



UNICEF UK Baby Friendly Initiative

The Seven Point Plan for Sustaining Breastfeeding in the Community

Revised, September 2008

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A. Background

The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. It was launched in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes.

The Baby Friendly Initiative came to the UK in 1994 and, in 1998, its principles were extended to cover the work of community health-care services in the Seven Point Plan for the Promotion, Protection and Support of Breastfeeding in Community Health Care Settings.

UK breastfeeding rates over the succeeding 10 years indicate that, while there have been significant increases in breastfeeding initiation, early discontinuation rates remain unacceptably high. A review of the Community Initiative programme was therefore undertaken to determine whether changes were needed. The work consisted of an initial internal review (phase one), followed by a period of external consultation and the convening of an expert committee (phase two). Phase three is the incorporation of the changes into the necessary guidance documents, materials and tools and piloting of the revised criteria.

The initial internal review concluded that, since the launch of the Community Initiative in 1998, better evidence has emerged regarding the factors which influence mothers to start and continue breastfeeding their babies in the UK. There have also been significant changes in the structure of the community health services and to the roles and responsibilities of staff. While it was clear that the majority of the Community Initiative standards still reflect the evidence base and can reasonably be defined as best practice, there were a few which could be deemed either unnecessary or ineffective. There were also gaps in the standards which needed to be addressed to ensure that the Community Initiative truly reflects the evidence around what is needed to support mothers to breastfeed successfully.

A series of proposed amendments to the standards was made, along with suggestions for how these could be reliably assessed. The external consultation showed that these proposals met with the overall approval of stakeholders; the meeting of experts in the field confirmed this and further explored the detail of some of the changes.

This document describes the Seven Point Plan in its revised form. Many of the criteria are unchanged, while some are new and others have been removed. The title has been simplified. The revised standards will be formally launched at the Baby Friendly Initiative conference in November 2008 and it is anticipated that assessments will be carried out with reference to them from March 2009.

B. Aim and objectives of the review

Aim of the review

To develop an effective, evidence-based accreditation programme for community health-care providers, which will enable them to facilitate an increase in breastfeeding continuation rates.

Objectives of the review

1. To examine the evidence base in relation to interventions which increase breastfeeding continuation rates.
2. To undertake an internal review of the current accreditation programme, including both standards and assessment.
3. To make recommendations and initiate a consultation process with all relevant stakeholders.
4. To convene a meeting of experts to consider the findings of the internal review and the results of the consultation process and agree the changes to be made.
5. To implement the agreed changes to the assessment tool and other relevant documents.
6. To pilot the proposed new assessment tool.
7. To finalise the revised Community Initiative programme.

C. Summary of changes

The key changes are:

1. Revision of the requirements for **informing parents about the breastfeeding policy**. (Point 1)
2. Amendments to the **interview for clinical staff**, in order to elicit additional information. (Points 2 and 4)
3. Revised requirements regarding the training and assessment of **general practitioners**. (Point 2)
4. A revised mechanism for the assessment of the orientation of **reception staff**. (Point 2)
5. The addition of a requirement to implement, audit and evaluate at least one evidence-based **intervention to encourage women to breastfeed**, targeted at pregnant women in the areas or groups of the local population that have the lowest breastfeeding rates. (Point 3)
6. Strengthening of the criteria for the level of **support to be offered to new mothers** who are breastfeeding to incorporate an assessment of the mother's progress and her need for information and support from community health-care staff. (Point 4)
7. Measures to ensure that mothers are able to **recognise when their baby is feeding effectively** and know what to do if they suspect that this is not the case. (Point 4)
8. The expansion of the criteria for the provision of a welcoming atmosphere for breastfeeding, to include the need to **support mothers to develop strategies** for breastfeeding in public places. (Point 6)
9. The addition of a requirement to implement, audit and evaluate at least one evidence-based **intervention to support mothers to continue breastfeeding**. (Point 7)
10. The **removal of some minor requirements** not proven to be helpful. (Points 4, 5, 6, 7).

D. The revised criteria

This section sets out the criteria for accreditation of community health-care facilities that will be effective from March 2009. The required standards are listed as they relate to each of the Seven Points.

