



UK BABY FRIENDLY INITIATIVE

## The UNICEF UK Baby Friendly Initiative Annual Conference 2004

Scottish Exhibition and Conference Centre,  
10 & 11 November 2004

# Reducing inequalities in breastfeeding: evidence and support for success

The UNICEF UK Baby Friendly Initiative  
Annual Conference 2004 is funded with  
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**Glasgow**  
Scotland with style™



## An easier way to audit

### Baby Friendly tools to monitor breastfeeding support in the maternity and community services



Our new audit tools have been designed specially to help health professional to support successful breastfeeding and achieve Baby Friendly accreditation.

Presented in a straightforward manner, they are easy to use by health professionals who may not have significant experience of auditing.

Each tool is designed so that health professionals can monitor progress as they implement the Baby Friendly standards in their workplace. It will help identify when facilities are ready for Baby Friendly accreditation. And once the award is in place, the tool will help ensure that all the standards are fully maintained.

The audit tool to monitor breastfeeding support in the maternity services is available now. The community tool will be available in January 2005.

For more details, visit the UNICEF stand, go to [www.babyfriendly.org.uk/audit](http://www.babyfriendly.org.uk/audit) or return the form below.

#### Now available:

#### Audit tool to monitor breast-feeding support in the maternity services

The tool consists of a clear instruction booklet plus 6 themed section booklets and an appendix. Each section includes interviews to use with staff, pregnant women or new mothers, along with a clear system for recording the results. Guidance on audit methods is provided along with standards for accreditation and recommended frequency of audit.

The tool is presented in a rigid polypropylene box for easy storage and organisation of audit forms. An accompanying CD contains files to help present the results in an attractive format.

#### Main points covered by the tool:

- What is audit?
- Types of audit
- Why audit of practice is essential when implementing Baby Friendly best practice standards
- Selecting samples
- Avoiding bias
- Face-to-face interviews with staff, pregnant women and new mothers
- Information needed and questions to ask
- Interview techniques
- Common pitfalls and how to avoid them
- Interpreting results
- Dealing with ambiguous results
- Presenting the results to managers and colleagues
- Developing action plans
- Sections on Breastfeeding policy, Staff education, Antenatal care, Mother and baby contact, Help for breastfeeding mothers, Supplementation of breastfed babies
- Appendix on Writing and evaluating your breastfeeding policy

Please send me:

..... copies of the Audit tool to monitor breastfeeding support in the **maternity services** @ £250 (including UK p&p and VAT)

Details of the Audit tool to monitor breastfeeding support in the **community services** when it is available (January 2005)

I enclose £ .....

Please make cheques payable to UNICEF or complete the credit card payment form. We will invoice on receipt of an official purchase order. Please return to the UNICEF UK Baby Friendly Initiative, Kingfisher House, Woodbrook Crescent, Billericay CM12 0EQ.

Name: .....

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Start date: ..... Expiry date: ..... Issue no (if applicable): .....

Signature: .....



More details: 020 7312 7652 or [www.babyfriendly.org.uk/audit](http://www.babyfriendly.org.uk/audit)



# Day One, 10 November 2004

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Chair, Morning Session: Christina McKenzie, Head of Midwifery, Nursing and Midwifery Council

**8.30 Registration, coffee and exhibition**

**9.30 The UNICEF UK Baby Friendly Initiative - recent developments**

Andrew Radford, Programme Director  
UNICEF UK Baby Friendly Initiative

The Baby Friendly Initiative team will be available for advice and support at the UNICEF stand during all breaks

**9.45 National Service Framework and Healthy Start: an update on government policy**

Christine Carson, National Infant Feeding Adviser (England),  
Department of Health, London

**10.30 Coffee/Tea break**

In the exhibition area

**11.15 Achieving Baby Friendly accreditation - the new support package**

Sue Ashmore and Gill Rapley, Deputy Programme Directors,  
UNICEF UK Baby Friendly Initiative

**12.45 Lunch**

**Menu. To help reduce the queues, please select one of the following options:**

Pasta with Roasted Mediterranean Vegetables and Pomodoro Sauce served with Sweet Onion Loaf

Asian Flavoured Fish Cakes with Chilli Noodles, Green Salad served with Rosemary Bread

Chair, Afternoon Session: Caroline Healy, Health Advisor, Sure Start Unit, London

**2.00 Why women choose to feed the way they do: the LIFT Project**

Dr Mike Woolridge, Senior Lecturer in Infant Feeding,  
Faculty of Medicine & Health, University of Leeds

**3.00 Coffee/Tea break**

In the exhibition area

**3.45 Hypernatraemic Dehydration, What causes it and can it be prevented? A Risk Management strategy**

Linda Wolfson, Infant Feeding Specialist,  
The Queen Mother's Hospital, Glasgow

**4.30 Breastfeeding and its effect on dental health and cranio-facial structure**

Harry Torney, Holistic Dentist,  
Glenageary, Co. Dublin

**5.15 Welcoming address from the Lord Provost of Glasgow**

**5.20 Conference closes**

**5.30 Civic reception**

In the exhibition area

**6.30 Close**

# Day Two, 11 November 2004

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Chair, Morning Session: Jenny Warren, National Breastfeeding Advisor (Scotland)

**8.30 Registration, coffee and exhibition**

The Baby Friendly Initiative team will be available for advice and support at the UNICEF stand during all breaks

**9.30 Welcoming address**

Andy Kerr MSP (subject to confirmation)  
Minister for Health and Community Care

**9.45 Influence of infant feeding practice on health inequalities during childhood**

Prof Stewart Forsyth, Consultant Paediatrician  
Ninewells Hospital and Medical School, Dundee

**10.45 Coffee/Tea break**

In the exhibition area

**11.30 Peer support: evidence based or fashion?**

Dr Pat Hoddinott, GP and Clinical Research Fellow  
Highlands and Islands Health Research Institute, University of Aberdeen

**12.00 Breastfeeding peer support: giving breastfeeding back to women**

Tricia Anderson, Senior Lecturer in Post-Graduate Midwifery  
Bournemouth University and Independent Midwife

**12.30 Questions to Pat Hoddinot and Tricia Anderson**

**12.40 Does Breastfeeding Protect against Asthma?**

Marjory Burns, Executive Director, Scotland, Wales & Northern Ireland,  
Asthma UK

**1.00 Lunch**

Menu. To help reduce the queues, please select one of the following options:  
Poached Supreme of River Tay Salmon with Ayrshire New Potatoes and Braised Fennel  
Wild Mushroom Cassoulet with Whipped Potatoes and Cheddar Cheese

Chair, Afternoon Session: Carolyn Basak, Midwifery and Women's Health Advisor, Royal College of Nursing

**2.15 Understanding the Baby Friendly Initiative Standards for Universities**

Sue Ashmore, Deputy Programme Director  
UNICEF UK Baby Friendly Initiative

**3.00 How the Baby Friendly Initiative makes a difference: case studies**

Marilyn Rogers, Infant Feeding Advisor, Calderdale Royal Hospital and Baby Café Sure Start Eland, Halifax

Marion Kelly, Health Visitor and Integrated Nursing Team Coordinator, Northgate Surgery, Pontefract (Eastern Wakefield PCT)

Janette Westman, Breastfeeding Coordinator, Bradford Royal Infirmary

**4.00 Close**

# The Speakers

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**Tricia Anderson** worked as a midwife in both hospital and community settings before becoming an independent midwife in 1997. She was most recently Senior Midwifery Lecture (Post-Graduate Midwifery) at Bournemouth University where she was Course Leader for the MA Advanced Midwifery Practice. Prior to this she was Editor of the MIDIRS Midwifery Digest, Co-Editor of the Informed Choice Initiative and Associate Editor of The Practising Midwife. Together with Mandy Grant she has been running breastfeeding peer support groups for breastfeeding mothers in the Wessex region since 1996. They have now trained over 250 breastfeeding peer supporters, known as the Bosom Buddies, which is the largest locally based network in the UK.

**Sue Ashmore** is Deputy Programme Director of the UNICEF UK Baby Friendly Initiative. She manages the assessment procedure and has responsibility for ensuring consistency between assessments as well as providing support for health professionals with the responsibility for implementing and maintaining the Baby Friendly best practice standards. She also teaches the Baby Friendly Initiative's Course in Lactation Management and runs Baby Friendly workshops. Her background is in midwifery.

**Carolyn Basak** has been committed to the field of midwifery and women's health for over 25 years, working as a practising midwife, social scientist and senior lecturer at Kingston University and St George's Medical School. She has also represented the RCN Midwifery Society both internationally as a council member of the International Confederation of Midwives and nationally in working on several projects with the DoH and WHO/UNICEF Baby Friendly Initiative. Currently in her post as the RCN Midwifery and Women's Health Advisor she advises on current policy and practice and provides expert support and advice to RCN members.

