



THE BABY
FRIENDLY
INITIATIVE

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UNITED KINGDOM

GUIDE TO THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS



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INTRODUCTION



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Welcome to the [Guide to the Unicef UK Baby Friendly Initiative standards](#). This document will guide you through the staged Baby Friendly accreditation programme for maternity, neonatal, health visiting and children's centre services.ⁱ

The Baby Friendly standards provide a roadmap for you to improve care. Through our staged accreditation programme, services are enabled to support all mothers with feeding and to help parents to build a close and loving relationship with their baby.

The following chapters will go through each stage of the accreditation process, detailing how you will know when your service has met the requirements, and how we will assess the standards, as well as useful resources for further guidance.

These standards incorporate previous standards specified in the 'Ten Steps to Successful Breastfeeding' and 'Seven Point Plan for Sustaining Breastfeeding in the Community'. The standards have been updated and expanded on to include parent-infant relationships, fully reflecting the evidence base on delivering care and ensuring the best outcomes for mothers and babies in the UK.

Please note, this document does not cover the Baby Friendly standards for universities; for information on these and how they are assessed, please see our University Guidance document: unicef.uk/babyfriendly-university-standards.

Good luck on your Baby Friendly journey.

ⁱ Or equivalent public health nursing services or early years settings in Wales, Scotland and Northern Ireland. Throughout this document we will use 'health visiting' and 'children's centres' to refer to these services.

ABOUT THE BABY FRIENDLY INITIATIVE

The Baby Friendly Initiative is revolutionising healthcare for babies, their mothers and families in the UK, as part of a wider global partnership between the World Health Organization (WHO) and Unicef. We enable public services to better support families with feeding and developing close, loving parent-infant relationships, ensuring that all babies get the best possible start.

Our staged accreditation programme supports facilities to improve care by:

- Setting standards, which provide a roadmap for sustainable improvements
- Providing training and support to help services implement the standards and audit their progress
- Assessing progress by measuring the skills and knowledge of health professionals, and interviewing mothers to hear about their experiences of care. An external Designation Committee of clinicians, academics and others with expertise in this field grants all accreditations and maintains consistency across the programme.

The programme helps professionals to provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face. Thanks to this work, breastfeeding initiation rates have risen by 20% since the Baby Friendly Initiative was established. In addition, parents who formula feed are supported to feed their baby as safely and responsively as possible, and all parents are enabled to develop a close and loving relationship with their baby. Our Achieving Sustainability standards (see page 25) are now supporting services to embed this high quality care into practice for the long term: [unicef.uk/sustainability](https://www.unicef.uk/sustainability).

Our accreditation programme is recognised and recommended in numerous government and policy documents across all four UK nations, including the National Institute for Health and Care Excellence guidance. Baby Friendly accreditation is a nationally recognised mark of quality care for babies and mothers.

INFANT FEEDING: THE UK CONTEXT

Unicef and WHO recommend exclusive breastfeeding up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age and beyond. Our work to support breastfeeding

is based on extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs in every country worldwide.^{1,2,3,4} It protects children from a vast range of illnesses including infection, diabetes, asthma, heart disease and obesity, as well as cot death (Sudden Infant Death Syndrome).^{5,6,7} It also protects mothers from breast and ovarian cancers and heart disease.^{8,9,10,11} In addition, it supports the mother-baby relationship and the mental health of both baby and mother.^{12,13,14} The benefits are seen in both high and low income countries: a study published in *The Lancet* in 2016 found that increasing breastfeeding rates around the world to near universal levels could prevent 823,000 annual deaths in children younger than five years and 20,000 annual maternal deaths from breast cancer.¹⁵

Whilst the Baby Friendly Initiative's work is having a positive impact on breastfeeding initiation rates, breastfeeding continuation rates in the UK remain some of the lowest in the world. Eight out of ten women stop breastfeeding before they want to,¹⁶ which is having a serious impact on the health and wellbeing of babies and their mothers.

Many mothers struggle to continue breastfeeding, often due to a lack of consistent breastfeeding support. Also, breastfeeding is viewed by many in the UK as largely unnecessary because formula milk is seen as a close second best. Advertising of breastmilk substitutes (any food or drink that replaces breastmilk) is inadequately regulated, misleading parents and presenting formula feeding as the norm.

In addition, breastfeeding is a highly emotive subject because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding. The pain felt by so many parents at any implication that they have not done the best for their child can close-down conversation. Whilst no parent should have to feel such pain, the UK context has become so fraught that those who advocate for breastfeeding risk being vilified by the public and in the media. It is time to change the conversation around breastfeeding in the UK, and stop laying the blame for the UK's low breastfeeding rates in the laps of individual mothers. Rather, we need to recognise that this is a major public health issue which requires action across government, healthcare and community settings.¹⁷

Breastfeeding rates in comparable European countries show that it is possible to increase rates with a supportive breastfeeding culture and the political will to do so. For

example, in the UK only 34% of babies are receiving any breastmilk at six months, whereas in Norway this figure is 71%.^{18,19} Improving the UK's breastfeeding rates would have a profoundly positive impact on the health and life chances of our children, reducing the incidence of and hospitalisations for many short and long-term conditions including gastroenteritis, diabetes and obesity, saving many millions for the NHS.²⁰

CREATING A NEW NORMAL

To breastfeed successfully, mothers require accurate and evidence-based information, and face-to-face, ongoing, predictable support across all public services, as well as social support in their local community.²¹ The Baby Friendly Initiative works to ensure that mothers receive this support within healthcare services, and advocates for UK governments to protect these services and take steps to improve support beyond the healthcare setting.

