



THE BABY
FRIENDLY
INITIATIVE

unicef 
UNITED KINGDOM

GUIDE TO THE UNICEF UK BABY FRIENDLY INITIATIVE UNIVERSITY STANDARDS



CONTENTS

INTRODUCTION	4
ABOUT BABY FRIENDLY	4
THE BABY FRIENDLY UNIVERSITY STANDARDS AND LEARNING OUTCOMES	7
THE ACCREDITATION PROCESS: AN OVERVIEW	9
GUIDANCE ON IMPLEMENTING THE STANDARDS	10
Getting started: project lead and planning	10
Curriculum development (including topic areas)	10
Practice skills	15
Lecturer skills and knowledge	16
Practice assessor skills and knowledge	16
Assessment for learning	17
Audit	17
THE ACCREDITATION PROCESS IN DETAIL	18
CONCLUSION	23

INTRODUCTION

Welcome to the [Guide to the Unicef UK Baby Friendly Initiative university standards](#). This document will guide you through the staged Baby Friendly accreditation programme for pre-registration midwifery and health visiting university programmes.ⁱ

The Baby Friendly university standards and learning outcomes provide a template for universities to give their students a strong foundation of knowledge in supporting all mothers with feeding and helping parents to build a close and loving relationship with their baby.

The following chapters will go through the university standards and learning outcomes, and provide guidance on how to put these into practice and achieve Baby Friendly university accreditation.

Good luck on your Baby Friendly journey.

ⁱ Or equivalent public health nursing courses in Wales, Scotland and Northern Ireland. Throughout this document we will use 'health visiting' to refer to these programmes.

ABOUT BABY FRIENDLY

The Baby Friendly Initiative is designed to improve 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.

THE PROGRAMME IN PUBLIC SERVICES

In the UK, our university standards are an extension of the programme introduced in public services in 1994. The staged accreditation programme supports maternity, neonatal, health visiting and children's centre services 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 responsively and as safely as possible, and all parents are enabled to develop a close and loving relationship with their baby.

Our accreditation programme in public services is recognised and recommended in numerous government and policy documents across all four UK nations, including the National Institute for Health and Care Excellence (NICE) guidance.

THE UNIVERSITY PROGRAMME

The Baby Friendly university programme works to ensure that future generations of health professionals are enabled to incorporate Baby Friendly standards into their practice from the very start of their careers. With a focus on communication styles and a mother-centred approach, the standards can be incorporated into existing programmes so that new generations of healthcare professionals can begin their professional lives equipped with the knowledge and skills to support mothers and their families.

Thanks to this work, the number of pre-registration midwifery and health visiting programmes equipped and fully accredited to deliver the Baby Friendly standards is increasing, and our Achieving Sustainability standards (see page 22) are now supporting universities to embed this high quality in programmes for the long term.

Achieving Baby Friendly university accreditation fulfills relevant requirements in the Nursing & Midwifery Council (NMC) Future Midwife Project 2020. Accreditation is recognised as a mark of quality in student midwifery and health visiting programmes, and helps ensure that students are prepared for practice.

We are now developing a suite of learning outcomes for other health professionals who care for babies, their mothers and families in the early days, weeks and months of life, to help ensure consistency of knowledge.

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.

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%.^{17,18} 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.¹⁹

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, making up feeds and bottle feeding responsively.

In these ways, the Baby Friendly Initiative is helping to put babies, their mothers and families 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
- NMC Future Midwife 2020: nmc.org.uk/standards/midwifery/education/
- Baby Friendly learning outcomes: unicef.uk/learning-outcomes
- 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

