



The  
**Baby Friendly  
Initiative**

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**For all babies**

**UNICEF UK Baby Friendly Initiative**

**Stage 3 report  
Health Visiting Service**

**South Warwickshire NHS Foundation Trust -  
Integrated and Community Services Division  
and Warwickshire Children's Centres**

**on 19 and 20 November 2014**

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## Assessment result

### What we found overall:

We found that South Warwickshire NHS Foundation Trust - Integrated and Community Services Division and Warwickshire Children's Centres have met all of the standards to enable them to be fully accredited as Baby Friendly.

South Warwickshire NHS Foundation Trust – Integrated and Community Services Division along with Warwickshire Children's Centres have met all of the criteria relating to Stage 3 accreditation and the staff are commended for the efforts made. It was clear to the assessment team that pregnant women and new mothers receive a very high standard of care.

The collaborative working was evident with all baby clinics being held in Children's Centres alongside other groups. Both a health visitor and a member of Children's Centre staff would be present. The mothers were overwhelming in their praise of the relationships that they developed with these members of staff. They loved the environment with cushions and toys out, other groups being on at the same time and that the staff sat down on the floor alongside them to talk. A large proportion of the mothers in the sample attended groups.

The continuity of carer within the health visiting service was much appreciated by the mothers. The mothers gave good feedback about the home visits and building up a relationship with one person. The level of communication was valued with all mothers saying that calls would always be returned within a day. Visiting patterns are a new birth visit, a visit at 6 weeks and 9 months together with the reintroduction of a visit at 4 months. It was notable that all but one of the breastfeeding mothers in the sample were fully breastfeeding (one was mixed feeding).

The north of the area has the lowest breastfeeding rate. A new breastfeeding support team was established earlier this year, funded by Public Health. This team works across maternity and health visiting, supporting mothers from the early days. Since February, the drop-off from initiation of breastfeeding to breastfeeding at the new birth visit has been reduced by 10%.

Innovative programmes nurture both mothers and staff. The Family Nurse Partnership (FNP) is about to be extended. Baby Steps (an NSPCC programme) supports those families who are just outside the FNP remit. Volunteers are currently being recruited for a new breastfeeding support scheme. Staff have "restorative supervision" each month. There are leadership programmes for recently qualified staff. Staff use the Solihull Approach and Motivational Interviewing.

These innovations illustrate the creative way that the services have faced the challenges (Children's Centres have been in a state of flux for a while), however staff have continued to meet the needs of mothers and babies. This is highly commended by the assessment team.

The assessment team's recommendation to the Designation Committee is that Stage 3 be considered passed and that South Warwickshire NHS Foundation Trust – Integrated and Community Services Division, along with Warwickshire Children's Services are accredited as Baby Friendly and we would like to pass on our congratulations to the infant feeding lead and everyone involved.

Elizabeth Mayo  
20 November 2014

In 2012 the Baby Friendly Initiative underwent a major review. This resulted in revised standards which will now be incorporated into all assessments gradually between 2014 and 2016 (see the [transition guidance](#) for more detail). The above result relates to the original Baby Friendly standards. At this assessment it was notable that work has already begun to integrate the new standards into care with a number of mothers reporting that they had a discussion about building close and loving relationships. The facility is advised on continue building on that work to ensure that the new standards are incorporated into training and practice prior to the reassessment. It should be noted that this assessment has reviewed the input of the local children's centres in a basic way. More detailed assessment of the care provided by children's centres to support mothers with feeding and developing close and loving relationships with their baby is assessed as part of the full Children's Centre Standards. We recommend that all facilities consider implementation of these standards at a time to suit their assessment journey.

## What mothers told us

All mothers interviewed were asked to rate their overall satisfaction with the service and given a chance to feedback further comments. The results are presented below:

Overall care from health visiting service	% of mothers
Very happy with care – no complaints or comments	97%
Fairly happy or neutral	3%
Unhappy with care overall	0%

This is a very high rate of happiness with their care. Staff are highly commended for this.

