient data collection system is in place. |  |  |  |
| Share data and information:   * Internally at all levels of the organisation * Externally as appropriate across relevant organisations. |  |  |  |
| Consider how feedback from parents/primary caregivers, including complaints, will be listened to and acted upon. |  |  |  |
| Consider how the facility can work collaboratively with other services to put the wellbeing of the baby and their mother/parents/primary caregivers at the heart of care during pregnancy and after the birth (for example maternity service, NNU, paediatric wards, children’s centres). |  |  |  |
| Consider how infant feeding and relationship building are taken into account in relevant local health policies and deliverables. |  |  |  |
| Work with local acute services to implement processes for pregnancy and new birth notification. |  |  |  |
| Work with local acute services to implement processes for handover of feeding plans to community services. |  |  |  |
| If parents/primary caregivers are referred to locally commissioned services, develop mechanisms to collaborate in order to ensure that staff have effective training and supervision.  Ensure appropriate referral pathways. |  |  |  |
| Consider the needs of the local population, including families from diverse backgrounds and with special needs. |  |  |  |
| Include parents/primary caregivers in the co-design of services. |  |  |  |
| Ensure that appropriate signs indicating that breastfeeding is welcome are displayed in all public areas. |  |  |  |
| **Pregnancy** | **Action** | **Date** | **Who is responsible** |
| Systems are in place to enable those who are pregnant to be made aware of local health visiting and early years services. |  |  |  |
| Agree a plan to ensure that those who are pregnant are offered a conversation about feeding and recognising/responding to their baby’s needs (either face-to-face, virtual or in a group) to meet their needs (in addition to that provided by maternity services). To include the opportunity to discuss previous feeding challenges.  Provide evidence-based information in a digital or written format. |  |  |  |
| Encourage those who are pregnant and their partners/significant others (if applicable) to develop a positive relationship with their growing baby. |  |  |  |
| Ensure those who are pregnant and their partners/significant others (if applicable) can access local services and information to support them with feeding and caring for their new baby. |  |  |  |
| Develop session outlines for parent/primary caregiver education classes where these are provided by the service. |  |  |  |
| **Breastfeeding support** | **Action** | **Date** | **Who is responsible** |
| *Health visiting service only*  Implement a breastfeeding assessment tool for use at the new birth visit and subsequent mandated contacts as a minimum.  Ensure that staff use the assessment tool to plan care when an issue is identified and as an opportunity to enhance mothers’ confidence. Particular consideration is given when the birth or postnatal period has been challenging (for example following admission to hospital for mother or baby). |  |  |  |
| Develop a process whereby mothers are contacted and offered support in advance of the new birth visit. |  |  |  |
| Develop documentation to support mother-centred postnatal information giving and care related to continued breastfeeding. |  |  |  |
| Ensure that all breastfeeding mothers are supported to continue breastfeeding according to individual need including relating to:   * support for breastfeeding to meet individual goals * responsive feeding (including the potential impact of dummy use on responsive feeding) * expression of breastmilk * feeding when out and about * the importance of night-time feeds and strategies for coping with feeding at night (including information on the issues surrounding safer sleep) * breastfeeding and returning to work. |  |  |  |
| Ensure that all breastfeeding mothers are:   * encouraged to breastfed exclusively and are supported to understand why this is important * should exclusive breastfeeding not be possible, they are encouraged to maximise the amount of breastmilk received and to offer expressed breastmilk or infant formula in a way which minimises the impact on breastfeeding. |  |  |  |
| Identify sources of social support and basic problem solving and develop a mechanism to ensure mothers are made aware of these verbally and in writing.  Monitor the effectiveness of these support mechanisms. |  |  |  |
| Develop a service with a referral pathway for those mothers in need of specialist support with persistent and complex breastfeeding challenges.  Ensure availability of a frenulotomy service and breast pump loan. |  |  |  |
| **Support with bottle feeding and introduction of solid foods** | **Action** | **Date** | **Who is responsible** |
| Ensure that parents/primary caregivers who are formula feeding are supported to understand how to make up infant formula, to use a first infant formula for the first year, and to feed their baby safely and responsively.  Encourage parents/primary caregivers to hold their baby close and offer the majority of feeds themselves. |  |  |  |
| *Health visiting service only*  Implement a bottle feeding assessment tool for use at the new birth visit and subsequent relevant contacts. |  |  |  |
| Implement a system which ensures that all parents/primary caregivers receive timely and effective information about the introduction of solid foods. |  |  |  |
| **Support parents/primary caregivers** **to have a close and loving relationship** | **Action** | **Date** | **Who is responsible** |
| Ensure that all parents/primary caregivers are supported to develop a close and loving relationship with their baby, to include:   * support to understand their baby’s emotional and social development and need for love, comfort and security * encouragement to respond to their baby’s needs (including encouraging frequent touch, sensitive verbal and visual communication, keeping babies close, responsive feeding, safer sleeping practices). |  |  |  |
| Provide services for parents/primary caregivers to support the development of close and loving relationships and enhance health and wellbeing and encourage them to access these. |  |  |  |
| *Health visiting service only*  Develop processes which enable staff and parents/primary caregivers to discuss the impact of feeding challenges (previous, current or perceived) on their emotional wellbeing including appropriate signposting. |  |  |  |
| Provide parents/primary caregivers with information about how to keep their baby safe whilst they are asleep. |  |  |  |