Whilst supporting breastfeeding is at the heart of the programme, we aim to raise standards of care for all babies, regardless of how they are fed. For example, in Baby Friendly hospitals mothers and babies now routinely stay together in the immediate post-birth period, and all mothers are supported to respond to their baby's needs for love, care and comfort in a way which promotes close parent-infant relationships and supports the mental health of both baby and mother.

In addition, our work around formula feeding protects both breastfed and formula fed babies from harmful commercial interests. We seek to ensure that health professionals and parents only receive scientific, unbiased and factual information about breastmilk substitutes, rather than misleading and often confusing profit-driven marketing. We advocate for better regulation around the marketing of breastmilk substitutes, and provide information for parents who formula feed on choosing milks and making up feeds.

In these ways, the Baby Friendly Initiative is helping to create a "new normal" in health services, where babies, their mothers and families are put at the heart of care. Crucially, we support health professionals to provide compassionate, non-judgemental and mother-centred support.

FURTHER READING

- Baby Friendly awards table, showing services' progress towards accreditation: unicef.uk/babyfriendlyawards
- Benefits of breastfeeding: unicef.uk/breastfeedingbenefits
- *The Evidence and Rationale for the Unicef UK Baby Friendly Initiative Standards*: unicef.uk/babyfriendlyevidence
- Call to Action on infant feeding in the UK: unicef.uk/bfcalltoaction

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Stage 1: 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.

Stage 2: An educated workforce

Educate staff to implement the standards according to their role and the service provided.

Stage 3: Parents' experiences

Parents' experiences of maternity services

- 1 Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.
- 2 Support all mothers and babies to initiate a close relationship and feeding soon after birth.
- 3 Enable mothers to get breastfeeding off to a good start.
- 4 Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
- 5 Support parents to have a close and loving relationship with their baby.

Parents' experiences of neonatal units

- 1 Support parents to have a close and loving relationship with their baby.
- 2 Enable babies to receive breastmilk and to breastfeed when possible.
- 3 Value parents as partners in care.

Parents' experiences of health visiting/public health nursing services

- 1 Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.
- 2 Enable mothers to continue breastfeeding for as long as they wish.
- 3 Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
- 4 Support parents to have a close and loving relationship with their baby.

Parents' experiences of children's centres

- 1 Support pregnant women to recognise the importance of early relationships for the health and wellbeing of their baby.
- 2 Protect and support breastfeeding in all areas of the service.
- 3 Support parents to have a close and loving relationship with their baby.

Re-accreditation

Embed all the standards to support excellent practice for mothers, babies and their families.

Achieving Sustainability (Gold)

Provide the leadership, culture and monitoring needed to maintain and progress the standards over time.

THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS WITH GUIDANCE

There are two initial steps your organisation can take to begin your Baby Friendly journey.

PREPARING TO GO BABY FRIENDLY

REGISTER OF INTENT

Complete the Register of Intent form to indicate your service's intention to start working towards accreditation. You can choose to book an Implementation Visit with a member of the Baby Friendly team to discuss your service and how you can start your journey. This will enable you to develop a structured action plan suitable for local needs as well as an infant feeding policy.

CERTIFICATE OF COMMITMENT

This is the first award given by Unicef UK in recognition that a service:

- Has completed an action plan and submitted it to the Baby Friendly Initiative office.
- Has adopted an infant feeding policy (or equivalent) that covers all the Baby Friendly standards.
- Is committed to implementing the plan, as demonstrated by completing an application form for the Certificate of Commitment, signed by the Chief Executive.

Useful resources for preparing to go Baby Friendly can be found at unicef.uk/babyfriendly-preparing



BUILDING A FIRM FOUNDATION

The following standards need to be met in order to be successful at Stage 1 assessment.

1. Have written policies and guidelines to support the standards

You will know that the facility has met this standard when:

- There is a policy (or equivalent) which covers all of the standards and is accompanied by a written commitment, signed by relevant managers, to adhere to the policy and enable their staff to do likewise.
- Policies, protocols and guidelines which pertain to one or more of the standards support the effective implementation of that standard.
- All new staff are orientated to the policy (or equivalent) on commencement of employment.

WE WILL ASSESS THIS BY:

- Reviewing all relevant policies and guidelines to ensure that they support the implementation of the standards as applicable to the service provided.
- Reviewing the mechanism by which new staff are orientated to the policy (or equivalent).

2. Plan an education programme that will allow staff to implement the standards according to their role

You will know that the facility has met this standard when:

- There is a written curriculum for the staff education programme which clearly covers all the standards.
- There are plans for how the staff will be allocated to attend/complete their education according to their role, including a system for recording staff attendance.

WE WILL ASSESS THIS BY:

- Reviewing the written curriculum/curricula to identify where all the standards are covered and how the education is delivered.
- Reviewing the plans made for ensuring staff attendance, following up non-attendees and recording that staff have attended the education programme.

We strongly recommend that those planning and delivering the education programme have additional training, to ensure that they have sufficient knowledge and skill in relation to:

- Infant feeding.
- The importance of early relationships to childhood development.
- How to deliver effective training.

3. Have processes for implementing, auditing and evaluating the standards

You will know that the facility has met this standard when:

- A plan for implementing all the standards has been agreed by all the relevant managers/team leaders.
- A project lead with the necessary knowledge and skills to implement the standards is in post.
- Any tools you are planning to use to support the implementation of the standards (e.g. a feeding plan, feeding assessment tool, materials for mothers) have been developed.
- A plan for auditing the standards has been agreed, including the use of the appropriate Unicef UK Baby Friendly Initiative tool.
- An efficient data collection system exists, or plans to address weaknesses in the data collection system have been made.
- There is evidence of collaborative working that puts the wellbeing of the baby and their mother/parents at the heart of all plans for care.

WE WILL ASSESS THIS BY:

- Reviewing the systems, tools and documentation in place to support implementation of the standards.
- Reviewing the audit mechanism.
- Reviewing the current data collection system/plans for data collection.