*"I couldn't have done it without them"*

*"I really appreciated her being non-judgemental"*

*"Contacting them is easy and there's good communication between the teams"*

*"Health Visitor is amazing – really helped me to work through the problems"*

*"pretty perfect really – felt like she really listened"*

*"Health Visitor warm & caring, helped me feel more confident this time"*

*"service changed since last baby – really appreciate the home visits"*

*"Been brilliant, had not had much contact with the NHS prior to pregnancy so my care has been a very positive revelation"*

## How we *recommend* you achieve and maintain the standards

**Recommended** actions are those that have proven valuable in other units in helping them to achieve and maintain the requirements. In some cases implementation (or not) of these recommendations is likely to make a significant difference to practice and thus to the ability of the facility to achieve and subsequently maintain the Baby Friendly standards.

The recommendations made by the assessment team are listed in this report. Further recommendations may be made in the future in relation to any changes made, and in light of practice found or current research evidence.

### 1. Standard 1 – Antenatal information

- Presently the health visiting service is not providing routine antenatal care therefore this category has not been formally assessed. A number of mothers reported that they had received an antenatal visit from a health visitor. Of these, some had a discussion about breastfeeding. Most mothers perceived that the purpose of the visit was to introduce the postnatal service and did not recall being offered information. We **recommend** that as routine visits are rolled out that careful monitoring informs the effectiveness of the visit and ensures that mothers feel that their needs have been met. A comprehensive action plan is already in place to address the known deficiencies. A DVD of staff role playing antenatal visits is to be used as a training aid. Further training around promotional guidance is planned.

### 2. Standard 3 – Starting solids

- Many mothers received information about the appropriate age for introducing solids. Weaning groups also were mentioned as a source of interesting information. We **recommend** that processes are strengthened to ensure that all mothers receive this information.

### 3. Standard 3 – Support for mothers who are using formula milk

- Of the 5 mothers who were using formula milk, 3 described missed opportunities for the health visitor to check that they were making up feeds as safely as possible and to suggest using a first milk. This information could have been offered together with how to bottle feed responsively. We **recommend** that work continues towards implementing this new standard.

### 4. Standard 4 – Close and loving relationships

- Many mothers described their health visitor talking about close and loving relationships however some mothers were not aware of why this is so important. We **recommend** that work continues with staff training to ensure that these important messages are shared.

### **Paperwork and processes**

- The team have begun to integrate the revised standards throughout the reviewed documents and processes. The breastfeeding policy is being rewritten. We ***recommend*** that the initial training curriculum would benefit from strengthening in some areas to ensure that the needs of the health visitor are met within this multi-disciplinary training.

## What happens next?



- Please send written acknowledgement to the recommendations in this report and any actions you will take to [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk) by **20 January 2015**
- All Baby Friendly accredited facilities are required to submit audit results on an annual basis. These will be due by **20 November 2015**.
- The facility will be reassessed to ensure that the current standards have been maintained and new standards (shaded in grey) incorporated into practice. You should make plans for this to happen by **November 2016**.



# The results in detail

## Background

The revised Baby Friendly standards incorporate many of the previous standards and also include some brand new standards that have no current equivalent. It is recognised that it will take facilities a number of years to fully incorporate the new standards into practice and therefore UNICEF UK is using a phased approach to what is expected at assessment (see the [transition guidance](#) for more detail).

The table below lists all the revised standards with brand new standards shaded and those with an equivalent in the previous standards not shaded. It is expected that facilities will achieve the required standard for the previous (unshaded) standards in order to achieve a 'pass'. The brand new (shaded) standards have been assessed and the result given for guidance only. Where a split result is given (e.g. 100%/0%) the first number relates to the equivalent previous standard and the other number to the result for the full new standard.

## The sample

All mothers were randomly selected for interview.

<b>Number of mothers interviewed:</b>	<b>32</b>
Breastfeeding	27
Formula feeding	5
<b>Number of facilities randomly selected for inspection:</b>	<b>7</b>

## Standard 1 – Antenatal care

Criterion - Mothers who confirmed that...	Result	Standard required
They had the opportunity for a discussion about feeding their baby	38% *	80%
They had the opportunity for a discussion about the importance of developing a relationship with their unborn baby and that the conversation met their needs	15%	

