**Application form Certificate of commitment:**

**Preparing to go Baby Friendly**

**Introduction**

A certificate of commitment is the first award given by UNICEF UK in recognition that a provider has an infant feeding policy, an action plan to achieve Baby Friendly accreditation and the commitment to implement the plan.

Your service will be awarded a Certificate of Commitment if it has:

* completed an action plan and submitted it to the Baby Friendly Initiative office (or discussed as part of an implementation visit)
* adopted an infant feeding policy (or equivalent) that covers all the Baby Friendly best practice standards *(except for universities)*
* completed this application form for the Certificate of Commitment, including signature from your Chief Executive *(or university Head of Department)*

4 **Completing the application**

Please complete the boxes below to tell us more about your organisation and contact details for the staff implementing the Baby Friendly Initiative standards and complete the relevant section for your organisation.

Then send this application with accompanying documents to the Baby Friendly office by email only to bfi@unicef.org.uk

: For more information about the Baby Friendly Initiative standards, and latest news and research please visit our website at [unicef.org.uk/babyfriendly](http://www.unicef.org.uk/BabyFriendly/)

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/)

4 **Checklist of documents to be submitted with this form**

|  |  |
| --- | --- |
| ü | **Document** |
|  | **Latest action plan** |
|  | **Infant feeding policy (except universities)** |
|  | **Signed commitment from your Chief Executive/Head of Department in this form (electronic signatures accepted)** |

*Please provide the following information about your project lead(s) for implementing Baby Friendly standards*

|  |
| --- |
| **Infant feeding coordinator or lead lecturer** |
| **Name** |  |
| **Job title** |  |
| **Telephone**  |  |
| **Email address** |  |

*Please note that the following organisation name, Head of Service and Chief Executive names and job titles will appear on the Certificate, so please check all spellings carefully:*

|  |  |
| --- | --- |
| **Name of organisation to which the Certificate applies:** |  |
| **I confirm that I have read the commitment required and agree to fully support the implementation of Baby Friendly standards as outlined** |
| **Head of Service/Department** |
| **Name** |  |
| **Job title** |  |
| **Email address** |  |
| **Signature:** |  |
| **Chief Executive (or equivalent)** |
| **Name** |  |
| **Job title** |  |
| **Email address** |  |
| **Signature:** |  |

*Please complete the following information relevant to your organisation, you can skip or delete the sections that don’t apply*

**Section 1 - Maternity services**

|  |  |
| --- | --- |
| **Name of maternity unit** |  |
| Name and email address of Midwifery Manager responsible for the day-to-day running of the unit |  |
| Brief description of the geographical area served  |  |
| Type and mix of population served |  |
| Main languages spoken other than English*(if there is a significant non-English-speaking population)* |  |
| **Birth and inpatient data** |
| Births in the last year |  |
| Births to mothers who received antenatal care from another Trust (%) |  |
| Mothers transferred in for postnatal care, following delivery in a unit to which the Certificate will not apply (%) |  |

**Please provide your latest breastfeeding statistics below**

: *Please tell us if your categories, or the definitions of those categories, differ from the ones listed within the* [*Stage 1 guidance document*](http://www.unicef.org.uk/BabyFriendly/stage1)

|  |  |
| --- | --- |
| **Age/stage collected** | **Feeding category** |
| **Full / total breastfeeding** | **Partial breastfeeding** | **Formula feeding** | **Not known** |
| **Initiation** | xx% |  |
| **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. |

**Section 2 - Neonatal services**

|  |  |
| --- | --- |
| **Name of neonatal unit** |  |
| **Type of care delivered, level of service**  |  |
| Name and email address of Neonatal Unit Manager responsible for the day-to-day running of the unit |  |
| Brief description of the geographical area served  |  |
| Type and mix of population served |  |
| Main languages spoken other than English*(if there is a significant non-English-speaking population)* |  |
| Admissions in the last year |  |

**Please provide your latest breastfeeding statistics below**

More information about the data fields can be found here: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/neonatal-guide-to-the-standards/data-for-neonatal-units/>

|  |  |
| --- | --- |
| **Breastfeeding data**  | **Percentage** |
| Mothers expressing breastmilk during the first 24 hours following their admission to the neonatal unit  |  |
| Babies receiving human milk in the first 24 hours after admission to the neonatal unit  |  |
| Babies receiving human milk when they leave the unit  |  |
| Mothers expressing when their baby leaves the unit  |  |
| Mothers breastfeeding their baby when they leave the unit  |  |
| Period of collection:  |  |
| Notes (any other relevant information) |  |

**Section 3 - Health visiting/public health nursing services**

|  |  |
| --- | --- |
| **Name of service** |  |
| Name and email address of Manager responsible for the day-to-day running of the service |  |
| Brief description of the geographical area served  |  |
| Type and mix of population served |  |
| Main languages spoken other than English*(if there is a significant non-English-speaking population)* |  |
| **Birth data** |
| Births in the last year |  |
| **Service details – number of….** |
| Health centres |  | Well baby clinic sessions per week |  |
| Childrens centres |  | Breastfeeding support groups per week |  |
| GP surgeries |  | Other relevant groups/classes per week |  |

**Please provide your latest breastfeeding statistics below**

: *Please tell us if your categories, or the definitions of those categories, differ from the ones listed within the* [*Stage 1 guidance document*](http://www.unicef.org.uk/BabyFriendly/stage1)

|  |  |
| --- | --- |
| **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. |

**Section 4 – Children’s centres *(or equivalent early years’ community settings in Wales, Scotland and Northern Ireland)***

|  |  |
| --- | --- |
| **Name of Children’s centres group/service:** |  |
| Name and email address of Manager responsible for the implementation of Baby Friendly |  |
| Brief description of the geographical area served  |  |
| Type and mix of population served |  |
| Main languages spoken other than English*(if there is a significant non-English-speaking population)* |  |
| **Birth data** |
| Births in the last year |  |
| **Service details – number of….** |
| Childrens centres |  | Breastfeeding support groups per week |  |

**Section 5 - Universities**

|  |  |
| --- | --- |
| **Programme title (e.g. BSc (Hons) and full name of the programme** |  |
| **Length of Programme** |  |
| **Number of cohorts per year** |  |
| **Number of students in each cohort** |  |
| **Names of facilities where student placements are planned** |  |

**Section 6 - Hospital-based Children’s Services**

|  |  |
| --- | --- |
| Number of admissions per year under 2 years | ED Inpatient |
| Briefly describe the structure of the serviceEg: number of wards, specialities, number of nursing and medical staff |  |
| Facilities for families |  |
| Local demographics |  |

**Please provide your latest breastfeeding statistics below**

|  |  |
| --- | --- |
| **Breastfeeding data**  | **Percentage** |
| The percentage of mothers breastfeeding/human milk feeding on baby’s **admission** to the paediatric ward/unit (in-patient care) |  |
| The percentage of mothers breastfeeding/human milk feeding their baby on **discharge** from the paediatric ward (in-patient care) |  |
| The percentage of mothers breastfeeding/human milk feeding when their baby **enters** the hospital setting, (Emergency Department (ED) and paediatric assessment units (PAU)). |  |
| The percentage of infants breastfeeding/human milk feeding when they **leave** the hospital setting (ED or paediatric assessment units (PAU)) |  |
| Period of collection:  |  |
| Notes (any other relevant information) |  |

Thank you for supplying this information, which will help us to provide you with effective support as you work towards Baby Friendly accreditation. Please note that we will need to ask for some of this information again/updates on these details, to allow for changes in the services you provide. If you have any queries please do not hesitate to contact us.