**Marjory Burns** is an Executive Director of Asthma UK, the only charity entirely dedicated to working on behalf of people with asthma in the UK. She has headed up Asthma UK Scotland since its foundation as National Asthma Campaign Scotland in 1996. In 2004, Marjory was charged with developing the charity's operations in Northern Ireland and Wales and has gone on to extend the reach of the charity in the two devolved administrations. She is Co-Convenor of the Scottish Parliament's Cross Party Group on Asthma and is a member of the Scottish Paediatric Asthma Group. From 1979 until 1990 she was a volunteer with the National Childbirth Trust, notably as a breastfeeding counsellor and tutor and member of the Breastfeeding Promotion Group.

**Christine Carson** is a midwife and is the English National Infant Feeding Adviser at the Department of Health, London. The work she has undertaken has involved

working as a focus for developing and implementing strategies for promoting breastfeeding, especially amongst those groups who are least likely to breastfeed. She is also Chair of the National Network of Breastfeeding Co-ordinators which was established to promote breastfeeding at local level and share ideas nationally. Chris has been actively involved in developing strategies for the promotion of breastfeeding at local and national level. She is particularly interested in the role of the midwife in relation to breastfeeding in the early postnatal period.

**Caroline Healy** is the Health Adviser to the Sure Start Unit (England), which she joined in September 2000. Previously she worked in the NHS, initially as a hospital nurse, a community midwife (in the UK and in Papua New Guinea, with VSO), as a health visitor in Islington and for the last ten years as a community health services manager in City and Hackney and Camden and Islington. During this time Caroline also developed a trailblazer Sure Start programme, implemented a strategy for addressing teenage pregnancy, created health professional roles within Quality Protects, reorganised the health contribution to Child Protection and developed a specialist children's nursing team. Caroline has a post graduate diploma in management studies, is a JP in Haringey and is a trustee for the voluntary organisation PIPPIN.

**Andy Kerr** is Minister for Health and Community Care. He was until recently Minister for Finance and Public Services. Mr Kerr entered the Scottish Parliament in May 1999 as member for East Kilbride. Before joining the Cabinet in November 2001, Mr Kerr was the convener of the Parliament's Transport and Environment Committee; a member of the Cross-Party Group on Ageing and the Elderly and served on a CBI working group designed to bring MSPs and businesses closer together. Prior to becoming an MSP, Mr Kerr was a senior officer in Glasgow City Council Land Services Department and served as an adviser in the Leader's office.

**Harry Torney** works in his own holistic dental practice in Glenageary, Co. Dublin, which has been mercury-free since 1989. He is the father of three breastfed children.

**Stewart Forsyth** is a Consultant Paediatrician and Clinical Director of Women's and Children's Services at NHS Tayside. He has an Honorary Professorship at the University of Dundee and has a long standing research interest in the health benefits of breastfeeding.

**Pat Hoddinott** combines work as a part time general practitioner in Aberdeenshire with research into the promotion and support of breastfeeding. She is Senior Clinical Research Fellow at The Highlands and Islands Health Research Unit, University of Aberdeen, which is

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based in Inverness. She is funded through the Scottish Executive Primary Care Research Career Award Scheme to conduct research into how breastfeeding rates can be improved in Scotland. Her work ranges from qualitative research into infant feeding decision making to her current study which is a randomised controlled trial of a policy to provide breastfeeding groups in localities across Scotland.

**Marion Kelly** has been a Health Visitor and Nurse Co-ordinator at Northgate Medical Centre since 1996. The Practice was accredited as Baby Friendly in 2001 and reaccredited in March 2004. She is a member of the NNBC (Northern & Yorkshire) and is currently involved in a Public Health Initiative across the Wakefield District to develop a Breastfeeding Strategy for both PCTs..

**Christina McKenzie** completed her nurse training at the Western Infirmary, Glasgow in 1978 before moving to London to take up midwifery. Christina completed her midwife teacher training at Surrey University in 1988 and became supervisor of midwives in 1992. Christina's previous post was Director of Midwifery at Guy's and St Thomas' Trust before taking up newly created post of Head of Midwifery at the NMC in September 2003. The NMC has just published new Midwives rules and standards for practice that include new rules and standards for local supervising authorities and supervisors of midwives. Work this year includes reviewing the standards and content of pre registration midwifery education as well as new policy for midwives maintaining registration or returning to the register.

**Andrew Radford** has been the Programme Director of the UNICEF UK Baby Friendly Initiative since 1995 and is responsible for the management and development of the initiative as well as providing support for health care facilities to implement and maintain the Baby Friendly best practice standards.

**Gill Rapley** is Deputy Programme Director for the UNICEF UK Baby Friendly Initiative. She has overall responsibility for the development of the Baby Friendly Initiative's courses and workshops and for ensuring delivery of a high standard of education. She also takes part in assessments and provides support for health care facilities implementing the Baby Friendly best practice standards. Gill's background is in health visiting, midwifery and voluntary breastfeeding counselling.

**Marilyn Rogers** is a practising midwife with considerable experience of community midwifery and midwife led care who also works as a part-time lecturer at the University of Huddersfield. In 1997 she achieved the IBCLC qualification, and has been in post as Infant Feeding Advisor at The Calderdale Royal Hospital since 1999. The maternity unit was accredited as a Baby Friendly hospital

in March 2002 and reaccredited in April 2004. Marilyn also works as Breastfeeding Advisor at Elland Baby Café, which opened in September 2002 and which has been very successful and was a finalist in the 2003 NHS Modernisation Agency Health and Social Care awards. She is a trained La Leche League Peer Support Programme Administrator and is currently studying for an MSc in Health Professional Education.

**Janette Westman** is a midwife and Lactation Consultant and is the Infant Feeding Co-ordinator at Bradford Royal Infirmary Maternity Unit. She is a regional co-ordinator for National Network of Breastfeeding Co-ordinators (Northern & Yorkshire) and a Professional Consultant with UNICEF Baby Friendly Initiative.

**Linda Wolfson** is the Infant Feeding Specialist / midwife at Yorkhill, Glasgow who has used her experience to guide The Queen Mother's Hospital in Glasgow to assessment and accreditation as Baby Friendly. She has spent the last 20 years working as a midwife in community, labour ward and ante and postnatal wards.

**Jenny Warren's** background is in midwifery, health visiting, psychology and health promotion. She has also supported breastfeeding mothers as a voluntary breastfeeding counsellor for more than 20 years. As National Breastfeeding Adviser for Scotland since 1995, Jenny has become well known for her innovative approach to promoting and protecting breastfeeding in Scotland and was awarded the OBE in 2000 in recognition of her support for breastfeeding mothers..

**Mike Woolridge** is Senior Lecturer in Infant Feeding at the Mother & Infant Research Unit, University of Leeds, established by Professor Mary Renfrew in 1994. She and Mike co-authored a structured review of practices which promote or inhibit breastfeeding, with evidence-based guidelines, entitled "Enabling Women to Breastfeed". For 15 years, prior to 1993, he undertook research into the basic physiology of breastfeeding (in Oxford), then applied this knowledge to address how best to resolve common problems of breastfeeding (in Bristol). He was a member of the Royal College of Midwives' Breastfeeding Working Party, producing the handbook "Successful Breastfeeding". From 1993-95 he was Director of the UNICEF UK Baby Friendly Initiative, taking up his present appointment in November 1997. Mike's recent research has focused on the feeding intentions of socio-economically disadvantaged women, exploring the psychological factors underlying their choice and whether these are open to modification. He has also directed a set of pilot studies aimed at testing the feasibility of establishing a regional archive of breast milk samples, to explore possible contamination in breast milk.

# Abstracts, Day One

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## The UNICEF UK Baby Friendly Initiative - recent developments

Andrew Radford

This presentation will introduce the conference and give a brief overview of the work of the Baby Friendly Initiative over the past year, including the recently-released tables showing the progress of all maternity units towards Baby Friendly accreditation, and the continuing controversy over the information provided for parents on bed sharing.

Andrew Radford will share questions with Sue Ashmore and Gill Rapley later this morning.

## Achieving Baby Friendly accreditation - the new support package

Sue Ashmore and Gill Rapley

On first reading, the Ten Steps and Seven Points appear fairly simple and straightforward to implement. However, in the UK this has not proved to be the case. Implementing the standards has demanded a shift in health professionals' culture and routines, which in turn has exposed a significant gap in the breastfeeding education of most health professionals caring for new mothers and babies. Bridging this gap and changing hospital cultures has proved a bigger challenge than some expected. Currently, while most hospitals in the UK have started implementing the Steps to some extent, only a sixth have so far managed to implement them all to a level considered adequate for Baby Friendly accreditation, with community health care facilities lagging behind this figure.

