



The UNICEF UK Baby Friendly Initiative Annual Conference 2005

Bournemouth International Centre,
15 & 16 November 2005

**Changing health care
practice to improve
breastfeeding rates**

Day One, 15 November 2005

Chair, Morning Session: Jenny Warren, National Breastfeeding Advisor for Scotland

8.30 Registration, coffee and exhibition

9.30 Welcome and overview of recent developments

Andrew Radford, Programme Director
UNICEF UK Baby Friendly Initiative

10.00 UNICEF's Children and AIDS Campaign

Anita Tiessen, Deputy Executive Director
UNICEF UK

10.30 Coffee/Tea break

In the exhibition area

11.15 What works in increasing breastfeeding rates?

Prof Mary Renfrew, Director, Mother and Infant Research Unit, University of York

12.15 Strategic planning: the Northern Ireland experience

Janet Calvert, Regional Breastfeeding Coordinator, Health Promotion Agency, Northern Ireland

12.55 Achieving Baby Friendly accreditation - the Bradford experience

Janette Westman, Breastfeeding Coordinator, Bradford Royal Infirmary

1.15 Lunch

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

Fish Pie: Flakes of Salmon and Smoked Haddock bound in a creamy mustard and Parsley sauce topped with Crispy Sliced Potato

Trio of English Sausages in a rich Caramelised Red Onion Gravy

Roasted Sweet Potato, Mushroom, Red Onion & Spinach Filo Tart with Cheesy Mash

Chair, Afternoon Session: Sue Sky, Breastfeeding Co-ordinator for Wales

2.30 Kangaroo Mother Care and skin-to-skin contact as determinants of breastfeeding success

Dr Nils Bergman, Senior Medical Superintendent, Mowbray Maternity Hospital, Cape Town, South Africa

3.30 Coffee/Tea break

In the exhibition area

3.45 Kangaroo Mother Care and skin-to-skin contact as determinants of breastfeeding success, *continued*

Dr Nils Bergman

5.00 Conference closes

5.30 Civic reception

In the exhibition area

hosted by the Mayor of Bournemouth, Cllr Ted Taylor

6.15 Reception continues (to 7.00)

Day Two, 16 November 2005

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

8.30 Registration, coffee and exhibition

9.30 What the evidence really shows about bed sharing, breastfeeding and SIDS

Dr Pete Blair, Medical Statistician,
Division of Child Health, University of Bristol

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

10.30 Coffee/Tea break

In the exhibition area

11.10 Teaching health professionals clinical skills for breastfeeding

Carmel Duffy, Professional Officer,
UNICEF UK Baby Friendly Initiative

11.50 Teaching doctors about breastfeeding

Theresa McElhone, Professional Officer,
UNICEF UK Baby Friendly Initiative

12.30 Avoiding supplements

Anne Woods, Professional Officer,
UNICEF UK Baby Friendly Initiative

1.15 Lunch

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

Delice of Scottish Salmon oven baked & dressed in a light White Wine & Chive Sauce

Sliced Chargrilled Chicken Breast in a light tomato and Sweet Pepper Sauce

Roasted Butternut Squash, Mushroom, Red Onion & Baby Spinach topped with Cheesy Mashed Potato

Chair, Afternoon Session: Andrew Radford, Programme Director, UNICEF UK Baby Friendly Initiative

2.30 Implications of the new WHO growth curves and new Recommended Daily Allowances for feeding the breastfed child

Carol Williams, Course Director, Breastfeeding: Practice and Policy Course,
Centre for International Child Health, Insitute of Child Health, University College London

3.15 Exclusive breastfeeding and introducing complementary foods: Meeting the challenge of the six month recommendation

Gabrielle Palmer, Public Health Nutrition Unit,
London School of Hygiene and Tropical Medicine

4.00 Close

The Speakers

Carolyn Basak has been committed to the field of midwifery and women's health for over 26 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 policy and practice and provides expert support and advice to the RCN and its members across the four UK Countries.

Nils Bergman graduated at the University of Cape Town, and has worked in South Africa, Ciskei and, Sweden, before working seven years as Medical Superintendent and District Medical Officer at Manama Mission, Zimbabwe. Here he, together with Midwife Agneta Jurisoo, developed and implemented Kangaroo Mother Care (KMC) for premature infants right from birth. This resulted in a five-fold improvement in survival of Very Low Birth Weight babies. He introduced KMC to South Africa in 1995, and this has now become official policy for care of prematures in the hospitals of most provinces. He currently lives and works in Cape Town, as Senior Medical Superintendent of the Mowbray Maternity Hospital (7000 deliveries per year) and five Midwife Obstetric Units (11000 deliveries per year).

Pete Blair has been working in cot death research for 13 years and is now considered an expert in this field. Born in Manchester he attained an MSc in Medical Statistics at the University of Leicester and wrote a Doctoral thesis on the characteristics of SIDS at the University of Bristol. He was responsible for analysing the CESDI study, the findings from which form the current NHS/FSID guidelines on SIDS risk factors. Pete now lives in Bristol with his partner & two young sons.

Janet Calvert has been closely involved in supporting health professionals to improve the care they provide to breastfeeding families for the past ten years. She is a midwife who previously worked as Breastfeeding Coordinator in the Ulster Hospital Belfast which then became the first Baby Friendly hospital in Northern Ireland in 1999. In 2002 Janet was appointed Breastfeeding Co-ordinator for Northern Ireland and she is now based at the Health Promotion Agency. Primarily her role involves promoting and assisting implementation of the Breastfeeding Strategy for Northern Ireland. A key aspect of this work is encouraging and supporting full implementation of best practice standards in hospital and community settings. Janet also works part-time as a Professional Officer for the UNICEF UK Baby Friendly Initiative.

Carmel Duffy is a Professional Officer for the UNICEF UK Baby Friendly Initiative. She works as a lead assessor and tutor on the breastfeeding management course and the audit and education workshops. She has also been involved in the development of the education standards accreditation programme for midwifery and health visiting students. Her background is in midwifery and health visiting.