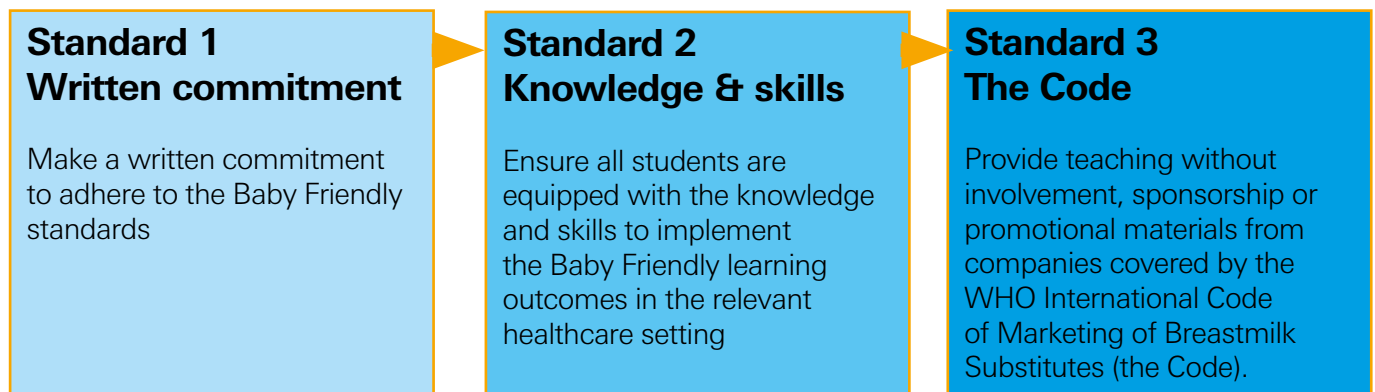
REFERENCES

- 1 Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series: Breastfeeding 1*. Volume 387, No. 10017, p475–490, 30 January.
- 2 Acta Paediatrica (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health, December, Volume 104, Issue Supplement S467, Pages 1–134.
- 3 Hansen K (2016) Breastfeeding: a smart investment in people and in economics, *The Lancet*. Volume 387, No. 10017, p416, 30 January.
- 4 Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, Piwoz EG, Richter LM, Victora CG (2016) Why invest, and what it will take to improve breastfeeding practices? *The Lancet Series: Breastfeeding 2*. Volume 387, No. 10017, p491–504, 30 January.
- 5 Ajetunmobi OM, Whyte B, Chalmers J et al (2014) Breastfeeding is Associated with Reduced Childhood Hospitalization: Evidence from a Scottish Birth Cohort (1997-2009) *The Journal of Pediatrics*. [www.jpeds.com/article/S00223476\(14\)01065-8/fulltext](http://www.jpeds.com/article/S00223476(14)01065-8/fulltext)
- 6 NICE (2014) Public Health Guidance 11: Improving the nutrition of pregnant and breastfeeding women and children in low-income households, Quick Reference Guide: Maternal and child nutrition. Issued March 2008 (updated September 2014).
- 7 Vennemann MM, Bajanowski T, Brinkmann B, Jorch G, Yücesan K, Sauerland C, Mitchell EA (2009) Does breastfeeding reduce the risk of sudden infant death syndrome? *Pediatrics*, 123(3), e406–10. <http://pediatrics.aappublications.org/content/123/3/e406>
- 8 Luan NN, Wu QJ, Gong TT, Vogtmann E et al (2013) Breastfeeding and ovarian cancer risk: a meta-analysis of epidemiologic studies. *American Journal of Clinical Nutrition* 2013; 98 (4): 1020–31.
- 9 Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series: Breastfeeding 1*. Volume 387, No. 10017, p475–490, 30 January.
- 10 WCRF/AICR (2009) Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: a Global Perspective, Washington DC, AICR.
- 11 Acta Paediatrica (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health, December, Volume 104, Issue Supplement S467, Pages 1–134.
- 12 Acta Paediatrica (2015) Special Issue: Impact of Breastfeeding on Maternal and Child Health, December, Volume 104, Issue Supplement S467, Pages 1–134.
- 13 De Bono E, & Rabe B (2012) Breastfeeding and child cognitive outcomes: Evidence from a hospital-based breastfeeding support policy. ISER Working Paper Series: 2012-29 www.iser.essex.ac.uk/research/publications/working-papers/iser/2012-29
- 14 Brown A, Rance J, Bennett P (2015) Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. *Journal of Advanced Nursing*, DOI: 10.1111/jan.12832 <http://onlinelibrary.wiley.com/doi/10.1111/jan.12832/abstract>
- 15 Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series: Breastfeeding 1*. Volume 387, No. 10017, p475–490, 30 January.
- 16 McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre <http://content.digital.nhs.uk/catalogue/PUB08694>
- 17 McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre <http://content.digital.nhs.uk/catalogue/PUB08694>
- 18 Appendix to Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series: Breastfeeding 1*. Volume 387, No. 10017, p475–490, 30 January.
- 19 Unicef UK Baby Friendly Initiative (2012) Preventing Disease and Saving Resources www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/preventing-disease-and-saving-resources/

THE BABY FRIENDLY UNIVERSITY STANDARDS AND LEARNING OUTCOMES

THE STANDARDS

The Baby Friendly university accreditation programme consists of three standards:



WRITTEN COMMITMENT

Standard 1 involves the university programme making a written commitment to adhere to the Baby Friendly standards, confirmed by a Head of Department (HOD) or equivalent.

KNOWLEDGE AND SKILLS

Standard 2 is the core of the university standards – ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant healthcare setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

THE CODE

Standard 3 requires that teaching is provided without involvement, sponsorship or promotional materials from companies covered by the WHO International Code of

Marketing of Breastmilk Substitutes and subsequent WHA resolutions (the Code) – so as to ensure that students access only scientific and factual information about infant feeding, free from commercial interests. Find out more in *Working within the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers* unicef.uk/codeguide

- The Baby Friendly university standards should be read in conjunction with the standards for maternity, neonatal, health visiting and children’s centre services: unicef.uk/babyfriendly-accreditation-health-services

THE LEARNING OUTCOMES

Students should be equipped with the necessary knowledge and skills to be able to practice in accordance with the Baby Friendly standards as newly qualified health professionals. By the end of the course students will:

THEME 1: UNDERSTAND BREASTFEEDING

- 1 Have sufficient knowledge of anatomy of the breast and physiology of lactation to enable them to support mothers to successfully establish and maintain breastfeeding
- 2 Understand the importance of human milk and breastfeeding to the health and wellbeing outcomes of mothers, babies and the wider family.

THEME 2: SUPPORT INFANT FEEDING

- 3 Have an understanding of infant feeding culture within the UK and the various influences and constraints which impact on women's infant feeding decisions
- 4 Be able to apply their knowledge and understanding of the physiology of lactation to support women to get breastfeeding off to a good start
- 5 Be able to apply their knowledge of physiology and the principle of reciprocity to support mothers to keep their babies close and respond to their cues for feeding, love and comfort
- 6 Have the knowledge and skills to support mothers and babies to maximise breastmilk and breastfeeding, to continue to breastfeed for as long as they wish and to introduce solid foods at an appropriate time
- 7 Be able to support parents who formula feed to do so responsively and as safely as possible
- 8 Understand the importance of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions (the Code) and how it impacts on practice.

THEME 3: SUPPORT CLOSE AND LOVING RELATIONSHIPS

- 9 Develop an understanding of the importance of secure mother-infant attachment and the impact this has on their health and emotional wellbeing
- 10 Be able to apply their knowledge of attachment theory to promote and encourage close and loving relationships between babies, their mothers and families, irrespective of their feeding method.