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

You will know that the facility has met this standard when:

- A written statement signed by the Head of Service confirms that the facility is committed to implementing, in full, The International Code of Marketing of Breastmilk Substitutes (“the Code”) and subsequent resolutions.
- There is no advertising in the facility or by any of the staff.
- There are systems in place to monitor compliance with this standard.

WE WILL ASSESS THIS BY:

- Reviewing the Stage 1 application to ensure a written commitment to implementing the Code has been made.

STAGE 1: USEFUL RESOURCES

A range of Baby Friendly resources are available at unicef.uk/babyfriendly-stage1 to help you implement Stage 1, including:

- Stage 1 guidance and application form.
- Sample infant feeding policies.
- Guidance on writing a training curriculum.
- Audit tool.
- Breastfeeding assessment forms.
- Guidance on antenatal and postnatal conversations.
- Stage 2 guidance and application form for help with planning the delivery of the education programme (unicef.uk/babyfriendly-stage2).
- Courses to support you with the implementation of your staff education programme, including a *Breastfeeding and Relationship Building* course for midwives, health visitors, neonatal staff and children’s centre staff, as well as a *Train the Trainer* course for those delivering the programme.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers.*

AN EDUCATED WORKFORCE

The following standard will need to be met in order to be successful at Stage 2 assessment.

Educate staff to implement the standards according to their role and the service provided

You will know that the facility has met this standard when:

- The education programme has been effectively implemented.
- Staff who care for mothers and babies can describe how the standards are implemented in their area and demonstrate that they have the necessary knowledge and skills to implement the standards effectively according to their role.

WE WILL ASSESS THIS BY:

- Interviewing a range of staff and asking them about:
 - The education they have received and how the standards are implemented in their area.
 - The knowledge they have in order to implement the standards in their area and according to their role.
 - The skills they have to support mothers to breastfeed.
 - The skills they have to support mothers to formula feed as safely as possible.

- Their understanding of the International Code of Marketing of Breastmilk Substitutes.
- Interviewing managers and asking them about:
 - The systems in place for ensuring that the standards are implemented in the service.
 - What is done to ensure that the International Code of Marketing of Breastmilk Substitutes is implemented.
- Audit results and outcome data.
- Interviewing the project lead and asking them about:
 - Audit and evaluation results relating to the education programme.
 - How care for mothers is provided and evaluated.
 - The support they give to staff to help them gain knowledge, skills and confidence.
 - How they would provide care for mothers with specific difficulties (if this is part of their role).
- Interviewing any staff who provide additional support to mothers about:
 - How they would provide care for mothers with specific difficulties.
- Reviewing training records.

STAGE 2: USEFUL RESOURCES

A range of Baby Friendly resources are available at unicef.uk/babyfriendly-stage2 to help you implement Stage 2, including:

- Stage 2 guidance and application form – including information on staff interviews.
- Audit tool.
- Courses to support you with the implementation of your staff education programme, including a *Breastfeeding and Relationship Building* course for midwives, health visitors, neonatal staff and children's centre staff, as well as a *Train the Trainer* course for those delivering the programme.
- Guidance on providing specialist support to breastfeeding mothers.

PARENTS' EXPERIENCES OF MATERNITY SERVICES

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby

You will know that the facility has met this standard when:

- All pregnant women have the opportunity for a conversation about feeding their baby and recognising and responding to their baby's needs.
- All pregnant women are encouraged to develop a positive relationship with their growing baby in utero.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Opportunities are provided for women to discuss feeding their baby and recognising and responding to their baby's needs.
 - Staff encourage pregnant women to develop a positive relationship with their growing baby in utero.
- Reviewing:
 - Information provided for women.
 - Completed records relating to the conversations that have taken place.
 - Internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
 - If they had a conversation with a member of staff.
 - If the information they received met their needs.

2. Support all mothers and babies to initiate a close relationship and feeding soon after birth

You will know that the facility has met this standard when:

- All mothers have skin-to-skin contact with their baby after birth, at least until after the first feed and for as long as they wish.
- All mothers are encouraged to offer the first feed in skin-to-skin contact when the baby shows signs of readiness to feed.
- Mothers and babies who are unable to have skin-to-skin contact immediately after birth are encouraged to commence skin-to-skin contact as soon as they are able, whenever or wherever that may be.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which mothers are encouraged to spend time with their baby in skin-to-skin contact after the birth.
- Reviewing internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
 - If they were given the opportunity to hold their baby in skin-to-skin contact as soon as possible after birth.
 - If they were able to hold their baby until after the first feed, for at least one hour or for as long as they wished.
 - If they were encouraged to feed their baby in skin-to-skin contact when the baby showed signs of readiness to feed.

3. Enable mothers to get breastfeeding off to a good start

You will know that the facility has met this standard when:

- Mothers are enabled to achieve effective breastfeeding according to their needs (includes appropriate support with positioning and attachment, hand expression and understanding signs of effective feeding).
- Mothers understand responsive feeding, including feeding cues and breastfeeding as a means of comforting and calming babies and themselves.
- A formal breastfeeding assessment is carried out as often as is required in the first week, with a minimum of two assessments to ensure effective feeding and the wellbeing of mother and baby. This assessment includes working with the mother to develop an appropriate plan of care to address any issues identified.
- Mothers are given information both verbally and in writing about recognising effective feeding prior to discharge from hospital.
- Specialist support is available for mothers with persistent and complex breastfeeding challenges, including an appropriate referral pathway.
- Mothers are given information on the availability of local and national support for breastfeeding.
- Mothers with a baby on the neonatal unit are enabled to start expressing milk as soon as possible after birth (ideally within two hours), and are supported to express as effectively as possible.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Mothers are supported to breastfeed their baby (this could include methods of record keeping, etc.).
 - Formal breastfeeding assessments are carried out for all mothers and babies.
 - Mothers are made aware of the additional support available in the local area for breastfeeding challenges, if and when they need this information.
 - Mothers are made aware of local and national services to provide help and encouragement to continue breastfeeding.
 - Mothers with a baby on the neonatal unit are supported to express their milk.
- Reviewing:
 - Information on breastfeeding provided for mothers (written, DVDs, web, etc.).
 - Internal audit results that relate to this standard.
 - Breastfeeding rates.
- Listening to mothers to find out about their experiences of care, including:
 - If they received effective, timely help and information to meet their individual needs (positioning and attachment, hand expression, understanding signs of effective feeding, responsive feeding, etc.).
 - If they knew how to access ongoing support, including additional help with difficulties if needed.
 - If mothers with a baby on the neonatal unit were supported to express their milk.