With the help and advice of those UK health care facilities which have already achieved accreditation, some of the areas causing the greatest difficulties have now been identified. A new set of services and materials has subsequently been developed, designed to give more support and guidance to facilities working towards accreditation. This talk will outline the new products and services on offer from the Baby Friendly Initiative and explain how these can assist health care facilities to get off the starting blocks and then make steady progress towards accreditation.

Sue and Gill will explore the new step-by-step approach to Baby Friendly accreditation: They will describe the stages of Registration of Intent, Certificate of Commitment and assessment/accreditation and explain how services such as planning visits and liaison contact differ from what was

available previously. They will show how the new tools designed to assist with action planning and audit can help facilities to identify current practice and plan for changes. And they will outline the menu of exciting new training opportunities which is being launched over the next few months.

The Baby Friendly Initiative exists to support health care facilities to deliver the standards of care which mothers and babies have a right to expect. The new programme of support now on offer means that going Baby Friendly has never been a more achievable prospect.

## Why women choose to feed the way they do: The LIFT Project

Mike Woolridge

Successive quinquennial national surveys have identified the broad characteristics of women who breastfeed and of those who bottle-feed. The latter tend to be young (<20yr), have spent 16 years or less in full time education, have a partner classified as manual worker (III-M, IV & V) or are unpartnered. However, even within a narrow group of women, from a seemingly identical background, some choose to breastfeed while others formula feed. These broad characteristics, therefore, tell us little about the psychological factors which underlie the decision-making process of individual women. The LIFT Project ('Looking at Infant Feeding Today') sought to address this by examining the key influences affecting the infant feeding choice of women living in areas of material deprivation.

Leeds/Bradford, Birmingham and E. & S. London were identified as having the largest aggregation of electoral wards exhibiting socio-economic disadvantage, and within these urban sites, a deprivation cut-off was used to define the 16% least well-off sector of the population. Women living in households within such areas, who were expecting their first baby, were identified by their postcode. Their community midwife introduced them to the LIFT project, sought their consent to participate, and determined their preferred method for completing a quantifiable 'self-completion' questionnaire (available in 11 different language versions, with allocation of an interviewer/interpreter if there were literacy problems, or the woman's first language was not English).

Complete data on feeding intention were secured from 74% (301/410) of the sample recruited, with feeding behaviour secured for 94% of them (283/301). Seventy-nine percent (79%) of the sample intended breastfeeding fully or offering some breast feeds at least. In practice,

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69% were breastfeeding at discharge from hospital, with 63% and 43% offering some breastfeeds at 2 and 6 weeks after birth respectively. These rates were higher than anticipated for this materially disadvantaged group. There were large differences in these rates, however, as a function of the mother's age, her ethnicity and her residential location; all were greater than the level associated with differences in economic deprivation within the sample. The high rates in this sample can be explained, therefore, by (i) the high proportion of women from ethnic minorities, (ii) the inclusion of women from London (and to a lesser extent from Birmingham) for whom the initiation rates are higher, and (iii) a secular rise in the initiation rate among socio-economically disadvantaged women (the national 2000 survey (Hamlyn et al 2002) documented a rise from 50% to 62% among social class V women (defined by partner's status)).

Attitudes towards the outcomes of both breast and bottle feeding (both positive and negative) play a significant role in influencing the choice of method, as did subjective norms (the perceived views of 'significant others' and the importance attached to those people). Beliefs about the relative ease/difficulty of carrying out either feeding method (Perceived Behavioural Control (PBC) poorly predicted intention (contrary to a US study which suggested that avoidance of pain associated with breastfeeding was a significant factor). This factor was, however, associated with the tendency still to be breastfeeding at six weeks, suggesting that it may have been exploring a more intrinsic quality of the mother, for example self-efficacy (to which PBC is closely related). Moral views of the two feeding methods and issues of self-identity (seeing yourself as either a breastfeeding or bottle-feeding mother) were also closely associated with feeding intention, reducing the impact of the factors cited earlier.

It has to be said that many of the factors found to affect individual choice have been described previously (e.g. anticipated embarrassment at feeding in public). But it was verifiably the case that they were felt very much more acutely by women in these target groups. 'Mixed feeding' was specified as the intended approach to feeding by a substantial proportion of women in pregnancy, in particular by Asian and Afro-Caribbean women, which has strategic implications for the promotion of exclusive breastfeeding. The possibility of expressing milk to be fed to their baby by bottle was voiced increasingly by white teenagers as a way of making feeding in public compatible with breastfeeding.

## Hypernatraemic Dehydration, What causes it and can it be prevented? A Risk Management strategy

Linda Wolfson

Before birth the placenta maintains the balance of water and electrolytes between mother and baby. After birth, the baby needs to adapt and manage this function for itself. Milk is the means by which the baby receives its nutrients, electrolytes and water. Hypernatraemic dehydration is an infrequent but potentially devastating condition which, in rare instances, can lead to significant morbidity and mortality. The condition is wholly avoidable by appropriate monitoring and support of feeding and assessment of the baby's clinical state. Although there is rarely any underlying pathology, conditions, i.e. infection, metabolic disorder, or conditions associated with excess water loss should be ruled out. In the breastfed infant, excessive weight loss and the consequential biochemical disturbance is often referred to as hypernatraemic dehydration. It usually presents in the first weeks of life.

Although early weight loss is an inevitable part of the adaptation process, there is some debate around what the normal or acceptable early loss should be. If lactation is impaired, delayed, or milk transfer ineffective the fluid stores may be severely depleted, causing excessive weight loss. For most women, normal lactation is possible but may be affected by the labour and delivery process, e.g. Post Partum Haemorrhage may temporarily affect pituitary function. Many of the interventions and drugs used in labour may affect the baby's ability to demand feed and to suckle effectively and therefore transfer milk effectively. The incorrectly attached baby will not be able to remove milk effectively from the breast. If mothers' are unable to act on feeding cues, because of incapacity or separation from their babies or because they are not taught to interpret them, the early feeding and breast stimulation can be interrupted.

Using biochemical means to assess fluid balance can be inaccurate, as the normal range for a young breastfed baby is uncertain. The current range is based on a population sample of babies, breast and formula fed between 0-4 weeks of age. There may be a small variance from the current range of norms. Small rises in Sodium and Urea in very young babies may be without significance or consequence. Weighing babies is considered by some, if accurately done, as a reasonable method of screening for hypernatraemia. Others would consider weighing babies as potentially a cause of stress and anxiety for parents. It is possible to clinically assess

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milk transfer by observing breastfeeds, stool and urine output and other signs in a baby and mother, which determine establishment of lactation and effective feeding.

The published evidence describing the management of babies with higher weight loss has been lacking. Most papers have been case reports and measurements of incidence. Therefore this presentation relies on an local work and experiences, suggesting that the exclusively breastfed baby can be safely managed and risk reduced to a minimum. There may be babies, who will require some formula supplementation, however, indiscriminate or excessive supplementation affects the frequency the baby will feed and stimulate the breast. It has the potential to affect mothers' lactation and her confidence. In general, most babies feed less well when awakened and offered scheduled feeds. This is why a good clinical assessment of baby's ability to demand feed, the effectiveness of milk transfer and maternal lactational capability can ensure the appropriate balance between safety and interference. This is most likely to ensure established lactation without destruction of maternal confidence.

Prevention of severe Hypernatraemic Dehydration is an absolute standard. All mothers need to be supported by trained, confident health professionals for this to be possible. However, there are medical and social factors, which affect the nature of the women and type of deliveries we can expect in modern obstetric practice. This means that some babies will lose more early weight than average requiring us to manage risk by selecting those who need a more clinical support and a proactive approach to establishing lactation and feeding.

The aim is to carefully achieve the balance between safety for the baby, the benefits of sustained and exclusive breastfeeding and building maternal confidence. It is estimated that 80% of mothers of babies who become dehydrated give up breastfeeding and it often has an impact on subsequent feeding choices. These episodes of hypernatraemic dehydration, although infrequent, are newsworthy and reduce public and professional confidence in breastfeeding. Good, multi-disciplinary guidelines can protect breastfeeding and babies and reduce the stress caused by unhelpful case conflict between professionals. There are a number of ways to assess feeding but staff need to be trained to carry it out and a sound risk management strategy needs to ensure it's effectiveness. It is possible to achieve low supplementation rates without increased risk to babies. It is likely within accredited and maintained UNICEF Baby

Friendly Hospitals with good safety records, high standards of care and who actively promote, protect and support Breastfeeding.

