

**Report of Director of Public Health & Director of Children and Families
Report to Executive Board**

Date: 17th October 2018

Subject: Leeds Breastfeeding Plan 2016-2021

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. The UK government recommends exclusive breastfeeding for around six months, thereafter alongside solid foods, ongoing for at least one year. The World Health Organisation recommends exclusive breastfeeding for six months, thereafter alongside solid foods, ongoing for two years and beyond.
2. Breastfeeding is a fundamental public health issue: it promotes health, prevents disease and contributes to reducing health inequalities. It is accepted by the World Health Organisation as the optimal method for infant feeding. It provides the foundation for a healthy start in life and prevents disease in the short and long term for both babies and their mothers. Breastfeeding is one of the World Cancer Research Fund Ten Recommendations for reducing the risk of developing cancer.
3. In Leeds around 70% of women choose to start breastfeeding (just below the national average of 74%), with around 50% (higher than the national average of 44%) continuing to do so at 6-8 weeks. The influences on breastfeeding rates are complex and a woman's decision to breastfeed is influenced by many factors including her own experiences, friends and family, culture, the media as well as through health advice.
4. The Leeds Breastfeeding Plan was developed in 2016 to provide direction and strategic support to programmes aiming to increase breastfeeding initiation and duration rates in Leeds. This plan builds on the previous strategic plan (Food for Life – Leeds Breastfeeding Strategy 2010-2015) and includes key recommendations for moving forward with current and new work programmes. Within Leeds, breastfeeding is a key element of the Leeds Best Start Plan, which is a top commitment of the Leeds

Health and Wellbeing Strategy. Best Start is also a priority within the Leeds Children & Young People's Plan and the Best Council Plan.

5. Breast feeding rates have increased steadily over the years that the City has had a Breast Feeding Plan and continuation rates are good. During this time Leeds has successfully implemented a range of programmes. In July 2018 Leeds Community Health Care Services, supported by Public Health, achieved the Unicef Baby Friendly Initiative Gold Award, demonstrating that high quality care is being provided.
6. It is increasingly acknowledged that government, policy makers, communities and families all share responsibility for supporting breastfeeding. It is therefore proposed that a greater emphasis be placed on actions to inform the public about the importance of breastfeeding and to normalise breastfeeding in a society where formula feeding is often seen as the norm.

Recommendations

Members of the Executive Board are asked to:

- (i) Acknowledge the Leeds Breastfeeding Plan and the impact of implementing the priority actions to date
- (ii) Support a wider environmental and cultural approach to promoting breastfeeding
- (iii) Consider the proposed Leeds Breastfeeding Plan priority actions 2018/19 and provide feedback to support the delivery of the priorities throughout Council work programmes e.g. Increasing Breastfeeding Friendly venues and spaces within the Local Authority
- (iv) Note the opportunity to be involved in consultation and engagement about the plan priorities for 2019/20
- (v) Support further preventive health initiatives targeting Leeds most deprived communities in line with the Health and Wellbeing Board's commitment and plan to improve the health of the poorest fastest and the Leeds Plan.
- (vi) Agree to lobby government to passport the tax raised from the advertising of infant formula to provide more funding for peer support and public health initiatives that support breastfeeding
- (vii) Note that the Director of Public Health and the Director of Children and Families will be responsible for its implementation.

1. Purpose of this report

The purpose of this report is to provide a mid-term update and to share information about successes and progress that has been made in delivering the Leeds Breastfeeding Plan (Appendix 1). The report also outlines plans to develop further work, based on consultation, and offers the opportunity for involvement, to maintain progress by gaining support for a wider environmental and cultural approach to promoting breastfeeding. Delivering the priority actions in the Leeds Breastfeeding Plan will contribute to Leeds City Council's priority to give every child in Leeds the best start in life and thereby improve the health, wellbeing and outcomes for children, young people and families in Leeds.

