

**The UNICEF UK  
Baby Friendly Initiative  
Annual Conference 2008**

The Scottish Exhibition  
& Conference Centre, Glasgow  
26–27 November 2008



# Baby Friendly accreditation

## A staged approach

Following these steps will ensure that the Baby Friendly standards are implemented logically and efficiently.

### Full accreditation

This lasts for 2 years, after which a reassessment of all the standards is carried out over a 3-day period

when all stages are passed

### Stage 3 assessment

The care provided to pregnant women and new mothers is assessed

up to 1 year

### Stage 2 assessment

Staff knowledge and skills are assessed

up to 2 years

### Stage 1 assessment

Assesses the mechanisms that have been developed to enable the standards to be implemented and maintained

up to 1 year

### Certificate of commitment

The first award, given when there is a breastfeeding policy, an action plan and signed commitment from senior staff

up to 1 year

### Action planning visit

A UNICEF assessor visits to assist the facility to plan how they are going to achieve accreditation

no time limit  
- as soon as possible

### Register of intent

The facility registers with UNICEF to establish its intention and receive the latest information



[www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)  
UNICEF UK Baby Friendly Initiative:  
Education, advice and audit to  
improve NHS support for breastfeeding.



Registered Charity No: 1072852

**Day 1** Wednesday 26 November

- 8:30 Registration, coffee and exhibition
- 9:30 **Update and overview of Baby Friendly Initiative activities this year**  
*Sue Ashmore, Programme Director, UNICEF UK Baby Friendly Initiative*
- 10:00 **Infant feeding and morbidity in the UK – findings from the Millennium Cohort Study**  
*Dr Maria Quigley, University of Oxford*
- 10:45 Break
- 11:30 **Bed-sharing & dummy use – the latest evidence**  
*Dr Peter Blair, University of Bristol*
- 12:15 **Address**  
*Shona Robison, Minister for Public Health*
- 12:30 Lunch
- 1:45 **Community-based interventions to promote and support breastfeeding**  
*Professor Mary Renfrew, University of York*
- 2:25 **Review of the UNICEF UK Baby Friendly Community Initiative**  
*Carmel Duffy & Julie Smee, UNICEF UK Baby Friendly Initiative*
- 3:05 **The work of the Healthcare Commission**  
*Sue Eardley, Healthcare Commission*
- 3:30 Break
- 4:15 **Biological Nurturing**  
*Dr Suzanne Colson, Canterbury Christ Church University*
- 5:00 Ends
- 5:15 Civic reception

**Day 2** Thursday 27 November

- 8:30 Registration, coffee and exhibition
- 9:30 **Best practice for breastfeeding in neonatal units – evidence and recommendations**  
*Professor Mary Renfrew, University of York*
- 10:15 **Implementing best practice for breastfeeding in neonatal units**  
*Elizabeth Jones, North Staffordshire Hospital*
- 11:00 Break
- 11:45 **Building capacity – A new approach to supporting health-care facilities to gain Baby Friendly accreditation**  
*Anne Woods, UNICEF UK Baby Friendly Initiative*
- 12:15 **Developing programmes to support breastfeeding – Little Angels and Baby Café**  
*Michelle Atkins, Little Angels and Catherine Pardoe, Baby Café*
- 1:00 Lunch
- 2:15 **Neonatal Hypoglycaemia – evidence and recommendations for practice**  
*Dr Martin Ward Platt, Royal Victoria Infirmary, Newcastle.*
- 3:00 **Women's Talk: A multimedia, web-based resource of personal experiences of breastfeeding**  
*Dr Kath Ryan, Bournemouth University*
- 3:45 **Closing remarks**  
*Sue Ashmore, Programme Director, UNICEF UK Baby Friendly Initiative*
- 4:00 Ends

During all breaks, the Baby Friendly Initiative team will be available for advice and support at their stand

## The speakers

**Sue Ashmore** has worked for the UNICEF UK Baby Friendly Initiative since 1997. She is currently the Programme Director 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. Her background is in midwifery and she was the infant feeding adviser at one of the first hospitals to achieve Baby Friendly accreditation in the UK.

**Dr Maria Quigley** studied mathematics at Liverpool University and statistics at Oxford University. Between 1991 and 2003, she worked at the London School of Hygiene and Tropical Medicine where she was a senior lecturer in medical statistics and epidemiology. Maria joined the National Perinatal Epidemiology Unit in January 2004, where she has developed a programme of work on infant feeding. She has studied the effect of infant feeding on infant health, infant development and neonatal mortality. She has conducted a review of the effect of donor breastmilk in preterm infants. She is currently working with the Multiple Births Foundation to develop feeding guidelines for twins and higher order multiples. Maria's other research interests include preterm birth and infertility treatment.

**Dr Peter Blair** was born in Manchester and studied Mathematics (BSc Hons) and Medical Statistics (MSc) before moving to Bristol in 1992. As part of Professor Peter Fleming's research team he completed his doctorate in 1997 and is responsible for the analysis of a large study of Sudden Infant Death Syndrome (CESDI), which forms the basis of present NHS advice on SIDS prevention. Peter has written extensively on the epidemiology and risk factors of SIDS and is currently a Senior Research Fellow at the University of Bristol.

**Professor Mary Renfrew's** research is in breastfeeding, midwifery, inequalities in health, the organisation of maternity care, and avoiding interventions in childbirth. She has been involved in practice, research and education for over 30 years, in both the UK and Canada. In addition to extensive academic publications, her books include *Bestfeeding* with Chloe Fisher and Suzanne Arms. She has been co-editor of the Cochrane Pregnancy and Childbirth Group, Chair of the WHO Strategic Committee for Maternal and Newborn Health, and Deputy Chair of the Nursing and Midwifery panel of the UK universities' Research Assessment Exercise. She is a member of the Council of the World Alliance for Breastfeeding Action (WABA) and the Research Standing Committee of the International Confederation of Midwives, and currently chairs the UK Breastfeeding Manifesto Coalition.

**Carmel Duffy** is one of three Deputy Programme Directors for the UNICEF UK Baby Friendly Initiative. She is responsible for providing support for health-care facilities to implement and maintain the Baby Friendly best practice standards and works as a lead assessor and tutor on the breastfeeding management course and audit and education workshops. She has been closely involved with the development of the university standards accreditation programme for midwifery and health visiting students. Most recently she has been actively involved with the community initiative review.

**Julie Smee** is currently working as a Senior Professional Officer for the UNICEF UK Baby Friendly Initiative, as a Breastfeeding Helper Tutor for a joint NHS/Breastfeeding Network Peer Support Project and as a midwife at Ayrshire Maternity Unit. Her previous roles include Infant Feeding Coordinator in a Baby Friendly Hospital.