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4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk

You will know that the facility has met this standard when:

- Mothers who breastfeed are provided with information about why exclusive breastfeeding leads to the best outcomes for their baby and why, when exclusive breastfeeding is not possible, continuing partial breastfeeding is important. Therefore, when mothers are partially breastfeeding, they are supported to maximise the amount of breastmilk their baby receives according to individuals' situations.
- Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding.
- Mothers who formula feed are enabled to do so as responsively and safely as possible.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - The facility ensures that no unnecessary supplements are given to breastfed babies.
- Reviewing:
 - Information provided for mothers.
 - Internal audit results that relate to this standard (including supplementation rates).
 - The hospital environment to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
- Listening to mothers to find out about their experiences of care, including:
 - Whether breastfeeding mothers were supported to maximise the amount of breastmilk their baby received.
 - Whether mothers who formula feed received information about how to make up a bottle of formula milk and how to feed this to their baby using a responsive and safe technique.

5. Support parents to have a close and loving relationship with their baby

You will know that the facility has met this standard when:

- Skin-to-skin contact is encouraged throughout the postnatal period.
- Parents are supported to understand a newborn baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
- Parents are given information about local parenting support that is available.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Parents are given information and support to develop close and loving relationships with their baby.
 - Support is offered to enable parents to formula feed in ways that promote health and wellbeing.
- Reviewing:
 - Information provided for parents.
 - Internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
 - If they had a conversation about their baby's needs.
 - If skin-to-skin contact was encouraged.
 - If they had been encouraged to respond to their baby's cues for feeding, communication and comfort.
 - If they were encouraged to keep their baby close, including at night.
 - That during the hospital stay mothers and babies roomed-in together.
 - If they were informed of any local parenting support available.

STAGE 3 – MATERNITY: USEFUL RESOURCES

A range of Baby Friendly resources are available at [unicef.uk/babyfriendly-stage3-maternity](https://www.unicef.uk/babyfriendly-stage3-maternity) to help you implement Stage 3 in maternity services, including:

- Stage 3 maternity guidance and application form.
- Guidance on antenatal and postnatal conversations.
- Audit tool.
- Breastfeeding assessment forms.
- Information and research on skin-to-skin contact.
- Guidance on providing specialist support to breastfeeding mothers.
- Responsive feeding infosheet.
- Maximising breastmilk information.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers.*
- *Infant Formula and Responsive Bottle Feeding: A Guide for Parents.*
- Department of Health *Guide to Bottle Feeding* leaflet for parents.
- Hypoglycaemia policy guidance.
- Supplementation guidance.
- *Building a Happy Baby* leaflet for parents.
- *Breastfeeding and relationships in the early days* video.
- *The importance of relationship building* video.
- *Caring for your Baby at Night* leaflet for parents and accompanying health professionals' guide.
- *Co-sleeping and SIDS: A Guide for Health Professionals.*



PARENTS' EXPERIENCES OF NEONATAL UNITS

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support parents to have a close and loving relationship with their baby

You will know that the facility has met this standard when:

- Parents have a conversation with an appropriate member of staff as soon as possible about the importance of touch, comfort and communication for their baby's health and development.
- Parents are actively encouraged to provide comfort and emotional support for their baby including prolonged skin-to-skin contact, comforting touch and responsiveness to their baby's behavioural cues.
- Parents and staff who are bottle feeding are supported to do this as responsively as possible.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Parents have a conversation about touch, comfort and responding to behavioural cues as soon as possible.
 - Parents are enabled and encouraged to provide comfort and emotional support to meet their baby's needs, including being able to nominate another carer if they are unable to be present.
- Reviewing:
 - Information provided for parents on the importance of touch, comfort and responding to behavioural cues and skin-to-skin contact.
 - Internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
 - Encouragement to touch, comfort and respond to their baby.
 - Skin-to-skin contact and kangaroo care.

2. Enable babies to receive breastmilk and to breastfeed when possible

You will know that the facility has met this standard when:

- A mother's own breastmilk is always the first choice of feed for her baby.
- Mothers have a conversation regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate.
- Mothers are enabled to express breastmilk for their baby, including support to:
 - Express as early as possible after birth (ideally within two hours).
 - Learn how to express effectively, including hand expression, use of breast pump equipment and storing milk safely.
 - Express frequently, especially in the first two to three weeks following delivery, in order to optimise long-term milk supply.
 - Stay close to their baby when expressing milk.
 - Access effective breast pump equipment.
 - Access further help with expressing if milk supplies are inadequate, or if less than 750ml in 24 hours by day 10.
 - Use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed.
- In the unit there is evidence that:
 - A suitable environment conducive to effective expression is created.
 - A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply.
 - Appropriate interventions are implemented to overcome breastfeeding/expressing difficulties where necessary.