2. Background information

- 2.1 Ensuring the 'best start' for every child in Leeds is one of the top commitments of the Leeds Health and Wellbeing Strategy. Breastfeeding is a key factor in ensuring that all babies have the best start in life. There is clear evidence that babies who are breastfed are likely to experience better health outcomes. They are less likely to suffer with chest, ear and gastrointestinal infection, requiring less visits to see the doctor and reduced hospital admissions. They are also at reduced risk of childhood obesity, sudden infant death, childhood leukaemia and type 1 diabetes. There is also evidence that breastfeeding positively impacts on oral health by reducing the risk of dental caries and malocclusion. For mothers who breastfeed they have reduced risk of developing breast and ovarian cancer, osteoporosis, type 2 diabetes and postnatal depression. Not only does breastfeeding confer this wide range of short and long term health benefits it also promotes infant brain development and the formation of healthy attachment relationships, which forms the emotional and social bedrock for all future development.
- 2.2 The UK has some of the lowest breastfeeding rates in the world. The National Infant Feeding Survey 2010 (now discontinued by the Department of Health), and the more recent Scottish Maternal and Infant Nutrition Survey (2017) show that eight out of ten women stop breastfeeding before they want to, often because of issues that could have been prevented or easily resolved with the right help and support. Improving support for breastfeeding mothers, therefore increasing breastfeeding rates would have a profoundly positive impact on child health. Increasing the number of babies who are breastfed could cut the incidence of common childhood illnesses such as ear, chest and gut infections and save the NHS up to £50 million each year.
- 2.3 Breastfeeding rates in comparable European countries, with similar population sizes and demographics, show that it is possible to increase rates with a supportive breastfeeding culture and the political will to do so. For example, in Norway during the 1970s, breastfeeding rates were as low as those in England today. Norway then took a number of actions such as: banning all advertising of artificial formula milk completely; and offering a year's maternity leave on 80% pay and, on the mothers' return to work, an hour's breastfeeding break every day. Today 98% of Norwegian women start out breastfeeding, and 90% are still nursing four months later. This evidence highlights how a difference can be made with government will and policy development and how actions such as limiting or banning advertising of formula milk can have a powerful effect.

- 2.4 In recognition of the need to address the low breastfeeding trend, the Leeds Breastfeeding Plan was developed with input from families, colleagues across public health, academics and policy makers. The aim is to provide a framework to support and guide cross sector working in Leeds to ensure all babies in Leeds are given the best start right from the start, by receiving breastmilk and building positive relationships. There will continue to be ongoing consultation with stakeholders to inform annual priority setting.
- 2.5 In 2006 the Unicef Baby Friendly Initiative standards (Appendix 2) were implemented by the Leeds Health Visiting Service (provided by Leeds Community Healthcare NHS Trust), and the Leeds Maternity Service (provided by Leeds Teaching Hospitals NHS Trust). The Unicef Baby Friendly Initiative is an evidence based, staged accreditation programme to support maternity, neonatal, health visiting and children's centre services to transform their care. It aims to enable public services to better support families with feeding and developing close, loving relationships, ensuring that all babies get the best possible start in life.
- 2.6 In July 2018 Leeds Community Healthcare Health Visiting services became one of only six providers to achieve the Baby Friendly Initiative Gold Award. Baby Friendly Initiative Gold accreditation (Appendix 3) is awarded to services where they can evidence that the standards have been embedded permanently, and that the four themes (Leadership, Culture, Monitoring and Progression) that underpin high quality care for the long term are in place. Since the development of the Leeds Breastfeeding Plan, Leeds Children's Centres have started their journey to accreditation. Leeds Maternity Service has been Baby Friendly accredited since 2014.
- 2.7 Breastfeeding rates increased steadily over the years that the Baby Friendly Initiative standards were implemented. However, they have remained fairly static over recent years, suggesting that more needs to be done alongside this to further increase breastfeeding rates.

3. Main issues

- 3.1 Breastfeeding is a highly emotive subject in the UK because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding. In their 2016 Call to Action, Unicef Baby Friendly Initiative suggests 'it is time to stop laying the blame for the UK's low breastfeeding rates in the laps of individual women and instead acknowledge that this is a public health imperative for which government, policy makers, communities and families all share responsibility'.
- 3.2 Breastfeeding rates vary greatly across the city and are based on many things other than choice. In Leeds, the lowest breastfeeding rates are among the young white British population where formula feeding is seen as the cultural norm.
- 3.3 Not breastfeeding can have major long-term negative effects on the health, nutrition and development of children and on women's health. This includes conditions detailed previously such as breast and ovarian cancer and diabetes which can require lifelong treatment. This has huge cost implications for local and national health services.
- 3.4 In order to protect babies from harmful commercial interests, the World Health Organisation led on the development of the Code of Marketing of Breastmilk Substitutes in 1981 to restrict the advertising of food and drink intended for babies. This Code has never been fully adopted in the UK. However, services working

towards or accredited with Unicef Baby Friendly Initiative must adopt the Code in full. The Leeds Breastfeeding Plan strives to raise awareness of the Code with all stakeholders and to gain a wider commitment to adopting it.