**Sue Eardley** works at the Healthcare Commission, which is the health watchdog for England, regulating NHS and independent sector care. Sue leads the Commission's strategy for children and maternity, drawing together various programmes of inspection, investigation, surveillance and review into a coherent package for children's and maternity services, and linking closely with government policy, clinical guidelines and the reality of care for women and children

Sue's background was originally in engineering, but in 1992 she switched careers and spent several years at board level of an acute trust, focusing on maternity services, user involvement, governance and risk management. She joined the Healthcare Commission in 2005. Sue was a member of the working groups for the NSF Standard 10, Maternity Matters, Safer Childbirth and the new maternity standards. She is a trustee of the Iolanthe Midwifery Awards Trust.

**Dr Suzanne Colson** is a midwife with 35 years experience supporting breastfeeding mothers in both hospital and community settings. She is an honorary member and founding mother/leader of La Leche League, France. She worked as a breastfeeding consultant with Michel Odent at Pithiviers State Hospital (France), as a caseload midwife to French-speaking asylum seekers and as a midwife/baby feeding advisor in North London where she was seconded to work on the Williams, Hawdon and DeRooy team examining the effects of supplementation on metabolic adaptation and breastfeeding. Currently a senior lecturer at Canterbury Christ Church University, she won the inaugural Akinsanya Award for originality and academic excellence in doctoral studies in 2006. Results of her PhD, the first study to describe a range of optimal maternal breastfeeding positions releasing innate behaviours, are now available online.

**Elizabeth Jones** has been in post as Infant Feeding Advisor/Research Midwife on the neonatal unit at the University Hospital of North Staffordshire (UK) since 1992. She has an established record in breastfeeding research and has published in both academic and peer-reviewed journals. Elizabeth is a sought-after speaker at both national and international conferences. She is active in the field of education and is co-editor of a textbook entitled *Feeding and Nutrition in the Preterm Infant*. Elizabeth is also co-author of nationally distributed parent information *Preterm Breastfeeding*, produced by the UK charity BLISS. Current projects include the production of an interactive CD-ROM about human lactation. The neonatal and maternity units at the University Hospital of North Staffordshire achieved Baby Friendly status in 2002, 2004 and 2007. The specialist preterm breastfeeding training programme offered at UHNS is featured by the Department of Health (UK) in *Good Practice and Innovation in Breastfeeding Initiation Projects*. The training/learning programme was evaluated by a grant from the Department of Health.

**Anne Woods** is one of three Deputy Programme Directors working for the UNICEF UK Baby Friendly Initiative. She is responsible for managing the assessment procedure and providing support for health-care facilities implementing and maintaining the Baby Friendly best practice standards. She also works as a lead assessor and tutor on the breastfeeding management course and audit and education workshops. She has been a registered midwife for over 20 years and has a wealth of experience in all aspects of midwifery, including having been the infant feeding coordinator in a large maternity unit in the West Midlands during the process of achieving Baby Friendly accreditation.

**Michelle Atkins** has six children, whose ages range from four to 21 years, all of whom she breastfed. Michelle is one of the founder members, along with Elaine Jackson, of Little Angels and helps to facilitate the East Lancashire breastfeeding management training for health professionals and peer supporters. She also delivers the La Leche League peer counsellor training to peer supporters. Michelle has a degree in criminology but her passion is protecting and promoting breastfeeding. She takes a lead in the marketing side of Little Angels, being actively involved in the 'Be A Star' campaign, and the promotion of breastfeeding, as well as studying for an MA in Social Enterprise Management.

**Catherine Pardoe** founded the Baby Café initiative in 2000 with co-founder Julie Williams and has facilitated the growth of the organisation, which is now a registered charity, from a single drop-in in Sussex to 125 drop-ins across the world, reaching 10,000 mothers per year. She works freelance for the charity as a national coordinator and combines this work with a promotional and PR role for another charity and private practice as a lactation consultant. She is also currently involved in delivering breastfeeding peer mentoring courses as part of the Baby Café initiative, with a focus on young mothers.

Catherine worked as a staff nurse in the 1980s. She has been self-employed in private practice as a lactation consultant since 1999. Catherine's voluntary work as an accredited La Leche League Leader for 11 years included time as a Trustee of La Leche League GB, with responsibility for the public relations and professional liaison departments. Catherine and her husband live in Sussex and have four children, ranging in age from six to 19 years.

**Dr Martin Ward Platt** has been a consultant in neonatal medicine in Newcastle upon Tyne since 1990; he is also honorary Reader in Neonatal and Paediatric Medicine at Newcastle University. He has a long-standing interest in the developmental physiology and metabolism of the neonate and infant, and has published extensively on clinical aspects of blood glucose control and its disorders.

**Dr Kath Ryan** is a New Zealand-registered pharmacist. She is currently employed as a Reader in Maternal and Perinatal Research in the School of Health and Social Care at Bournemouth University, UK. Her research interests include consumer perspectives in health, incorporating information gathering, information evaluation and decision-making; women's health, particularly lactation and infant feeding; qualitative research methods, and the use of narrative in health research. Her most recent project was in collaboration with the DIPEX Research Group at the University of Oxford, to produce a module on breastfeeding for the award-winning website of people's experiences of health and illness ([www.dipex.org](http://www.dipex.org)). Kath has been a La Leche League Leader for 30 years and served on the LLLNZ Board of Directors and LLLNZ Board of Consultants. She was a Lactation Consultant from 1990–2000 and is the mother of two (now adult) breastfed children.

## About UNICEF

For more than 60 years, UNICEF has been the world's leading champion for children, working with families, communities and governments in more than 150 countries to build a world fit for children.

We support children by providing health care and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation and disease. We also protect children affected by crises including war, natural disasters and HIV/AIDS.

### Get involved

You can help us to make a lasting difference for children in many ways. To find out more about any of the options below, or if you have a general enquiry about UNICEF's work, then please visit UNICEF UK's information stand – just along from the Baby Friendly Initiative stall in the exhibition hall.

### Donate

Although we are part of the UN, we are not funded by them. We rely entirely on voluntary contributions and the generosity of donors like you. Your support can really make a difference.

### Fundraise

From cake sales to special events, sponsored runs to adventures of a lifetime, there are countless ways to enjoy fundraising for UNICEF and we have staff keen to help you along the way with ideas, tips and resources.