- Mothers receive care that supports the transition to breastfeeding, including:
 - Being able to be close to their baby as often as possible so that they can respond to feeding cues.
 - Use of skin-to-skin contact to encourage instinctive feeding behaviour.
 - Information about positioning for feeding and how to recognise effective feeding.
 - Additional support to help with breastfeeding/expressing challenges when needed.
- Mothers are prepared to feed and care for their baby after discharge from hospital, including:
 - Having the opportunity to stay overnight/for extended periods to support development of the mother's confidence and modified responsive feeding.
 - Having information about how to access support in the community.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Mothers are informed about the importance of their breastmilk.
 - Mothers are encouraged to express, including availability of equipment, how milk is stored and information about expressing (including frequency of expressing, night time expressing and enabling mothers to be close to their baby when expressing their breastmilk).

- A formal expressing assessment is carried out a minimum of four times in the first two weeks.
- Mothers receive care that supports the transition to breastfeeding.
- Specialist support with breastfeeding is provided when needed.
- Mothers are prepared for discharge home with their baby, including facilities available for staying overnight/for extended periods.
- Mothers are informed about local and national support available after discharge.
- Reviewing:
 - Information provided for parents.
 - Internal audit results about parents' experiences of care.
 - Internal processes for loaning/hiring expressing equipment.
 - Breastmilk storage standards.
 - Breastfeeding statistics including use of mothers' own breastmilk, use of all breastmilk, use of breastmilk on discharge and rates of exclusive/any breastfeeding on discharge.
 - The hospital environment to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
 - Support available for parents once home.
- Listening to mothers to find out about their experiences of care, including:
 - Expressing breastmilk.
 - Establishing breastfeeding.
 - Preparing to go home with their baby.

3. Value parents as partners in care

You will know that the facility has met this standard when:

- All parents have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest.
- The unit makes being with their baby as comfortable as possible for parents (for example, by creating a welcoming atmosphere, putting comfortable chairs by the side of each cot, giving privacy when needed and providing facilities for parents to stay overnight).
- Staff enable parents to be fully involved in their baby's care.
- Every effort is made to ensure effective communication between the family and the healthcare team (including listening to parents' feelings, wishes and observations).

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Parents have unrestricted access to their baby.
 - Staff enable parents to be involved in the care of their baby.
 - Effective communication is supported throughout the unit.
 - Parents' emotional needs are addressed.
- Reviewing:
 - The facilities on the unit for making parents comfortable.
 - Internal audit results about parents' experiences of care.
- Listening to mothers to find out about their experiences of care, including:
 - Access to their baby.
 - How they were involved in their baby's care.
 - What methods staff used to communicate with them.
 - The facilities on the unit to make their stay comfortable.
 - Whether mothers who formula feed received information about how to clean/sterilise equipment, make up a bottle of formula milk and feed this to their baby using a responsive and safe technique.

STAGE 3 NEONATAL: USEFUL RESOURCES

For full guidance on all the neonatal standards, please see our comprehensive neonatal guidance document available at [unicef.uk/babyfriendly-stage3-neonatal](https://www.unicef.uk/babyfriendly-stage3-neonatal)

Further Baby Friendly resources are available at the link above to help you implement Stage 3 in neonatal units, including:

- Information and research on skin-to-skin contact.
- Audit tool.
- Checklist for assessment of breastmilk expression.
- Guidance on providing specialist support to breastfeeding mothers.
- *You and Your Baby: Supporting Love and Nurture on the Neonatal Unit* leaflet for parents.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers*.
- Responsive feeding infosheet.

PARENTS' EXPERIENCES OF HEALTH VISITING SERVICES

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their babyⁱ

You will know that the facility has met this standard when:

- Pregnant women have the opportunity for a conversation about feeding their baby and recognising and responding to their baby's needs.
- Pregnant women are encouraged to develop a positive relationship with their growing baby in utero.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Opportunities are provided for women to discuss feeding their baby and recognising and responding to their baby's needs.
 - Staff encourage pregnant women to develop a positive relationship with their growing baby in utero.
- Reviewing:
 - Information provided for pregnant women.
 - Internal audit and evaluation results related to any services provided for pregnant women.
- Listening to mothers to find out about their experiences of care, including:
 - Whether they had a conversation that included breastfeeding and early relationships.
 - Whether they were made aware of services available during pregnancy.
 - Whether the information/services they received met their needs.

ⁱ In recognition of the fact that there is no agreed minimum standard of service expected of the health visitor (and that some services have very little contact with pregnant women) this standard will only be formally assessed when routine care is provided for pregnant women.

2. Enable mothers to continue breastfeeding for as long as they wish

You will know that the facility has met this standard when:

- A formal breastfeeding assessment is carried out at approximately 10–14 days to ensure effective feeding and the wellbeing of the mother and baby. This includes developing, with the mother, an appropriate plan of care to address any issues identified.
- Specialist support is available for mothers with persistent and complex breastfeeding challenges, including an appropriate referral pathway.
- Mothers have the opportunity for a conversation about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.
- Services are available to support continued breastfeeding and mothers are informed about them (for example, peer support groups).
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - A formal breastfeeding assessment is carried out.
 - Additional and specialist support is provided.
 - Mothers are made aware of the specialist support available for breastfeeding challenges, if and when they need this information.
 - Mothers are made aware of local and national services to provide help and encouragement to continue breastfeeding.

- Reviewing:
 - Information provided for parents.
 - Internal audit and evaluation results related to the standard.
 - Services (through internal audit results and visits to relevant services where appropriate).
 - Breastfeeding continuation rates.
- Listening to mothers to find out about their experiences of care, including:
 - If they had an effective feeding assessment at 10-14 days.
 - If they had the opportunity to discuss continued breastfeeding according to individual need (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work).
 - If they were informed about local and national breastfeeding services, including how to access additional and specialist support and help when needed.

3. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk

You will know that the facility has met this standard when:

- Mothers who breastfeed are provided with information on why exclusive breastfeeding leads to the best outcomes for the baby and why, when exclusive breastfeeding is not possible, continuing partial breastfeeding is important. In this way, mothers who partially breastfeed are supported to maximise the amount of breastmilk their baby receives according to individual situations.
- Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding.
- Mothers who formula feed are enabled to do so as responsively and safely as possible.
- Mothers are enabled to introduce solid foods in ways that optimise their baby's health and wellbeing.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Mothers are shown how to prepare and offer infant formula as safely as possible when this is needed.
 - Mothers are supported to introduce solid foods.
- Reviewing:
 - Information provided for parents.
 - Internal audit results that relate to this standard.
 - The facilities to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
- Listening to mothers to find out about their experiences of care, including:
 - If support was given to help them maximise the amount of breastmilk given.
 - If the described systems are in place and the information offered met their needs.
 - If mothers who formula feed received information about how to clean/sterilise equipment, make up a bottle of formula milk and feed their baby responsively.



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4. Support parents to have a close and loving relationship with their baby

You will know that the facility has met this standard when:

- Parents are supported to understand their baby's changing developmental abilities and needs.
- Parents are encouraged to respond to their baby's needs (including encouraging frequent touch, sensitive verbal and visual communication, keeping babies close, responsive feeding and safe sleeping practices).
- Mothers who bottle feed their babies are encouraged to hold their baby close during feeds, and to offer the majority of feeds themselves in the early weeks, in order to help build a close and loving relationship.
- Parents are encouraged to access social support networks that enhance health and wellbeing.



WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Parents are given information and support to develop close and loving relationships with their baby.
 - Support is offered to enable parents to bottle feed in ways which promote health and wellbeing.
- Reviewing:
 - Information provided for parents.
 - Internal audit results that relate to this standard.
 - Services provided which pertain to relationship building with babies.
- Listening to mothers to find out about their experiences of care, including:
 - If they had a conversation about their baby's abilities and needs.
 - If they were encouraged to respond to their baby's cues for feeding, communication and comfort.
 - If they were encouraged to keep their baby close, including at night.
 - If they were informed of the local support available.

STAGE 3 – HEALTH VISITING: USEFUL RESOURCES

Further Baby Friendly resources are available at [unicef.org/babyfriendly-stage3-healthvisiting](https://www.unicef.org/babyfriendly-stage3-healthvisiting) to help you implement Stage 3 in health visiting services, including:

- Stage 3 health visiting guidance and application form.
- Guidance on antenatal and postnatal conversations.
- Audit tool.
- Breastfeeding assessment forms.
- Guidance on providing specialist support to breastfeeding mothers.
- Maximising breastmilk information.
- Responsive feeding infosheet.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers.*
- *Infant Formula and Responsive Bottle Feeding: A Guide for Parents.*
- Department of Health *Guide to Bottle Feeding* leaflet for parents.
- *Building a Happy Baby* leaflet for parents.
- *Breastfeeding and relationships in the early days* video.
- *The importance of relationship building* video.
- *Caring for your Baby at Night* leaflet for parents and accompanying health professionals' guide.
- *Co-sleeping and SIDS: A Guide for Health Professionals.*

PARENTS' EXPERIENCES OF CHILDREN'S CENTRES

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby

You will know that the facility has met this standard when:

- Pregnant women and their partners can access local services that support them to prepare for feeding and caring for their new baby (this may include classes, peer support, telephone contact, etc.).
- Services are relevant to local need, accessible and woman-centred (including involving parents in the design).

WE WILL ASSESS THIS BY:

- Verification of the system by which:
 - Pregnant women are identified.
 - Pregnant women are contacted and offered information and support.
 - Services are planned, implemented and evaluated.
- Reviewing:
 - Internal audit and evaluation results related to the services provided, including: number of pregnant women identified, contacted and offered service; number of women/parents accessing the service and parents' evaluations of the service provided.
 - Services provided, through visits to relevant services where appropriate.
- Listening to mothers to find out about their experiences of care, including:
 - Whether they were made aware of the services available during pregnancy.
 - If the service was suitable for their needs, accessible, comfortable and welcoming.

2. Protect and support breastfeeding in all areas of the service

You will know that the facility has met this standard when:

- A welcoming atmosphere for breastfeeding is created throughout the children's centre.
- Services are provided which meet breastfeeding mothers' needs for social support (this may include peer support, telephone contact, home visits, support groups, etc.).
- Specialist support is available and staff know about the referral pathway.
- Encouragement is given to all parents to introduce solid food to babies in ways that optimise health and wellbeing.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
 - Breastfeeding mothers are identified and contacted to offer support.
 - Mothers are made aware of support available in the area.
 - Mothers are made to feel welcome to breastfeed.
 - Parents are encouraged to learn about the appropriate introduction of solid food.
- Reviewing:
 - Internal audit and evaluation results related to the services provided, including: number of breastfeeding mothers identified, contacted and offered service; number of mothers accessing the service and mothers' evaluations of the service provided.

- Services provided, through visits to relevant services where appropriate.
- The centre(s), through visits by assessors, to ensure that breastfeeding is welcome and that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
- Listening to mothers to find out about their experiences of care, including:
 - Whether they were made aware of the support services available for breastfeeding.
 - If the service was suitable for their needs, accessible, comfortable and welcoming.

3. Support parents to have a close and loving relationship with their baby

You will know that the children's centre has met this standard when:

- Parents are encouraged to understand and respond to their baby's needs for love, comfort and security.
- Services provided for parents support the development of close and loving relationships with their baby.
- Parents who bottle feed are encouraged to do so in ways which optimise their baby's health and wellbeing.