1. Kaplan JA, Seigler RW, Schmunk GA (1998) Fatal hyponatraemic dehydration in exclusively breastfed newborn infants due to maternal lactation failure. *American Journal of Forensic Medicine and Pathology*; 19:19-22.
2. Henley et al (1995) Anaemia and insufficient milk in first time mothers. *Birth issues in perinatal care and education* June 22(2) 87-92.
3. Willis CE & Livingstone V (1995) Infant Insufficient Milk Syndrome associated with maternal postpartum Haemorrhage. *J Hum Lactation* June 11(2) 123-6
4. Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum, by Mary Kroegeer with Linda J. Smith. Jones and Bartlett Publishers, 2003, pp. 197-198.
5. Marchini G, Stocks (1997) Thirst and vasopressin secretion counteract dehydration in newborn infants *J pediatrics*; 130:736-9.
6. Sachs M. & Oddie (2002) Breastfeeding - weighing in the balance: re-appraising the role of weighing babies in the early days. *MIDRS Midwifery Digest*, vol 12, no3, September issue, PP296-300.

## Breastfeeding and its effect on dental health and cranio-facial structure

Harry Torney

The current consensus in the dental world is that "prolonged" and "unrestricted" breastfeeding is likely to result in tooth decay which may be particularly widespread and severe. Most published studies do not support this consensus and a critique is offered of some which do. Findings of the speaker's study on this topic are presented. An explanation is offered for the rare cases where breastfed children develop severe tooth decay and a preventive strategy is suggested.

Most orthodontic treatment is necessitated by abnormal tooth positioning which results from irregularities of the cranio-facial bones. Studies are presented which show that these irregularities are less common in breastfed children.

**A date for your diary:**

**UNICEF UK Baby Friendly Initiative  
Annual Conference 2005,  
Bournemouth International Centre,  
15-16 November**

## Influence of infant feeding practice on health inequalities during childhood

Stewart Forsyth

Inequalities in health are present in most communities, with morbidity and mortality being more prevalent in lower socio-economic groups (1). More recently it has been reported that adult morbidity, including cardiovascular disease and obesity, are particularly related to socio-economic disadvantage during childhood, and this relationship is not altered by the acquisition of affluence in later life (2-5). The mechanisms underlying the link between childhood socio-economic experiences and adult health remain uncertain, however, it has been postulated that social class differences in parenting practices during early life may contribute to these early emerging and long lasting health differences (6).

Breast feeding is more prevalent in affluent populations and there is considerable evidence indicating that breast feeding in infancy is related to more favourable health outcomes in later life (6-8). It was therefore postulated that differences in infant feeding practice across the social spectrum may be contributing to health inequalities in later life.

The effect of socio-economic circumstances on the relationship of infant diet to health outcome was studied by comparing children from non-manual social class families (categories I, II, and IIIa) with children from manual social classes (IIIb, IV, and V) who had previously been recruited to the Dundee Infant Feeding Study.

Data were available from 543 children and their parents, and health outcomes studied were gastrointestinal, respiratory illness and ear infections in the first year of life, and blood pressure, respiratory illness and body composition at age 7 years.

All health outcomes were more favourable in breastfed children and this applied to both the higher and lower socio-economic groups. In the lower socio-economic group, the outcome in the breastfeeding group was similar to or significantly better than that of the formula fed children in the higher social class category and this was evident for each of the health outcome measures. There were no significant differences between the socio-economic groups for breastfed children.

This study has demonstrated that across the social spectrum, the health of children can be influenced by parental choice of infant feeding practice. The health benefits of breast milk and the later introduction to solid

foods were evident in both non-manual and manual socio-economic groups. Moreover, children from less favourable social circumstances who received breast milk and who experienced a later introduction to solid foods, had health outcomes that were either similar to or significantly better than the health outcomes of more affluent children who received formula milk and early solid feeding.

1. Marmot M, Wilkinson RG, eds. *Social determinants of health*. Oxford: Oxford University Press, 1999.
2. Poulton R, Caspi A, Milne BJ, Thomson WM, Taylor A, Sears MR, Moffitt TE. Association between children's experience of socioeconomic disadvantage and adult life: a life-course study. *Lancet* 2002; 360: 1640-5.
3. Lawler DA, Ebrahim S, Davey Smith G. Socioeconomic position in childhood and adulthood and insulin resistance: cross sectional survey using data from British women's heart and health study. *BMJ* 2002; 325: 805.
4. Blane D, Hart CL, Davey Smith G. Association of cardiovascular disease risk factors with socio-economic position during childhood and during adulthood. *BMJ* 1996; 313: 1434-38.
5. Power T, Manor O, Matthews S. Duration and timing of exposure: effects of socio-economic environment on adult health. *Am J Public Health* 1999; 89: 1059-65.
6. Howie PW, Forsyth JS, Ogston SA, Clark A, Florey D du V. Protective effect of breast feeding against infection. *BMJ* 1990;300:1 1-16.
7. Forsyth JS, Ogston SA, Clark A, Florey C du V, Howie PW. The relation between early introduction of solid food to infants and their weight and illnesses during the first two years of life. *BMJ* 1993;306:1572-6.
8. Wilson A, Forsyth JS, Greene SA, Irvine L, Hau C, Howie PW. Relation of infant diet to childhood health: seven year follow up of cohort of children in Dundee Infant Feeding Study. *BMJ* 1998; 316: 2 1-5.

## Peer support: evidence based or fashion?

Pat Hoddinott

For the purposes of this paper, I am going to define peer or lay support in the broadest sense as "non-professional" support for breastfeeding. In Scotland between 1992 and 2002, 9 peer supporter programmes were initiated and breastfeeding support groups increased from 2 to 150 with many more planned (1,2). So one might assume that such a dramatic change in policy over the last 12 years is based on some fairly sound research evidence, but is it? In Scotland breastfeeding initiation rates standardised for maternal age and age at leaving full time education have increased from 46% in 1990 to 54% in 2000 (3). Has peer support contributed to this increase?

Looking at the research evidence for one-to-one peer support for breastfeeding, a Cochrane Collaboration systematic review in 1999 found only one trial of lay support fulfilling the tight criteria for inclusion (4). By 2004, 5 trials met the criteria to be included and lay

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support was effective in reducing the cessation of exclusive breastfeeding (RR 0.66 [95%CI 0.49,0.89] 5 trials, 2530 women. However there was no significant effect on the duration of any breastfeeding. Furthermore, when these results took account of baseline prevalence of breastfeeding, benefit is confined to settings where there is high (>80%) breastfeeding initiation. It therefore would seem that even the increase in exclusivity of breastfeeding from lay support may not apply to countries like Britain. Since this review was published, there has been a further randomized controlled trial of volunteer counseling for breastfeeding in Britain which has shown no significant effect on breastfeeding outcomes at 6 weeks (5). Two trials have reported maternal satisfaction with infant feeding (5,6), and found no significant difference in overall satisfaction between the lay support and control groups. There has only been one economic evaluation of peer support, which found that trained community support workers had higher costs and no significant effect on health status measures or breastfeeding rates (7).

However - a word of caution - no evidence of effect is not the same as evidence of no effect and this systematic review includes only a small number of trials, so the jury is still out. Furthermore, there was marked heterogeneity in the studies, with differing definitions of peer support, training of peer supporters, face-to face and/or telephone contact and how breastfeeding outcomes were measured.

What about observational and qualitative research, which are not included in the Cochrane systematic review, but are reported in three other systematic reviews of the literature? (8,9,10). All three reviews conclude that peer support is effective particularly for women who intend to breastfeed and as a component of multi-faceted interventions. Scotland has taken a multi-faceted approach which has combined peer support with strong participation in the Baby Friendly Initiative and more recently media campaigns during breastfeeding week. Women value peer support and learning from other women's experiences and there are several descriptive and qualitative studies reporting this. However - we need to beware of potential bias in these studies which provide lower level evidence than randomised controlled trials, particularly as evaluators of peer support projects may find it easier to access beneficiaries of peer support than those with negative experiences.

What about group based peer support? Despite popularity, there have been no reported randomised controlled trials of breastfeeding groups and very little research looking at groups. In theory, groups might be expected to increase opportunities for experiential

learning and exposure to breastfeeding which qualitative research suggests may influence women's decision to breastfeed (11). In a before and after intervention study in Aberdeenshire, we offered one-to-one untrained peer coaching and/or health professionally facilitated breastfeeding groups because of our uncertainty about the evidence. Only 14/206 (7%) chose a one-to-one coach and of these 11 (78.6%) also attended a group. On average 306 pregnant women or breastfeeding mothers attended groups per year. Any breastfeeding at 2 weeks increased significantly ( $p < 0.02$ ) by 6.8% (95% confidence intervals +1.2, +12.4). Child Health Surveillance Programme data for the rest of Scotland during the same time period showed a decrease in any breastfeeding by 0.4% (95% confidence intervals -1.2, +0.4). Increases were sustained until 8 months, but did not reach statistical significance. Breastfeeding groups are looking promising in terms of increasing breastfeeding rates and this study is now informing The BIG (Breastfeeding in Groups) Trial - a randomised controlled trial of a policy to set up breastfeeding groups across 14 localities in Scotland.