Theresa McElhone is a Professional Officer for the UNICEF UK Baby Friendly Initiative on a part-time basis. She takes part in assessments and provides support for health care facilities implementing best practice standards. She also teaches the Baby Friendly Initiative Course in Breastfeeding Management. Theresa's background is in midwifery and she is the Infant Feeding Co-ordinator for Ayrshire & Arran, Scotland.

Gabrielle Palmer is an activist and a nutritionist. She is the author of *The Politics of Breastfeeding* (Pandora 1993). She works part-time at the London School of Hygiene and Tropical Medicine and also as an independent consultant on infant feeding issues..

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.

Mary Renfrew is Professor of Mother and Infant Health in the University of York, where she is also Director of the multidisciplinary Mother and Infant Research Unit. She has ongoing research and development work in infant feeding, inequalities in health, the organisation of maternity care, and ways of avoiding interventions in childbirth. She has been involved in research and education in midwifery and maternity care for over 25 years, and for much of that time has been committed to the development of evidence-based practice, and to the involvement of consumers in research. She is co-author of the NICE systematic review on breastfeeding duration, and (with Sue Proctor) of 'Linking research and practice in midwifery', and (with Chloe Fisher and Suzanne Arms) of 'Bestfeeding: how to breastfeed your baby' (now in its third edition); and she was co-editor of the Cochrane Pregnancy and Childbirth Group for several years. She has been Chair of the WHO Strategic Committee for Maternal and Newborn Health, and Deputy Chair of the Universities' Research Assessment Exercise Nursing and Midwifery panel. She is Director of the new Public Health Collaborating Centres for Maternal and Child Nutrition: Evidence and Guidance and Practice Development.

Sue Sky has been the Breastfeeding Co-ordinator for Wales at the Welsh Assembly Government since 2003. Her background is in community work and social work and she has been a National Childbirth Trust Breastfeeding Counsellor, when she represented Wales on the NCT Breastfeeding Promotion Group. She is responsible for supporting the implementation of the Welsh Assembly Government's Breastfeeding Strategy.

Anita Tiessen is the Deputy Executive Director, Communications and Programmes, for UNICEF UK, responsible for the organisation's campaigning, advocacy, youth participation and programme work in schools and the health sector. Anita has travelled extensively to UNICEF's field programmes, including to Angola and Southern Sudan to see first hand UNICEF's work with children in conflict zones and to Thailand and Zambia to explore work with children who have been exploited or affected by HIV/AIDS. Before joining UNICEF in 1998, she worked for eight years at Amnesty International's global headquarters as International Media Director. The position at Amnesty International brought Anita to the UK from her native Canada, where she worked as a journalist and government press officer..

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 became 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.

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.

Carol Williams is part-time Course Director of the MSc Breastfeeding: Practice and Policy courses held in collaboration with WHO and UNICEF at the Centre for International Child Health, London. She leads MSc modules on nutrition policy at the London School of Hygiene and Tropical Medicine and the University of Westminster and was author of the 2005 Action Pack for World Breastfeeding Week on continued breastfeeding and complementary feeding for the World Alliance for Breastfeeding (WABA). Carol has worked as a consultant for UNICEF on HIV and infant feeding projects in Myanmar, Vietnam and South Africa, and for the Food Standards Agency on complementary feeding. She has

carried out policy development and health promotion work for the Department of Health European Heart Network, World Cancer Research Fund, FAO, UNHCR and WHO. She developed the 'Guideline Daily Amounts' that are now widely used in nutrition labelling, and was instrumental in bringing the '5 a Day' fruit and vegetables message to the UK in the early 1990s. Her previous employers include the Consumers Association, Oxfam and London Health Promotion agencies. Carol's work in infant feeding began with the birth of her daughter, now age 10. She continues to be a volunteer at her local mother-led Breastfeed Drop-In in Brighton.

Anne Woods is a Professional Officer with the UNICEF UK Baby Friendly Initiative. She leads assessments and provides support to facilities implementing Baby Friendly best practice standards in addition to facilitating the various Baby Friendly courses and workshops. Anne's background is in Midwifery, having worked in both hospital and community settings and as Infant Feeding Co-ordinator at the University Hospital of North Staffordshire during the period of their initial Baby Friendly accreditation. She currently spends half her time working with the Baby Friendly Initiative and the remaining time in a clinical teaching role at West Middlesex University Hospital maternity unit, with an emphasis on supporting students and staff to learn the skills required to support mothers with breastfeeding. She is also a Supervisor of Midwives.

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 peer supporters and link workers.

Taught by the same experienced tutors as 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 20 staff for £3300. Call Emily on 020 7312 7652 for more information.

For more details visit stand 11 or go to www.babyfriendly.org.uk/training



Abstracts, Day One

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.

Among recent developments has been the publication of evidence to show that mothers in Baby Friendly hospitals are 28% more likely to breastfeed than those in other units. This study will be compared with other evidence for the effectiveness of the Baby Friendly Initiative.

A campaign was launched in May to find London's first Baby Friendly hospital and the capital's maternity units have risen to the challenge. The latest Baby Friendly league table shows two London SHAs with more than two-thirds of births in hospitals making progress towards accreditation. Scotland continues to lead the way and now has more than half of all its births in fully accredited Baby Friendly hospitals.

Political developments, such as the public health delivery plan, will be discussed, as will the results of a recent survey by UNICEF and the NCT into breastmilk substitute promotion in the UK.

New services have been launched to provide better support for health facilities working towards accreditation. These will be briefly presented, followed by the launch of a document to support and encourage a coordinated approach to Baby Friendly accreditation by all relevant health care services across a local authority area.

UNICEF's Children and HIV Campaign

Anita Tiessen

HIV/AIDS is now threatening children as never before. Although most people living with HIV today are adults, children under five account for one in six global AIDS-related deaths, and one in seven new global infections. As we enter the third decade of the pandemic, a child dies of an AIDS-related illness every minute of every day, and a young person contracts HIV every 15 seconds.

The disease is redefining the very meaning of childhood for millions, depriving children of many of their basic human rights - of the care, love and affection of their parents; of their teachers and other role models; of education and options for the future; of protection against

exploitation and abuse.