### UNICEF cards and gifts

A great selection of UNICEF cards and gifts is available from stall 10 in the exhibition hall, and all year long from: [www.unicef.org.uk/shop](http://www.unicef.org.uk/shop)

### UNICEF Inspired Gifts

Inspired Gifts are an innovative way for supporters to help UNICEF help children. Your purchase enables us to buy life-saving items such as oral rehydration salts and baby blankets, and in return you receive a personalised card. For details of the great range of gifts available, please visit: [www.unicef.org.uk/inspiredgifts](http://www.unicef.org.uk/inspiredgifts)

### Some of UNICEF's achievements in 2007

- Obtained **40 per cent** of the world's vaccines for children
- **12 million** children went back to school with the support of education materials from UNICEF
- **85** trafficked children in Guinea were rehabilitated and reintegrated with their families
- **23,000** children in Malawi are now able to access safe water, thanks to 39 school water points
- **95,000** newborns in Cambodia were protected against neonatal tetanus

### Campaigns

By becoming a member of UNICEF UK's Campaigns Network you will join thousands of people across the UK who are all working to achieve positive change for children. Subscribe to 'Campaign Update', our electronic campaigning newsletter, and you can take action to support children worldwide. Sign up online: [www.unicef.org.uk/subscribe](http://www.unicef.org.uk/subscribe)

### School and universities

Children and young people across the UK are taking action to campaign and fundraise for children's rights. Go online to find out more about how young people you know can join them: [www.unicef.org.uk/worldexplorers](http://www.unicef.org.uk/worldexplorers) (for children) [www.unicef.org.uk/youthvoice](http://www.unicef.org.uk/youthvoice) (for young people) [www.unicef.org.uk/schools](http://www.unicef.org.uk/schools) [www.unicef.org.uk/oncampus](http://www.unicef.org.uk/oncampus)

### Companies

To find out how your company can support UNICEF, please call 0202 7405 5592 and ask for the Corporate Fundraising Team.

### Legacy and in memoriam

Leaving a legacy to UNICEF is a wonderful way to make your support for children's rights live on, even if you have gone. For more information, call Jane Hallahan on 020 7312 7632 or email [janeh@unicef.org.uk](mailto:janeh@unicef.org.uk)

### Find out more

For further information, see UNICEF UK's website [www.unicef.org.uk/howyoucanhelp](http://www.unicef.org.uk/howyoucanhelp)

After the conference, getting involved with UNICEF's work for children need only be a phone call or an email away. Helpdesk: 0844 801 2414 or Email: [helpdesk@unicef.org.uk](mailto:helpdesk@unicef.org.uk)



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## Day one

# Update and overview of Baby Friendly Initiative activities this year

**Sue Ashmore**

This presentation will open the conference with an overview of some of the significant events for breastfeeding and an update on the Baby Friendly Initiative's work during 2008. This will include new hospital, community and university accreditations, the review of the Baby Friendly Community Initiative, an overview of the recent political drive to increase breastfeeding rates and the implications of this for our work.

# Infant Feeding and morbidity in the UK – findings from the Millennium Cohort Study

**Dr Maria Quigley**

The World Health Organization recommends that all infants are exclusively breastfed for six months. In developing countries, exclusive breastfeeding is associated with large reductions in infant mortality, hospitalisation and other severe morbidity. In healthy, term babies in developed countries, the rates of infant mortality and hospitalisation are low and few studies have been large enough to measure the effect of breastfeeding on these outcomes.

The Millennium Cohort Study is a UK national study of nearly 19,000 babies. The parents were interviewed when the babies were aged nine months. The interview included questions about the family's lifestyle and social circumstances and the parents were also asked about the baby's health, including infant feeding patterns and hospital admissions. The detailed data obtained from this cohort enabled the researchers to conduct one of the largest studies of the effect of breastfeeding on hospital admissions in infancy.

This presentation will describe who breastfed, for how long and what effect this had on the risk of hospital admissions for infection. It will also consider the impact that partial breastfeeding and the introduction of solids had on these results.

## Day one

# Bed-sharing and dummy use – the latest evidence

**Dr Peter Blair**

### References:

- 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 Li DK, Willinger M, Petitti DB, Odouli R, Liu L, Hoffman HJ. Use of a dummy (pacifier) during sleep and risk of sudden infant death syndrome (SIDS): population-based case-control study. *BMJ* 2006 Jan 7; 332(7532):18–22. Epub 2005 Dec 9.
- 4 Balarajan R, S. Raleigh V et al. Sudden Infant Death Syndrome and post-neonatal mortality in immigrants in England and Wales. *BMJ* 1989 298: 716–720.
- 5 Watanabe N, Yotsukura M, Kadoi N, Yashiro K, Sakanoue M, Nishida H. Epidemiology of sudden infant death syndrome in Japan. *Acta Paediatrica Japan* 1994 36(3): 329–332.
- 6 Nelson EAS, Chan PH. Child care practices and cot death in Hong Kong. *New Zealand Medical Journal* 1996 109: 144–146.
- 7 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.

The rapid decline in cot deaths (also known as Sudden Infant Death Syndrome or SIDS) is one of the greatest success stories of the last 20 years. The number of deaths in England and Wales has fallen from nearly 1,600 a year in 1988 to fewer than 300. This 80 per cent fall is not so much related to an increased understanding of the exact causal mechanisms, which remain elusive, but rather the identification of care practices that may put infants at risk. In particular the 'Back to Sleep' campaign of 1991, advising parents to avoid placing infants on their tummies, has been instrumental in this fall in rates. The evidence from more recent studies suggests that sharing the parental bed has become a more marked risk factor associated with SIDS, whilst the use of a dummy by the infant might have a protective effect. Findings in both Ireland<sup>1</sup> & Scotland<sup>2</sup> suggest that almost 50 per cent of the SIDS infants in these studies were co-sleeping at the time of death, a much higher proportion than expected, whilst a US study, published in the British Medical Journal, has made perhaps an exaggerated claim that 90 per cent of SIDS deaths could be avoided if infants used dummies<sup>3</sup>. Several countries have already adopted the strategy to discourage bed-sharing, whilst parents in the UK have recently been advised to give their infants dummies once breastfeeding has been established.

However, the scientific evidence and ensuing debate is less equivocal. In populations where bed-sharing is the normal practice, SIDS rates are unusually low.<sup>4-6</sup> 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 that it is not so much bed-sharing but, at least for some of these deaths, the circumstances in which bed-sharing occurs that put the infant at risk<sup>7</sup>. Neither is it quite clear what it might be about infants using a dummy that is protective. It could be that dummy use, or the lack of it amongst the SIDS victims, is a marker for something we have not measured.

Despite the fall in rates, SIDS is still one of the most common causes of infant death between one week and one year old. The importance of identified risk factors should not be underestimated, but before advising against such established parent-infant care practices we must also consider the wider field beyond SIDS, especially as there are strong interactions between bed-sharing, dummy use & breastfeeding. Between 2003 and 2006 Dr Blair and colleagues conducted a population-based case-control study in the South-West of England, taking a detailed look at the infant sleeping environment. Some of the preliminary findings will be presented.

## Day one

### References:

National Institute for Health and Clinical Excellence. *Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households*. London: National Institute for Health and Clinical Excellence. 2008. <http://www.nice.org.uk/nicemedia/pdf/PH011guidance.pdf>

Renfrew MJ, Dyson L, Herbert G, McFadden A, McCormick F, Thomas J, Spiby H. Developing evidence-based recommendations in public health – incorporating the views of practitioners, service users and user representatives. *Health Expectations* 2008 11: 3–15

Dyson L, McCormick F, Renfrew MJ. Interventions for promoting the initiation of breastfeeding. *The Cochrane Database of Systematic Reviews* 2008

Renfrew MJ, Spiby H, D'Souza L, Wallace LM, Dyson L, McCormick F. Rethinking research in breastfeeding: a critique of the evidence base identified in a systematic review of interventions to promote and support breastfeeding. *Public Health Nutrition* 2007 10(7), 726–732

Spiby H, McCormick F, Wallace L, Renfrew MJ, D'Souza L, Dyson L. A systematic review of education and evidence-based practice interventions with health professionals and breastfeeding counsellors on duration of breastfeeding. *Midwifery* 2007 doi:10.1016/j.midw.2007.01.006

Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers. *The Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub3

Renfrew MJ, Herbert G, Wallace LM, Spiby H, McFadden A. Developing practice in breastfeeding. *Matern Child Nutr.* 2006 2(4):245–61.

Renfrew MJ, McFadden A, Dykes F, Wallace LM, Abbott S, Burt S, et al. Addressing the learning deficit in breastfeeding: strategies for change. *Matern Child Nutr.* 2006 2(4):239–44.

Renfrew MJ, Wallace LM, D'Souza L, McCormick F, Spiby H and Dyson L. *The effectiveness of public health interventions to promote the duration of breastfeeding: systematic reviews of the evidence*. National Institute for Health and Clinical Excellence, London, 2005.

[http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/the\\_effectiveness\\_of\\_public\\_health\\_interventions\\_to\\_promote\\_the\\_duration\\_of\\_breastfeeding\\_systematic\\_review\\_part\\_1.jsp](http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/the_effectiveness_of_public_health_interventions_to_promote_the_duration_of_breastfeeding_systematic_review_part_1.jsp)

# Community-based interventions to promote and support breastfeeding

## Professor Mary Renfrew

Breastfeeding rates in the UK remain relatively low, despite small recent increases. Rates are lowest among low-income, young, white women, and there are marked regional differences. This is in contrast to countries such as Australia and Canada, where rates have risen consistently in the past decade.

A series of systematic reviews and studies conducted by the Mother and Infant Research Unit in the past five years has examined interventions that are likely to work in raising breastfeeding initiation, duration and exclusivity rates, especially in communities where the rates are lowest. This paper will summarise the findings of this work, and will identify the interventions most likely to be effective.

## Review of the UNICEF UK Baby Friendly Community Initiative

### Carmel Duffy & Julie Smee

WHO/UNICEF Baby Friendly accreditation has been proven to be successful at increasing UK breastfeeding initiation rates. However, early discontinuation rates remain unacceptably high. During 2008 a major review of the UNICEF UK Baby Friendly Community Initiative programme was undertaken in order to re-examine the evidence around what supports mothers to continue breastfeeding beyond the first few days after birth.

Following widespread consultation with NHS trusts, professional organisations, the voluntary sector and individual health professionals, the review concluded that, since the launch of the Community Initiative in 1998, better evidence has emerged regarding the factors which influence mothers to start and continue breastfeeding. Therefore, certain changes to the best practice standards were required. There have also been significant changes in the structure of the community health services and to the roles and responsibilities of community-based staff, and the assessment tool required updating to reflect this.

The result of the review is the new **Seven Point Plan for Sustaining Breastfeeding in the Community**. The majority of the original Community Initiative standards (staff education and provision of information and support for pregnant and breastfeeding women) remain, as they still reflect the evidence base and can reasonably be defined as best practice. However, there were a few requirements that could be deemed either unnecessary or ineffective and these have been removed. There were also omissions in the standards which needed to be addressed to ensure that the Community Initiative truly reflects the evidence around what is needed to support mothers to breastfeed successfully.

## Day one

# The work of the Healthcare Commission

**Sue Eardley**

The Healthcare Commission is the health regulator for England and, for some activities, in Wales. Following worrying findings in three investigations, the Commission launched a review of maternity services which included surveying the experiences of 26,000 users of maternity services, 500 maternity unit staff, and a review of all the locations in England providing maternity care. In the largest-ever review of its kind, trusts were rated on 25 scored indicators across the whole pathway of clinical care, as well as on efficiency and capability.

The final report of this review was released in July 2008 and trusts have been working on improvements as a result of the individual findings.

This presentation will examine some of the detailed statistics generated from the review, focusing particularly on factors relating to feeding and information provision, to give a comparative picture of maternity care in England and Wales. There will also be tips and hints on using the findings to make a difference, and a round-up of how agencies are working together to support improvements in maternity care.

## Biological Nurturing

**Dr Suzanne Colson**

Thirty-five per cent of mothers stop breastfeeding during the first week because of latch or suck refusal. Rooting and sucking are well-known feeding stimulants but few have explored the role other primitive neonatal reflexes (PNRs) might play in the initiation of breastfeeding.

This presentation will focus on a study in which 40 healthy term mother/baby pairs were studied and the PNRs observed during one videotaped session. The aim was to investigate whether feeding behaviours and positions, collectively termed Biological Nurturing (BN), are associated with the release of PNRs pivotal in establishing breastfeeding. Twenty PNRs were described, validated and classified into four types and two functional clusters, which either stimulated or hindered feeding. Significantly more PNRs were observed as stimulants in semi-reclined BN postures than when mothers were upright or side-lying ( $p < 0.0005$ ).

This study is the first to describe how maternal and neonatal positions interact to release PNRs during breastfeeding. Traditionally, the human neonate has been considered a dorsal feeder with pressure needed along the baby's back. Compelling visual data here suggest that when the newborn is in abdominal positions, like some other mammals, anti-gravity reflexes are released, aiding latch and sustaining milk transfer.

Challenging aspects of current breastfeeding support, this work offers a robust neurological framework to underpin breastfeeding initiation. The presentation will summarise the study and use video clips to clarify the positional mechanisms.

## Day two

# Best practice for breastfeeding in neonatal units – evidence and recommendations

**Professor Mary Renfrew**

Feeding with breastmilk can significantly improve the life chances of infants who are born too soon or too small, in terms of mortality and short- and long-term morbidity. However, the fragility of such infants, their changing nutritional and health needs, the separation of mother and baby, the increased difficulty in producing breastmilk experienced by mothers of preterm or small babies, the anxiety that is inevitably provoked in mothers and family members, and the fact that health-care staff may not have the skills or the time needed, can all make breastfeeding and breastmilk expression difficult.

A consequence of the recent improvement in survival rates at all gestations is the increasing numbers of infants in neonatal units with complex needs. Lack of feeding with breastmilk for these infants is an important, growing and costly problem that, if addressed successfully, has the potential to contribute to tackling inequalities in health. The first step in achieving this is to identify which, if any, interventions might help to overcome these serious challenges.