THEME 4: MANAGE THE CHALLENGES

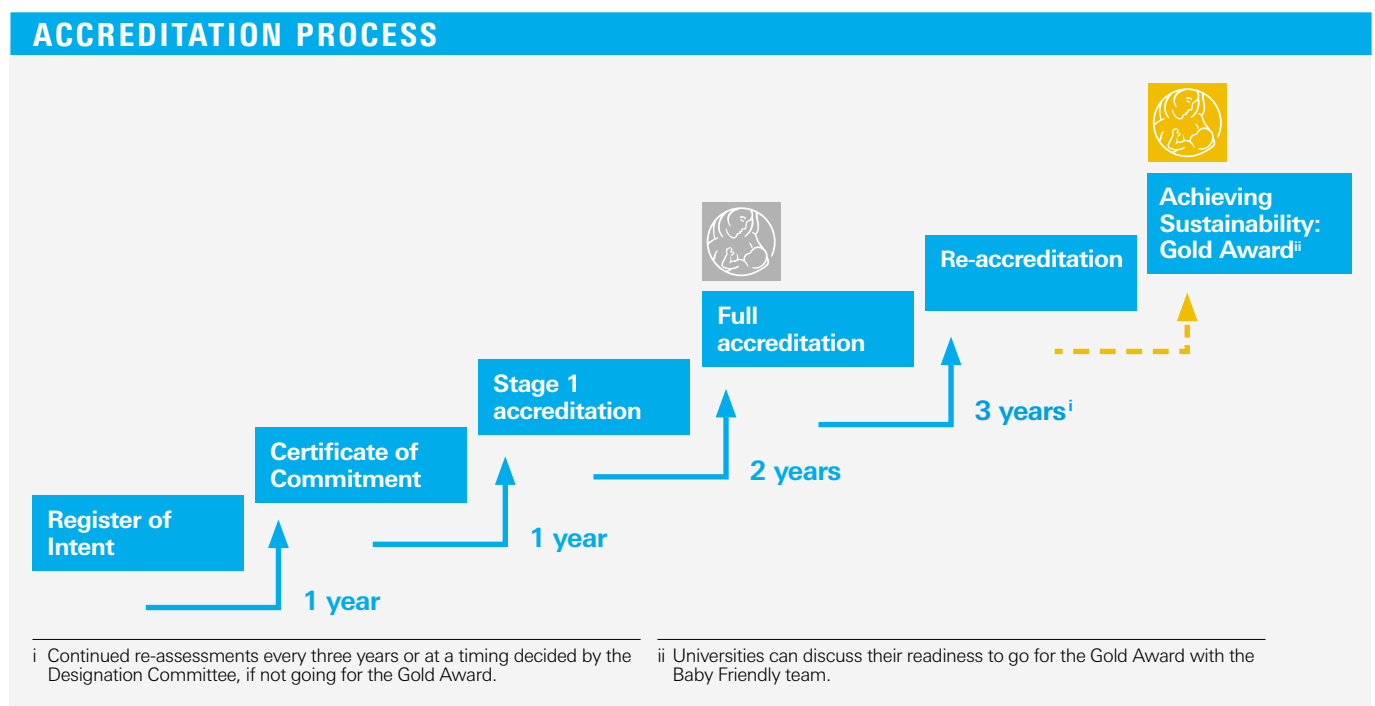
- 11 Be able to apply their knowledge of the physiology of lactation and infant feeding to support effective management of challenges which may arise at any time during breastfeeding
- 12 Have an understanding of the special circumstances which can affect lactation and breastfeeding, (e.g. when mother and baby are separated, including preterm and sick infants) and be able to support mothers to overcome the challenges
- 13 Draw on their knowledge and understanding of the wider social, cultural and political influences which undermine breastfeeding, to promote, support and protect breastfeeding within their sphere of practice.

THEME 5: PROMOTE POSITIVE COMMUNICATION

- 14 Have an understanding of the principles of effective communication and current thinking around public health promotion strategies and approaches
- 15 Be able to apply their knowledge of effective communication to initiate sensitive, compassionate, mother-centred conversations with pregnant women and new mothers
- 16 Have the knowledge and skills to access the evidence-based information that underpins infant feeding practice and know how to keep up-to-date (e.g. e-alerts, research summaries).

THE ACCREDITATION PROCESS: AN OVERVIEW

The Baby Friendly university assessment process takes place in stages, with the aim of supporting universities to work towards accreditation strategically, within a set time period. Students will be expected to demonstrate the knowledge and skills to implement the Baby Friendly standards within the six months prior to the point of qualification.



REGISTER OF INTENT

The university registers with Unicef UK to establish its intention to work towards accreditation.

CERTIFICATE OF COMMITMENT

The Certificate of Commitment is the first award, given when the requirements for standards 1 and 3 are met. It requires signed documentation from the HOD, compliance with the Code and an action plan.

STAGE 1 ACCREDITATION

Stage 1 involves an assessment of the curriculum and supporting documents to ensure that all the learning outcomes are addressed.

FULL ACCREDITATION

Achieving full accreditation (stage 2) involves an assessment of the skills and knowledge of both students and staff. Full accreditation lasts for three years, after which a re-assessment of all standards is carried out.

GOLD AWARD

See page 22 for details of the Achieving Sustainability standards.

- See page 18 for detailed guidance on each of these stages.

GUIDANCE ON IMPLEMENTING THE STANDARDS

Below we provide guidance on implementing the Baby Friendly standards in your university programme, including information on developing a curriculum and auditing student knowledge of the learning outcomes.

GETTING STARTED: PROJECT LEAD AND PLANNING

Experience has shown that introducing the Baby Friendly university standards is significantly easier if a key lecturer is identified as the project lead, and if they have time allocated to lead the process. Although this person does not necessarily have to implement all the changes required, they can oversee the process, monitor and update the action plan, and act as the liaison with the Baby Friendly Initiative.



It is useful for the project lead to work with the rest of the teaching team to develop an action plan for implementing the standards. It is recommended that this outlines the actions required, the timeline and key staff responsible for implementation of the standards.

Individual lecturers may develop specific action points and bring these back to the project lead for review, e.g. a lecturer who facilitates a module on neonatal development may complete actions about how the Baby Friendly topic areas related to hypoglycemia are incorporated into their module.

CURRICULUM DEVELOPMENT

Confirmation that all learning outcomes are adequately covered within the curriculum is a requirement for Stage 1 of the assessment process. Overleaf we detail the key topic areas to be included in order to cover each learning outcome theme.

A mapping exercise can help the university to understand aims and actions needed. It is also useful for the Baby Friendly assessment team if the learning outcomes and topic areas are mapped across the programme of study and to individual modules. An overall map can guide a university's action plan, and help articulate to an assessor as to how the learning outcomes are being met across the curriculum.

The mapping exercise may reveal that some course design alterations and/or additions to modules are needed, within the university/NMC periodic review cycle. Other themes may already be met within the core curriculum and meeting the learning outcomes may be achievable within the current teaching, learning and assessment strategy. The Baby Friendly university learning outcomes are mapped against the NMC Future Midwife 2020 learning outcomes, more details of which are available here: unicef.uk/babyfriendly-university-standards

It is important to ensure that the learning outcomes are covered in sufficient detail to enable the students to effectively implement the Baby Friendly standards in practice. Our audit tool for universities (see page 17) can be used to help inform programme development, ensuring any additions/amendments do not impact negatively on student learning. It will help identify any gaps in the curriculum, and demonstrate whether the programme as a whole is successful and whether individual sessions work.

Topics to include in the curriculum

Incorporating these topics into your curriculum will help ensure that the learning outcomes are met.

THEME 1: UNDERSTAND BREASTFEEDING

LEARNING OUTCOMES

- Have sufficient knowledge of anatomy of the breast and physiology of lactation to enable them to support mothers to successfully establish and maintain breastfeeding
- Understand the importance of human milk and breastfeeding to the health and wellbeing outcomes of mothers, babies and the wider family.

TOPICS

- Anatomy of the breast and changes in pregnancy
- Physiology of lactation and hormonal influences on both milk production and instinctive mothering behaviour
- The role of the Feedback Inhibitor of Lactation (FIL)
- Foetal glucose homeostasis and counter-regulation
- Breastfeeding and public health; for the mother and baby, as well as the societal, environmental and economic impact
- The role that breastfeeding and human milk play in improving the health and wellbeing outcomes of babies, their mothers and the wider family
- Constituents of colostrum and breastmilk, including protective and developmental factors
- Constituent differences between human milk and infant formula
- Epigenetics and the microbiome related to infant feeding and very early child development
- Applying theory to practice; implications for current midwifery and health visiting practice.