A whole generation of children and adolescents has never known a world free of HIV and AIDS. These children - tomorrow's adults - will soon inherit the burden of fighting the epidemic. Children and adolescents are the most vulnerable to infection, but more likely than adults to change their behaviour. Very few of them know what to do to avoid the disease. If they did, they could be full partners in the fight to stop it. The world must act now to keep the next generation free of infection as they pass from childhood through adolescence to adulthood.

Over recent years, national governments and the donor community have made real advances in tracking the growth of the epidemic and projecting its likely trajectory. Most countries now have plans for large-scale prevention programmes. There have been rapid improvements and significant reductions in the cost of AIDS treatment. And there has been an increase in political leadership and resources focused on HIV/AIDS. Global funding for HIV and AIDS has almost trebled since 2002. Spending on HIV/AIDS programmes in low- and middle-income countries increased by 500 per cent between 1996 and 2003. The number of people receiving treatment increased threefold in sub-Saharan Africa between 2004 and 2005.

But children have been missing from the picture. More and more of them are entering the world infected with the virus and missing out on life. More and more of them are looking on helplessly as their parents, guardians and teachers sicken and die. More and more adolescents and young people are contracting the virus every year and losing hope for the future. More and more parents are dying and leaving orphans behind. Yet the needs of the world's children are still too often overlooked when strategies on HIV prevention and treatment are drafted, policies made and budgets allocated. Investment in prevention efforts focused on older children continues to be pitifully inadequate.

HIV/AIDS is a rapidly escalating disaster for children. The nations of the world are failing to fulfil their common commitment, forged at the beginning of the new millennium, to halt and begin to reverse the spread of the disease.

The Unite For Children, Unite Against AIDS Campaign - convened by UNICEF but involving partners from every sector of the global community - calls for an urgent, concerted, effective and sustained global initiative to put children back in the picture, at the centre of the global HIV/AIDS agenda.

Our objective is to reach an AIDS-free generation. One that can enjoy a childhood free of adult responsibilities. A generation that can grow up confident and secure in the company of parents, guardians and teachers who are themselves healthy and productive and who pass on their knowledge and wisdom. A generation that can make decisions about sexuality based on love and affection rather than as a result of economic necessity and vulnerability. A generation that is well-equipped to avoid risky behaviour and protect itself against infection. A generation that is healthy, educated and full of hope for the future.

What works in increasing breastfeeding rates?

Mary Renfrew

This paper will describe work conducted over the past year to develop public health guidance for breastfeeding, addressing both initiation and duration. The first stage of producing this guidance was the assessment of the results of four relevant systematic reviews (Tedstone 1998, Fairbank et al 2000, Protheroe et al 2003, Renfrew et al 2005). These were subject to quality appraisal and 25 'plausible' evidence-based recommendations for practice were agreed. A three-stage consultation process was then undertaken, to determine the views of practitioners and user representatives on the impact and feasibility of these evidence-based interventions in practice; a) a widespread electronic consultation elicited 514 responses from across the UK; b) fieldwork meetings sought the views of practitioners working in areas where breastfeeding rates were low; and c) three workshops which included a 'diagonal slice' of practitioners from different sectors and levels of seniority, and user representatives, discussed the final recommendations. This paper will present the preliminary results of that process.

The report of this work is now subject to peer review and consultation. The final report will be published as the public health guidance for breastfeeding by the National Institute for Health and Clinical Excellence (NICE) in 2006.

Tedstone A, Dunce N, Aviles M, Shetty P, Daniels L (1998) Effectiveness of interventions to promote healthy feeding in infants under one year of age: a review. *Health promotion effectiveness reviews*, Health Education Authority

Fairbank L, Renfrew MJ, Woolridge MW, Sowden AJS, O'Meara S (2000) *Systematic review to evaluate the effectiveness of interventions to promote the uptake of breastfeeding*. Health Technology Assessment (HTA) programme of the NHS R&D programme: Monograph 4 (25)

Protheroe L, Dyson L, Renfrew MJ, Bull J, Mulvihill C (2003) *The effectiveness of public health interventions to promote the initiation of breastfeeding: Evidence briefing*. Health Development Agency 1st Edition June 2003

Renfrew MJ, Dyson L, Wallace L, D'Souza L, McCormick F, Spiby H (2005) *The effectiveness of public health interventions to promote the duration of breastfeeding*. National Institute of Health and Clinical Excellence, 2005

Strategic planning: the Northern Ireland experience

Janet Calvert

Northern Ireland has the lowest breastfeeding rates in the United Kingdom and one of the lowest in Europe. In recent years work has been undertaken in Northern Ireland to address this issue and to understand why so few mothers choose breastfeeding or stop breastfeeding early. Presently 35% of babies born in Northern Ireland are delivered in a Baby Friendly Hospital and two NHS Community Trusts, involving 18 health centres, have Baby Friendly Accreditation. Further work is ongoing in Northern Ireland to help ensure that more mothers and babies have access to high standards of care and support in relation to breastfeeding.

Substantially changing breastfeeding practice both at local and regional level is a huge challenge which requires strategic thinking and careful management. Ultimately mothers and practitioners need to be empowered and well equipped with the appropriate skills and knowledge required. Applying the evidence in relation to multi-faceted integrated approaches to breastfeeding in a climate where unlimited resources are not likely to be available, means we must prioritise and ensure that we provide a solid foundation for breastfeeding.

The Baby Friendly Initiative is the foundation which supports all other breastfeeding programmes, if we ignore health care practices and instead focus on other aspects of breastfeeding promotion and support we may be putting the cart before the horse.

Achieving Baby Friendly accreditation - the Bradford experience

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.

Kangaroo Mother Care and skin-to-skin contact as determinants of breastfeeding success

Nils Bergman

For many years we have assumed that the fetus develops in the uterus according to an innate developmental programme, and according to how well it is fed, and that the brain develops in a linear fashion until the teenage years. We therefore make sure that basic biological needs of oxygen, warmth, nutrition and protection are provided properly at all times. We have become very skilled and competent at this, we have wonderful technology, and we have improved survival in amazing ways. Our whole health service is geared to provide this care to the newborn, and the mother is not essential for our work. After discharge our society has followed this mindset, and we provide to the infant all its needs, relieving the mother of this burden as much as possible.