Point 1 – Have a written breastfeeding policy that is routinely communicated to all health-care staff

Standards

The health-care facility should:

- have a breastfeeding policy that covers all of the Seven Point Plan and prohibits the display or distribution of materials that promote breastmilk substitutes, feeding bottles, teats and dummies, and prohibits the sale of breastmilk substitutes on health-care premises or by health-care staff.
- ensure that the policy is communicated to pregnant women and parents; they should be able to access a copy of the full policy if they wish to do so.*
- audit compliance with the policy at least once a year.

Assessment

The breastfeeding policy will be assessed before the Certificate of Commitment is awarded. It will be reviewed again at the Stage 1 assessment.

Requirements at Stage 1:

- A breastfeeding policy that covers all of the Baby Friendly best practice standards.
- A written description of the mechanism for ensuring that the policy is communicated to pregnant women and parents in an appropriate and effective manner.
- A written description of the mechanism for auditing the breastfeeding policy.

** Community facilities will be required to make an individual decision regarding the optimum method for communicating the policy to pregnant women and parents. This may be by poster display, written leaflet, insertion into existing documentation, etc.*

Point 2 – Train all staff in the skills necessary to implement the breastfeeding policy

Standards

- All new staff should be orientated to the breastfeeding policy within their first week of employment and then fully trained within six months to implement the breastfeeding policy according to their role.
- Written curricula that cover the Baby Friendly best practice standards should be available for all staff training.
- Breastfeeding training should be mandatory for all staff, and accurate records of attendance should be kept.
- All staff with responsibility for caring for breastfeeding mothers and babies should be able to answer questions on basic breastfeeding management correctly.
- GPs should receive information and/or training to enable them to provide appropriate and effective care for breastfeeding mothers and babies.
- All other staff who have contact with pregnant women and breastfeeding mothers should receive training to enable them to provide information and to uphold the breastfeeding policy, as appropriate to their role.

Assessment

Requirements at Stage 1:

- A written description of the mechanism for orientating new staff to the breastfeeding policy.
- The written curriculum/a for all staff training related to breastfeeding.
- A written description of the mechanism for allocating staff to attend the described training and for recording attendance at training.
- A written description of the content of the information and/or training on breastfeeding to be provided for GPs.
- A written description of the mechanism for ensuring that all GPs are provided with the described information and/or training.

Requirements at Stage 2:

- Staff with responsibility for caring for breastfeeding mothers and babies to:
 - confirm that they have been orientated to the breastfeeding policy;
 - confirm that they have received the training described by the facility;
 - answer correctly a range of questions on basic breastfeeding management, relevant to their role in helping mothers to sustain breastfeeding.
- Evidence, from documented procedures and training records, to show that all GPs have been provided with the training/information described by the facility.
- Evidence, from documented procedures and training records, to show that all other staff who have contact with pregnant women and breastfeeding mothers have been orientated to the breastfeeding policy and trained to provide information, as appropriate to their role.

Requirements at Stage 3:

Point 2 is not formally assessed at Stage 3. However, interviews with mothers will provide additional information about the effectiveness of the training provided to all staff.

Point 3 – Inform all pregnant women about the benefits and management of breastfeeding

Standards

- Before 32 weeks of pregnancy all pregnant women should receive full and clear information about the health benefits of breastfeeding and the importance of:
 - skin contact after delivery
 - positioning and attachment
 - rooming-in
 - feeding on demand
 - avoiding supplements and teats.
- All written materials intended for pregnant women should be accurate and effective, and free from the promotion of breastmilk substitutes, bottles, teats and dummies.
- Pregnant women should not be given instruction on how to prepare bottles of infant formula as part of antenatal group sessions.
- One or more interventions should be in existence, targeted at pregnant women in the areas or groups of the local population that have the lowest breastfeeding prevalence rates and with a realistic potential to increase the *overall* rates in the locality. The nature of the intervention(s) should be determined using knowledge of the local context and may consist of peer support, telephone contact, informal groups or one-to-one support (or a combination of any of these).

