



THE BABY
FRIENDLY
INITIATIVE



GUIDE TO THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS FOR CHILDREN'S HOSPITAL SETTINGS



UNICEF UK BABY FRIENDLY INITIATIVE CHILDREN'S HOSPITAL STANDARDS

Welcome to this draft guide of the [Unicef UK Baby Friendly Initiative Standards for Children's Hospital Settings](#). These standards build upon the Baby Friendly standards for maternity, neonatal, health visiting, children's centres and universities.

The new Baby Friendly standards for children's hospital settings have been developed in response to calls from health professionals, voluntary sector workers and parents to include children's wards and hospitals in Unicef UK's work to improve care for infant feeding and early relationship building in relevant UK public services. These draft standards have been developed with the support of clinicians, academics and mothers and we would now like to hear your views.

RATIONALE

For the past 20 years, the Unicef UK Baby Friendly Initiative has been supporting maternity and health visiting services to develop policies, educate staff and implement best practice related to infant feeding and early relationship building between parents and their baby. In 2015, the programme expanded to include bespoke and challenging new standards for neonatal units, which included supporting the development of close and loving relationships between parents and their baby, enabling breastfeeding and the use of human milk and supporting parents to be full partners in their baby's care, including throughout the hospital stay.

At that time, it was widely accepted that children's wards and hospitals had a better record of enabling children to be with their parents and involving parents in care. However, as the neonatal standards were implemented, it was recognised that there are often gaps in the provision of care in neighbouring children's wards and hospitals, with many staff untrained in the value of human milk and how to support breastfeeding, expressing, responsive bottle feeding and supporting close and loving relationships.

Baby Friendly best practice standards have therefore been created as a first step towards the development of a Unicef UK Baby Friendly Initiative accreditation programme for children's hospital settings. It is hoped that this will eventually transform care, with particular attention to the consistency of information and support that families experience from their healthcare providers in relation to infant feeding.

PRINCIPLES

The children's hospital settings standards are intended for babies up to one year of age and for any baby or child who is still breastfeeding beyond one year of age. For example, they will be applicable when:

- young babies are admitted with issues related to breast and bottle feeding
- babies are admitted with medical problems, e.g. infections, metabolic disorders, surgery, etc. where feeding may be affected
- babies have complex issues requiring longer-term care, usually in specialist units
- older babies and children who are still breastfeeding are admitted and where care may undermine the successful mother-baby breastfeeding relationship.

It is recognised that children's hospital staff care for young babies at a variable rate and that many will see breastfeeding only rarely. It is therefore acknowledged that not every staff member requires in-depth knowledge and skills related to the Baby Friendly standards. However, it is important that all staff who provide any care for babies, their mothers and families receive some training according to their role and that they understand why infant feeding matters, what good care looks like, how to support parents and when to refer for more specialist care. To achieve this, it would be expected that a robust education plan be put in place.

Services should have policies and guidelines which support the standards and a robust referral pathway for infant feeding with access to specialist care when this is required. All services would be expected to adhere to the World Health Organization International Code of Marketing of Breastmilk Substitutes and permit no advertising for breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

TAKING PART IN THE CONSULTATION

We value your opinion on these draft standards. To share your thoughts, [complete this survey](#) by 18 January 2021.

OVERVIEW OF THE CHILDREN'S HOSPITAL STANDARDS

1 Enable babies to continue to breastfeed and/or to receive breastmilk when possible

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

- A breastfeeding history is taken on admission to the facility and a plan created with the mother to enable continued and effective breastfeeding
- Breastfeeding mothers are always enabled to continue breastfeeding when possible
- Mothers are never discouraged from breastfeeding based on the age of their child
- When breastfeeding is not possible, mothers are supported to express their milk effectively
- Mother's own milk is the first choice for babies
- Mothers have access to effective breast pump equipment
- A suitable environment conducive to effective expressing is created
- Appropriate interventions are implemented to overcome breastfeeding/expressing difficulties where necessary
- There is an effective referral pathway for mothers with breastfeeding difficulties
- Mothers are given information on the availability of national and local support for breastfeeding.

GUIDANCE

For sick babies, the importance of breastmilk cannot be overestimated. Human milk supports growth, provides protection from infection and is linked to reductions in mortality and morbidity. Breastfeeding also supports the mother-baby relationship, providing comfort, love and security during what is often a very difficult time. It is therefore important that mothers, their partners and families feel unambiguously supported to continue to breastfeed when possible, and when it is not, to express breastmilk and return to full breastfeeding as soon as they are able.

Whenever a breastfeeding family is admitted, a full breastfeeding history should be taken and a written plan co-created with the mother for how best to support continued breastfeeding based on individual circumstances. The plan should be communicated to all relevant staff and the provision of appropriate guidance, equipment and support should be provided to enable the plan to be fulfilled. This care should be provided irrespective of the age or condition of the baby or child.