This paper will present the results of a systematic review of interventions to promote breastfeeding in neonatal units. The primary aim of this review was to evaluate the effectiveness of interventions that promote or inhibit breastfeeding or feeding with breastmilk for infants admitted to neonatal units, and to inform policy, practice, health professional education and future research. Recognising the range of factors that affect the mother, infant, caregivers, and the health service, the researchers sought to examine not only the clinical interventions that might be effective, but also public health and health promotion interventions. A concurrent cost-effectiveness analysis was conducted, as was an analysis of the evidence gaps.

This study will be published in 2009 by the Health Technology Assessment programme of the National Institute for Health Research ([www.nchta.org](http://www.nchta.org)).

## Day two

# Implementing best practice for breastfeeding in neonatal units

Liz Jones

### References:

- 1 Updegrave K. Necrotizing enterocolitis: the evidence for use of human milk in prevention and treatment. *J Hum Lact* 2004; 20:335-9.
- 2 Jones E, Spencer SA. Optimising the provision of human milk for preterm infants. *Arch Dis Child Fetal Neonatal Ed* 2007; 92: 236-238.
- 3 Ziemer M, George C. Breastfeeding the low-birthweight infant. *Neonatal Network* 1990; 9 (4): 33-38.
- 4 Bell E, Geyer J, Jones L. A structured intervention improves breastfeeding success for ill or preterm infants. *Maternal Child Nursing* 1995; 20: 309-10.
- 5 Jones E, Spencer SA. The physiology of lactation. *Paediatric and Child Health* 2007; 17 (6): 244-248.
- 6 Jones E, Spencer SA. Why is preterm milk expression so difficult? *Infant* 2005; 1 (3): 77-80.
- 7 Jones E, Spencer SA. How to achieve preterm breastfeeding. *Infant* 2005; 1 (4): 111-115.
- 8 Jones E, Hartmann PE. Milk Expression. In: Jones E, King C. (Eds), *Feeding and Nutrition in the Preterm Infant*. Churchill Livingstone Elsevier; 2005: 69-87.

As survival rates for extremely low birth weight (ELBW) infants improve, attention is being focused on the quality of survival through nutritional management, and mothers are increasingly being encouraged to provide breastmilk in order to reduce the incidence of necrotising enterocolitis, one of the most critical complications.<sup>1,2</sup> Since these infants are not capable of suckling for many weeks, an effective strategy for milk expression is required to initiate and maintain milk production. It is the common experience of many units that mothers find milk expression difficult and are unable to produce sufficient milk to meet the needs of their premature infants. Furthermore, a mother's failure to sustain lactation leads inevitably to a failure in the establishment of breastfeeding. Therefore it is not surprising that, whilst preterm breastfeeding rates vary worldwide, current evidence suggests that mothers of preterm infants initiate and sustain breastfeeding at significantly lower rates than mothers of term babies.<sup>3,4</sup>

So, why do mothers of ELBW infants find milk expression so difficult to achieve? In order to answer this question, an understanding of physiology of lactation is required.<sup>5</sup> The speaker will discuss the practical difficulties mothers dependent on milk expression often encounter and how these barriers can be overcome.<sup>6,7</sup> When a mother is given appropriate guidance, the impact of early birth on lactation can be overcome in most cases, leading to the establishment of an abundant milk supply.<sup>8</sup>



**Almost every minute of every day, a baby is born with HIV passed on by their mother.**

As part of UNICEF's Born Free campaign, over 80,000 supporters signed a petition, encouraging the government to help increase funding to prevent mother-to-child transmission of HIV (PMTCT) and ensure that more babies can be born free.

**Thank you for your support!**

In June 2008, UNITAID, the international financing body supported by 44 countries including the UK, announced more money for PMTCT. This will be used to test some 10 million pregnant women for HIV and treat 285,000 mothers and their babies.

**With your support, UNICEF can continue to make a real difference to the lives of vulnerable children worldwide**

To hear about future actions and make your opinion count, sign up to UNICEF UK's Campaign Update: [www.unicef.org.uk/subscribe](http://www.unicef.org.uk/subscribe)

## Day two

# Building capacity – A new approach to supporting health-care facilities to gain Baby Friendly accreditation

**Anne Woods**

In 2006 the National Institute for Health and Clinical Excellence (NICE) made the implementation of the Baby Friendly Initiative a key recommendation of the Postnatal Clinical Care Guidelines, in recognition of the credible evidence demonstrating that it is both clinically and cost effective in delivering significant increases in breastfeeding rates. In 2008 NICE again recommended the Baby Friendly Initiative in the public health guidance *Improving the nutrition of pregnant and breastfeeding mothers and children in low income households*.

In recognition of the impact of increased breastfeeding rates on public health, the Government has made the implementation of the Baby Friendly Initiative part of the Child Health Promotion Programme, the Obesity Strategy and the latest Health Inequalities Strategy. Spearheading the achievement of Baby Friendly status in the Primary Care Trusts (PCTs) with the most deprived populations and therefore the lowest breastfeeding rates is seen as a priority. The Department of Health (DH) has identified the PCTs with the lowest breastfeeding rates and is targeting them with specific support to implement the Baby Friendly standards.

However, achieving Baby Friendly accreditation requires a coordinated and strategic approach and, whilst many hospitals and some PCTs have made significant achievements in implementing best practice standards, in others a lack of knowledge, coordination and resources has resulted in implementation being slow, sporadic and sometimes lacking in strategic focus. In order to help PCTs address these problems, UNICEF UK is planning the development of an enhanced package of technical assistance, services and materials to support capacity-building within hospitals and PCTs. This will include improved training-for-trainers packages, audit packages and help to develop breastfeeding strategies across PCTs and Strategic Health Authorities. This presentation will outline the background, progress and outcomes of this piece of work.

# Developing programmes to support breastfeeding – Little Angels

**Michelle Atkins**

Little Angels is a Community Interest Company that negotiates Service Level Agreements with Local Authorities and Primary Care Trusts to deliver breastfeeding support services within the local community. This presentation will discuss the background to Little Angels – its conception and development and the pro-active services it offers. It will look at innovative ways used to deliver breastfeeding services, outputs, outcomes and effectiveness and multi-agency working. It will also consider future development of support of this type.

## Day two

# Developing programmes to support breastfeeding – The Baby Café

**Catherine Pardoe**

This presentation will include a brief background, covering the context, history and current structure of the Baby Café. It will look at the core elements that have contributed to the organisation's growth and made the initiative appeal to mothers, health professionals and volunteers. It will also consider the development of Baby Café drop-in centres as health-care structures evolve.

# Neonatal Hypoglycaemia – evidence and recommendations for practice

**Dr Martin Ward Platt**

From over two decades of research, we now understand much better the physiology of blood glucose, and other fuels such as lactate and ketones, in the newborn baby; but we still have few randomised trials to guide us towards the best strategies for either the prevention or the management of hypoglycaemia. Therefore, if we are to manage babies properly, we need to base our clinical guidelines on an understanding of the physiology until we have empirical studies to guide us. We need to understand that babies potentially face two successive nutritional crises: the loss of the placenta at birth, and the delayed arrival of breastmilk, especially when the mother is primiparous. Most babies are robust enough to deal with these two difficulties, but we need to identify, and help where necessary, those babies who are not coping successfully and are becoming fuel deficient. This presentation therefore focuses on normal physiology in the context of term and preterm delivery; the concept of 'safe' blood glucose values; the hormonal control of blood glucose in the newborn; situations of abnormalities of supply and demand for glucose; and some of the influences of intrapartum care on newborn metabolism.