That last sentence perhaps over-states the case; but is the end result of an assumption that is the foundation for our society: that the fetus and newborn is an individual entity developing to take his or her place in the world. During the last ten to twenty years neuroscience has advanced to a stage where we can conclude that this assumption is false. And the consequences are enormous.

After conception, the brain develops for 14 weeks according to instructions from the DNA. Thereafter development is dependent on stimulations of the neural cells. The neural cells multiply rapidly, and reach their maximum number at the age of 20 weeks. The synapses

connect all the neural cells and reach their maximum at 40 weeks, or birth. Development is now a matter of pruning and eliminating neural cells that aren't used. The keys are "cells that fire together, wire together", and "use it or lose it". The brain does develop according to a time-table, but that time table requires very specific stimulations at specific points in time in order for the brain to make the right connections and avoid or eliminate "bad pathways". The absence of the right stimulations, (and to a lesser extent, presence of unpleasant stimulations), create unhealthy pathways in the brain, which impacts on the individual across the entire life span, both in physical and mental health.

There is only one way of providing all the right stimulations to the baby at the right time: the continuous uninterrupted presence of mother. The mother "is a kind of invisible hothouse" (Hofer) that stimulates the fetal and newborn brain to develop optimally.

The period immediately after birth is crucial for a newborn baby, and the period when hospitals have been most active in ensuring basic needs are provided adequately. After an hour or two when we have made sure baby is stable, we may return it to mother. We now know that this first hour is in fact the most important period of all time for the baby, and when the baby most critically needs to be with mother. The scientific term is in fact "critical period", and if denied the particular stimulations needed at that particular time, irretrievable and permanent loss of functions result. The specific stimulations the brain needs at birth are skin-to-skin contact and olfactory stimulation. These stimulations trigger a brain-based behaviour we call "self-attachment", after Righard's work 25 years ago. This essential behaviour primes and sets the brain to breastfeed optimally. It is simultaneously the behaviour that starts the brain to develop the capacity to develop good relationships: breastfeeding and relationship building are synonymous to the brain at this stage.

So in contrast to what we previously assumed: the fetal brain grows all its neural cells before birth, and essentially completes its pathways in the first year or two of life. To develop into a healthy self-contained individual, the baby must start as an inseparable dyad with mother. That "inseparableness" is physical: tangible and tactile, it is skin-to-skin contact. The result is successful breastfeeding, but above all a brain which is set on an optimal developmental trajectory.

A full abstract of this presentation is available at www.babyfriendly.org.uk/pdfs/bergman_2005.pdf. Also see www.kangaroomothercare.com

Abstracts, Day Two

What the evidence really shows about bed sharing, breastfeeding and SIDS

Pete Blair

Many countries have now seen a rapid decline in the rates of cot death, also known as Sudden Infant Death Syndrome (SIDS), mainly due to advice that encouraged parents to avoid placing young infants on their front to sleep. The 'Back to Sleep' campaign was launched in England & Wales in 1991 and the number of deaths has fallen from over 2000 SIDS infants a year to less than 500. Despite this welcome decline, SIDS is still one of the most common causes of infant death between one week and one year old, we seem no nearer to understanding why these babies die and the current advice on risks within the infant sleeping environment seem less clear cut. Breastfeeding and infant dummy use both appear to be protective against SIDS although it is not clear what the protective mechanism is or whether these practices are a marker for something else. What is of more concern is the potential risk associated with bed-sharing. Recent findings in both Ireland (1) and Scotland (2) suggest almost 50% of the SIDS infants in these studies were co-sleeping at the time of death, a much higher proportion than expected. Several countries have immediately adopted the strategy to discourage bed-sharing whilst the media nearer home have front page headlines suggesting we do the same (3,4). However the scientific evidence and ensuing debate is less equivocal. In populations where bed-sharing is the normative practice, SIDS rates are unusually low (5-7). Some of the co-sleeping deaths in recent studies occurred on inappropriate sleeping surfaces (i.e. sofas) or when the parents had consumed alcohol, suggesting it is not so much bed-sharing but, at least for some of these deaths, the circumstances in which we bed-share that puts the infant at risk (8). Predominantly these co-sleeping deaths also occurred amongst parents who smoke making it difficult to generalise advice to a population where the majority are non-smokers. Before advising against such established parent-infant care practices we must also consider the wider field beyond SIDS, especially as there is a strong association between bed-sharing & breast-feeding (9,10). The main focus of this presentation is to review the evidence on co-sleeping and SIDS and to answer the 3 questions i) Is there a significant risk? ii) Do we understand the nature of the risk? and iii) What advice do we give to parents?

1. McGarvey C, McDonnell M, Chong A, O'Regan M, Matthews T. Factors relating to the infant's last sleep environment in sudden infant death

syndrome in the Republic of Ireland. *Arch Dis Child*. 2003 Dec;88(12):1058-64.

2. Tappin D, Ecob R, Brooke H. Bedsharing, roomsharing, and sudden infant death syndrome in Scotland: a case-control study. *J Pediatr*. 2005 Jul;147(1):32-7.

3. 'Sleeping with parents major factor in sudden infant death' Special Reports. *Irish Times*, Friday Decemeber 5th 2003

4. 'Don't sleep with your baby' David Derbyshire, Science correspondent, *UK Daily Telegraph*, Friday 16th January 2004.

5. Balarajan, R., V. S. Raleigh, et al. (1989). "Sudden Infant Death Syndrome and post-neonatal mortality in immigrants in England and Wales." *British Medical Journal* 298: 716-720.

6. Watanabe, N. Yotsukura, M; Kadoi, N; Yashiro, K; Sakanoue, M; Nishida, H (1994). "Epidemiology of sudden infant death syndrome in Japan." *Acta Paediatrica Japan* 36(3): 329-332.

7. Nelson, E. A. S. and P. H. Chan (1996). "Child care practices and cot death in Hong Kong." *New Zealand Medical Journal* 109: 144-146.