Returning to the original question - peer support for breastfeeding - evidence based or fashion? We have to conclude that the research evidence for peer support increasing breastfeeding rates and overall satisfaction with breastfeeding in Britain is weak. However, it can improve some women's experience of breastfeeding. So why has peer support become such a fashionable policy? Is this just another example of a policy - research gap? It is important to think carefully about possible mismatches between fashions in health service policy and fashions amongst our young, low income mothers in deprived areas who are least likely to breastfeed. Malcolm Gladwell in his book "The Tipping Point" argues that three concepts are necessary to create a fashion or a social epidemic (12). The behaviour needs to be contagious (non-verbally and verbally), sticky or memorable and the context has to be right, as human beings are a lot more sensitive to their environment than they may seem. His conclusion is that small changes in these three areas can have a big impact in tipping a social behaviour from a minority pursuit to an epidemic. Peer support theoretically would seem to have the potential to make breastfeeding fashionable. It has certainly succeeded in becoming fashionable amongst health service policy makers - but has it made breastfeeding more fashionable for women? To answer this question, we need more high quality evidence about the impact of differing models of peer support on breastfeeding rates and women's satisfaction, with attention paid to the processes of peer support and how they impact on local infant feeding culture.

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## Breastfeeding peer support: giving breastfeeding back to women

Tricia Anderson

Tricia Anderson, midwife, and Mandy Grant, breastfeeding counsellor, have been running breastfeeding peer support groups for breastfeeding mothers since 1996. They began with a breastfeeding support group in a small market town in Dorset and have since set up a chain of similar groups in the Wessex region; with SureStart, with Primary Care Trust backing and one with a grant from the Department of Health Breastfeeding Initiative. The latter groups have all been in areas of high unemployment and low breastfeeding rates. They have now trained over 250 breastfeeding peer supporters, known as the Bosom Buddies, which is the largest locally based network in the UK.

They have developed by trial and error a model of community-based breastfeeding support that appears to

be sustainable and successful, which has been replicated from Devon to Gloucestershire. The model centres around a weekly breastfeeding support group, which combines a social support group with a breastfeeding clinic, with added support provided by the Bosom Buddies. The groups have a strong philosophy of being woman-led (as opposed to being led by health professionals) and valuing motherhood. Tricia and Mandy also run workshops to support others interested in setting up similar groups.

This model of breastfeeding support has been subject to two independent research evaluations by the research team at Bournemouth University (Alexander et al 2003; Jackson et al 2003). Both evaluations were strikingly similar and found the model to be highly successful in supporting women to breastfeed, with the groups highly valued by the woman who attend them.

This presentation will briefly summarise the findings from the two research evaluations, and then focus on the practical issues of setting up successful, sustainable community-based breastfeeding support for mothers, including what appears to work and what doesn't.

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Jackson D et al (2003). *West Howe Breastfeeding Support Group: a Surestart evaluation*. Institute of Health and Community Studies, Bournemouth University, Bournemouth.

## Does Breastfeeding protect against Asthma?

Marjory Burns

There has been a considerable debate over the past few years about the role breastfeeding may play in protecting against the development of atopic diseases such as asthma and eczema. Conflicting published research does not allow us to give straightforward advice.

Some studies have suggested that breastfeeding appears to protect against the development of asthma or wheeze in childhood whilst others have shown that it may increase the risk later in life. Studies of the effects of breastfeeding on other atopic disorders such as eczema have also been contradictory. Results of these types of studies are also difficult to interpret as many confounding factors including

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duration of breastfeeding, other dietary factors, additional early life exposures and recall bias in retrospective studies can affect the results.

The only real answer may lie in conducting a randomised controlled trial into the effects of breastfeeding but as the general health benefits of breastfeeding are now well established, that would not now be possible for ethical reasons.

What is becoming clear from research is that the early life period represents one of the key stages of development of a child's immune system and that exposures during this period may influence whether a child goes on to develop atopic diseases such as asthma. It is also clear that a child's genetic background may dictate how their response to these early life exposures can alter the risk of developing disease.

An overview of the evidence to date suggests that breastfeeding does not confer any absolute protection against the development of atopic disease. If a strong family history of atopy is present breastfeeding may be beneficial, but without this genetic background breastfeeding may only delay the onset of atopic disease.

Asthma UK bases its advice on published evidence and accepted guidelines. Whilst there is a lack of strong evidence to prove that breastfeeding protects against the development of atopic disease, the overall health benefits, including optimal nutrition and protection against infections, currently outweigh any published evidence that breastfeeding may increase the risk of atopic disease.

## Understanding the Baby Friendly Initiative Standards for Universities

Sue Ashmore

The majority of the Baby Friendly Initiative accreditation criteria relate, directly or indirectly, to the level of knowledge and practical skills demonstrated by health care staff. The absence of reliable and consistent standards of pre-registration breastfeeding education has resulted in virtually all health care facilities having to provide extra staff education if they wish to seek Baby Friendly accreditation. Many have questioned why even newly qualified midwives and health visitors continue to require this extra education, when in all other areas it would be reasonable to assume that they are fit for practice on registration.

In order to tackle this issue, it was proposed that UNICEF develop standards for the provision of effective

breastfeeding education for student midwives and health visitors. Therefore, a committee of experts was convened and a wide consultation process with universities, health care trusts, lecturers, students and practitioners initiated, which resulted in agreed standards being published in November 2002. Since then work has continued with the committee and 24 registered university departments to develop an assessment procedure which will allow universities to be accredited as Baby Friendly. The proposed assessment tool is now at full pilot stage.

This presentation will explain the agreed education standards and the proposed assessment procedure.

## How the Baby Friendly Initiative makes a difference - case studies

Marion Kelly

Northgate Medical Centre was accredited as Baby Friendly in 2001, becoming the second community health care facility in the UK to achieve the award. This presentation considers some of the outcomes of delivering Baby Friendly care to the local community and how it is now impacting on the District wide strategy for breastfeeding.

Marilyn Rogers

Maternity services in Halifax are provided at the Calderdale Royal Hospital which is a new District General Hospital serving a mixed population from the town and surrounding area. The maternity unit has approximately 2,500 births a year, 17% of which occur in ethnic minority families. There is a high dependency ratio on health services in Halifax, which has 3 Sure Start Programmes in place.

In March 2002 the maternity unit became accredited as a Baby Friendly Hospital and in April 2004 it was successfully re-accredited and currently holds the award for three years.

This presentation will outline how the Baby Friendly Initiative has made a difference in Halifax, focusing on the following key areas.

- Increased breastfeeding rates at birth and at 6 weeks.
- The associated benefits of achieving early initiation of breastfeeding.
- Improved standards of care and support for mothers choosing to formula feed.
- The effect of positive feedback and publicity received by the unit.

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- The provision of evidence based information on breastfeeding for parents.

The decision to work towards Baby Friendly Accreditation was made in January 1997. At that time the local initiation rate for breastfeeding was 66%, with only 28% of women still breastfeeding by the time the baby was 6 weeks old. Since then our breastfeeding rates have risen steadily each year and statistics for the year 2002-2003 show an increase of 8% in the initiation rate, and 9.5% for babies breastfeeding at 6 weeks old.

In Halifax all mothers are offered help with a first breastfeed regardless of feeding intention. Prior to implementing the Baby Friendly Best Practice Standards only 41% of mothers in the unit received this help. Achieving this has aided the implementation of a number of other steps, and at assessment in 2004 steps 6, 7 and 9, of the Ten Steps to Successful Breastfeeding were awarded the full 100% score. Skin-to-Skin contact also helps to calm babies, this appears to increase the mother's confidence and they use this as a method of settling their baby. Because mothers actively hold their babies and cuddle their babies on the postnatal wards, it was noted at the Baby Friendly assessment that very few babies could be heard crying or were in cots.

Due to achieving the Baby Friendly Award the unit received an increase in the amount of positive feedback and publicity. The hospital now has an increasing birth rate due to its excellent reputation and 17% of women from outside the local area actively choose to deliver in the unit, especially if they wish to breastfeed. This is an important point to consider, in a payment by results arena where acute trusts get income for the work they do, therefore if activity goes up the money follows. Through this a neighbouring trust is funding a full time midwifery post and it is anticipated that further funding will follow for increased staffing.

