





The staged approach to Baby Friendly assessment

- The UK experience


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Health, Education, Equality, Protection

Implementation of Baby Friendly in the UK


- ◆ Hospital, Community and University awards
- ◆ Individual facilities:
 - decide whether and when to implement Baby Friendly
 - meet all assessment costs
 - generally employ an infant feeding lead
- ◆ Baby Friendly UK:
 - team of employed assessors
 - Designation Committee





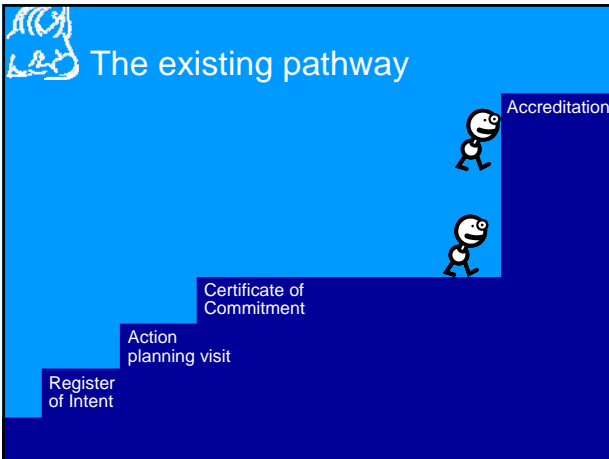
The issues

- ◆ Strong bottle feeding culture
- ◆ Lack of strategic training or ability in some infant feeding leads
- ◆ Lack of management understanding and support
- ◆ Complexity of the assessment
- ◆ Cost of assessment
- ◆ Fear of failure




The existing pathway





- ### Aims of staging the assessment
- ◆ Simplify the process
 - ◆ Provide a “roadmap”
 - ◆ Maintain the rigour
 - ◆ Address the financial uncertainty
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- ### The staged approach to assessment
- ◆ Stage 1 - Paperwork and processes
 - ◆ Stage 2 - Staff knowledge and skills
 - ◆ Stage 3 – Antenatal information and care of new mothers
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Stage 1 – Building a firm foundation

The paperwork:

- ◆ Breastfeeding policy
- ◆ Training curriculum
- ◆ Information for pregnant women and new mothers
- ◆ International Code of Marketing of Breastmilk Substitutes

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Stage 2: An educated workforce

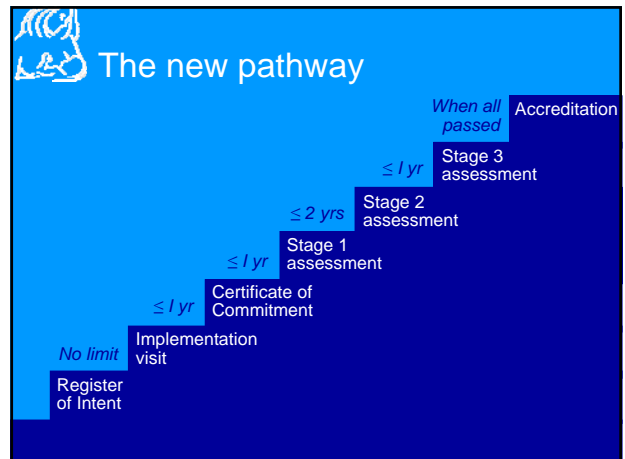
- ◆ Staff skills and knowledge assessed by interview
- ◆ Review of training records

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Stage 3 – Mothers experience of the service

- ◆ Information for pregnant women
- ◆ Information and support for new mothers
- ◆ Observations in the health care facility




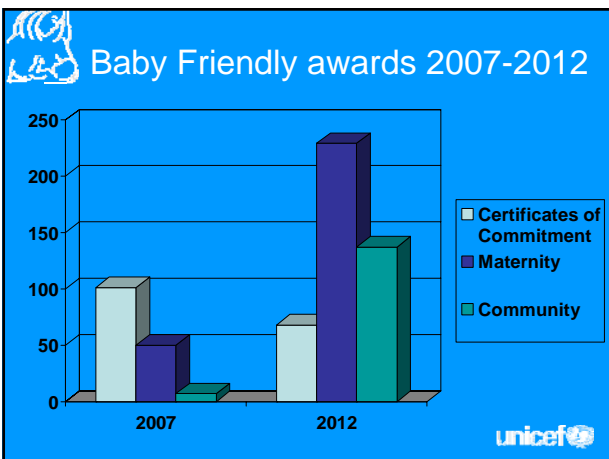


The results?.....




Factors to consider

- ◆ Importance of good communication
- ◆ Phasing in of the new system
- ◆ Challenge of progressing from Stage 2 to Stage 3
- ◆ Delay to accreditations overall
- ◆ Process rather than outcome

The situation in 2012

- 74 Baby Friendly hospitals
- 65 Stage 2
- 90 Stage 1
- 21 Certificates of Commitment






Building on our success

- ◆ Holistic, woman-centred approach
- ◆ Mother baby relationship at the core
- ◆ Greater emphasis on sustaining breastfeeding
- ◆ Support with communication skills
- ◆ Assessment more outcome-focused
- ◆ Improved care for bottle feeding
- ◆ Greater involvement of neonatal units