*\*score is for formative purposes only*

## Standard 2 – Enabling continued breastfeeding

Criterion - Mothers who confirmed that...	Result	Standard required		
Assessing breastfeeding	Breastfeeding was assessed	93%	80%	
Recognising effective feeding	They were aware of how to recognize effective feeding	100%	80%	
Responsive feeding	They understood baby led feeding and how to recognise feeding cues	100%	80%	
	They understood responsive feeding	19%		
Support with breastfeeding	They were aware of support available and how to access this	93%	80%	
Opportunity to discuss issues	That they had the opportunity to discuss issues affecting ongoing breastfeeding, and that the discussion was helpful	Feeding outside the home	100%	80%
		Feeding at night	82%	80%
Clinic visits	The information was helpful and they felt able to ask questions	Yes (95%)	Yes	

Specialist services	The service met their needs	Yes (7/8)	Yes
Groups/peer support	The service/s met their needs	Yes (100%)	Yes

### Standard 3 – Informed decisions regarding the introduction of food or fluids other than breast milk

Criterion - Mothers who confirmed that...		Result	Standard required
Maximising breastmilk	They had been supported to maximise breastmilk given	90%	80%
Starting solids	They had received information about starting solid foods	81%	80%
Formula feeding mothers	They had been supported with learning about making up feeds	2/5	80%
	Responsive bottle feeding	0/5	

### Standard 4 – Close and loving relationships

Criterion - Mothers who confirmed that...	Result	Standard required
They had received information about the importance of close and loving relationships	35%	80%

## Supporting information

Criteria	Result	Standard required
Observations within the facility	No advertising	No advertising
Policies and guidelines	Partial	Meets standards
Written and other information	Meets standards	Meets standards
Mechanisms	Meets standards	Meets standards

### Observations from facilities

Full compliance with the International Code of Marketing of Breastmilk Substitutes is a requirement. All other aspects and comments are provided for further feedback.

General	Adequate directions/accessibility
	Warm welcome
	Staff friendly and inclusive
Welcome for breastfeeding	Sign
	Private area if required (if appropriate)
	Comfortable facilities
Posters and displays	Accurate / effective / proportionate info regarding breastfeeding and solid foods
	Accurate / effective / proportionate info regarding responsive parenting and very early child development
	Services available to support parenting/responsiveness and appropriate infant feeding practices
The Code	Full compliance - no advertising for breastmilk substitutes, bottles, teats or dummies anywhere in the service
Groups and classes <i>(if applicable at location)</i>	New mothers/parents welcomed
	Information provided accurate and effective
	Communication is sensitive and non-judgemental
	Interaction between helpers and mothers appropriate and helpers attuned to mothers' needs
	Follow up support offered if mother is struggling

### Comments:

- Many mothers in the sample attended baby clinics and were complimentary about the experience. They felt that they could chat, ask questions and let their children play. Baby massage, breastfeeding groups and music groups were also attended. Some mothers noted that the member of staff introduced new mothers into the group and helped the mothers to get to know each other.

# Achieving Sustainability

The aim of UNICEF UK is for the Baby Friendly Initiative standards to become routine practice that does not require continued external assessments to be maintained. The criteria listed below are considered necessary to achieve sustainable change.

At Stage 2 and 3 assessments these criteria are assessed to provide guidance only. From July 2016 the criteria marked\* will be required to be met at all re-assessments of accredited facilities.

Areas	Criteria
<b>Leadership</b>	
Senior Management	<ul style="list-style-type: none"> <li>• Reporting mechanisms up to own managers.</li> <li>• Reporting mechanisms from line reports*.</li> <li>• Financial security</li> <li>• Understanding of process</li> </ul>
Line Management	<ul style="list-style-type: none"> <li>• Reporting mechanisms up to own managers.</li> <li>• Supervision of project lead</li> <li>• Reporting mechanisms from staff*</li> <li>• Support for staff education*</li> <li>• Supervisory mechanisms*</li> </ul>
Project lead	<ul style="list-style-type: none"> <li>• Hours</li> <li>• Sustainability of post*</li> <li>• Responsibilities</li> <li>• Education</li> </ul>
Project support	<ul style="list-style-type: none"> <li>• Adequate to needs of facility</li> <li>• Clearly defined purpose</li> <li>• Structured</li> </ul>
<b>Audit and evaluation</b>	
Audit	<ul style="list-style-type: none"> <li>• Frequency and areas covered allow for adequate monitoring*</li> <li>• Effective training of auditors</li> <li>• Thorough dissemination of results</li> <li>• System to improve weak results*</li> </ul>
Outcome data	<p>Breastfeeding rates including:</p> <ul style="list-style-type: none"> <li>○ Coverage at least *%</li> <li>○ Reporting process that allows for monitoring of the breastfeeding rates over time*</li> </ul> <p>The following are monitored:</p> <ul style="list-style-type: none"> <li>• Re-admissions</li> <li>• Supplement rates</li> <li>• Patient surveys</li> <li>• Other</li> </ul>
Evaluation	<ul style="list-style-type: none"> <li>• Analysis of audit and outcome data*</li> <li>• Action planning</li> <li>• Reporting</li> </ul>