Since implementing the Baby Friendly Best Practice Standards, care, information and advice for formula feeding mothers has also improved. In the past, mothers in Halifax were shown how to make up feeds antenatally as part of a group demonstration at Parentcraft classes. This may have occurred up to 2 months before the mother needed this knowledge and arguably left her ill equip to make up feeds correctly on discharge from hospital. Now mothers are supported on a one-to one basis in hospital to make up feeds until they feel confident, using their own choice of formula, bottles and teats.

The provision of evidence-based information for new parents has made a very positive improvement to the care

women receive in Halifax and demonstrates the commitment towards providing high standards for mothers using our service. The majority of mothers evaluate the care they receive as excellent. The Baby Friendly Initiative assessment team highlighted that the mothers interviewed at assessment commented on the high standard of care and support provided by the midwives both in hospital and in the community. In a card for staff a mother recently wrote the following statement;

*"I want to say thank you for teaching me how to give the best gift to my child- breastfeeding. You've helped me through the pain and fear ..... to nurture"*

Tina 27th August 2004

Initially, undertaking the necessary changes to place the maternity unit in line with baby friendly principles was a daunting process. However there are rewards and many positive differences for mothers, babies, staff and the organisation when the goal of Baby Friendly Accreditation is achieved.

#### Janette Westman

All too often the implementation of any project within the health setting depends on its 'financial worth' or its 'cost effectiveness'. It does require patience, perseverance and support from management to pursue the idea of becoming Baby Friendly. It is important not to be put off or discouraged by obstacles, particularly those found in a large, busy, multicultural, inner city unit.

But achieving Baby Friendly accreditation goes beyond financial gain or cost. Ten years ago Bradford decided that we would go down the Baby Friendly route, naively thinking that once we had a breastfeeding policy, we would be well on the way!

Implementing the Baby Friendly Initiative best practice standards have impacted on staff, women, their families and indeed the status of breastfeeding within the Trust in many more ways than we could have envisaged at the outset.

This presentation will consider some of the differences that becoming Baby Friendly made to Bradford.

#### A date for your diary:

UNICEF UK Baby Friendly Initiative  
Annual Conference 2005,  
Bournemouth International Centre,  
15-16 November



## New support services to make Baby Friendly accreditation easier

The Baby Friendly Initiative has launched a series of new services, materials and workshops to support health professionals and NHS Trusts working for Baby Friendly accreditation.

### Action planning visit

To develop an action plan for implementing the Baby Friendly best practice standards and to support preparations for accreditation.

- A Baby Friendly Professional Officer will help the breastfeeding coordinator and/or other key workers to write an individualised action plan for implementation of the best practice standards.
- This follows a presentation to the head of service and other key staff on why and how to achieve accreditation.
- The Officer completes the action plan after the visit and sends a copy on paper and disc to the Trust. Key workers will then be able to finalise and update the action plan as needed.
- The Officer will then contact the facility at regular intervals to help finalise the action plan and to provide support on implementing it.

The action planning visit is a requirement if the health care facility wants to apply for a Certificate of Commitment.

2005 cost: £660 plus travel expenses

### Audit visit

A full day audit interviewing staff, new mothers and pregnant women to help determine how close a Trust is to fully implementing all the Baby Friendly standards.

- Uses the same questionnaires and principles as used at a full Baby Friendly assessment
- Highlights any weak areas that need attention before going for full assessment
- Provides further guidance on whether more work is needed on the standards
- Includes a comprehensive written report

2005 cost: £660 plus travel expenses.

### Doctor teaching packages

Coming soon: Two teaching packs for health professionals to use when delivering breastfeeding education and policy orientation to paediatricians and GPs.

### One day workshops for key workers:

#### Auditing practices to support breastfeeding

- Training in how to audit simply and effectively with reference to the new Baby Friendly audit tools (see advert on page 2)

#### Delivering in-house breastfeeding education

- For health professionals providing breastfeeding training for their colleagues
- Open to health professionals who have attended the Course in Breastfeeding Management (see advert on back page)
- Participants qualify to purchase the Education and Teaching Resource CD

#### How to attend:

1. **Open workshops** are held in central locations priced £120 per person. The following workshops are currently booking in London for 2005:

Auditing breastfeeding support: 15 March, 15 Sept

Delivering in-house breastfeeding education: 16 March, 16 Sept.

Other venues are being booked and will be advertised on our web site and in *Baby Friendly News*

2. **In-house:** Trusts or health boards can buy in either workshop to be taught on their own premises, price £2000.

### Education and Teaching Resource CD

A resource to support breastfeeding teaching in both pre-registration education and in-service training

- Teaching resources including slide shows, photographs, diagrams and worksheets
- Reviews of videos, books and teaching aids
- Guidance on curriculum development, teaching approaches and learning outcomes

Availability is restricted to HEI lecturers who have attended the Course in Breastfeeding Management and to other health professionals who have attended the workshop on Delivering breastfeeding education (above)

# Exhibitor information

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## Ameda

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At Ameda Egnell we are totally committed to the UNICEF Baby Friendly Initiative. Our commitment started over 50 years ago when Einer Egnell produced the worlds first electric breastpump. Half a century on we continue to develop innovative products that help mothers to give their baby the very best. Our unique milk collection system ensures protection from bacteria and viruses providing baby with the purest breastmilk possible.

Ameda: at the heart of breastfeeding technology.

Ameda Egnell Ltd, Unit 1 Belvedere Trading Estate, Taunton TA1 1BH. Tel: 01823 336 362 mail@ameda-egnell.co.uk

## Association of Breastfeeding Mothers

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The ABM was founded in 1980 by a group of breastfeeding mothers who were experienced counsellors. Today the ABM provides Counsellor and Mother Supporter training to individuals and groups, provides counselling on 24 hour helpline, e-mail counselling and runs support groups and provides information about breastfeeding.

Association of Breastfeeding Mothers, PO Box 207, Bridgwater TA6 7YT. Tel: 0870 401 7711 www.abm.me.uk

## Baby Milk Action

23

Baby Milk Action is a member of the International Baby Food Action Network (IBFAN), a coalition of more than 200 citizen and health worker groups in over 100 countries. IBFAN works for better child health and nutrition through the promotion of breastfeeding and the elimination of irresponsible marketing of infant foods, bottles and teats. Visit our stand for information, merchandise and publications.

Baby Milk Action, 23 St Andrew's Street, Cambridge, CB2 3AX. Tel: 01223 464420 info@babymilkaction.org www.babymilkaction.org

## Baby's First Portrait

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Baby's First Portrait is delighted to support the Annual Baby Friendly Initiative Conference. As the UK's leading portrait photographers, we offer proud new mothers the opportunity to receive a quality package of professional portrait photographs capturing those precious first few days of their baby's life, supplied on a sale or return basis. Our service offers excellent fund-raising opportunity for maternity units, so please visit us today and find out how we could support you.

Baby's First Portrait, The Colour Lab, Lelant, St Ives TR27 3HU. Tel: 01736 751419 babyphotos@htempest.co.uk

## Bickiepegs - Doidy

4

BICKIEPEGS the all natural teething biscuit celebrates its 80th anniversary next year. During that time they have helped generations of children and parents through this difficult and often painful period. Its sister product the Unique DOIDY training cup also made in the UK helps to teach children to drink from a rim not a spout. It is particularly beneficial for breast fed infants as they adapt to it easily. Helps prevent long term health problems.

Bickiepegs, 5 Blackburn Industrial Estate, Kinellar, Aberdeen AB21 0RX. 01224 790626

## Bio Products Laboratory

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As part of the NHS, BPL operates as the national fractionator, committed to providing plasma derived products for health care professionals in England and Wales. BPL's products include high purity coagulation factors - Replenate and Replenine-VF, Zenalb human albumin solution, Vigam intravenous immunoglobulin, and a range of other specific immunoglobulins.

For information on our products, please contact our Customer Services on 020 8258 2342.

Bio Products Laboratory, Dagger Lane, Elstree WD6 3BX. Tel: 020 8258 2543

## Bravado! Designs

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For the past 12 years, Bravado Designs has devoted itself exclusively to the comfort and style of pregnant and nursing women. Our philosophy recognises the importance of the breastfeeding relationship and we strive to bolster and enhance a mother's self-image during this triumphant, yet sometimes challenging time. The sizes run from 32B to 46G in six colours. Please ask at the stand for our beautiful breastfeeding posters – they're free!