- 3.5 The Leeds Breastfeeding Plan recognises the important role of partnership working. The Leeds Breastfeeding Plan is a vehicle to take the sort of whole-systems approach needed to tackle such complex and emotive issues. For example, the Leeds Breastfeeding Plan could have an impact raising awareness of the Code across Local Authority departments, ensuring that the Council works as one to achieve maximum impact, and by working with other local partners to have an impact beyond Council services.
- 3.6 The Leeds Breastfeeding Plan Partnership group was convened in January 2016 to provide strategic direction for organisations and professional groups charged with improving support for breastfeeding mothers and their families. Women and families voices are heard via consultation and engagement and by two-way feedback via the Peer Support Coordinator who is a member of the group .The group is collectively responsible for implementing the Leeds Breastfeeding Plan and monitoring the outcomes. Group membership includes: Leeds Community Healthcare NHS Trust; Leeds Teaching Hospitals NHS Trust; Leeds City Council and the Third sector.
- 3.7 The purpose of the Leeds Breastfeeding Plan is to provide a framework to support and guide cross-sector working in Leeds to ensure all babies in Leeds are given the best start right from the start, by receiving breastmilk and building positive relationships. The Leeds Breastfeeding Plan Partnership group reports at quarterly meetings and via a bi-annual monitoring report to the Best Start Strategy Group, Maternity Strategy Implementation Board and the Child Health Weight Partnership.
- 3.8 A new Leeds City Council Infant Feeding Policy was developed and implemented in 2016. Leeds Community Healthcare and Leeds Teaching Hospitals Trust also have Infant Feeding Policies in place. All Children's Centres in Leeds have adopted an Infant Feeding Policy as part of working towards Baby Friendly Initiative accreditation. It is a priority action of the Leeds Breastfeeding Plan that these policies are in place and are implemented effectively.
- 3.9 It is a requirement from Unicef Baby Friendly Initiative to have a Baby Friendly Guardian. The Executive Member for Health, Wellbeing and Adults, Councillor Charlwood, has adopted the role of BFI Guardian. The role is about acting as an advocate for breastfeeding and taking responsibility for promoting, protecting and supporting the Baby Friendly standards, including compliance with the International Code of Marketing of Breastmilk Substitutes. There is also a Guardian for Leeds Community Healthcare, Marcia Perry, Executive Director of Nursing and Leeds Teaching Hospitals Trust are in the process of recruiting someone for the role.
- 3.10 This new position of Guardian has been pivotal in ensuring Baby Friendly Initiative Gold Award accreditation for the Health Visiting service and stands other organisations in good stead for achieving the same award. Having Guardians who will advocate at a senior strategic level is required because of the complexities surrounding breastfeeding. It has enabled the information to be heard in arenas where previously it has not been, and has sparked interest and conversation.
- 3.11 A celebration event has been organised for October 2018 in recognition of Leeds Community Healthcare Health Visiting Service achievement of becoming Gold accredited. This will provide the opportunity to showcase the achievement, share success and congratulate all involved in the Baby Friendly Initiative process. This will also be an opportunity to hear from mothers and families who have benefited

from this excellent standard of care. The event is also intended to highlight successes and drive other priority actions of the Leeds Breastfeeding Plan.

3.12 Key highlights and achievement for the Leeds Breastfeeding Plan currently include:

- Growth and development of the Peer Support offer in Leeds meaning more women receive mother to mother support in their local community. This is an evidence based approach to improve breastfeeding rates.
- Peer support in the work place – A Leeds City Council group looking at ways to improve infant feeding support for women and partners returning to work after maternity, paternity or adoption leave
- Children’s Centres working towards Baby Friendly accreditation, with the first assessment planned for November 2018
- Breast pump loan scheme – breast pumps are now available to loan from Children’s Centres. So far this has supported over 200 families to provide more breastmilk for their baby

3.13 At this mid-term point further consultation work has been undertaken on the forthcoming priority actions for the Leeds Breastfeeding Plan for 2018/19 which are as follows, however there remains scope for further development of these actions