THEME 2: SUPPORT INFANT FEEDING

LEARNING OUTCOMES

- Have an understanding of infant feeding culture within the UK and the various influences and constraints which impact on women's infant feeding decisions
- Be able to apply their knowledge and understanding of the physiology of lactation to support women to get breastfeeding off to a good start
- Be able to apply their knowledge of physiology and the principle of reciprocity to support mothers to keep their babies close and respond to their cues for feeding, love and comfort
- Have the knowledge and skills to support mothers and babies to maximise breastmilk and breastfeeding, to continue to breastfeed for as long as they wish and to introduce solid foods at an appropriate time
- Be able to support parents who formula feed to do so responsively and as safely as possible
- Understand the importance of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions (the Code) and how it impacts on practice.

TOPICS

- Overview of infant feeding culture in the UK and what has influenced changing breastfeeding rates in the UK and worldwide
- Importance of skin-to-skin contact to support a good start to breastfeeding and mothering (for all mothers irrespective of feeding type) and how to facilitate this within practice
- Responsive breastfeeding and how mothers and babies develop a reciprocal relationship when they remain close (to include feeding and comfort cues)

- How a baby breastfeeds – understanding principles and mechanisms of attachment and positioning for effective feeding
- How to support mothers and babies as they ‘learn’ to breastfeed including an understanding of instinctive behaviour, e.g. laid back breastfeeding
- Recognising effective breastfeeding; assessing milk production and milk transfer, assessing a breastfeed in practice
- Supporting breastfeeding mothers to maximise the amount of breastmilk their baby receives
- Responsive bottle feeding, including how to hold a baby during a bottle feed and how to pace the feeds
- Support parents who are bottle feeding to minimise the risks, to make up feeds safely and understand how to sterilise equipment
- For mothers who are formula feeding, how and where to access independent information on infant formula
- Appropriate introduction of other foods including developmental readiness, ways to feed and achieving a balanced diet
- Practical skills reviews
- Evidenced-based interventions that promote, support and protect breastfeeding – including the WHO / Unicef Baby Friendly Initiative
- The WHO International Code of Marketing of Breastmilk Substitutes and subsequent resolutions: rationale, history and impact on practice.

THEME 3: SUPPORT CLOSE AND LOVING RELATIONSHIPS

LEARNING OUTCOMES

- Develop an understanding of the importance of secure mother-infant attachment and the impact this has on their health and emotional wellbeing
- Be able to apply their knowledge of attachment theory to promote and encourage close and loving relationships between babies, their mothers and families, irrespective of their feeding method.

TOPICS

- Overview of infant brain development and the importance of love and nurture to ensure optimal outcomes
- Overview of attachment theories and how this applies to practice
- Supporting parents through pregnancy, birth and beyond to develop close and loving relationships with their baby.

THEME 4: MANAGE THE CHALLENGES

LEARNING OUTCOMES

- Be able to apply their knowledge of the physiology of lactation and infant feeding to support effective management of challenges which may arise at any time during breastfeeding
- Have an understanding of the special circumstances which can affect lactation and breastfeeding, (e.g. when mother and baby are separated, including preterm and sick infants) and be able to support mothers to overcome the challenges
- Draw on their knowledge and understanding of the wider social, cultural and political influences which undermine breastfeeding, to promote, support and protect breastfeeding within their sphere of practice.

THEME 4: MANAGE THE CHALLENGES

- Manage common breastfeeding challenges for both mother and baby e.g. sore nipples, engorgement, mastitis, thrush, insufficient milk supply, hypoglycaemia, jaundice etc., including appropriate referral.
- Expression of breastmilk to include hand and pump expression technique

- Initiating and sustaining lactation when mother and baby are separated including sick and preterm infants
- Supporting parents to stay with and care for their baby in transitional and neonatal care
- Maximising human milk feeding and breastfeeding where breastfeeding may be compromised
- Supporting breastfeeding where there are maternal health issues
- Role of specialist infant feeding support, peer support groups and the voluntary organisations
- Situations when breastfeeding is not recommended, use of donor human milk
- Normalising breastfeeding: protecting, promoting and supporting breastfeeding; exploring the politics of breastfeeding that impact on practice and care of women.

THEME 5: PROMOTE POSITIVE COMMUNICATION

LEARNING OUTCOMES

- Have an understanding of the principles of effective communication and current thinking around public health promotion strategies and approaches
- Be able to apply their knowledge of effective communication to initiate sensitive, compassionate, mother-centred conversations with pregnant women and new mothers
- Have the knowledge and skills to access the evidence-based information that underpins infant feeding practice and know how to keep up-to-date (e.g. e-alerts, research summaries).

THEME 5: PROMOTE POSITIVE COMMUNICATION

- Debrief of students' personal infant feeding stories
- Effective communication skills; theory and practice
- Importance of an authentic presence, listening and reflecting back for effective communication
- Importance of compassion, sensitivity and kindness
- Public health theory and practice; supporting women to make informed decisions, creating an environment where behaviour change is possible
- Mother-centred care; theory and practice
- Skills development to support midwives and health visitors to facilitate conversations with pregnant women, new mothers and families
- Skills to support families where English is not the first language
- Skills required for providing telephone support
- Working with others in a multidisciplinary environment to support infant feeding
- Sensitive communication of safer sleep messages.

Incorporating the topics

Accredited universities have demonstrated that ‘front-loading’ the curriculum with an introduction to the Baby Friendly standards, infant feeding and relationship building, before students ever go into practice, builds a good foundation for their future learning. In some areas local Infant Feeding Leads (IFLs) have been invited to help students with core knowledge and skills and to introduce them to the skills documentation. For example, if students have had teaching sessions to help them learn how to support mothers with positioning, attachment and hand expression, they can then begin to use these skills as soon as they go into the practice environment.

To ensure that learning is embedded, topics should be threaded through the curriculum, building on previous learning and drawing on practice experience to help the student develop their learning and understanding. There will be variation between the needs of midwifery and health visiting students, which will inform when best to deliver the content.

For all students, facilitating a discussion and implementing careful teaching strategies to explore their own experience and existing knowledge of infant feeding will enable them to overcome prejudices and help them move to a position where, based on the best available evidence, they can support mothers in a non-judgemental, facilitative way.