8. Blair PS, Fleming PJ, Smith IJ, Ward Platt M, Young J, Nadin P, Berry PJ, Golding J and the CESDI SUDI research group. Babies sleeping with parents : case-control study of factors influencing the risk of sudden infant death syndrome. *BMJ* December 1999;319: 1457-1462.

9. McCoy RC, Hunt CE, Lesko SM, Vezina R, Corwin MJ, Willinger M, Hoffman HJ, Mitchell AA. Frequency of bed sharing and its relationship to breastfeeding. *J Dev Behav Pediatr*. 2004 Jun;25(3):141-9.

10. Blair PS & Ball HL. The prevalence and characteristics associated with parent-infant bed-sharing in England. *Arch Dis Child*. 2004;89(12):1106-10

Teaching health professionals clinical skills for breastfeeding

Carmel Duffy

Step 5 of the Ten Steps to Successful Breastfeeding requires that all staff be trained to teach mothers how to effectively position and attach their babies for breastfeeding and to hand express breastmilk. On the surface this appears relatively straightforward but in fact has proved one of the hardest standards to meet for many health care facilities. This presentation will explore how staff can be supported to acquire the necessary knowledge and skills to enable them to teach mothers effectively. By adopting a step by step approach, building in practice and review staff can be educated to provide mothers with the key information required to breastfeed successfully, even when time is short and staffing levels poor.

Dates for your diary:

UNICEF UK Baby Friendly Initiative
Annual Conference 2006 and 2007:

Cardiff International Arena, 28-29
November 2006

Waterfront Hall, Belfast, 11-12
October 2007

Teaching doctors about breastfeeding

Theresa McElhone

The Baby Friendly Initiative best practice standards for Step and Point Two require that all health professionals be educated to implement the breastfeeding policy according to their role.

The role of paediatric and obstetric medical staff and General Practitioners in implementing the breastfeeding policy has been the subject of much debate and not a little confusion over the past few years. Educating these staff to meet the Baby Friendly Initiative standards has also been the source of much anxiety for many of the infant feeding advisors and other key workers who find themselves allocated with this task.

This presentation will outline what medical staff need to know in order to meet the requirements for Step and Point Two and will then offer suggestions for how to set up and deliver an effective training programme. The new UNICEF UK Baby Friendly Initiative training packs for paediatricians and General Practitioners will be introduced and their potential for assisting educators to deliver effective training will be explained.

Avoiding supplements

Anne Woods

There is no doubt that exclusive breastfeeding for around the first six months provides both optimal health gains to the mother and baby and in addition, ensures that the mother is afforded the opportunity to maximise and maintain her milk production. Early supplementary feeds of artificial milk or water have the potential to reduce health benefits and disrupt lactation. Given this knowledge, it would seem surprising that the incidence of supplementation remains as high as it does throughout the UK.

Introduction of the Ten Steps to Successful Breastfeeding or the Seven Point Plan provide staff with a framework for best practice which supports the reduction of supplementary feeds. Experience clearly demonstrates that once the other Nine Steps or Six Points are implemented effectively, the need to offer supplementary feeds reduces and in most areas implementation of the relevant Step /Point often becomes the logical conclusion of the work that had already been undertaken. On paper, offering artificial milk to infants only when this is medically

indicated or as the result of a fully informed maternal choice sounds relatively straightforward. However many areas have found this issue difficult to address. How can it be possible for some maternity units to have achieved supplementation rates of as low as 2-5% whereas others struggle to reduce the number of breastfed babies receiving artificial milk to less than 40-50%?

Supplements are offered to breastfed infants for a multitude of reasons. If we examine these reasons it becomes clear that generally they fall into one of two categories; infants who seem to feed too often, either for the mother or the health professional to consider "normal", and those who do not (or cannot) feed enough. This presentation will share examples of how Implementing the Baby Friendly best practice standards has reduced the need for supplements, whilst still maintaining a safe environment for the establishment of breastfeeding.

Implications of the new WHO growth curves and new Recommended Daily Allowances for feeding the breastfed child

Carol Williams

When do babies need to start solids? Health recommendations advocate exclusive breastfeeding for the first six months, but how confident can we be that exclusive breastfeeding is sufficient? If a breastfed baby's weight gain is slowing down, does this indicate that they need a top-up? Does it matter if a seven month-old breastfed baby doesn't seem interested in eating other foods? These are some of the questions which will be addressed.

Weighing babies and plotting their weights on parent-kept growth charts is one of the fundamental tools used by health professionals to assess whether babies are getting enough food. How both health professionals and parents interpret a baby's chart can have a profound influence on a mother's confidence in her breastfeeding. But are the charts reliable?

The World Health Organisation is producing new reference charts based on the growth of breastfed babies. These international charts confirm previous studies in single populations, showing that the pattern of growth of breastfed and formula-fed infants is different. Globally, it is expected that the new breastfed growth curves will result in an increase in the numbers of young children classified as overweight, and decrease in numbers classified as

mildly underweight. The implication for the UK will be discussed.

Another relevant technical development is the publication of revised estimates of energy (calorie) requirements by WHO/FAO/UNU (2003). These are substantially lower than the average energy requirements in the 1994 COMA "Weaning Report" which is usually used for guidance in the UK. The new figures are further vindication of the recommendation for exclusive breastfeeding for the first 6 months. For many breastfed babies, breastmilk can continue to provide sufficient energy (calories) for well beyond 6 months, although iron and zinc are likely to be insufficient.

The author suggests that it is time to rethink our approach to what happens in the 4-6m and 6-8m time periods and be more confident in full breastfeeding and letting baby's decide for themselves how fast they move onto solids.

Sources.

COMA. Weaning and the Weaning Diet. Report on Health and Social Subjects 45. Report of the Working Group on the Weaning Diet of the Committee on Medical Aspects of Food Policy. HMSO, London 1994.

De Onis M, Winhove T, Onyango A. Worldwide practices in child growth monitoring. *J of Pediatrics* 2004; 144:461-5.

FAO/WHO/UNU. Human Energy Requirements. Report of a joint FAO/WHO/UNU Expert Consultation. Rome Oct 2001. FAO Food and Nutrition Report Series 1. Rome 2004.