- Growth of the “Leeds is Breastfeeding Friendly” project, encouraging businesses, venues, shops and organisations to be more breastfeeding friendly, with a particular focus of local authority venues. This aims to ensure women who choose to breastfeed feel supported in their local communities to breastfeed when out and about in public.
- Better support for women returning to education or work while breastfeeding. This will require support for all managers to fully implement the Leeds City Council Infant Feeding Policy, along with further development of Leeds City Council breastfeeding peer support for those returning from maternity, paternity and adoption leave. Use learning from this as best practice to offer to organisations looking to improve support in this area.
- Implementation of Leeds Schools Breastfeeding Guidance and breastfeeding awareness raising sessions in schools. This aims to support young mothers and school staff returning to school and work while breastfeeding, to ensure they have the support required to enable breastfeeding to continue.
- Continue to drive the Baby Friendly Initiative with all relevant services to ensure standards are maintained and improved where needed. Specific work with Leeds Children’s Centres will support work progress the accreditation process, Stage 1 accreditation is planned for November 2018. Full accreditation will be achieved in the next priority phase 2019/20.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 Consultation and engagement was undertaken throughout the development of the Leeds Breastfeeding Plan. It has and will continue to do so throughout the life of the Leeds Breastfeeding Plan. The Leeds Breastfeeding Plan was developed by Public Health, Leeds City Council alongside partners from the Health Service and the third

sector. The plan draws on the wide range of evidence and policy available. Initial consultation on the draft plan was engaged through strategic groups including the Best Start Strategy Group, Children's Healthy Weight Partnership, the Infant Feeding Professional Issues group, and the Breastfeeding Lead group.

- 4.1.2 In January 2016 the Breastfeeding Plan Partnership Group was convened; incorporating internal and external partners, and was active and influential in the development of the plan. A consultation phase took place during winter 2015-16 to allow consultation with a range of professional groups and engagement of pregnant women and families through guided discussions at parent and baby groups, antenatal and postnatal groups and by using paper questionnaires. It is recognised now that we can develop this further using electronic surveys to reach a wider selection of the community.
- 4.1.3 A report and presentation on the progress of projects underpinned by the Leeds Breastfeeding Plan was produced and delivered for the Health and Wellbeing Board to inform Councillors and the public. The response was very positive and supportive.
- 4.1.4 Consultation for the next phase of the Leeds Breastfeeding Plan 2019-2020 is planned for late 2018 with the Maternity Strategy Implementation Board, young mums at the YUMs group in South Leeds and with the Maternity Voices Partnership. We will also be talking with young men and fathers about their influencers and about their role in supporting breastfeeding.
- 4.1.5 This community involvement work will continue, using asset based and participatory approaches to obtain young people's and families' views on the needs and assets relating to the Leeds Breastfeeding Plan and to identify opportunities and next steps.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Evidence has demonstrated that a child from a low-income background who is breastfed is likely to have better health outcomes than a child from a more affluent background who is formula-fed (Wilson et al, 1998). We also know that some vulnerable mothers – including young mothers and mothers from lower socioeconomic groups, who are least likely to breastfeed (McAndrew et al, 2012; Scientific Advisory Committee on Nutrition, 2008) – have the worst health and social outcomes for themselves and their babies. Implementing the Leeds Breastfeeding Plan provides one solution to this long-standing problem, as an intervention to increase breastfeeding rates and ultimately help tackle health inequality.
- 4.2.2 In Leeds, breastfeeding data consistently show that young white women living in deprived areas are least likely to breastfeed. However, of all descriptive factors (e.g. age, deprivation and ethnicity), in Leeds it is the single category of white (British and Irish) ethnicity which captures the largest part (81.7%) of the population that does not initiate breast feeding. Mothers over the age of 28 years from BME and white European communities are the most likely to initiate breastfeeding with a mean initiation rate for these groups of 83.8%.

4.3 Council policies and Best Council Plan

- 4.3.1 The Leeds Breastfeeding Plan can positively impact on two of the Leeds Best Council Plan priorities: Health and Wellbeing and Child-Friendly City. This can be achieved by enabling all Directorates across the Council to recognise the value of breastfeeding for providing the best start in life for children and the families, and by acknowledging and supporting the ways in which breastfeeding help reduce health inequalities. The Leeds Breastfeeding Plan will also contribute to the outcomes of the Best Start Plan, Children and Young People's Plan, Health and Wellbeing Strategy, and Leeds Health and Care Plan.
- 4.3.2 The Leeds City Council Infant Feeding Policy ensures support for expectant and new mothers (including adopters and carers) and their partners to feed and care for their baby in ways which support optimum health and well-being. The Policy ensures staff members are supported to breastfeed and / or express breastmilk for their babies, including upon their return to work. The Policy outlines commitment to ensuring space to enable this to happen.