When breastfeeding is not possible, the mother should be supported to express her milk. The mother should be provided with an effective breast pump, a suitable space to express (preferably near her child), containers and suitable and safe storage for her milk. Mother's own breastmilk should always be the first choice of feed for babies, with donor milk considered when mother's own milk is not available, and particularly when the baby's condition is such that this could seriously impact on outcomes for the baby.

When mothers are experiencing difficulties with either expressing or feeding, there should be a clear, effective referral pathway for her to receive the specialist help that she needs. All staff should know about this pathway and how to refer mothers when necessary. Mothers should also be given information on any local and national support for breastfeeding.

2 Implement evidence-based practices related to giving foods or fluids other than breastmilk

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

- Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible with the least possible disruption to breastfeeding
- Mothers who bottle feed are enabled to do so responsively and as safely as possible
- Mothers are enabled to give their baby who is over six months other foods and drinks in ways that optimise their baby's health and wellbeing
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any staff.

GUIDANCE

When mothers are unable or choose not to exclusively breastfeed, it is important that they are still encouraged and that any breastfeeding or breastmilk is valued so that the baby is able to benefit from receiving as much breastmilk as possible. When parents are bottle feeding, they should be encouraged and enabled to hold their baby close, including in skin-to-skin contact when possible, and to feed their baby responsively. This includes responding to feeding cues, pacing the feed and recognising when the baby has had enough.

When parents are formula feeding, it is important to support them to use a suitable milk (usually a first infant formula for the first year) and to make up feeds as safely as possible. This requires more than asking how they are managing. Instead, it should be a full conversation and an education session, if deemed necessary. The service is expected to have a system in place to ensure that babies over six months are offered appropriate foods according to their age and condition and that parents are supported to offer this in a way that enhances their baby's health and development. When appropriate, parents should be offered education on starting solid food.

Baby Friendly children's wards and hospitals are expected to adhere to the International Code of Marketing of Breastmilk Substitutes. This means that:

- There should be no display or distribution of any materials produced by the manufacturers of breastmilk substitutes, nor bottle teats or dummies in any part of the health facility, including gifts intended for health professionals or parents and written materials intended for parents
- There should be no sale of breastmilk substitutes on the premises
- The facility should not accept free or subsidised supplies of breastmilk substitutes.

This requirement does not restrict the provision of accurate and impartial information about formula feeding for parents who require this.



3 Support close and loving relationships whilst valuing parents as partners in care

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

- All parents have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest
- The facility makes being with their baby as comfortable as possible for parents (for example, creating a welcoming atmosphere, putting comfortable chairs/bed by the side of each cot, giving privacy when needed and providing adequate facilities for parents to stay for long periods or overnight, e.g. food and drink, bathroom facilities, etc.)
- Staff enable parents to be fully involved in their baby's care, including supporting joint decision making
- Every effort is made to ensure effective communication between the family and the health care team (including listening to parents' feelings, wishes and observations)
- Parents are supported to understand the importance of close, loving and responsive relationships for their baby's health and development
- Parents are actively encouraged to provide comfort and emotional support for their baby, including prolonged skin contact, comforting touch and responsiveness to their baby's behavioural cues.

GUIDANCE

The aim of this standard is to ensure that a positive parent-baby relationship is recognised as being crucial to the baby's wellbeing and development. For this to happen, parents should be encouraged to be with their baby for as long as, and as often as, they wish. They should be encouraged to have skin-to-skin contact when possible and to hold, comfort and communicate with their baby as much as possible. Hospital routines and clinical procedures should not be deemed as justifiable reasons for separating parents and babies, except when this is clearly in the best interest of the baby.

For parents to be with their baby, it must be possible for them to spend long periods of time at the hospital. Therefore, efforts should be made to ensure that they are provided with comfortable chairs/beds, access to food and drink, bathroom facilities and a place to have some quiet time away when this is needed. Having a baby in hospital is extremely stressful for the whole family and staff caring for the baby should keep this in mind and take time to talk to parents about the impact on their lives, including any support they may need with practical issues such as finances, transport and childcare.

Most importantly, parents need to feel welcome and a valued part of the team caring for their baby. Good communication is essential if parents are to be fully engaged with their baby's progress and staff should provide clear, regular updates for parents. Supporting parents as the primary caregivers has a positive impact on confidence and family relationships. Parents will have their baby's best interest at heart and will often be the most vigilant when it comes to picking up on subtle changes in their baby's condition. It is therefore essential that they are respected, listened to and valued as partners in working to achieve the best outcomes possible for the baby.