WE WILL ASSESS THIS BY:

- Verification of the current system by which:
 - Parents are given information and support to develop close and loving relationships with their baby.
 - Support is offered to enable parents to bottle feed in ways that promote health and wellbeing.
- Reviewing:
 - The services provided pertaining to parenting of babies.
- Listening to mothers to find out about their experiences of care, including:
 - Whether they were encouraged to keep their baby close.
 - Whether they were encouraged to respond to their baby's cues for feeding, communication and comfort.
 - Whether mothers who were bottle feeding were offered sufficient information and support.

STAGE 3 – CHILDREN'S CENTRES: USEFUL RESOURCES

For full guidance on all the children's centre standards, please see our comprehensive children's centre guidance document available at [unicef.uk/babyfriendly-stage3-childrenscentres](https://www.unicef.uk/babyfriendly-stage3-childrenscentres)

Further Baby Friendly resources are available at the link above to help you implement Stage 3 in children's centre services, including:

- Audit tool.
- *Caring for your Baby at Night* leaflet for parents and accompanying health professionals' guide.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers*.
- Guidance on providing specialist support to breastfeeding mothers.
- Maximising breastmilk information.
- *Building a Happy Baby* leaflet for parents.
- *Breastfeeding and relationships in the early days* video.
- *The importance of relationship building* video.
- *Co-sleeping and SIDS: A Guide for Health Professionals*.
- *Infant Formula and Responsive Feeding: A Guide for Parents*.
- Department of Health *Guide to Bottle Feeding* leaflet for parents.
- Responsive feeding infosheet.
- Guidance on antenatal and postnatal conversations.

FULL ACCREDITATION



Once your organisation has passed Stage 3, it will receive the prestigious Baby Friendly award, recognising excellence in the care of mothers

and babies. Accredited services will be given a silver plaque to mark their achievement, as well as Baby Friendly accredited logos to use on resources and webpages. Your status will be recorded in our online awards table (unicef.uk/babyfriendlyawards) and your achievement will be announced and celebrated at our large Annual Conference.

The initial accreditation typically lasts for two years. Although no formal assessment will take place during this time, services are expected to continue to collect infant feeding statistics and audit their implementation of the standards. Services should submit an annual audit to the Baby Friendly Initiative office as evidence that the standards are being maintained.

The Baby Friendly Initiative occasionally carries out progress monitoring visits in order to support facilities in maintaining and improving their standards. A suspected drop in standards could lead to an accredited Baby Friendly facility being re-assessed on one or more standards at any point. As a last resort, the award could be withdrawn.

RE-ACCREDITATION

Embed all the standards to support excellent practice for mothers, babies and their families

Around two years after accreditation, a re-assessment will take place to ensure that all the standards from Stages 1-3 are being maintained and to explore how the service is building on the good work it has already done.

Re-assessment will consist of interviews with mothers, staff and managers to establish how the standards are being maintained. Internal audit results and outcomes such as breastfeeding initiation, continuation, exclusive breastfeeding and supplementation rates (where applicable) will be reviewed.

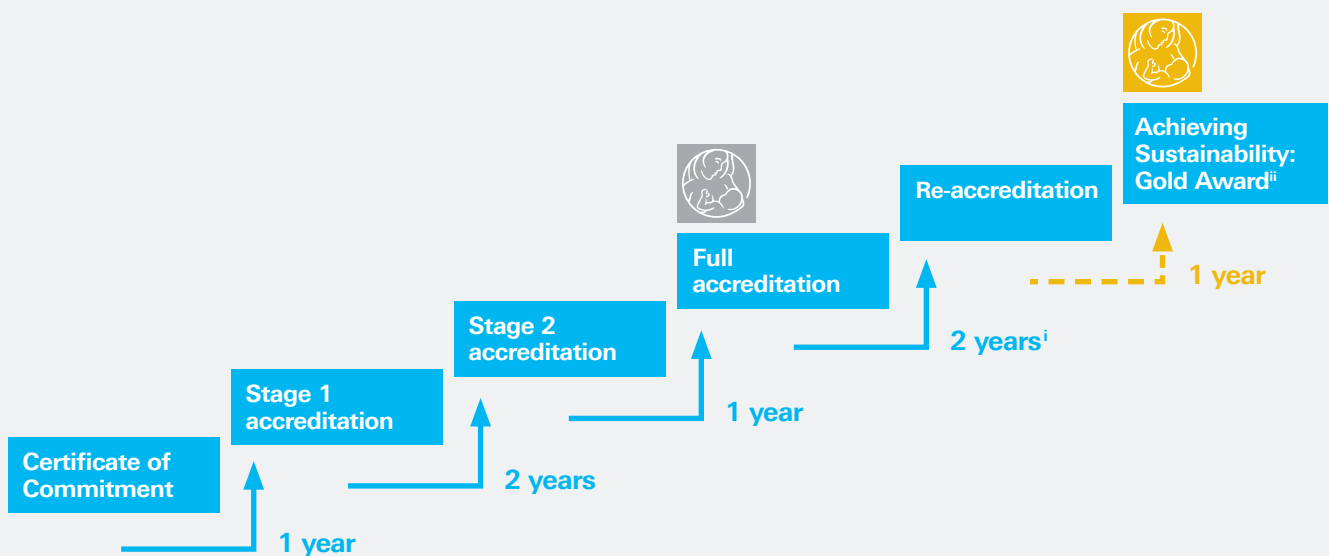
At re-assessment stage, services can also opt to be considered for an Achieving Sustainability assessment, leading to the Gold Award (see page 25, opposite). This is not compulsory; if services do not wish to go for Gold, they will undergo continued re-assessment every three to five years.

You may wish to combine assessments of different service types in your area, e.g. maternity re-assessment with Stage 2 neonatal assessment; contact the Baby Friendly office to discuss a bespoke pathway.