Sachs M, Dykes F, Carter B. Weight monitoring of breastfed babies in the UK - centile charts, scales and weighing frequency. *Mat & Child Nut.* 2005;1:63-76

Williams C. Breastfeeding and Family Foods: Loving and Healthy. World Breastfeeding Week briefing paper 2005. World Alliance for Breastfeeding Action. www.waba.org.my.

Exclusive breastfeeding and introducing complementary foods: meeting the challenge of the six month recommendation

Gay Palmer

Policy change can be stressful for health professionals (HPs) who may feel a duty to persuade parents to 'do the right thing'. Many HPs, along with parents, may be dubious about the feasibility of the policy. My aim is to provide the rationale that underpins the six month exclusive breastfeeding recommendation, to explode some myths and to urge parents and HPs to feel confident that they can make sound infant feeding decisions. HPs need not preach an infant feeding dogma, but, through understanding the basic science, enable parents to implement appropriate, anxiety free and

enjoyable infant feeding practices. This presentation will explore:

1. Exclusive breastfeeding for six months provides optimum infant nutrition, growth, development and protection against infection and allergy. Any other fluid, be it water, infant formula, juice or folkloric potions such as herbal teas; any solid food, or even a dummy, reduces the baby's intake of breastmilk. Use of these products interferes with the calibration of breastmilk supply which a baby can manage well if she and her mother are allowed to do so; it can also cause breastfeeding problems.
2. We need to turn the concept of 'the challenge' of exclusive breastfeeding on its head and understand that our entrenched practice of non-exclusive breastfeeding has made breastfeeding difficult. We need to ask ourselves why a baby would need anything other than breastmilk before 6 months. What do other products provide that breastmilk cannot?
3. The important nutrients for babies after 6 months are iron and zinc. Scrutiny of many commercial complementary foods reveal that they do not provide these key nutrients in adequate quantities and their very use might displace their availability in breastmilk and deprive the baby of nutrients.
4. Iron status is dependent on stores at birth. The timing of cord-cutting at birth may influence a baby's long term iron status. With regard to iron, inhibitors (tea, milk, cereals) and enhancers (vitamin C) in accompanying foods are more critical than actual iron content.
5. Popular baby feeding books, magazine articles and commercial literature all provide misinformation.

Sources

www.who.int/child-adolescent-health/publications/pubnutrition.htm

www.sacn.gov.uk

United Nations System Standing Committee on Nutrition (SCN). Meeting the Challenge to Improve Complementary Feeding. No. 27, December 2003. ISSN 1564-3743

Dates for your diary:

UNICEF UK Baby Friendly Initiative Annual Conference 2006 and 2007:

Cardiff International Arena, 28-29 November 2006

Waterfront Hall, Belfast, 11-12 October 2007

Notes

Notes



New support services to make Baby Friendly accreditation easier

The Baby Friendly Initiative offers a series of 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.

2006 cost: £720 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

2006 cost: £720 plus travel expenses.

Doctor teaching packages

Two brand new 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 £125 per person (£240 if attending both on consecutive days). The following workshops are currently booking in London for 2006:

Auditing breastfeeding support: 7 June, 4 October

Delivering in-house breastfeeding education: 8 June, 5 October.

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

2. **In-house:** Trusts or health authorities can buy in either workshop to be taught on their own premises, price £2630 for one workshop or £3650 for both.

Education and Teaching Resource CD

A resource to support breastfeeding teaching in 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

Amber Medical

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The name 'Amber Medical' may not be familiar to you, but the products will be, because this is the name of the new company responsible for Ameda Breast-feeding and Hollister Obstetric products in the UK.

The name may have changed, but the dedicated team remains in place so why not come and visit our stand to see what else is new from a Company totally committed to "Baby Friendly".

Amber Medical Limited, Unit 1, Belvedere Trading Estate, Taunton, Somerset TA1 1BH Tel: 01823 336362 mail@ambermedical.co.uk www.ambermedical.co.uk

Association of Breastfeeding Mothers

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The ABM aims to promote the physical and psychological health of mothers and children through education in the techniques of breastfeeding, and to advance the education of the public and those concerned with the care of children. We provide training for mothers to become Breastfeeding Counsellors and Mother Supporters and to health professionals, Sure Start groups, doulas and others in order for them to support mothers and provide antenatal workshops. Helpline 0870 401 7711.

Association of Breastfeeding Mothers, PO Box 207, Bridgwater TA6 7YT. Tel: 01753 715589 www.abm.me.uk

Babycare TENS

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Babycare TENS launch the Elle TENS, specifically designed to give maximum pain relief during labour. Babycare TENS make only the highest quality products known for their excellent design, ease of use and unrivalled customer care. Visit our stand to find out how the Babycare TENS service could benefit you and patients.

Babycare TENS, 108 George Lane, South Woodford, London E18 1AD Tel: 020 85329595 www.bodyclock.co.uk

Baby Milk Action

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Baby Milk Action is the UK 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, membership details, merchandise and publications including the new 2006 Breastfeeding Calendar.

Baby Milk Action, 34 Trumpington Street, Cambridge, CB2 1QY. Tel: 01223 464420 Fax: 01223 464417 info@babymilkaction.org www.babymilkaction.org

Baby Welcome

3

Baby Welcome is delighted to be exhibiting at the UNICEF conference again this year. We look forward to welcoming you to our stand where we will be pleased to discuss our latest Programme developments with you. We continue to be fully committed to complying with the BFI Guidelines through our whole programme, providing quality information to health professionals and mothers in their care, and ensuring protection of personal data at all times. Come along to meet us and register in the Baby Welcome Conference Draw.

Baby Welcome, 45 Station Road, Redhill, Surrey RH1 1QH Tel: 01737 213161 Fax: 01737 213181

Bickiepegs - Doidy

5

BICKIEPEGS teething biscuits celebrate their 80th anniversary this year. Handmade from natural ingredients they help infants teething and jaw development.

The Unique DOIDY training cup enables babies to drink naturally from a rim, to help prevent long term health problems. Can be used from 3 months or earlier for expressed milk and avoids the need for a bottle when weaning. Can be introduced at 6 months or earlier if bottle feeding and helps avoid the use of a bottle after 12 months of age. BICKIEPEGS supports Breast Feeding.