Bravado Designs, Unit 27, Battersea Business Centre, 99/109 Lavender Hill, London SW11 5QL. 020 7738 9121 anne@bravadodesigns.com

## Equazen

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Equazen, producers of eye q (TM), introduces mumomega (TM) pregnancy and mumomega (TM) infancy, two unique essential fatty acid supplements for before, during and after pregnancy. EFAs are crucial building blocks for baby's eye and brain cells. The benefits of fatty acids to the mother and baby include cognitive development, visual acuity and gestation to the minimal prevalence of post-partum depression. Visit the Equazen booth to find out more about the latest research on EFAs in maternal nutrition.

Equazen, 31 St Petersburg Place, London W2 4 LA. 020 7243 7100 info@equazen.com www.equazen.com

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## Health e-Learning 3

Health e-Learning is a training company that delivers online courses in lactation. Hospitals in the USA, Australia and New Zealand are using online delivery for cost effective and quality training results.

Health e-Learning, PO Box 2405, Cherside Centre, Q4032, Australia Tel: 0061 7 3263 8127 admin@health-e-learning.com

## Health Scotland 21

Health Scotland is the national resource for improving Scotland's health. Working with partners throughout the NHS and in every other sector of the Scottish economy, HS institutes a number of health improvement programmes.

Health Scotland, Woodburn House, Canaan Lane, Edinburgh EH10 4SG

## Intavent Orthofix Limited 8

INTAVENT-ORTHOFIX LIMITED has been supplying AXifeed Pre-Sterilized EBM Bottles to hospitals for over 25 years. The AXifeed 21 range of bottles comprise of 3 sizes to suit all requirements and are the only bottles with Tamper Evident Caps which provide visible assurance as to whether the bottle has previously been opened or used and the facility, if required, for re-tamper proofing the filled bottles. We also have a comprehensive range of Electric Breast Pumps and Accessories with products suitable for Community and Hospital Use. Do take time to visit us and to see this extensive range for yourself.

Contact: Sue Kernoghan or Maureen Sheeran on 01628 594500.

Intavent Orthofix, Burney Court, Cordwallis Park, Maidenhead SL6 7BZ.

## Jones and Bartlett Publishers 20

Jones and Bartlett Publishers are one of the world's leading publishers in the field of breastfeeding and human lactation. Books range from comprehensive reference texts, books of case studies, practical pocket guides for practitioners and the Comprehensive Lactation Consultant Exam Review for the IBLCE exam. In addition to books Jones and Bartlett also supply innovative CD Roms on Nipple Trauma, Hyperbilirubinemia and Creating Breastfeeding Friendly Environments.

Jones and Bartlett Publishers, Barb House, Barb Mews, London W6 7PA Tel: 01278 723553

## Lactation Consultants of Great Britain 18

Lactation Consultants of Great Britain is a membership organisation for International Board Certified Lactation Consultants and interested supporters. We facilitate training in lactation management and preparation for the LC examination, and provide support for breastfeeding families in various ways. We also lobby for a society and

a health service in which breastfeeding is accepted as the gold standard of infant feeding, and work towards the removal of barriers preventing this goal.

LCGB, PO Box 56, Virginia Water, GU25 4WB info@lcgb.org www.lcgb.org

## La Leche League (GB) 25

La Leche League founded in 1956, is an international organisation and the world's largest source of breastfeeding and related information. The LLL Mission Statement is: To help mothers world-wide to breastfeed through mother-to-mother support, encouragement, information and education; and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

La Leche League, PO Box 29, West Bridgford, Nottingham NG2 7NP. Helpline number 0845 120 2918. www.laleche.org.uk

For LLL books and publications books@laleche.org.uk 0845 456 1866.

## Lansinoh Laboratories 10

Lansinoh, the company dedicated to breastfeeding, has developed the world's purest, safest lanolin, which provides relief to cracked nipples by creating a moist wound healing environment whilst mother and baby are learning optimal attachment. Lansinoh is made by a patented process to remove allergenic components and environmental impurities, and does not contain preservatives or BHT. Lansinoh is safe to use even by those who may be allergic to other refinements of lanolin. Obtainable from Boots, Mothercare, Moss pharmacy, Lloyds pharmacy, Waitrose. Please visit our website at [www.lansinoh.co.uk](http://www.lansinoh.co.uk) for full details.

Lansinoh Laboratories, Alexandra House, Well Lane, Chapel Allerton Leeds. LS7 4PQ. Tel: 0113 269 1000 amoss@lansinoh.com

## Limbs & Things 6

Bristol based company Limbs & Things Ltd. was established in 1990 by Margot Cooper to serve the needs of hands-on medical education and training. The objective of the Company has been to establish an international reputation in training models and simulators, based on dedication to superior innovation, and excellence in all aspects of design, manufacture and customer service.

An innovative training model to teach health professionals about hand expressing breastmilk has been developed by Limbs & Things - in conjunction with UNICEF UK's Baby Friendly Initiative.

The Hand Expression Breast Model model is intended for use in the instruction of midwives, health visitors and other care practitioners. It is particularly useful for staff training in facilities working towards Baby Friendly accreditation.

Limbs & Things Ltd, Sussex Street, St Philips, Bristol BS2 0RA. 0117 311 0500 [www.limbsandthings.com](http://www.limbsandthings.com)

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## Medela

1

Medela is providing a range of superior quality breastpumps and breastfeeding accessories to nursing mothers and their babies. Medela is continuously adapting newest breastfeeding research into the technology such as the Symphony (the first breastpump based on research) and the Harmony manual pump.

Medela's dedication to breastfeeding as the best nutrition leads to products for young families which are developed and selected on the basis of physiological correct function, ease of use, reliability and quality.

Medela UK Ltd, Huntsman Drive, Northbank Industrial Park, Irlam, Manchester M44 5EG Tel: 0161 776 0400 [jurg.jordi@medela.co.uk](mailto:jurg.jordi@medela.co.uk)

## MIDIRS

2

MIDIRS - the definitive source of information for all health professionals, non-statutory agencies and anyone involved in the care of women and their babies.

MIDIRS services provide a portal for transposing research evidence into clinical practice. MIDIRS Midwifery Digest provides practitioners with an overview of key midwifery and medical research and contains information gathered from over 550 international journals. In June 2004, MIDIRS celebrated delivery of over one million Digests! The MIDIRS database, comprising over 100,000 references, provides access to more in-depth information on a host of topics, while the acclaimed Informed Choice resource provides accurate, objective and fully referenced content for professionals and consumers.

MIDIRS, 9 Elmdale Road, Clifton, Bristol BS8 1SL. 0800 581009 [www.midirs.org](http://www.midirs.org)

## National Childbirth Trust

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The National Childbirth Trust is a charity offering support, information and services to new parents and parents to be. NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent. A network of 330 branches across the UK offer antenatal classes, postnatal discussion groups, social and breastfeeding support. The UK-wide Breastfeeding Line is staffed by trained breastfeeding counsellors, 8am - 10pm.

National Childbirth Trust, Alexandra House, Oldham Terrace, London W3 6NH; Enquiries Line 0870 444 8707; Breastfeeding Line 0870 444 8708; Fax 0870 770 3237; [www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)

## Sterifeed

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Sterifeed are at the forefront in R&D in infant feeding systems. The Sterifeed pasteurisation system for mother's milk and special diets is used worldwide in neonatal and special care units. Sterifeed supply a range

of storage bottles together with their range of breast pumps and breastfeeding aids. Sterifeed have recently introduced their new midwifery range of cord clamps, gyno mattress protection covers and amniotic membrane perforators.

Sterifeed Brandbeat Ltd, Meadow House, Kerswell, Cullompton, Devon EX15 2ES. Tel: 01884 266 666 [info@sterifeed.com](mailto:info@sterifeed.com)

## Sure Start

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Health is an integral part of our agenda. The Sure Start Programme contributes to children's health and to reducing health inequalities by making health services more accessible to the most disadvantaged children and families. The overall focus of our health strategy is on prevention and early identification of needs. Many of Sure Start's services are not primarily health focused, e.g. childcare and early learning experiences, but all will have outcomes which affect the health and wellbeing of young children and their families. For more information about Sure Start log on to [www.surestart.gov.uk](http://www.surestart.gov.uk)

Sure Start Unit - DFES, Level 2, 6-12 Tothill Street, Caxton Rise, London SW1H 9NA [www.surestart.gov.uk](http://www.surestart.gov.uk)

## The Breastfeeding Network

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The Breastfeeding Network aims to be an independent source of support and information for breastfeeding women: to develop an increased awareness of current research on infant feeding; and to work towards a society which affirms the right of all women to breastfeed.

Trained Voluntary Breastfeeding Network Supporters offer a free confidential service, providing support and independent and research-based information. The Breastfeeding Network's, national helpline, Supporterline (0870 900 8787) is available every day 9.30 am -8.30 pm.