Assessment

Requirements at Stage 1:

- The written minimum standard for the information to be provided to all pregnant women.
- A written description of how, where and when all pregnant women are to be informed of the benefits and management of breastfeeding.
- A written description of the planned antenatal intervention(s), defining:
 - the targeted population;
 - why this area/group was chosen;
 - how the targeted population's needs will be met by the intervention, taking into consideration the views of the women themselves.
- A written description of the mechanism for auditing and evaluating the antenatal intervention(s), which should include:
 - breastfeeding prevalence rates;
 - numbers accessing the intervention;
 - what difference the intervention made to those attending (qualitative data).
- Written information intended for pregnant women to be accurate and effective, and free from the advertising of breastmilk substitutes, bottles, teats and dummies.

Requirements at Stage 3:

- Pregnant women over 32 weeks' gestation to confirm that the health benefits and management of breastfeeding have been discussed with them.
- Pregnant women over 32 weeks gestation' to recall at least two health benefits of breastfeeding and basic information about at least two management topics.
- Pregnant women to confirm that they have not received group instruction on how to prepare bottle feeds.
- Evidence that the antenatal intervention(s) has/have been effectively audited and evaluated with action taken as required, based on the results.

Point 4 – Support mothers to initiate and maintain breastfeeding

Standards

- A full breastfeeding assessment should be carried out with each breastfeeding mother at the first face-to-face contact by community health-care staff, resulting in the development of an individualised plan of care. The assessment will include:
 - signs in the baby that indicate sufficient milk intake (urine output, stooling, weight gain and general condition of the baby);
 - signs in the mother that indicate effective feeding (comfortable breasts, no evidence of nipple pain or damage).

The assessment will incorporate a discussion of:

- the mother's understanding of the importance of effective positioning and attachment for breastfeeding and her confidence in managing this;
 - how to recognise effective milk transfer – and what the mother should do if she suspects it is inadequate;
 - demand feeding and how to recognise feeding cues;
 - strategies for coping with night-time feeds;
 - the appropriate use of teats and dummies.
- All breastfeeding mothers should be offered the opportunity to learn how to hand express their breastmilk and given information about its potential importance in the prevention and management of breastfeeding challenges such as engorgement and mastitis.
 - All breastfeeding mothers should be offered information on how they can continue to breastfeed if and when they return to work.
 - All written materials intended for new mothers should be accurate and effective, and free from the promotion of breastmilk substitutes, bottles, teats and dummies.
 - All health-care staff with primary responsibility for supporting breastfeeding mothers should have the skills necessary to teach mothers how to position and attach their baby for breastfeeding, and how to hand express their breastmilk.
 - All health-care staff with primary responsibility for supporting breastfeeding mothers should have the knowledge to support a mother effectively to maintain lactation during periods of separation from her baby, for example, when returning to work.

Assessment

Requirements at Stage 1:

- A written description of the mechanism for ensuring that a breastfeeding assessment is carried out at the first face-to-face contact with all breastfeeding mothers, including recording whether this assessment has taken place, and documenting the resulting plan of care (if any).
- An example of the tool to be used for carrying out the breastfeeding assessment.
- The written minimum standard for the information to be provided to all breastfeeding mothers.

- A written description of the mechanism for ensuring that all breastfeeding mothers receive a discussion/ information on:
 - the importance of effective positioning and attachment;
 - how to recognise effective breastfeeding (signs relating to milk transfer and breast health) – and what to do if they have concerns;
 - the importance of demand feeding and recognition of feeding cues;
 - strategies for coping with night-time feeds;
 - using teats and dummies appropriately;
 - hand expression of breastmilk (including why it is a useful skill and the offer of an opportunity to learn how to do it);
 - maintaining breastfeeding when returning to work.
- The written training curriculum/a for staff with primary responsibility for supporting breastfeeding mothers to show how these staff are educated to acquire the skills necessary to teach mothers to position and attach their babies for breastfeeding and to hand express their breastmilk.
- Written information for new mothers to be accurate and effective, and free from advertising for breastmilk substitutes, bottles, teats and dummies.

Requirements at Stage 2:

- Staff with responsibility for supporting breastfeeding mothers and babies to:
 - demonstrate how they would teach a mother to position and attach her baby for breastfeeding;
 - give a satisfactory description of how they would assess the sufficiency of milk intake in a baby;
 - demonstrate how they would teach a mother to hand express her breastmilk;
 - give a satisfactory description of the information they would give to a mother to enable her to continue to breastfeed on returning to work.