Lesson plans

The development of lesson plans will enable consistency of standards between cohorts and lecturers, and ensure that the teaching is aligned to the intended outcomes, assessments and practice.

Attachment of sample lesson plans with the application form for Stage 1 also makes the assessment process more transparent and easier for the Baby Friendly team to carry out.

Everyone involved in delivering the topic areas needs to be familiar with the plans. Aligning the learning outcomes to the lesson plans and in all relevant documents such as module plans, session plans, information for practice assessors, student handbooks, etc. will help them to be known and understood by all stakeholders, including the students.

Although the learning outcomes will be touched on in many of the students’ taught sessions, for the purposes of the Stage 1 assessment only those where the majority of the content is addressing Baby Friendly themes/ learning outcomes need be included. Lesson plans are particularly valuable for these sessions, with signposting and examples to demonstrate to the assessment team as to how the outcomes have been met.

The project lead will be asked to complete the following example table at Stage 1:

Taught session title	Year/module	Content	Methods	Duration	Theme	Learning outcomes
Positioning & attachment of the baby at the breast	Year 1 Module – Women & reproduction	Revision of anatomy and physiology of breast based on student workbooks Practice skills/simulation workshop supporting mothers to position and attach the baby at the breast	Practice skills workshop Quiz Group discussion Simulated scenarios	2 hours	1 & 2	1 & 2 4 & 5
Self-directed learning	Year/module	Description	Expected learning time	Learning outcomes	Assessed	
Baby Friendly Initiative workbook	Year 1, 2 and 3	Workbooks, quizzes, reading list, e-learning and practice scenarios linking theory to practice. Enables students to consolidate and apply learning to practice	20 hours per year	All	Reviewed through audit, assessed by OSCE and Practice Assessment Document (PAD)	

- For more information on curriculum development, see our *Guidelines for the development of a training curriculum for the revised Unicef UK Baby Friendly Initiative standards* document: unicef.uk/curriculumguide

PRACTICE SKILLS

Acquiring the skills to support infant feeding and relationship building needs a combination of classroom teaching and practice. All students are required to complete practice skills (signed off by a practice assessor) to demonstrate that they have met the Baby Friendly learning outcomes.

The Baby Friendly Initiative does not dictate how many demonstrations of each skill students should complete. However, we would recommend deciding on a minimum number to help students achieve their competencies (antenatal conversations, positioning and attachment of the baby at the breast, skin-to-skin contact, hand expression, breastfeeding assessments etc.) in practice.

This will ensure that the student has the relevant practice experience allocated, and if s/he is struggling to achieve their competence, further allocation of the appropriate practice placement area can be arranged to enable them to meet the requirements of the programme.

For example:

- It will be harder for a student midwife than a health visitor student to gain the skills to support a mother with mastitis or introducing other foods, so it may be helpful to include a visit in his/her skills book to a breastfeeding support group in the community where she will be able to talk to mothers with older babies and to the practitioners supporting them.
- Health visitor students working in areas of low breastfeeding prevalence may struggle to gain the skills to support positioning and attachment; they may need a placement with the IFL.

The students' practice-based assessment documentation and skills records need to demonstrate how the student moves through the levels of learning from 'helper' at the beginning of their training to 'competent practitioner' at the point of qualification, and clearly identify how this has been verified by the practice assessor.

For example, the student may observe a designated number of breastfeeds with a practice assessor and then be supervised on a designated number. S/he can then be assessed by their practice assessor and move on to build on their experience, gaining confidence in their practice on a further pre-agreed number of occasions.

Practice documentation

The practice document should be designed to ensure that students are aware of what is expected of them and also act as an *aide memoire* to inform them of the range and amount of experience that the student needs. Lecturers in midwifery and health visiting will decide what is the most appropriate format for individual programmes/students.

Suggested topics include:

- Antenatal and postnatal conversations in relation to infant feeding and relationship building
- Positioning and attachment of baby at breast
- Hand expression of breastmilk
- Responsive feeding
- Safer sleeping practices
- Skin-to-skin contact
- Helping mothers to overcome breastfeeding challenges
- Appropriate use of foods other than breastmilk
- The needs of 'at risk' babies
- Timely introduction of solid foods.

The Baby Friendly assessment team will interview the students to evaluate competence. This is to assess the effectiveness of the education programme rather than student skills themselves. At least 80% of the students interviewed at Stage 2 will be required to give answers which meet each criterion in order for the midwifery/health visiting programme to be accredited. Using the Baby Friendly audit tool for universities (see page 17) will help inform whether the cohort of students has gained adequate knowledge and skills and is ready for Stage 2 assessment.

USEFUL RESOURCES

A range of resources are available at unicef.uk/babyfriendly-universities-stage2 to support practice skills, including:

- Guidance on antenatal and postnatal conversations
- Breastfeeding assessment forms
- Practical skills review forms
- Audit tool (see page 17)
- Guidance on providing specialist support
- Responsive feeding infosheet
- Maximising breastmilk information
- *Building a Happy Baby* leaflet for parents
- *Co-sleeping and SIDS: A Guide for Health Professionals*
- *Infant Formula and Responsive Bottle Feeding: A Guide for Parents*
- Department of Health *Guide to Bottle Feeding* leaflet for parents
- *Caring for your Baby at Night* leaflet for parents and accompanying health professionals' guide.

LECTURER SKILLS AND KNOWLEDGE

It is essential that university staff are trained in the Baby Friendly standards so that they have the knowledge and skills to implement the learning outcomes.

The standards relate to many areas of the curriculum including antenatal care, birth, postnatal and neonatal care, perinatal mental health, public health and child health and wellbeing. The project lead and other key team members will be involved in teaching the majority of the content, but all staff will need to be familiar with the standards to ensure that they are providing consistent, evidence-based education for all the students across the curriculum and as 'link lecturers' in practice.

Unicef UK has developed a *Breastfeeding and Relationship Building* course for university lecturers, which incorporates the knowledge, skills, training, assessment and audit needed to implement the Baby Friendly standards. It is recommended that either the whole lecturing team attends this course, or a couple of core members of the team attend and then cascade their learning through internal training sessions. Participants on the course are provided with a training package to support these internal sessions, which should be delivered to the lecturing team and ideally to other key staff or managers. Training works best when delivered to a group rather than individually in order to facilitate discussion, foster a sense of group ownership of the standards, and ensure that the knowledge is sustainable.

- Visit [unicef.uk/babyfriendlycourses](https://www.unicef.org/uk/babyfriendlycourses) for details about attending the *Breastfeeding and Relationship Building for University Lecturers* course.