# Women's talk: A multimedia, web-based resource of personal experiences of breastfeeding

**Dr Kath Ryan**

People diagnosed with an illness or life-changing event, such as new motherhood, often express the need for a variety of complex and changing health information and social support not completely met by conventional health care.<sup>1</sup> Informed, patient-led, voluntary organisations and relatively new technologies, such as telephone helplines, interactive media and the internet, are becoming increasingly important in meeting these needs.<sup>2,3,4,5</sup>

Alongside medical information, access to evidence-based practical and experiential information from the personal stories of other people is highly valued, and sought after through non-commercial sites attached to reputable institutions as a pre-requisite for choice, decision-making and informed self-care.<sup>5,6,7</sup> Individuals will check several sites against each other and prefer those that are professional without being too dauntingly medical.<sup>6</sup> Among the sites given a high rating in a recent study is the award-winning DIPEX site ([www.dipex.org](http://www.dipex.org)) featuring personal experiences of health and illness.<sup>6,8</sup>

With the use of exemplary video clips, this presentation will describe the breastfeeding module on the DIPEX site, its research methods, and its potential use as a resource for patients, practitioners and educators to demonstrate the considerable and subtle variation in human response to health issues.

## References:

- 1 Prinjha S, Chapple A, Herxheimer A, McPherson A. Many people with epilepsy want to know more: a qualitative study. *Family Practice* 2005 22, 435–441.
- 2 Cline RJW, Haynes KM. Consumer health information seeking on the Internet: the state of the art. *Health Education Research* 2001 16(6), 671–692.
- 3 Mead N, Varman R, Rogers A, Roland M. What predicts patients' interest in the Internet as a health resource in primary care in England? *Journal of Health Services Research Policy* 2003 8(1), 33–39.
- 4 Ryan K, Herxheimer A. Personal experiences of health and illness on the web: A resource for patients, carers and health professionals. *Journal of the Malta College of Pharmacy Practice*. 2007 13, 27–30.
- 5 Sillence E, Briggs P, Harris P, Fishwick L. *Changes in online health usage over the last 5 years*. Paper presented at the SIGCHI conference on human factors in computing systems, 2006, Montreal, Canada.
- 6 Briggs P, Burford B, De Angeli A, Lynch P. Trust in online advice. *Social Science Computer Review* 2002 20(3), 321–332.
- 7 Rozmovits L, Ziebland S. What do patients with prostate or breast cancer want from an Internet site? A qualitative study of information needs. *Patient Education and Counselling* 2004 53, 57–64.
- 8 Sillence E, Briggs P, Fishwick L, Harris P. *Trust and mistrust of online health sites*. Paper presented at the SIGCHI conference on human factors in computing systems, 2004, Vienna, Austria.

## Dates for your diary

### Future conference dates

25 & 26 November 2009  
Bournemouth International Centre

27 & 28 October 2010  
Harrogate International Centre

For more information visit  
[www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)



# The exhibitors

## Ardo medical

Ardo medical Ltd. is the new UK subsidiary of Ardo medical AG, a Swiss company with an international reputation for excellence in both products and service. ARDO specialises not only in the 'mother and child' breastfeeding product range which includes ARDO and AMEDA products, but also in high quality neonatal care and suction technology.

Visit our stand today and find out how we make a difference.

Tel: 01823 336 362  
www.ardomedical.co.uk

## Arm's Reach® Co-Sleeper® Bedside Cot

In those circumstances where risk factors make bed-sharing unsafe, co-sleeping, with all its many benefits, is still beautifully possible. The Arm's Reach® Co-Sleeper® Bedside Cot is an innovative bedside cot which attaches to most adult beds – providing a safe, dedicated sleeping environment for baby while keeping them within Arm's Reach. Wonderful for breastfeeding, c-section recovery, and bonding, the cot also transforms into a playpen, freestanding cot, and travel cot for excellent value and flexibility.

## The Association of Breastfeeding Mothers

The Association of Breastfeeding Mothers (ABM) is a voluntary organisation and registered charity. Our members are mainly mums who are breastfeeding or who have breastfed their children. Other members include supportive health professionals. We train mums to become counsellors, offering mother-to-mother breastfeeding support and up-to-date information. We run a mother supporter course which covers basic breastfeeding knowledge. We can provide antenatal education and training for health-care professionals.

Tel: 08444 122949  
www.abm.me.uk

## The Baby Café Charitable Trust

The Baby Café Charitable Trust is a national network of over 120 branded breastfeeding drop-in centres which support well over 10,000 breastfeeding mothers annually. The drop-ins are a fully funded service and may be facilitated by midwives, health visitors, lactation consultants or breastfeeding counsellors from voluntary breastfeeding organisations. Many have peer supporters on hand and some operate their own peer supporter training programmes. Funding comes from various sources such as Primary Care Trusts, Sure Start programmes, community funds or grants.

www.thebabycafe.co.uk

## Baby's First Portrait

Baby's First Portrait invites you to view our brand new PREVIEW service, offering preview photographs printed at the bedside for all your newly delivered babies. We are the UK's premier provider of newborn baby photography, offering excellent money-raising opportunities for maternity units and a valuable inclusive bedside service for new parents. Why not visit our stand to see for yourself how we can support your maternity unit, and enter our free champagne raffle!

## Baby Milk Action

Baby Milk Action is the UK member of the International Baby Food Action Network. 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. Baby Milk Action is also the Secretariat for the UK Baby Feeding Law Group. Visit our stand for information, membership, merchandise and publications including the 2009 Breastfeeding Calendar.

www.babymilkaction.org

## Best Beginnings

We are a UK charity whose innovative approach helps break down inequalities in child health in the UK. We work collaboratively with health-care professionals and others to create engaging, evidence-based resources. Our initial focus is on dramatically increasing breastfeeding rates in the UK. Pick up your copy of our flagship DVD (available for free to all pregnant women in the UK) 'From Bump to Breastfeeding' from our stand.

www.bestbeginnings.info  
Tel: 020 7443 7895  
Registered Charity No. 1120054

## Bickiepegs

The DOIDY training cup enables babies to drink naturally from a rim, to help prevent long-term health problems. When breastfeeding you can use the cup for expressed milk from around three months. There is no need for a bottle. If bottle feeding, introduce the cup at six months or earlier. Since 1999, the Health Education Authority has recommended the use of unlidded cups.

Bickiepegs teething biscuits are handmade from all natural ingredients – with NO added sugar or salt. They stimulate healthy development of teeth and jaws.