Requirements at Stage 3:

- Mothers to confirm that breastfeeding was reviewed at the first face-to-face contact with a community staff member and that the following were discussed (either at that time or soon afterwards):
 - the mother and baby's current progress with breastfeeding
 - positioning and attachment for breastfeeding (its importance and the mother's confidence with it)
 - how to recognise when breastfeeding is/is not going well (signs relating to milk transfer and breast health)
 - demand feeding and how to recognise feeding cues
 - strategies for coping with night-time feeds
 - the appropriate use of teats and dummies
 - hand expression of breastmilk – both how to do it and its importance in the prevention and management of breastfeeding challenges such as engorgement and mastitis.

Point 5 – Encourage exclusive and continued breastfeeding, with appropriately timed introduction of complementary foods

Standards

- All breastfeeding mothers should be encouraged to breastfeed exclusively for around six months.*
- All breastfeeding mothers should be informed about the appropriate age for introducing complementary foods and drinks, alongside breastmilk.
- All health-care staff with the responsibility for caring for new mothers and babies should be aware of the appropriate age for introducing complementary foods and drinks, and be able to describe why these are not recommended before six months.
- All health-care staff with the responsibility for caring for new mothers and babies should be able to state correctly for how long breastfeeding is beneficial to mothers and babies.
- No promotion for infant food or drink other than breastmilk should be displayed or distributed to mothers or staff in or by the facility.

Assessment

Requirements at Stage 1:

- The head of service to provide written confirmation that there is no promotion for infant food or drink other than breastmilk allowed in the health-care facility.
- A written description of the mechanism for ensuring that breastfeeding mothers are encouraged to breastfeed exclusively for the first six months and informed about the appropriate age for introducing complementary foods and drinks.

Requirements at Stage 2:

- Staff with responsibility for supporting breastfeeding mothers and babies to:
 - give a satisfactory explanation of why complementary foods and drinks are not recommended before six months;
 - demonstrate a knowledge that breastfeeding is beneficial for at least a year.

Requirements at Stage 3:

- Mothers to confirm that they have been encouraged to breastfeed exclusively for around six months;
- Mothers to confirm that they have been informed about the appropriate age for introducing complementary foods and drinks.
- No promotion of infant food or drink other than breastmilk to be found anywhere in the health-care facility.

** It should be noted that encouragement to breastfeed for six months needs to be underpinned by information that will enable the mother to achieve this; i.e. Points 3 and 4.*

Point 6 – Provide a welcoming atmosphere for breastfeeding families

Standards

- The health-care facility should welcome breastfeeding in all public areas and this should be indicated by appropriately-worded signs.
- Reception staff should be aware that mothers are welcome to breastfeed in all public areas.
- All breastfeeding mothers should be given the opportunity to discuss breastfeeding in public places.
- The health-care facility should provide mothers with information about places locally where breastfeeding is known to be welcomed.

Assessment

Requirements at Stage 1:

- Confirmation that breastfeeding is welcomed in all public areas of the facility, including appropriate signs to convey this.
- A written description of the mechanism for ensuring that all breastfeeding mothers have a discussion about breastfeeding outside the home, including information about places locally where breastfeeding is known to be welcomed.

Requirements at Stage 3:

- Mothers to confirm that they have been given an opportunity to discuss issues related to breastfeeding in public places.
- Mothers to confirm that they have been given information about places locally where breastfeeding is known to be welcomed.

Point 7 – Promote co-operation between health-care staff, breastfeeding support groups and local community

Standards

- All breastfeeding mothers should be informed which health professional(s) to contact for breastfeeding support and how to access this help.
- All breastfeeding mothers should be informed about how to contact a breastfeeding counsellor or support group for help with breastfeeding.
- All breastfeeding mothers should be informed about how they can access help with breastfeeding outside surgery/office hours (*NB: This does not need to cover 24 hours*).
- One or more interventions should be in existence to support mothers in the local community to sustain breastfeeding. The nature of the intervention(s) should be determined according to local need and using local knowledge, and may consist of peer support, telephone contact, informal groups or long-term one-to-one support (or a combination of any of these).
- All breastfeeding mothers should be informed about the local intervention(s) to support breastfeeding.

