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

To be completed in advance of a Planning Meeting or to support your Baby Friendly journey. Please refer to the [Baby Friendly Initiative standards and guidance and application forms](https://www.unicef.org.uk/babyfriendly/accreditation/) for Stage 1, 2 and 3 assessments to help you work through this action plan.

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| **Achieving Sustainability**  *The Achieving Sustainability standards are listed below. Please note:*   * *The criteria with an asterisk (\*)* ***are*** *required from Stage 1 onwards* * *The criteria without an asterisk (\*)* ***are not*** *required until the service implements the Achieving Sustainability standards.*   *However, implementing all of the criteria at an early stage will make the core standards easier to maintain in the long term.* | | | |
| **Criteria** | **Action** | **Date** | **Who is responsible** |
| **Leadership**  A named Baby Friendly lead/team\*  A Baby Friendly Guardian\*  Effective leadership structures  A strategy group (or similar)\*  Managers educated |  |  |  |
| **Culture**  Ongoing staff education\*  A positive culture for staff and families |  |  |  |
| **Monitoring**  Audit programme  Feeding data available\* and analysed  Action plans developed\*  Reporting mechanisms |  |  |  |
| **Progression**  Responsive to change  Improving outcomes  Integrated working\* |  |  |  |

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| **Baby Friendly accreditation** | | | |
| **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 members from the multidisciplinary team eg senior nurses, dietitians, paediatricians, and infant feeding leads from Midwifery and NNU. Consider inclusion of external partners |  |  |  |
| Develop an infant feeding policy. Managers in all areas to sign a written commitment to implement the policy in their areas. |  |  |  |
| Ensure staff are orientated to the policy within one week of commencing in post. Maintain records of this orientation. |  |  |  |
| Ensure additional guidelines and/or policies are evidence-based, accurate and effective. |  |  |  |
| Ensure that tools which aim to support implementation of the standards (e.g. feeding plans and breastfeeding, bottle feeding, and expressing tools, etc.) meet the evidence base. |  |  |  |
| Commit to implementing the [International Code of Marketing of Breastmilk Substitutes (the Code).](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 of the Code.  Materials and resources used avoid inferring formula and bottle feeding equivalence with breastfeeding. |  |  |  |
| Ensure that written information provided for or displayed to new mothers, including teaching materials, online materials and websites, are accurate and effective and are 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 that cover all the standards including the Code, 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. The system should also ensure the following:   * Follow up on non-attendees * Accurate records are kept of staff attendance at training. |  |  |  |
| Processes enable assessment and evaluation of the outcome of the training. |  |  |  |
| Orientate medical staff to the policy and provide training relevant to their role. |  |  |  |
| 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 setting up a parent group or having a parent representation on the Strategy Group. |  |  |  |
| Consider how the facility can work collaboratively with other services to put the wellbeing of the baby and their mother/parents at the heart of care (e.g. maternity unit, paediatric wards, health visiting service). This may include pre-discharge planning and follow-up. |  |  |  |
| Consider how infant feeding and relationship building are taken into account in relevant local health policies and deliverables. |  |  |  |
| Work with local acute and community services to implement processes for handover of feeding plans to community services. |  |  |  |
| Consider the needs of the local population including families from diverse backgrounds and with special needs. |  |  |  |
| Ensure that appropriate signs indicating that breastfeeding is welcome are displayed in all public areas. |  |  |  |
| **Neonatal care** | **Action** | **Date** | **Who is responsible** |
| Develop a prompt sheet and documentation to support parent-centred postnatal information giving and care. |  |  |  |
| Ensure that all parents/primary caregivers are supported to develop and continue to build a close and loving relationship with their baby and to provide comfort and emotional support for their baby. This should include:   * Supporting them to understand their baby’s changing developmental abilities and needs * Encouraging them to recognise and respond to their baby’s needs (including encouraging frequent touch, talking to their baby, visual communication, keeping babies close, responsive feeding and safe sleeping practices) * Parents/primary caregivers spending prolonged periods in skin contact with their baby * Enabling them to understand why the items above are crucial for their baby’s development * Consider how babies’ needs for comfort and emotional support can be met in the absence of the parents/primary caregivers. |  |  |  |
| Develop a process to ensure that all families have a discussion about the importance of breastmilk for their preterm baby. |  |  |  |
| The value of mothers’ own breastmilk is recognised. |  |  |  |
| Enable mothers to express breastmilk for their baby:   * as early as possible after the birth and frequently (8-10 times in 24 hours including at least once at night, with no long gaps) * as effectively as possible, including adequate equipment * close to their baby. |  |  |  |
| Develop a mechanism to ensure expressing assessments are carried out on at least four occasions in the first two weeks.  Provide effective support if milk supplies are dwindling. |  |  |  |
| Create an environment conducive to expressing, including availability of pumps, pump equipment, storage of breastmilk, privacy and suitable furniture etc. |  |  |  |
| Ensure there is an effective mechanism for provision of breast pumps for mothers when not with their baby in the hospital. |  |  |  |
| Support mothers in the transition to breastfeeding:   * enabling mothers to be close to their baby as often as possible * use of skin contact * support with positioning and attachment * recognising effective feeding * additional support with breastfeeding/expressing challenges if needed. |  |  |  |
| Identify sources of social and additional support with breastfeeding/expressing challenges and develop a mechanism to ensure mothers are made aware of these verbally and in writing. Ideally, foster the development of specific support groups/peer support for NNU mothers/families.  To evaluate the effectiveness of these mechanisms. |  |  |  |
| Ensure that families who formula feed are:   * supported to learn how to make up a bottle of infant formula and to feed their baby safely * supported to feed responsively- to pace the feed and enable the baby to rest as needed * encouraged to hold their baby close and offer the majority of feeds themselves. |  |  |  |
| Ensure parents/primary caregivers are able to have unrestricted access to their baby. |  |  |  |
| Consider how the unit can make being with their baby as comfortable as possible for parents/primary caregivers, to include facilities for parents/primary caregivers to stay with their baby. |  |  |  |
| Enable parents/primary caregivers to be fully involved in their baby’s care. Encourage them to comfort and support their baby during procedures. |  |  |  |
| Ensure parents/primary caregivers are fully communicated with, including listening to their feelings, wishes, observations and opinions. |  |  |  |
| **General (advisory)** | **Action** | **Date** | **Who is responsible** |
| Provide families with information, verbally and in writing about safer sleep. |  |  |  |