Our company supports breastfeeding.

www.bickiepegs.co.uk  
enquiries@bickiepegs.co.uk  
Tel: 01224 790 626

## Bliss

Bliss is a voluntary organisation dedicated to work for special care babies and their families across the UK. We support parents to be effective carers for their babies and to make confident and informed decisions. We support health professionals' development through specialist study days. Bliss also campaigns for change within government and other influential groups to raise awareness of the issues affecting babies born too soon, too small or too sick.

[www.bliss.org.uk](http://www.bliss.org.uk)

## Bravado! Designs

With the 15-year heritage of creating extraordinary maternity and nursing bras, Bravado! Designs has successfully mastered the fusion of comfort, quality and style. The range of bras and tank tops is available from 32B-46H with matching underwear in eight exclusive colours. Washable breast pads round up the collection.

For beautiful breastfeeding posters and breastfeeding resources call 020 7738 9121 or e-mail [info@bravadodesigns.com](mailto:info@bravadodesigns.com) – they are free!

## The Breastfeeding Network

The Breastfeeding Network (BfN) is a UK-wide, independent, voluntary organisation providing information and support for breastfeeding women and those involved in their care. We provide a national telephone helpline: Supporterline (0844 412 4664), a Bengali/Sylheti helpline and the 'Drugs in Breastmilk' helpline. We help run over 70 breastfeeding drop-in centres and offer OCN-accredited training and supervision for over 400 women actively volunteering in their local communities.

[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)  
Fax: 01224 790 920

## Express Yourself Mums Ltd

ExpressYourself Mums is a central resource for breastfeeding mothers and the health care professionals who support them.

Come to our stand to collect your free special edition breastfeeding teaching chart by Rebecca Glover, exclusive to ExpressYourself Mums. We are dedicated to helping mums to breastfeed and bond with their babies, and to the healthcare professionals who support them. We sell a range of specialist products for breastfeeding (and expressing where necessary), specialist feeders, a bedside crib, slings and feeding pillows as well as teaching materials for healthcare professionals. We donate money to charity with every purchase; the UNICEF Baby Friendly Initiative is one of the charities that we support.

[www.expressyourselfmums.co.uk](http://www.expressyourselfmums.co.uk)  
Tel: 0870 389 5576

## Get Britain Breastfeeding

Best Beginnings developed this touring art exhibition in association with Dr Wynn-Jones to create iconic images 'rebranding' breastfeeding for the parents of tomorrow. Central Saint Martin's design undergraduates were briefed to create a poster to promote our 'From Bump to Breastfeeding' DVD, helping us support our goal of effecting a radical increase in breastfeeding rates in the UK. The exhibition also features work from the D&AD Student Awards. Talk to us about bringing the exhibition to your area.

## Growing Up in Scotland

Growing Up in Scotland (GUS) is the longitudinal study of children in Scotland. Launched in 2005, GUS is following the lives of 8,000 children from infancy, through childhood and beyond. Participating families are being interviewed annually. During the first wave of interviewing, mothers provided information about their experiences of pregnancy, birth and the first few months with their babies, including whether they breastfed their babies and for how long.

## Intavent Orthofix Limited

Intavent-Orthofix Limited invites you to visit their stand displaying the AXifeed 21 range of bottles, the only complete tamper-evident system of three sizes of bottles.

The FISIO Electric Breast Pump, with stimulation cycle, together with the Easi Fit 3 range of collecting sets: Three sizes of funnel, sterile and affordable.

Not forgetting the AXifeed Feeding Cup, also supplied sterile.

Contact: 01628 594 500 or our  
Helpline: 0845 602 6382  
[intaventhelpline@btconnect.com](mailto:intaventhelpline@btconnect.com).

Intavent-Orthofix Limited  
Burney Court, Cordwallis Park  
Maidenhead, SL6 7BZ

## Lactation Consultants of Great Britain

Lactation Consultants of Great Britain (LCGB) is the professional organisation in the UK for International Board Certified Lactation Consultants (IBCLCs) and others with an interest in breastfeeding and lactation. LCGB is committed to the best standards of care and support for breastfeeding mothers and babies, providing opportunities for professional development through conferences, regular meetings and publications, and representing the interests of lactation consultants wherever breastfeeding issues occur.

### **La Leche League GB**

Most mothers want to breastfeed. Health professionals and lactation specialists want to help them. La Leche League GB provides mother-to-mother support that can make all the difference to breastfeeding success. We have an extensive range of breastfeeding information and resources (available through LLLGB SHOP) and breastfeeding courses/peer counsellor programmes (through LLLGB Education & Development) for those who care for breastfeeding women. La Leche League GB – providing the means to make breastfeeding happen.

Online shop: [www.lllgbbooks.co.uk](http://www.lllgbbooks.co.uk)

Wendy Goodwin, Commercial Manager  
La Leche League Shop, PO Box 29  
West Bridgford, NG2 7NP

Tel: 0845 456 1866  
Registered in England Reg. No. 2413647

### **Little Angels**

Little Angels is a Community Interest Company that aims to make breastfeeding fashionable, whilst offering evidence-based information and support in a friendly and approachable manner. All breastfeeding mothers are supported through an unique referral system. Little Angels is a paid peer support business and employs over 30 community mothers.

In the four years that Little Angels has been running, the breastfeeding rates at 6 weeks have increased from 20% to 49% and at 7 months from 4% to 27%.

### **Medela**

Medela provide a complete range of products for consumers and midwives alike.

Medela provides research-based products which have led to the development of the 2-Phase Expression® (stimulation and expression) breastpump technology that mimics babies' nursing rhythms, resulting in faster let-down, increased milk flow and reduced pumping time.

Medela is committed to supporting health-care professionals and mums with appropriate products and training to ensure that babies have the best possible start in life.

### **The Practising Midwife**

Now in its 11<sup>th</sup> year, The Practising Midwife is the best-selling monthly journal for midwives. Each month the peer-reviewed journal focuses on a different theme, covering everything from antenatal care to postnatal support, local news to international issues. TPM's emphasis is always on promoting normal birth and breastfeeding; the journal is proud of its long-standing policy of not accepting formula milk adverts.

### **The National Childbirth Trust**

The NCT is the UK's leading charity for parents. Every year we support thousands of people through the incredible life-changing experience of pregnancy, birth and early parenthood.

The NCT has strong links with health-care professionals and provides them with a broad range of products and services, including educational materials, conferences and training courses.

If you work with parents and parents-to-be, the NCT can help you to deliver engaging, positive and informative support services.

