



Sue Ashmore

Director
UNICEF UK Baby
Friendly Initiative
suea@unicef.org.uk

Fully accredited Baby Friendly neonatal units

For the first time, British neonatal units will be able to achieve the prestigious UNICEF UK Baby Friendly award in their own right. Successful units will receive the award in recognition of excellent practice to support parents to build close and loving relationships with their babies and to express breast milk and breastfeed.

The World Health Organization (WHO)/UNICEF Baby Friendly Initiative (BFI) has been running in the UK for 16 years. Recommended by NICE^{1,2}, the programme was originally created to support health services to provide evidence-based care for mothers who are breastfeeding. Currently 85% of UK maternity services are actively engaged in the programme and most neonatal nurses who currently become involved, do so when their maternity services start working towards accreditation.

Over the past 18 months UNICEF has undertaken a major review of the initiative with the intention of ensuring that it delivers the best possible outcomes for all babies in the UK. Mothers, clinicians, academics and policy makers have all been involved and the result is a re-engineered programme with four sets of bespoke standards for maternity, neonatal, health visiting and children's centres³. This will mean that for the first time each type of service will be able to achieve accreditation. It is hoped that services will work collaboratively to ensure that mothers and babies receive the best possible care without gaps or duplication, while making the best use of scarce resources. However, it is also recognised that this is not always possible and so services will also be supported to seek accreditation on their own when necessary.

For neonatal units, there are three standards:

1. Support parents to have a close and loving relationship with their baby
2. Enable babies to receive breast milk and to breastfeed when possible
3. Value parents as partners in care.

Enabling parents to feel fully bonded with their baby is absolutely crucial to the long-term well-being and development of babies. In order for this to happen, neonatal units should encourage parents to be with their baby for as long and as often as they wish. They should be actively supported to touch, comfort and respond to their baby's behavioural cues and to have skin contact for as long as possible. Hospital routines should not be deemed more important than parents' and parents should only ever be denied access when it is truly in the best interests of their baby.

For sick and preterm babies the importance of breast milk cannot be overestimated. Human milk supports growth, provides protection from infection and is linked to reductions in mortality and morbidity. Therefore, mothers should be supported to initiate and maintain lactation and to make a successful transition to breastfeeding by staff that have the skills and most up-to-date knowledge on how to achieve this. When mothers are not breastfeeding they should not be just left to get on with bottle feeding but rather encouraged to feed their baby in ways which maximise their development and well-being.

Creating an environment where parents feel valued and important to the well-being of their baby supports them to feel fully engaged with their baby's progress and helps alleviate the stress of spending weeks or even months on the unit. Good communication is key including a warm welcoming atmosphere, regular updates on baby's progress, support for parents' emotional state and an awareness of the need to involve the wider family.

There are excellent tools already in existence to support the implementation of the standards⁴⁻⁸ and the UK is leading the way in expanding the Baby Friendly standards into neonatal units. Could your unit be the very first fully accredited Baby Friendly neonatal unit?

References

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