The Breastfeeding Network, PO Box 11126, Paisley PA2 8YB [www.breastfeedingnetwork.co.uk](http://www.breastfeedingnetwork.co.uk)

## United Kingdom Association for Milk Banking (UKAMB)

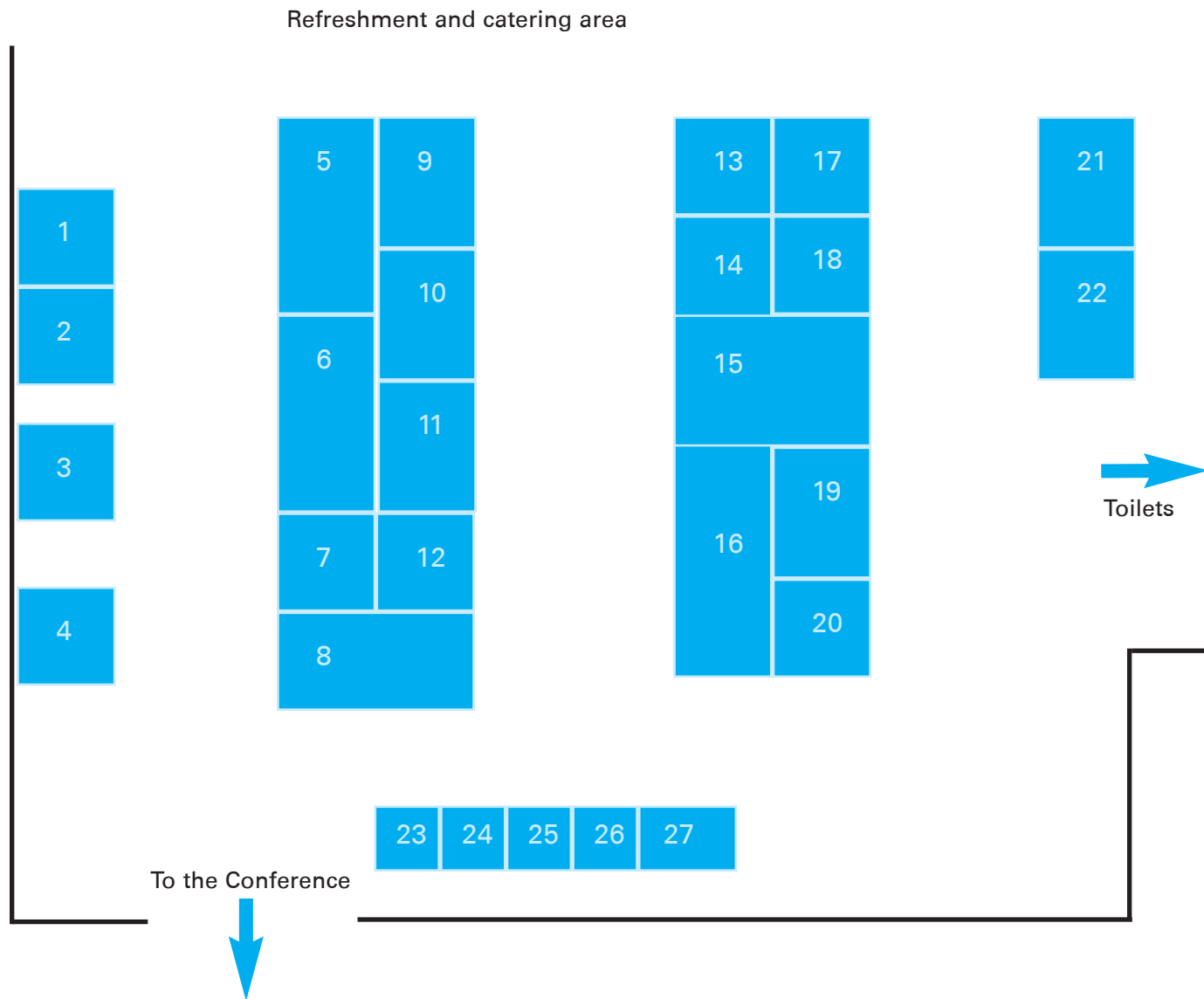
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The United Kingdom Association for Milk Banking is a registered charity that promotes human milk banking. Some milk banks provide donor breastmilk to other Trusts as the number of hospitals using donor breastmilk increases. By joining UKAMB, members are able to actively support human milk banking because the association helps Trusts set up new milk banks, supports established milk banks and encourages prospective donors. Members receive a newsletter twice a year, membership details available at [www.ukamb.org](http://www.ukamb.org)

UKAMB, Milk Bank, Queen Charlotte's & Chelsea Hospital, Du Cane Road, London W12 0HS. Tel: 020 8383 3559 [www.ukamb.org](http://www.ukamb.org)

# Exhibition Area

## Hall 5



## List of Exhibitors

- |                              |   |  |
|------------------------------|---|--|
| 1 Medela                     | 14 UNICEF UK Baby Friendly Initiative             | 23 Baby Milk Action                            |
| 2 MIDIRS                     | 15 Baby Friendly Initiative Professional Officers | 24 United Kingdom Association for Milk Banking |
| 3 Health e-Learning          | 16 UNICEF UK                                      | 25 La Leche League                             |
| 4 Bickiepegs                 | 17 Ameda  | 26 Association of Breastfeeding Mothers        |
| 5 Sure Start                 | 18 Lactation Consultants of Great Britain         | 27 The Breastfeeding Network                   |
| 6 Limbs & Things             | 19 Participants' notices and messages             |  |
| 7 Bravado Designs            | 20 Jones and Bartlett Publishers                  |  |
| 8 Intavent Orthofix Limited  | 21 Health Scotland                                |  |
| 9 Baby's First Portrait      | 22 Equazen  |  |
| 10 Lansinoh Laboratories     |   |  |
| 11 Sterifeed                 |   |  |
| 12 National Childbirth Trust |   |  |
| 13 Bio Products Laboratories |   |  |
- The products and services of exhibitors are not necessarily endorsed by the UNICEF UK Baby Friendly Initiative



## The UNICEF UK Baby Friendly Initiative's Three-day Course in Breastfeeding Management



A practical course for midwives, health visitors, neonatal nurses and other health care staff with primary responsibility for clinical breastfeeding support.

Experienced Baby Friendly tutors provide thorough teaching in the process of lactation and related topics, with practical training in the skills needed to support successful breastfeeding and informed decision making.

- improve breastfeeding rates
- increase staff knowledge, skills and attitudes
- enhance Baby friendly implementation

### How to attend:

**1. In-house.** Trusts can buy in the course to be taught on their own premises for up to 25 staff from £185 each. Call Emily on 020 7312 7652 for more information.

**2. Open courses** are held in central locations priced £280 per person (falling to £240 each if 5 or more places are booked). The maximum number of participants is 22. The following courses are currently booking for 2005:

London: 2, 3 and 17 March

London: 12, 13 and 27 April

London: 8, 9 and 23 June

Nottingham: 22, 23 June and 7 July

London: 13, 14 and 28 September

Nottingham: 5, 6 and 20 October

London: 23, 24 November and 8 December

More dates and locations are regularly added, see our web site for details.

For more details, visit stand 15, call 020 7312 7652 or go to [www.babyfriendly.org.uk/training](http://www.babyfriendly.org.uk/training)

### Helping Mothers to Breastfeed

A two day course for health care assistants and others supporting the work of midwives and health visitors.

Practical information and skills to enable support staff to educate and help mothers with the normal process of breastfeeding. The course may also be suitable for mother/peer supporters and link workers.

Taught by the same experienced tutors as used in the other Baby Friendly courses.

All participants receive a comprehensive workbook which contains clearly-written information and worksheets.

**How to attend:** Trusts can buy in the course for up to 25 staff from £139 each. Call Emily on 020 7312 7652 for more information.



For more details visit stand 15 or go to [www.babyfriendly.org.uk/training](http://www.babyfriendly.org.uk/training)

### Understanding Breastfeeding

A two day course

For health care workers and others whose work brings them into contact with breastfeeding families but who are not expected to provide these families with specific breastfeeding information or support.

This course appears particularly suited to the needs of the extended team in Sure Start programmes and was developed following a successful pilot at Sure Start Weavers and Spitalfields in East London.

All participants receive a comprehensive workbook which contains clearly-written information and worksheets.

**How to attend:** Trusts can buy in the course for up to 25 staff from £139 each. Call Emily on 020 7312 7652 for more information.

For more details visit stand 15 or go to [www.babyfriendly.org.uk/training](http://www.babyfriendly.org.uk/training)