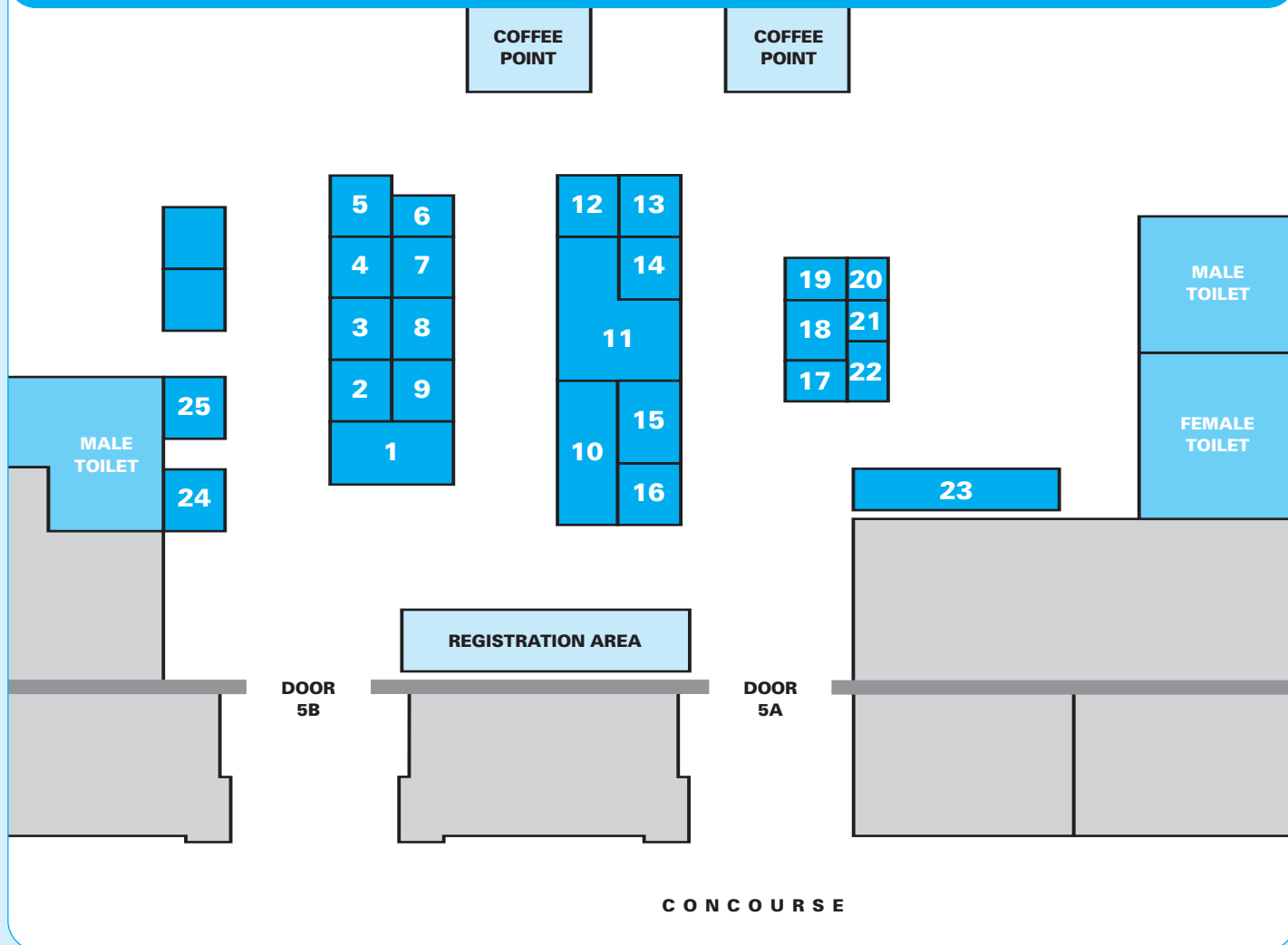
Tel: 0870 770 3236  
[enquiries@nct.org.uk](mailto:enquiries@nct.org.uk)  
[www.nct.org.uk](http://www.nct.org.uk)

### **United Kingdom Association for Milk Banking (UKAMB)**

UKAMB, a registered charity, promotes and supports the accountable provision of safe, rigorously screened donor breastmilk. Our motto is Every Drop Counts and we believe that donor breastmilk makes a valuable contribution to the care of the premature and sick infants who receive it. Our aim is the formation of a national donor breastmilk service that supplies infants according to priority of need rather than the chance location of their birth.

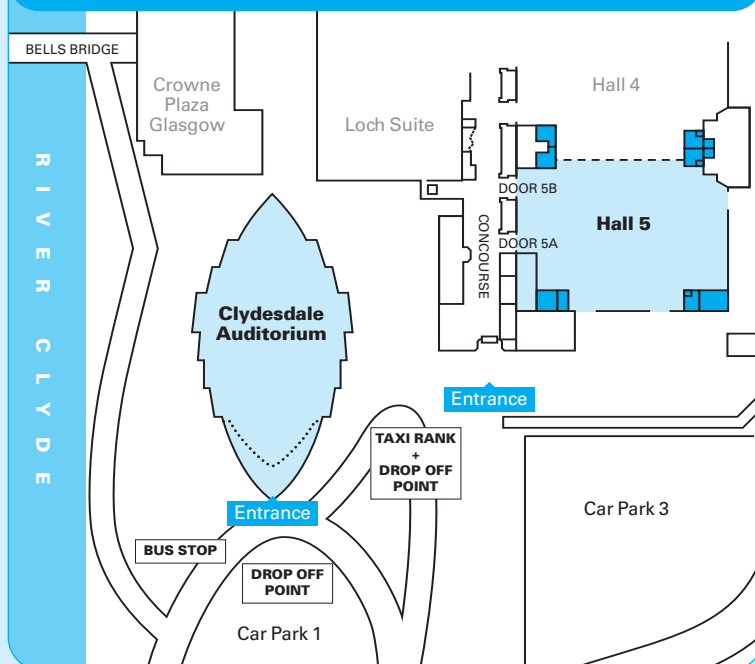
# Notes

## Exhibitors list



- 1 Ardo medical Ltd
- 2 Little Angels – Breastfeeding Support
- 3 Growing up in Scotland
- 4 Participants’ noticeboard
- 5 The National Childbirth Trust
- 6 Baby Milk Action
- 7 ExpressYourself Mums
- 8 Baby’s First Portrait
- 9 La Leche League GB
- 10 UNICEF UK
- 11 UNICEF UK Baby Friendly Initiative
- 12 Bravado! Designs
- 13 The Baby Café
- 14 The Practising Midwife
- 15 Bickiepegs-Doidy
- 16 Medela
- 17 The Breastfeeding Network
- 18 Intavent Orthofix Limited
- 19 The Association of Breastfeeding Mothers
- 20 Lactation Consultants of Great Britain
- 21 United Kingdom Association for Milk Banking
- 22 Best Beginnings
- 23 Get Britain Breastfeeding
- 24 Bliss
- 24 Arm’s Reach® Co-Sleeper® Bedside Cot

## Venue guide



The UNICEF UK Baby Friendly Initiative would like to thank the Glasgow Convention Bureau for their support.

**Glasgow**  
Scotland with style®