At Stage 1, leads are required to describe briefly how the lecturers are educated to help them to teach, support and assess the Baby Friendly standards according to their role and responsibility. Using the lecturer self-assessment section of the Baby Friendly audit tool for universities (see page 17) will help lecturers to identify any learning needs they may have so that these can be addressed.

When the Baby Friendly team comes to the university for the Stage 2 assessment they will interview the core teaching team delivering the programme.

PRACTICE ASSESSOR SKILLS AND KNOWLEDGE

Students will gain practical experience in a variety of settings across a landscape that may vary considerably in its competence in facilitating student learning in relation to the Baby Friendly standards. It is essential that students are supported when they encounter practice

that is at variance with what they have been taught in the university, thereby narrowing the theory-practice gap. Equipping the students to deal with such situations sensitively can have a positive impact on care.

It is not the university's responsibility to provide qualified healthcare staff with the training to implement the standards in these settings. However, universities are required to demonstrate how they will ensure that the students receive adequate support during their practice placements. Where deficits are identified, strategies need to be put in place to address these e.g. where students practice in an area where the Baby Friendly standards have not been implemented.

The university is responsible for the orientation of the practice assessor to explain how the university standards are being delivered through the curriculum. This may be facilitated at practice assessor update days, service and education meetings, within the link lecturer/practice teacher role and through documentation etc.

Where a service is not accredited as Baby Friendly, it is suggested that the project lead meets with the professional lead for midwifery/health visiting within the service to discuss a way forward.

Lecturers should ensure practice assessors are able to:

- Understand the university standards, including limitations of their own knowledge and skills
- Enable students to access appropriate practice experience to gain the required knowledge and skills
- Support students to apply theory to practice which is underpinned by the evidence base
- Supervise students as they gain the confidence to support mothers and their families
- Provide feedback to students on their progress
- Ensure that all elements identified within the practice document are completed.

Evidence of how practice assessors are to be orientated to the education standards is required at the Stage 1 assessment. Consideration should be given to the orientation of the practice assessor at the action planning stage.

ASSESSMENT FOR LEARNING

Thorough formative and summative assessment of students' ability to implement the standards is key to achieving Baby Friendly accreditation. Using the Baby Friendly audit tool for universities can contribute to this assessment process.

In order to provide all students with opportunities to demonstrate their learning, the profile of assessments within a programme should include a range of assessment formats, for example practice-based assessments, practice skills reviews, OSCEs, reflective assignments and written examinations.

KEY POINTS TO CONSIDER WHEN PLANNING ASSESSMENTS

- Assessments should aim to:
 - Role model mother-centred care which is kind and compassionate
 - Create a good educational experience and set out high expectations
 - Provide opportunities for students to engage in a discussion about their learning
- Regular assessment activities built in throughout the module will provide feedback to the lecturer and student on areas of strength and weakness to focus on for future teaching sessions
- Timely, meaningful assessments develop the students' interests and motivations, and encourage them to engage in their study to meet the learning outcomes
- Feedback is an essential aspect of the assessment activity. For feedback to be effective it needs to be prompt and make sense to the students so that they can develop their learning and feed this into their future practice.

Objective Structured Clinical Examination (OSCE)

The OSCE is an examination used by universities to test clinical performance and competence in skills such as positioning and attachment, hand expression and antenatal/postnatal communication with the mother.

The aim of the assessment is to enable the student to integrate the knowledge, understanding, skills and attributes necessary to demonstrate effective, mother-centred care in practice.

Students consistently give positive feedback on this method of assessment as it enhances their confidence. For the university, it is very effective in assessing ability and provides immediate feedback to the tutors on the

students' knowledge and skills in a safe environment. It also prepares the student for the Stage 2 assessment when the Baby Friendly assessment team will interview the students on their knowledge of the learning outcomes.

AUDIT

Auditing progress is crucial for successful and sustained implementation of the standards. The Baby Friendly audit tool for universities has been designed to support universities to establish whether their programme meet the standards for Baby Friendly accreditation. It will enable the university to establish whether the five key themes have been incorporated effectively into the programme in order that the learning outcomes can be met. The tool includes:

- **Questionnaire templates for use with students:** The questions reflect the knowledge and skills required for staff in Baby Friendly facilities which employ midwives and health visitors. The tool can be used to inform curriculum development/amendment and to help establish whether the university is ready for external assessment by Baby Friendly assessors. It should be used in conjunction with other means of student assessment to provide an overall picture
- **Self-assessment for lecturers:** The questions help lecturers to identify any learning needs for themselves, which can then be used to support additional learning.

- The audit tool is available to purchase at: unicef.uk/audit

FOUR KEYS TO SUCCESS

- Regular audit
- Lecturer training - with a whole team approach
- Practical skills reviews for students, assessed by someone with appropriate knowledge and skills
- Objective Structured Clinical Examination (OSCE) for key clinical skills

THE ACCREDITATION PROCESS: IN DETAIL

Below we provide more detail about each stage of the accreditation process, including information about what is required for each assessment.

REGISTER OF INTENT

The process to full accreditation begins when the university department registers intent with the Baby Friendly Initiative. This is a simple process requiring the completion of a Register of Intent form which is then returned to the Baby Friendly office.

CERTIFICATE OF COMMITMENT

A Certificate of Commitment should be attained within one year of registering intent.

The action plan will support the team to complete the process in a logical and timely fashion. It will also ensure that information is communicated across the whole team and throughout the curriculum.

In order to apply for a Certificate of Commitment the university is required to submit:

- A Certificate of Commitment application form
- Confirmation from the HOD that the standards will be implemented
- Confirmation that no sponsorship or similar funding from the breastmilk substitutes industry will be accepted, including sponsorship of students' tuition costs, and that no teaching in the department will be delivered by staff employed by such companies
- An action plan which includes:
 - All actions required to implement the standards
 - A realistic and relevant timeline
 - Identification of key staff responsible for implementing the listed actions.

- Access useful resources, as well as the Register of Intent and Certificate of Commitment forms, at: unicef.uk/babyfriendly-universities-preparing

STAGE 1

Stage 1 looks to ensure that the planned curriculum enables appropriate learning to take place, so that students can gain the necessary knowledge and skills to practice in accordance with the Baby Friendly standards.

Within one year of obtaining the Certificate of Commitment the university is required to submit the Stage 1 application form (see link overleaf), together with supporting documents, to the Baby Friendly office. The assessment will involve an assessor reviewing these documents, and will include a telephone conversation with the university's project lead about any queries.

Documents to be submitted

The information provided in each section of the application form needs to be supported by the appropriate evidence.