4.4 Resources and value for money

- 4.4.1 Not breastfeeding is associated with economic losses of about \$302 billion annually or 0-49% of world gross national income, according to Nigel Rollins et al 2016 report 'Why invest, and what it will take to improve breastfeeding practices?' It also states that breastfeeding provides short-term and long-term health, economic and environmental advantages to children, women, and society.
- 4.4.2 The Baby Friendly Initiative report 'Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK' found that moderate increases in breastfeeding would translate into cost savings for the NHS of many millions, and tens of thousands of fewer hospital admissions and GP consultations.
- 4.4.3 Breastfeeding protects both mothers and babies from a wide range of common illnesses, many involving life-long healthcare costs. Implementing the Leeds Breastfeeding Plan provides opportunities to further increase breastfeeding rates which could help realise potential cost savings locally.
- 4.4.4 The cost of Baby Friendly Initiative in Leeds is included in service specifications and managed within the individual service budgets. Once a service is accredited to Gold, the cost reduces significantly as the process changes from large costly assessments to an annual subscription.

4.5 Legal implications, access to information, and call-in

- 4.5.1 There are no legal implications arising from this report.

4.6 Risk management

- 4.5.1 There are no significant risk management issues.

5 Conclusions

- 5.4 The Leeds Breastfeeding Plan provides a framework to support an increase in the number of women starting and continuing to breastfeed for as long as they wish. It

is essential to change the conversation around breastfeeding and acknowledge that this is a public health imperative for which everyone, including communities, families and organisations share responsibility.

- 5.5 Implementing the Leeds Breastfeeding Plan will ensure that the right framework is in place to create a supportive, enabling environment for women who want to breastfeed, and to protect all babies, whether breast or formula fed, from harmful commercial interests. This will support an increase breastfeeding rates and ultimately improve the health and wellbeing of the local population. Success in this will raise the profile of the Council, highlight good work and significantly contribute towards Leeds being the best city for health and wellbeing and being a Child-Friendly City.

6 Recommendations

Members of the Executive Board are asked to:

- (i) Acknowledge the Leeds Breastfeeding Plan and the impact of implementing the priority actions to date
- (ii) Support a wider environmental and cultural approach to promoting breastfeeding
- (iii) Consider the proposed Leeds Breastfeeding Plan priority actions 2018/19 and provide feedback to support the delivery of the priorities throughout Council work programmes e.g. Increasing Breastfeeding Friendly venues and spaces within the Local Authority
- (iv) Note the opportunity to be involved in consultation and engagement about the plan priorities for 2019/20
- (v) Support further preventive health initiatives targeting Leeds most deprived communities in line with the Health and Wellbeing Board's commitment and plan to improve the health of the poorest fastest and the Leeds Plan.
- (vi) Agree to lobby government to passport the tax raised from the advertising of infant formula to provide more funding for peer support and public health initiatives that support breastfeeding
- (vii) Note that the Director of Public Health and the Director of Children and Families will be responsible for its implementation

7 Background documents¹

None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Appendix 1.

Leeds Breastfeeding Plan 2016-2021

Vision: Mothers are empowered to breastfeed for as long as they wish and parents are supported to have close and loving relationships with their baby. The significant value of breastfeeding and early relationship building are recognised for the immediate and future health and well-being of mother and baby.

Principles:

- Every mother / family has the opportunity to have a full and meaningful discussion about breastfeeding and relationship building while they are pregnant to enable them to make an informed decision about how to feed and respond to their baby.
- Every mother / family is provided with the information, support and help they require with breastfeeding in hospital and community settings.
- All sectors, services and settings in Leeds welcome and support breastfeeding mothers.