Bickiepegs, 5 Blackburn Industrial Estate, Kinellar, Aberdeen AB21 0RX. Tel: 01224 790626 enquiries@bickiepegs.co.uk

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 82582543 www.bpl.co.uk

Bliss - the premature baby charity

7

Helping babies born too soon, too small or too sick to cope on their own. Our mission is to make sure that more babies born prematurely or sick in the UK survive and that each one has the best quality of life, through:

- Campaigning for better neonatal services
- Promoting new developments in care
- Supporting families through our freephone helpline, parent message board and publications, including breastfeeding, kangaroo care and many others.

Bliss, 68 South Lambeth Road, London SW8 1RL Tel: 020 78209471 www.bliss.org.uk

Bravado! Designs

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Bravado! Designs is exclusively devoted 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 and sometimes challenging time. Bravado! Nursing bras mould to your breast and support its changing shape all day long. Sizes run from 32B to 46G. 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. Tel: 020 7738 9121 www.bravadodesigns.com

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 Tel: 0141 8842472 www.breastfeedingnetwork.co.uk

Central Medical Supplies

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Central Medical Supplies are pleased to be supporting the Baby Friendly Conference once again. We have a revolutionary new breastmilk expresser to demonstrate to delegates this year. The Whittlestone Expresser™ uses gentle pulsation to truly stimulate "let down" without pain or discomfort to mothers when compared to conventional suck and release type pumps.

CMS will also be demonstrating the new range of Weyer infant warmers, resuscitaires and phototherapy. The Kanmed Baby Warmer and cot will also be on display

Central Medical Supplies, CMS House, Basford Lane, Leek ST13 7DT
Tel 01538 399541 Fax 01538 399572 E-mail sales@centralmedical.co.uk
www.centralmedical.co.uk

Elsevier

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Elsevier is the leading publisher of health science books and journals with an outstanding range of products in a wide variety of media. Visit our stand for a comprehensive range of Midwifery and Neonatal Nursing titles all with 10% discount only at the conference. New titles include Coad and Dunstall, Anatomy and Physiology for Midwives and Johnson and Taylor, Skills for Midwifery Practice. For more information about Elsevier, visit <http://intl.elsevierhealth.com>.

Elsevier, Radarweg 29, 1043x Amsterdam, The Netherlands Tel: +31 20485 3350

Express Yourself Mums

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Express Yourself Mums is a central resource for breastfeeding mothers and the healthcare professionals who support them. In the Information Zone you'll find articles written by leading lights in the breastfeeding world. In the Product Zone we sell the My Brest Friend breastfeeding pillow, nursing bras, breast pumps, expressing bras, storage bottles, baby carriers, teaching resources, books and videos. We sell to hospitals, clinics and to mums. We give money to charity with every purchase: the UNICEF Baby Friendly Initiative is one of the charities that we support.

Express Yourself Mums, 36 Keynes Road, London NW2 3XA Tel 020 7482 3727 www.expressyourselfmums.co.uk

Intavent Orthofix Limited

1

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. Tel: 01628 594500 www.intaventorthofix.com

Jones and Bartlett Publishers

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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 www.jbpub.com

Lactation Consultants of Great Britain

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Lactation Consultants of Great Britain is an association of full and associate members who are focussed on providing support to women and families who wish to breastfeed their babies. The full members are all International Board Certified Lactation Consultants.

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

La Leche League (GB) 15

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 Inc. 2

Lansinoh Laboratories Inc operates across 23 countries worldwide, was launched in the UK in 2001 and is today one of the leading manufacturers of breastfeeding products in the UK.

Lansinoh offers a range of performance-led, breastfeeding products and are available from leading and independent stockists nationwide and NCT maternity sales.

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

Medela 4

Medela with its three business groups – Breastfeeding Products, Neonatal Phototherapy lamps and beds and Suction Appliances – provide a complete range of products for consumers and health professionals alike. Breastfeeding Products emphasise Medela's dedication to breastfeeding as the best form of nutrition for babies and young infants. This has led to the development of products that function correctly physiologically and are easy to use, reliable, and of a consistently high quality. Extensive research initiated by Medela and conducted by Professor Peter Edwin Hartmann and his team at the University of Western Australia has led to the development of our 2-Phase Expression® technology (stimulation and expression), the only research-based breastpump technology that mimics babies' nursing rhythms, resulting in faster let-down, increased milk flow and reduced pumping time.

Medela UK Ltd, Huntsman Drive, Northbank Industrial Park, Irlam, Manchester M44 5EG Tel: 0161 776 0400 www.medela.co.uk

National Childbirth Trust 26

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; www.nctpregnancyandbabycare.com

The Practising Midwife 25

The Practising Midwife is a leading UK journal, dedicated to the needs of midwife, child and mother. We are committed to responsible advertising, and do not advertise infant formula. Published 11 times a year, TPM focuses on promoting normal birth and breastfeeding.

The Practising Midwife, 54 Siward Road, Bromley BR2 9JZ Tel: 020 84661037 prac.mid@ntlworld.com www.thepractisingmidwife.com

The Right from the Start BedNest 27

The BedNest is a small, sturdy bedside cot which levels with the parent mattress and fixes securely to the parent bed. Mother and baby are in direct touch and 'breath reach'. Breast feeding is made easy and peaceful. Can be freestanding and used as a carry cot. Easy to clean for hire or loan. Packs flat. Birth to seven months. The BedNest has just won one of the most prestigious awards in the nursery industry.

Right from the Start, Welcome cottage, Wiveton, Holt, Norfolk NR25 7TH
Tel: 01263 740935

United Kingdom Association for Milk Banking (UKAMB) 21

UKAMB is a registered charity that promotes human milk banking. UKAMB actively helps Trusts set up new milk banks and supports established banks and the recruitment of prospective donors. Guidelines are regularly reviewed, leaflets produced and members receive a newsletter twice a year. Visit www.ukamb.org and join UKAMB if you would like to help support the establishment of new milk banks and the recruitment of more donors.