Assessment

Requirements at Stage 1:

- A written description of the planned postnatal intervention(s), with a rationale for why it was/they were chosen.
- A written description of the mechanism for auditing and evaluating the postnatal intervention(s), which must include:
 - how many mothers accessed the intervention;
 - how long these mothers intended to breastfeed;
 - how long these mothers breastfed;
 - what difference the intervention made to those attending (qualitative data).
- A written description of the mechanism for informing mothers about how to contact/access the following means of support with breastfeeding:
 - a health professional
 - a breastfeeding counsellor or support group
 - help outside office hours
 - the local postnatal intervention(s).

Requirements at Stage 3:

- Mothers to confirm that they have been informed of how to:
 - contact an appropriate health professional for support with breastfeeding;
 - contact a voluntary breastfeeding counsellor and access any local support groups;
 - access help with breastfeeding out of normal surgery/office hours;
 - access the local postnatal intervention(s) to support breastfeeding.
- Evidence that the postnatal intervention(s) has/have been effectively audited and evaluated with action taken as required, based on the results.

E. Mothers who are formula feeding

The purpose of the Seven Point Plan is to support mothers to sustain breastfeeding. For this reason, there are no criteria that relate specifically to formula feeding and the care provided to mothers who are not breastfeeding is not formally assessed as part of the accreditation process. However, the needs of these mothers should not be overlooked when facilities are working to implement the Baby Friendly standards.

Many of the criteria for the care of breastfeeding mothers and babies are equally applicable to mothers and babies who are formula feeding, while others have matching equivalents that would be considered good practice. The Baby Friendly Initiative therefore strongly recommends that the following points should be given appropriate emphasis in the care of these mothers (or fathers):

- Teaching and supervision as necessary to ensure that feeding equipment is sterilised effectively and feeds made up correctly
- Information about the benefits of babies being kept near their parents
- Information to enable safe night-time care of babies
- Information about how to recognise feeding cues and ensure babies are fed at appropriate intervals, with an appropriate balance of milk feeds and drinks
- Information about the appropriate age for introducing complementary foods.

It is recommended that regular audit be carried out of the care given to parents who are formula feeding, as well as of that given to breastfeeding mothers, and the Baby Friendly Initiative community audit tool provides a convenient means of doing this.

Particular care and planning are needed to ensure that mothers who begin breastfeeding but who later change to formula feeding are given full support to breastfeed while they are doing so, but are provided with appropriate additional information about formula feeding when they have made a decision to change (or to combine breastfeeding with the use of formula).

F. What the changes will mean in practice

Those accessing the services provided by the Baby Friendly Initiative will notice the following changes, which will begin to take effect between August 2008 and March 2009:

Action planning visits:

The format of community action planning visits will be amended to reflect the changes to the assessment standards. The presentation will emphasise the evidence base, and the discussion and report template will reflect the new criteria.

The staged approach to assessment:

Changes to the procedure for assessment at all three stages will be brought in sequentially, with facilities going through the process early being asked to assist with piloting and fine-tuning of the assessment tools. All Stage 1 assessments taking place after March 2009 will use the new criteria and format. Facilities that are currently part-way through the stages will receive individual information about how the changes will affect them and an individual timescale for the remaining stages of the assessment process will be agreed.

Re-assessments:

Accredited facilities will undergo reassessment using the amended criteria as from March 2009. All will receive individual information about how the changes will affect them and the timescale for reassessment will be negotiated individually to enable implementation of the new criteria.

Courses and workshops:

The content of the Baby Friendly Initiative training courses will be reviewed to ensure that they adequately cover the rationale for the new standards. The content of the audit and education workshops will be reviewed to ensure that it is relevant and effective for those implementing the new community standards.

Materials:

All relevant materials (including web pages, implementation guidance, guidance for the various stages of assessment, information sheets and the community audit tool, will all be updated as quickly as possible.

Standards for universities:

The guidance provided by the Baby Friendly Initiative for universities will be reviewed to ensure that the requirements for health visitor education reflect the revised standards.