This may include:

- An explanation of the overall programme structure e.g. an adapted programme specification and guide to how modules map across the curriculum
- A sample of relevant lesson plans, slides and teaching aids that explain the teaching methods used and content covered in relation to the learning outcomes
- Examples of how the learning outcomes are assessed e.g. examination papers, OSCE or viva scenarios, practice-based assessments etc.
- Examples of the documentation used to record the students' clinical practices/competence
- Evidence of how the practice assessors are orientated to the Baby Friendly standards
- Evidence of the education of lecturers around the Baby Friendly standards, for example showing attendance at a relevant Unicef UK course or attending in-house training that equips staff with the knowledge and skills to consider the Baby Friendly learning outcomes across the curriculum.

When the university is ready for a Stage 1 assessment, the project lead should contact the Baby Friendly office to agree a date.

The Stage 1 application form should be completed and sent with the relevant supporting documentation (via email/web – see page 23 for contact details) at least two weeks before the agreed assessment date. On the assessment date the project lead should be available via telephone in case the assessor has any queries or issues to discuss. Contact details need to be submitted with the Stage 1 documentation.

On completion of the assessment, the assessor will write a report outlining the findings as well as any requirements and recommendations.

- **Requirements:** are made when there is insufficient evidence for the assessor to confirm that a learning outcome is adequately covered within the programme
- **Recommendations:** are made when there are suggestions for improvement to the way the learning outcomes are covered or to the materials submitted.

Where requirements are made, the university will be expected to submit further evidence before Stage 1 can be passed. Evidence that any recommendations have been met will be reviewed at Stage 2.

The report will be sent to the university and to the Baby Friendly Initiative's Designation Committee for comment and approval. Once all the requirements are met, Stage 1 will be considered passed.

The university will then have a maximum of two years to complete its Stage 2 assessment.

- Access useful resources, as well as the Stage 1 application form, at: unicef.uk/babyfriendly-universities-stage1



STAGE 2

When the department is satisfied that a cohort of students, within the six months prior to qualifying, have completed all the Baby Friendly elements of the programme, they can apply for these students' knowledge and skills to be assessed. An application form should be completed to include the results of a recent audit of the students' knowledge and skills. At least three months' notice is needed for the Baby Friendly office to arrange a Stage 2 assessment.

The Baby Friendly assessors

The Baby Friendly Initiative assessment teams are senior staff supported by a group of practitioners who have previously taken a trust or organisation through the Baby Friendly assessment process. They teach on the courses and attend CPD sessions to maintain their skills and registration. Many of them are IFLs in their specialist area.

The student assessment

The programme will be accredited when 80% of students are able to demonstrate sufficient knowledge and skills. This will be assessed via face-to-face interviews. An average of 20 students will be interviewed at each assessment. This does not represent a specific percentage of the cohort of students, but rather the number required to make a fair assessment of the education provided by the university. When the cohort is less than 20, then all students will be interviewed.

Each student interview will last about 20 minutes and is based on the assessment tool for healthcare staff. It will include a demonstration of how the student would support a mother to get breastfeeding off to a good start, as well as questions around supporting a mother who is formula feeding, relationship building and managing breastfeeding challenges. As with any assessment, it is important the students and staff are aware of the assessment criteria and enabled to achieve to the best of their ability.

The interview uses questions derived from the themes and learning outcomes to ascertain:

- Mother-centred, compassionate and sensitive communication skills
- The level of training in, and knowledge of, infant feeding and relationship building
- Knowledge of attachment and positioning, as demonstrated by their ability to teach a mother
- Ability to teach a mother how to express their breastmilk by hand
- Knowledge of practices which are known to support a mother to initiate and continue to breastfeed responsively

- Knowledge of the prevention and treatment of common breastfeeding complications
- Knowledge of how to support a mother to bottle feed as safely and responsively as possible
- Knowledge of how to support all mothers to be responsive to their baby's needs and build a close and loving relationship
- Understanding of the culture of infant feeding in the UK and working within the Code.

Although individual students will be interviewed to assess their skills and knowledge, the assessment is designed to assess the strengths and weaknesses of the programme, rather than individual's attainment levels.

The students within the cohort being assessed need to understand the process and feel that it is of benefit to them. It is recommended that they are well informed about the significance of the standards and the award and how this will help their practice.

Leads may wish to develop a certificate for all students qualifying from their programme to verify that they have qualified from a Baby Friendly accredited programme.

The lecturer assessment

The project lead, HOD and core members of the teaching team that deliver the majority of the content will be invited to individual, face-to-face discussions about the standards, how they are delivered within the curriculum, what support is available for the project lead to implement the standards and plans for sustainability and maintaining the standards following accreditation.

Planning for the assessment

The timing of the Stage 2 student assessment should be planned into the academic year. Ideally, three to six months prior to qualifying.

Planning for this should help make the most of the time the Baby Friendly assessors spend at the university to ensure the lowest cost. This is particularly important when co-ordinating an assessment of more than one programme e.g. three-year and 18-month midwifery programmes and a one-year health visiting programme.

It is important that preparation for Stage 2 assessment is built into the planning of the programme as the full cohort of students will be expected to be available to be present at the university on the day of the assessment. All the assessments will take place over one day and involve a visit by two assessors. Two rooms will be required for the assessment. For particularly small cohorts, individual arrangements can be made.

The university is responsible for deciding which cohort

of students is assessed although the Baby Friendly assessment team will be responsible for selecting a random sample of students for interview from the chosen cohort on the day.

Feedback

The students' answers are fed into a central scoring system and the university is given results based on each of the topic areas. The results at Stage 2 will be deemed to be representative of the standard achieved for all students completing that programme. This means that, assuming that the standards are achieved, no further students will be interviewed from subsequent cohorts until the time of re-assessment, which will take place three years later.

A detailed report will then be produced and submitted to the Designation Committee which makes the final decision as to whether Baby Friendly accreditation can be awarded. The university will receive a copy of the report.

- Access useful resources, as well as the Stage 2 application form, at: unicef.uk/babyfriendly-universities-stage2

FULL ACCREDITATION



Once a university programme has passed Stage 2, it will receive the prestigious Baby Friendly award, recognising the programme's excellent

practice in the support of infant feeding and parent-infant relationships. Accredited programmes will be given a silver plaque to mark their achievement, and Baby Friendly accredited logos to use on resources and webpages. Your achievement will be recorded in our online awards table and announced at our Annual Conference.

The Baby Friendly team is always happy to support a celebration of accreditation. Please contact the office for further information.