EVERY DROP COUNTS. EVERY MEMBER COUNTS TOO...

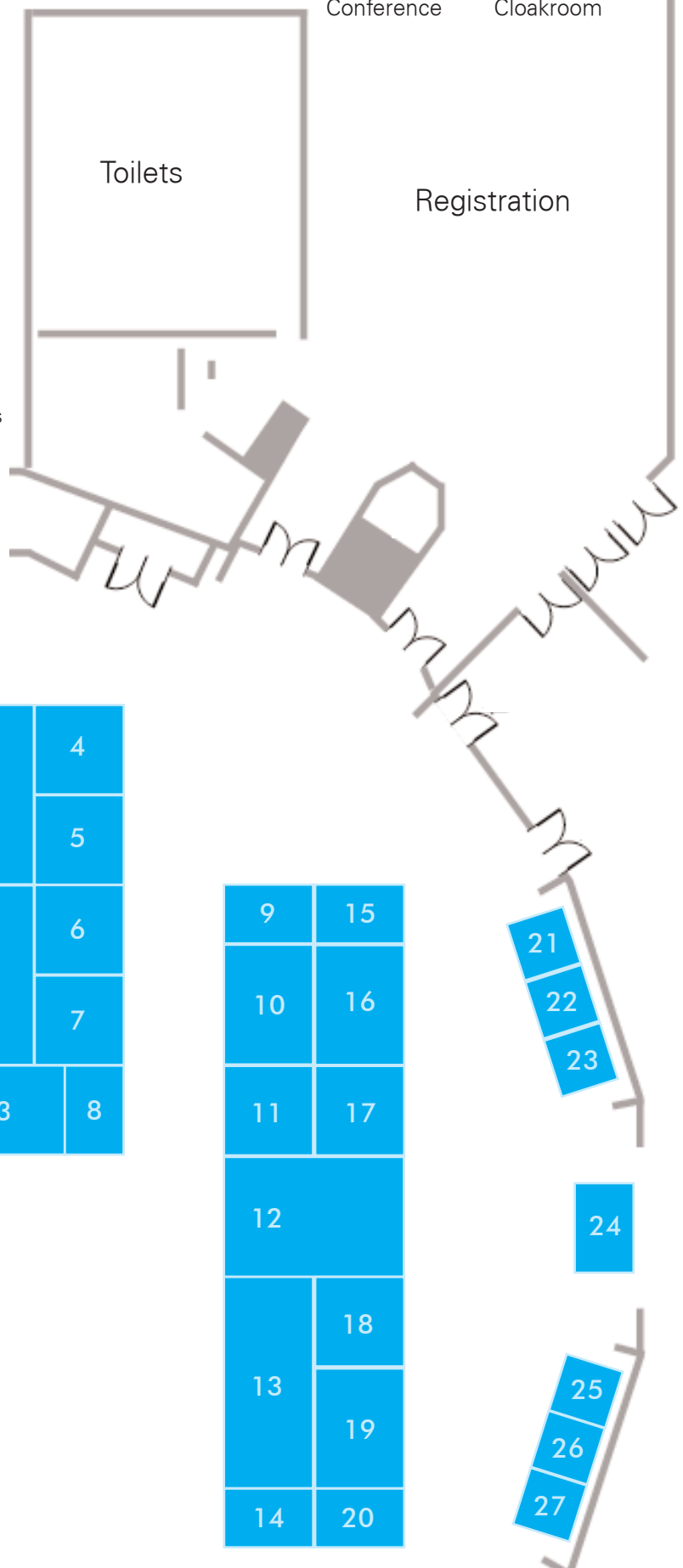
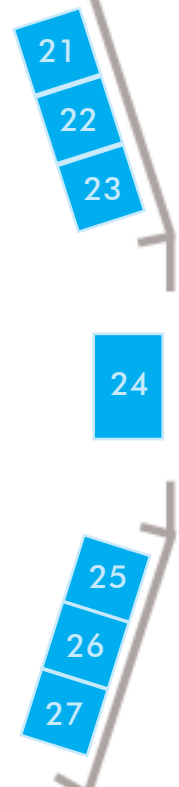
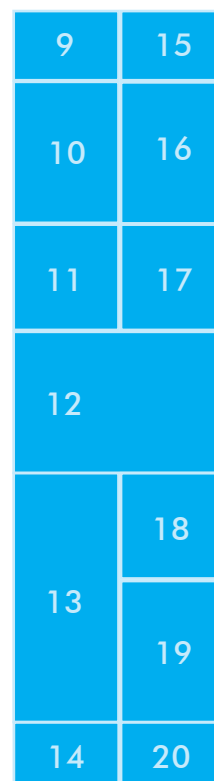
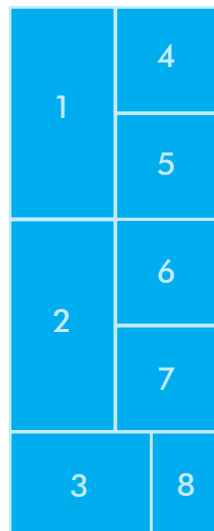
UKAMB, The Milk Bank, Queen Charlotte's & Chelsea Hospital, Du Cane Road, London W12 0HS. Tel: 020 8383 3559 info@ukamb.org www.ukamb.org

Exhibition Area

Purbeck Hall

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Catering and refreshment area

The products and services of exhibitors are not necessarily endorsed by the UNICEF UK Baby Friendly Initiative



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 20 staff for £4000. 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 following courses are currently booking for 2006:

Leeds: 18, 19 & 20 January

London: 8, 9 & 10 February

London: 15, 16 & 17 March

London: 14, 15 & 16 June

Nottingham: 28, 29 & 30 June

Nottingham: 11, 12 & 13 October

Glasgow: 18, 19 & 20 January

Nottingham: 8, 9 & 10 March

London: 19, 20 & 21 April

Bristol: 28, 29 & 30 June

London: 20, 21 & 22 September

London: 18, 19 & 20 October

To book, visit www.babyfriendly.org.uk/training or call 0870 606 3377. More dates and locations are regularly added, see the web site for details.

www.babyfriendly.org.uk