Useful Baby Friendly resources

- Resources listed throughout this document will support you at re-assessment, all available from the Baby Friendly website.
- Annual audit and re-assessment forms are available from unicef.uk/babyfriendly-reaccreditation

ACCREDITATION PROCESS



ⁱ Initial re-assessment within two years. Continued re-assessments every three to five years or at a timing decided by the Designation Committee, if not going for the Gold Award.

ⁱⁱ Services can discuss their readiness to go for the Gold Award with the Baby Friendly team.

ACHIEVING SUSTAINABILITY

Provide the leadership, culture and monitoring needed to maintain and progress the standards over time

The Baby Friendly Initiative Achieving Sustainability standards are designed to support services to embed high quality care for the long term. Based on four themes (Leadership, Culture, Monitoring and Progression), the standards provide a roadmap for sustainable improvements. They can be incorporated into your plans for achieving and maintaining Baby Friendly accreditation no matter where you are in the process, but re-accredited services can also choose to be formally assessed against the standards and receive a Gold Award.

Services who wish to go for Gold should notify us in the run-up to their re-assessment. The planned re-assessment is then amended slightly and the assessors carry out more in-depth interviews with key members of staff. The assessors also ask the mothers interviewed an extra question related to their experience of the culture within the service. The extra information gathered has no bearing on the re-assessment but is stored to be used as part of the Achieving Sustainability assessment later on. If a service passes its re-assessment, it can then be formally assessed for the Gold Award within 12 months.

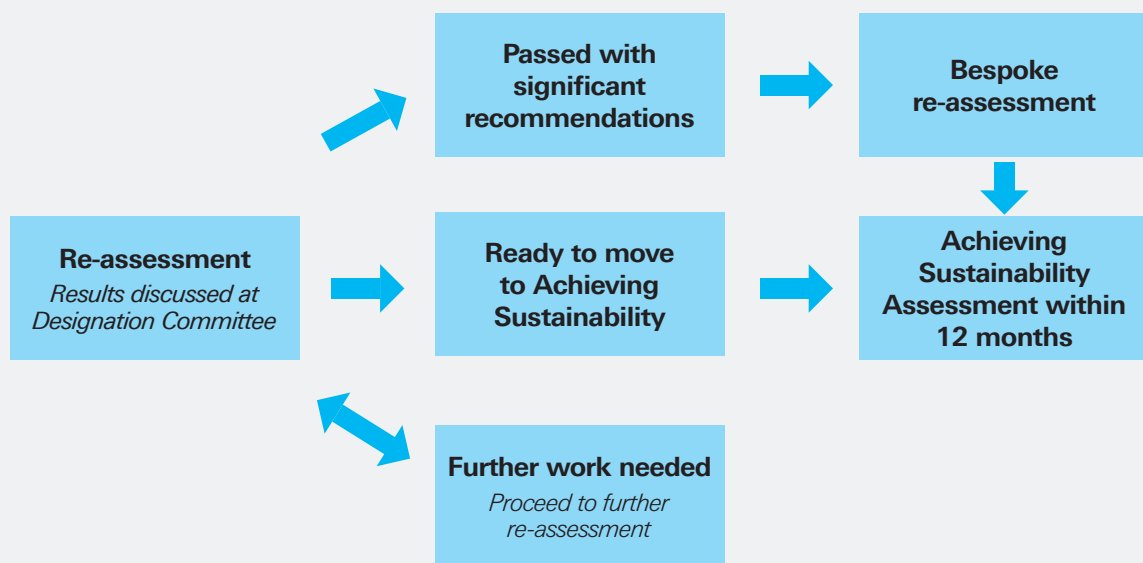
Working towards the Gold Award acts as an incentive for services to properly embed the Achieving Sustainability standards and so consolidate and protect all the hard work that has gone into achieving Baby Friendly

accreditation. The Award will be a recognition that the service is not only implementing the Baby Friendly Initiative standards, but that they also have the leadership, culture and systems to maintain this over the long term. Gold services will no longer have to undergo large external re-assessments to maintain their accreditation, but rather will be re-validated via the annual submission of a portfolio and three-yearly re-validation meetings with an external assessor. Re-assessment costs will be replaced with an annual licence fee.

A range of Baby Friendly resources are available at [unicef.uk/sustainability](https://www.unicef.uk/sustainability) with full details of the standards and how to go for Gold, including:

- *Achieving Sustainability: Standards and Guidance* booklet.
- Achieving Sustainability guidance and application forms.
- Achieving Sustainability course.
- *Should we go for the Gold Award?* infosheet.
- Improvements report template.
- Change of circumstances report.
- Guidance on writing a training curriculum.
- *Evidence and Rationale: The Unicef UK Baby Friendly Standards*.
- *Working within the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Professionals*.

ACHIEVING SUSTAINABILITY ASSESSMENT PROCESS



CONCLUSION

Our vision is a society in which every child is given the best possible start in life and the opportunity to lead a healthy, happy life. By implementing the Baby Friendly Initiative standards, you are putting babies, their mothers and families at the heart of your service's care and helping to make this vision a reality.

Contact us for more information:

The Baby Friendly Initiative team is on hand to support you on your journey with resources and bespoke advice.

Email: bfi@unicef.org.uk

Phone: 020 7375 6144

Website: babyfriendly.org.uk

Support from other health professionals

Our National Infant Feeding Network provides local support and information to health professionals working in infant feeding, helping them to share best practice and tackle mutual challenges. We have built this into a network of over 800 infant feeding specialists working in public services who are responsible for the training and practice of 75,000 health professionals, who in turn care for around 800,000 babies, their mothers and families a year. Visit unicef.uk/nifn to join the network.

Join our online community to share experiences and ideas:

Facebook: unicef.uk/bfifacebook

Twitter: [@babyfriendly](https://twitter.com/babyfriendly)



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THE BABY
FRIENDLY
INITIATIVE



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