Indicator: Increase in the number of babies receiving breastmilk at birth and at 6-8 weeks of age

Objectives	Priority Actions	Indicators – Outcomes and Process
<p>1. Leeds is a breastfeeding friendly city and breastfeeding and relationship building is a cross sector priority</p>	<ol style="list-style-type: none"> 1. Raise awareness across sectors of the value of breastfeeding and the impact for mother and baby and promote coordinated and positive messages about breastfeeding e.g. re-launch Leeds is Breastfeeding Friendly project 2. LCH and LCC senior leaders and key stakeholders support the breastfeeding agenda and implementation of organisational Infant Feeding policies 3. All partners are included in actively supporting delivery of the agenda 4. Raise all stakeholders awareness of the WHO International Code of Marketing of Breastmilk Substitutes 	<ul style="list-style-type: none"> • Increase in numbers of businesses and venues signed up to Leeds is Breastfeeding Friendly project • LCC and LCH Infant Feeding Policies effectively implemented with continued strategic support and adherence to the WHO Code. • Increase in breastfeeding continuation rates • Women actively supported to return to work breastfeeding
<p>2. Knowledgeable and confident practitioners are able to support women and families to</p> <ul style="list-style-type: none"> • build effective relationships and facilitate trust • feel empowered and confident to breastfeed 	<ol style="list-style-type: none"> 5. Health Visiting Midwifery and Neonatal services maintain the Baby Friendly accredited status; Children's Centres work towards accreditation 6. Breastfeeding and relationship building awareness and training are available for allied services 7. Increase access for all women (and their partner / other) to an antenatal programme appropriate to their needs 8. Further develop and deliver peer support city wide 	<ul style="list-style-type: none"> • Health Visiting, Midwifery and Neonatal unit maintain full BFI accreditation • Children's Centres progress towards full accreditation • Improved antenatal intention and confidence to breastfeed • Increase in breastfeeding initiation rates • Increase in the numbers of mothers and fathers / significant other attending antenatal programmes • Decrease in the number of babies under aged one year admitted to hospital with gastroenteritis and respiratory tract infection • Quarterly reporting on peer support reach and activity
<p>3. Increase the number of babies in Leeds given the best start in life by prioritising breastfeeding and relationship building activity with the most deprived communities and groups</p>	<ol style="list-style-type: none"> 9. Breastfeeding data collection is effective and supports the delivery of interventions 10. Promote and support interventions specifically tailored to the needs of young mothers (24 years and under) 11. Improve practices to support fathers and grandparents 12. Identify strategies to 'normalise' breastfeeding within white, low income and deprived communities 	<ul style="list-style-type: none"> • Increase in breastfeeding initiation and continuation rates among key groups • Increase in numbers of young women, fathers and grandparents downloading the Baby Buddy App • A reduction in the gap in breastfeeding rates between deprived and non-deprived Leeds

Appendix 2.

Baby Friendly Initiative Standards

Standard 1: 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.

Standard 2: an educated workforce

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

Standard 3: Parents experiences (Health Visiting)

1. For health visiting and public health nursing services, Stage 3 assessment involves assessing that mothers are supported with their feeding, given useful and accurate information and that parents are supported to recognise the importance of relationships and how to build these.

Re-accreditation

Once your organisation has passed Stage 3, it will be accredited as Baby Friendly. The initial accreditation typically lasts for two years; after this, re-assessments will take place on a regular basis to ensure that the standards are being maintained and to explore how the service is building on the good work it has already done.

Appendix 3.

Achieving Sustainability Standards: Gold Award

Theme 1: Leadership: Develop a leadership team that promotes the Baby Friendly standards

- There is a named Baby Friendly lead/team with sufficient knowledge, skills and hours to meet their objectives
- There is a mechanism for the Baby Friendly lead/team to remain up-to-date with their education and skills
- A Baby Friendly Guardian with sufficient seniority and engagement is in post
- The leadership structures support proportionate responsibility and accountability
- All relevant managers are educated to support the maintenance of the standards.

Theme 2: Culture: Foster an organisational culture that protects the Baby Friendly standards

- There is support for ongoing staff learning
- There are mechanisms in place to support a positive culture, such as staff recognition schemes, mechanisms for staff to feedback concerns and systems to enable parents' and families' feedback to be heard and acted upon.

Theme 3: Monitoring: Construct robust monitoring processes to support the Baby Friendly standards – mechanisms to ensure that:

- Baby Friendly audits are carried out regularly according to service needs
- All relevant data is available and is accessed
- Data is analysed effectively and collectively to give an overall picture
- Action plans are developed in response to findings
- Relevant data is routinely reported to the leadership team
- Relevant data is routinely reported to Unicef UK.

Theme 4: Progression: Continue to develop the service in order to sustain the Baby Friendly standards

- The service demonstrates innovation and progress
- There is evidence to demonstrate that outcomes have improved
- The needs of babies, their mothers and families are met through effective integrated working