Areas	Criteria
<b>Collaborative working</b>	
Standard	<ul style="list-style-type: none"> <li>• Basic communication between midwifery - neonatal unit, health visiting-children's centres including sharing audit and evaluation data*</li> <li>• Communication between midwifery / neonatal and health visiting to support individual mothers to have consistent care*</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• System to support joint working across sectors</li> <li>• Safe data sharing to allow pregnant and new mothers to be contacted</li> <li>• Joint planning</li> <li>• Resource sharing</li> <li>• Joint evaluation</li> </ul>

**Comments:**

1. A strong management structure supports the Infant Feeding Lead. Progress towards Baby Friendly Initiative standards are communicated upwards towards the Trust Board and Public Health. Detailed action plans are followed and updated accordingly.
2. Parents Forums and feedback mechanisms are used proactively, including electronically.
3. In the south of the area, the health visitors and Children's Centres share data through an integrated computer system.

## Background information

<b>Breastfeeding statistics</b>				
The most recent infant feeding statistics provided by the facility are as follows:				
Age/stage collected	Feeding category			
	All breastfeeding	Partial breastfeeding	Artificial feeding	Unknown
<b>Initiation</b>	70.6%			
<b>New birth visit</b>	58%			
<b>6-8 weeks</b>	46.5%			

These statistics relate to 98% of the population served by the facility. Initiation rate is collected by the HV at the new birth visit.  
 Period of collection: 2013 - 2014  
 Notes: breastfeeding at the new birth visit ranges from 46% in the north to 66% in the south

<b>Progress with Baby Friendly accreditation</b>	Stage 2 accreditation awarded April 2013 Stage 1 accreditation awarded July 2011 Certificate of commitment issued June 2010 Intent registered August 2009
<b>Births per year</b>	5,900
<b>Number of facilities</b>	39 Children's Centres
<b>Local demographics</b>	Mixed socio-economic population.
<b>Infant feeding lead hours</b>	30 hours
<b>Any additional support for the infant feeding lead</b>	3 x 22.5 hours per week breastfeeding support workers form the team to support mothers in the north. This has been funded by Public Health
<b>Classroom training (hours provided)</b>	Two days
<b>Practical skills review (hours provided)</b>	One hour
<b>Training for GPs (hours provided or package of information)</b>	E-learning No GPs employed

## Appendix: About the Baby Friendly Initiative

The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. It was established in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes. The UNICEF UK Baby Friendly Initiative subsequently extended the principles to include community health-care services and university programmes for midwifery and health visiting/public health nursing.

In 2012, following a comprehensive review, the Baby Friendly standards were updated to include parent infant relationship building and very early child development, plus enhanced requirements in communication skills for staff. The new standards are being gradually introduced into all assessments, with full compliance expected by July 2016.

Initial accreditation as a Baby Friendly facility takes place in three stages:

**Stage 1** of the assessment procedure is designed to ensure that the necessary policies, guidelines, information and mechanisms are in place to allow health care providers to implement the Baby Friendly standards effectively.

**Stage 2** involves the assessment of staff knowledge and skills.

**Stage 3** assesses the implementation of the Baby Friendly standards in the care of pregnant women and new mothers.

Re-assessment takes place after two years with the aim of ensuring that the standards are maintained. Ongoing assessment is carried out every three-five years with the same goal of ensuring the maintenance of standards.

The work of the Baby Friendly Initiative within the UK is overseen by the Designation Committee, a panel of impartial experts in the field of breastfeeding and neonatal care including representatives from paediatrics, midwifery and health visiting, voluntary organisations and mother support groups as well as representatives from Baby Friendly accredited facilities. The findings from all assessments are reviewed by the Designation Committee in order to ensure consistency and fairness.