The initial accreditation lasts for three years. Although no formal assessment will take place during this time, programmes are expected to continue to collect audit results to monitor progress. Universities should submit an annual audit to the Baby Friendly office as evidence that the standards are being maintained.

- View the online awards table at: unicef.uk/babyfriendlyawards



© Robert Gordon University

RE-ACCREDITATION

The first re-assessment will take place after three years. Re-assessment consists of a repeat of the Stage 2 assessment with the latest cohort of students. Any changes to the curriculum, particularly re-validation, will be examined at that time. It is therefore recommended that the application form for Stage 1 assessment be updated as changes are made, so that it reflects the way the learning outcomes are currently addressed and can be reviewed immediately prior to the assessment.

COSTS

The Baby Friendly Initiative works on a cost recovery basis and is a programme of Unicef UK, a not-for-profit organisation. Therefore, going Baby Friendly has some cost implications which will need to be factored into the project early on and discussed with the departmental budget holder. This may cross budget holders if midwifery and health visiting sit in different departments.

The Register of Intent and Certificate of Commitment incur only modest costs for Unicef UK and therefore no charge is made to the university. For Stages 1 and 2 there is an assessment cost, details of which can be found at [unicef.uk/babyfriendly-accreditation](https://www.unicef.org/uk/babyfriendly-accreditation)

Midwifery and health visiting programmes are usually assessed independently due to different structures and lengths of the programmes, although it is possible to discuss the possibility of a joint Stage 2 assessment with the Baby Friendly team.

Other internal costs include project leadership and staff time, audit tool, training and development.

- Access annual audit and re-assessment forms at: [unicef.uk/babyfriendly-universities-reaccreditation](https://www.unicef.org/uk/babyfriendly-universities-reaccreditation)
- Access the Baby Friendly costs and charging infosheet at: [unicef.uk/babyfriendly-accreditation](https://www.unicef.org/uk/babyfriendly-accreditation)

ACHIEVING SUSTAINABILITY

The Baby Friendly Initiative Achieving Sustainability standards have been introduced both for health services and for university programmes, designed to support longer-term embedding of the Baby Friendly standards. For universities, the aim is to create a strong foundation for embedding and progressing the Baby Friendly learning outcomes over time, with the ultimate aim of ensuring university programmes prepare students to effectively care for babies, their mothers and families.

A university is considered to be achieving sustainability when they have implemented and maintained the core Baby Friendly learning outcomes for at least three years as confirmed by a full re-assessment. In addition, they have the adequate leadership structures in place to support continued maintenance of the learning outcomes and for progressing and improving the learning outcomes over time.

The standards can be incorporated into your plans for achieving and maintaining Baby Friendly accreditation no matter where you are in the process, but re-accredited universities can also choose to be formally assessed against the standards and receive a Gold Award.

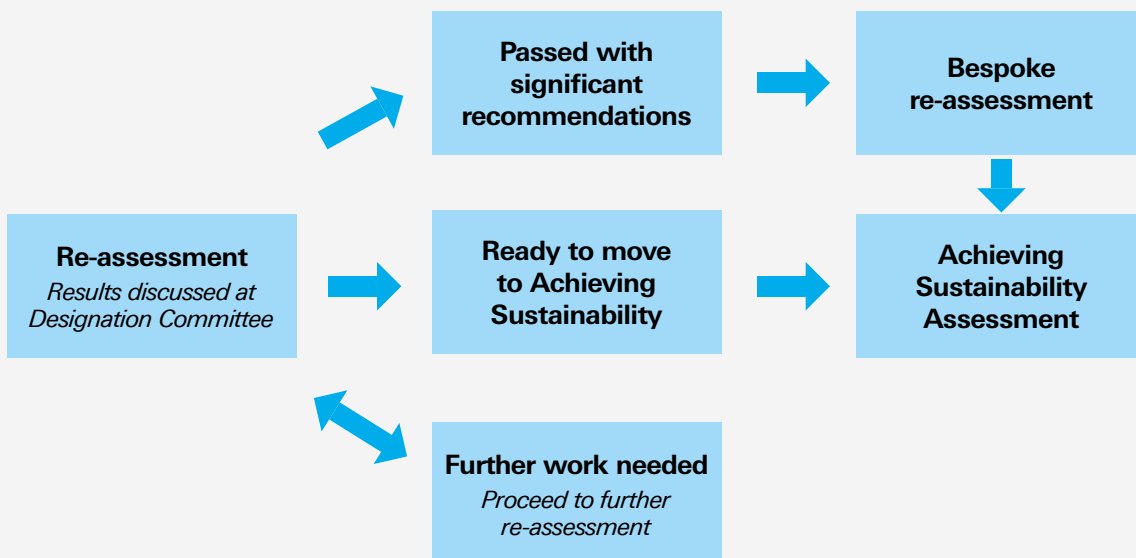
Universities who wish to go for Gold should notify us in the run-up to their re-assessment. The planned re-assessment is then amended slightly and the assessors

carry out more in-depth interviews with key members of staff. The 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. Working towards the Gold Award acts as an incentive for universities 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 university is not only implementing the Baby Friendly standards, but that they also have the leadership and systems to maintain this over the long term. Unlike the initial accreditation, the Gold Award will be made to the midwifery/ health visiting department, rather than just the programme. Gold departments 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.

- Find full details about going for Achieving Sustainability at: unicef.uk/babyfriendly-university-sustainability

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 programme and helping to make this vision a reality.

SUPPORT FROM OTHER UNIVERSITIES



Our National Infant Feeding Network (NIFN) 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. We have now established NIFN for Universities, designed to give pre-registration midwifery and health visiting lecturers the same opportunities to engage with and learn from each other. Visit [unicef.uk/nifn](https://www.unicef.uk/nifn) for more details, and join the NIFN Universities Facebook group visit [unicef.uk/nifn-uni-facebook](https://www.unicef.uk/nifn-uni-facebook).

CONTACT US

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](https://www.babyfriendly.org.uk)

- Find more details about the Baby Friendly university programme, including case studies and useful resources, at [unicef.uk/babyfriendly-universities](https://www.unicef.uk/babyfriendly-universities)
- Sign up for regular news and research updates from Baby Friendly at [unicef.uk/babyfriendly-newsletters](https://www.unicef.uk/babyfriendly-newsletters)

CONTACT US

TEL: 020 7375 6144

EMAIL: bfi@unicef.org.uk

WEB: babyfriendly.org.uk

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



THE BABY
FRIENDLY
INITIATIVE



July 2019

Cover image ©University of Central Lancashire (UCLAN)
Charity Nos. 1072612 (England and Wales) SC043677 (Scotland)

