

# UNICEF UK Baby Friendly Initiative

## Foundation Standards factsheet

February 2025



### Overview and timeline

The revised [Community Standards](#), launched for assessment purposes in January 2025, have introduced several changes to the Baby Friendly standards for **all services**. These changes aim to enhance the implementation and integration of the Baby Friendly Initiative, fostering more seamless collaboration among services. The updates are informed by evidence-based practice, insight from Gold assessments, experiences from Infant Feeding Leads and feedback from the consultation on the Community Standards.

For clarity, we are referring to this process as changes to the **Foundation Standards**.

From **January 2025** to the end of **May 2026**, all services undergoing assessment will be asked to present an action plan to the assessment team indicating their plans to work towards these standards if they are not already in place. In some cases, the actions will already be completed, in others they will be ongoing or starting.

Sample [action plans](#) have been developed with the Foundation Standards highlighted. You can present a complete action plan or a version with content relating to just these standards.

From **June 2026** implementation of the standards will be required to achieve accreditation.

### What are the Foundation Standards?

The table below lists the key areas to consider and guidance around what we are looking for.

| Standard                   | Goal/guidance  |
|----------------------------|--|
| A named Baby Friendly Lead | <p>A Lead/team is in post with the knowledge, skills and capacity (<i>substantive and protected hours</i>) to implement and maintain the standards.</p> <p>The lead/team will be required to provide strategic leadership, change management, expert clinical practice and staff training and this should be taken into account when hours and staff grade/level are considered.</p>   |
| A strategy group           | <p>A group dedicated to driving Baby Friendly forward is formed or in place, with accountability for implementing the action plan effectively. To include relevant key staff, e.g. Baby Friendly Lead, Guardian, Head of Service, team leads/matrons, specialist staff and relevant medical staff if appropriate (can include staff from other services). The group should meet regularly (at least quarterly) and have formal terms of reference, agreed actions and records.</p> <p>Alternatively, as a minimum, Baby Friendly is a standing agenda item on senior team meetings with the Infant Feeding Lead present.</p> |

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| A Guardian                   | <p>A Guardian with sufficient seniority within the organisation and interest in Baby Friendly is appointed and has access to the Trust Board. The Guardian should be a member of the Strategy Group so that they are aware of progress being made and challenges encountered. There can be more than one Guardian where appropriate, e.g. one from NHS Trust and one from Local Authority.</p>   |
| Data and information sharing | <p>Data, including infant feeding and other relevant key performance indicators as specified in the infant feeding policy, are shared internally at all relevant levels of the service, including up to Board level e.g. through use of a dashboard. Patient information data is shared appropriately across other key local organisations as follows:</p> <ul style="list-style-type: none"> <li>• Maternity to community – pregnancies and new births</li> <li>• Neonatal to maternity and community</li> <li>• Neonatal to neonatal when a baby is transferred</li> </ul> <p>A handover process from acute to community care is in place, to include effective feeding plans where needed at point of handover of care.</p>   |
| Training                     | <p>Annual mandatory updates are in place to support the ongoing implementation and maintenance of the core standards and informed by recent audit results.</p>   |
|                              | <p>Training needs of staff in <i>commissioned</i> services (e.g. peer supporters) are considered as part of the overall training plan. We recognise that paid and volunteer posts exist across all services carrying out a variety of roles. Where these roles impact implementation of the Baby Friendly standards, their input should be defined and relevant training ensured. These staff may be perceived by parents/primary caregivers as being part of the service and therefore it is important that the training they receive covers all of the relevant curriculum content and is working in a complimentary way with the standards. If they do not have the skills and knowledge to support or where certain topics are not covered, there should be appropriate mechanisms in place for referral to an appropriately trained member of staff for this information/support.</p> <p>If breastfeeding peer support is provided by the service with training provided by a recognised national organisation, it is acknowledged that the core breastfeeding training should be effective. However, it would be important to ask whether all the standards are covered. You may want to consider providing top-up training if the expectation is that support related to all aspects of the standards will be covered. For other providers, it may be appropriate to review course content. Peer supporters or other commissioned staff should be included in your service audit samples irrespective of who has provided the training.</p> <p>More information will be available via the Guidance for the Provision of Additional and Specialist Services.</p> |

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| <p>Local population needs</p>  | <p>We are looking for some evidence that services have considered local population needs, e.g. relating to:</p> <ul style="list-style-type: none"> <li>• Ethnicity</li> <li>• Where English isn't a first language</li> <li>• LGBTQIA+ parents and primary caregivers</li> <li>• Parents and primary caregivers with additional needs and disabilities</li> <li>• Perinatal mental health</li> </ul>  |
| <p>Co-design of services<br/><i>(linked to above – designed by those who use it/need it)</i></p> | <p>We are looking for some evidence that parent/primary caregiver involvement has been sought in relevant areas such as:</p> <ul style="list-style-type: none"> <li>• Design of a new leaflet or website page</li> <li>• Creation of a new drop-in group</li> <li>• Expansion of antenatal education service</li> <li>• Liaison with the local Maternity and Neonatal Voices Partnership (MNVP)</li> <li>• Design of facilities for families in hospital</li> </ul> <p>This is likely to be a gradual process as new ways to involve parents/primary caregivers are identified.</p> |

Although some services already have many of these requirements in place, we understand that for others, implementing the Foundation Standards may present some challenges, and we are committed to supporting you throughout the process. As you / services begin to implement the standards, we will share our learning to assist you. If you have implemented any of these standards effectively and would like to share your experiences, or if you have any concerns or questions, please contact us at [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk)