



UNICEF UK Baby Friendly Initiative Annual Conference 2010
Harrogate International Centre, 8-9 December



Baby Friendly accreditation

A staged approach

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

no time limit
– as soon
as possible

up to 1 year

Register of intent

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

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

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 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

Stage 2 assessment

Staff knowledge and skills are assessed

Stage 3 assessment

The care provided to pregnant women and new mothers is assessed

when all stages are passed

Full accreditation

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



www.babyfriendly.org.uk

UNICEF UK Baby Friendly Initiative:
Education, advice and audit to
improve NHS support for breastfeeding.



Registered Charity No: 1072612

Day 1

Wednesday 8 December

Chair: Jessamine Matheson (England)

- 9:30 **Update and overview of Baby Friendly Initiative activities this year**
Sue Ashmore, Programme Director, UNICEF UK Baby Friendly Initiative
- 10:00 **Baby-led breastfeeding: The neurobehavioral basis for understanding how infants learn to feed**
Christina Smillie, MD, IBCLC
- 10:45 **Break**
- 11:30 **Nurturing as nature intended**
Helen Ball, Professor of Anthropology and Director, Parent-Infant Sleep Lab.
- 12:15 **Training neonatal nurses**
Carmel Duffy & Liz Jones, UNICEF UK Baby Friendly Initiative
- 1:15 **Lunch**

Please choose one of the following options:
Pan-seared Chicken Supreme
or
Roasted Tomato and Shallot Tatin (V)

Chair: Sarah Corcoran (Scotland)

- 2:30 **Empowering women towards normal birth**
Niamh McCabe, Consultant Obstetrician, Lagan Valley Hospital
- 3:30 **Break**
- 4:15 **Review of the UNICEF UK Baby Friendly Hospital Initiative**
Jo Orgles, UNICEF UK Baby Friendly Initiative
- 5:00 **An introduction to selling milk, part one: Cows, chemicals and the Code**
Jim Paterson, UNICEF UK Baby Friendly Initiative
- 5:30 **Ends**
- 5:45 **Drinks reception**

Day 2

Thursday 9 December

Chair: Polly Ferguson (Wales)

- 9:30 **The mother-baby dance: the right-brain connection**
Christina Smillie, MD, IBCLC
- 10:30 **Break**
- 11:15 **Hypernatraemic Dehydration — Links with Breastfeeding**
Sam Oddie, Consultant Neonatologist
- 12:00 **The perfect ecologic unit: newborn + mother's bacteria and milk**
Lars Hanson, Professor emeritus, University of Gothenburg
- 12:45 **Lunch**

Please choose one of the following options:
Pan-seared Salmon
or
Roasted Pumpkin and Vegetable Brochette (V)

Chair: Heather Livingston (Northern Ireland)

- 2:00 **Starting solids; where are we at and where do we need to be?**
Carol Williams, London Region Lead for Early Years Nutrition
- 3:00 **An introduction to selling milk, part two: Messages, myths and Mumsnet**
Jim Paterson, UNICEF UK Baby Friendly Initiative
- 3:40 **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 (Stand 1)

The speakers

Sue Ashmore has worked for the UNICEF UK Baby Friendly Initiative since 1997. As the Programme Director, she 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.

Helen Ball obtained her PhD in Biological Anthropology at the University of Massachusetts, USA in 1991. Her undergraduate degree was in human biology, and her interests span both biology and anthropology. After being appointed at Durham University in 1993, Helen developed a research focus in the observation of mothers and infants and began exploring what happened to babies at night. Helen's current research involves behavioural and physiological investigations of infant, child and adult sleep (or lack of it). Now Professor of Anthropology at Durham, Helen runs the 'Parent-Infant Sleep Lab', supervises a team of 11 doctoral and post-doctoral researchers, and conducts research in various local hospitals and the community. She contributes to national and international guidelines on infant sleep and bed-sharing. She has worked with numerous UK hospitals, the UK Department of Health, the Royal College of Midwives and the UNICEF UK Baby Friendly Initiative on the development of guidance and policy documents. She serves on the Research Advisory Board of the National Childbirth Trust (NCT) and the Panel of Professional Advisors for La Leche League GB.

Carmel Duffy is responsible for the development and monitoring of education and training offered by the Baby Friendly Initiative. She also oversees the management of the university standards accreditation programme for midwifery and health visiting students. Carmel works as a lead assessor and offers support to trusts working towards Baby Friendly accreditation. Carmel has collaborated with Liz Jones on the development and piloting of the latest course specifically aimed at neonatal staff. She hopes this will help to improve breastmilk use and breastfeeding amongst this vulnerable group.

Lars Hanson is a paediatrician and immunologist and is currently Professor Emeritus at the University of Gothenburg, Sweden. His work focuses mainly on the host defence of the newborn and young child and, more specifically, on the role of breastfeeding for the survival, health and optimal development of a child. In 1961, he discovered secretory IgA, the main defence component of milk. He has also led research on the role of infections for child health in Pakistan and Central America.

Liz Jones has been in post as Infant Feeding Adviser / Research Midwife on the neonatal unit at the University Hospital of North Staffordshire since 1992. She has an established record in breastfeeding research and has published in both academic and peer-reviewed journals. Liz is a sought-after speaker at both national and international conferences. She is active in the field of education and is co-editor of the textbook *Feeding and Nutrition in the Preterm Infant*. Liz is co-author of nationally distributed parent information *Preterm Breastfeeding*, produced by the UK charity BLISS. She has also helped to produce 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 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. Liz is currently on part-time secondment with the UNICEF UK Baby Friendly Initiative in order to produce a specialist neonatal training programme.

Niamh McCabe qualified in 1987 in General Medicine, then changed to Obstetrics and Gynaecology in 1991 after the birth of her third child. She did most of her postgraduate training in the North East and developed a special interest in Labour Ward Care. She moved to Lagan Valley in 2002. Her main area of interest is in encouraging normality, and promoting vaginal birth after Caesarean section.

Sam Oddie was appointed consultant neonatologist in Bradford in 2004. Bradford has many areas of deprivation, and the neonatal service is busy with extremely preterm infants and high levels of congenital anomaly. Sam first published on hypernatraemia in 2001, and went on to co-write a piece on detecting problems with breastfeeding in the Midwives Information and Resource Service (MIDIRS). He is leading a national study of hypernatraemia in infants, conducted through the British Paediatric Surveillance Unit (BPSU). When not working, he can be found gardening, climbing mountains, or cycling in the Dales with his three children.

Jo Orgles is a Senior Professional Officer for the UNICEF UK Baby Friendly Initiative. Jo also works as Infant Feeding Coordinator for Harrogate and District National Health Service (NHS) Foundation Trust and North Yorkshire and York Primary Care Trust (PCT). Jo has experience of successfully implementing Baby Friendly standards within a maternity unit.

Jim Paterson has been responsible for managing the development of the Baby Friendly Initiative's new website and takes a central role in all aspects of Baby Friendly's public communication, including statements and responses to new research and stories in the media. Prior to this, he has worked for several magazines and websites in the private and public sector. He has been a campaigner for Friends of the Earth for several years and is chair of the non-profit organisation Growing Southwark, which helps communities to develop growing spaces and the skills to manage them.

Carol Williams is a Public Health Nutritionist and Infant Feeding Specialist. She is currently on secondment to the Department of Health RPHG-L (part-time) from the Infant Feeding Consortium CIC, which she co-directs. Together with the Breastfeeding Network, she has conducted a series of training sessions on starting solids for West Midlands Region Public Health Group and in other areas. She was a keynote speaker on complementary feeding and continued breastfeeding at the Canadian National Breastfeeding Conference 2009. Carol wrote the World Breastfeeding Week Action Pack on complementary feeding for the World Alliance of Breastfeeding Action in 2005, and redrafted the Food Standards Agency 2006 leaflet, *Feeding Your Baby in the First Year*. She is currently developing a training-of-trainer resource on complementary feeding for RPHG-London with Sue Biggs. Carol is also a senior teaching fellow (part-time) at the Centre for International Health and Development, University College London Institute of Child Health and Course Director of the WHO / UNICEF Breastfeeding: Practice and Policy Course. She teaches nutrition policy and infant feeding at Westminster University, London School of Hygiene and Tropical Medicine and Brighton & Sussex Medical School. She conducts infant feeding training in the UK and internationally, and has worked as a consultant for numerous public sector agencies including UNICEF, Save the Children Fund, Food Standards Agency, World Cancer Research Fund and WHO.

Christina Smillie is a board-certified paediatrician and lactation consultant. She is the founder and Medical Director of Breastfeeding Resources, a private medical practice limited to the specialty of breastfeeding medicine. Her clinical experience with mothers and babies over the past 15 years has taught her much about a variety of common clinical issues that are nevertheless underreported or unreported in the medical literature. Her interests include how babies, mothers, and health care professionals learn. She wrote and produced with Makelin Media and Geddes Productions the DVD *Baby-led Breastfeeding: The Mother Baby Dance*, and speaks regionally and internationally about the physiology, pathophysiology and clinical management of a wide variety of breastfeeding issues. Dr. Smillie is a Fellow of the Academy of Breastfeeding Medicine, an international organisation of physicians.

She serves as an advisor to the American Academy of Pediatrics Section on Breastfeeding, and to the Health Advisory Council of La Leche League International.

The chairs

Sarah Corcoran is policy manager for Maternal and Infant Health, Child and Maternal Health Division, Scottish Government.

Polly Ferguson trained as a nurse in Oxford then as a midwife in York. She has been a midwife for more than 25 years. She has worked in both hospital and community settings, but prefers working with women giving birth at home or in birth centres. Polly has worked as a lecturer in midwifery and as head of the Royal College of Midwives in Wales. She now advises the Welsh Assembly Government on women's reproductive health. Since taking on this role, she has led the development of an all-Wales clinical pathway for normal labour, introduced routine enquiry into domestic abuse in the antenatal period across the country, and also led an all-Wales team of midwives to raise the home-birth rates to become the highest in the UK. Her particular interest at present is to explore what makes midwives happy in their work, as well as the values and beliefs that form their professional identity.

Heather Livingston graduated from Queen's University, Belfast then worked in general practice for several years. She joined the Department of Health, Social Services and Public Safety, initially specialising in medical assessments for benefits and then in policy development. Some of the key areas of her work have included policy on consent, dialysis and organ transplantation, death certification and coroner's investigation. More recently, Heather has chaired the Northern Ireland breastfeeding strategy implementation group, and she is currently chairing the writing group for the review of the Northern Ireland breastfeeding strategy. She is also a member of the maternity services review team, which is developing recommendations for the future of maternity services in Northern Ireland.

Jessamine Matheson has worked for the Department of Health since 1996 and is currently Head of Nutrition Schemes and Maternal and Infant Feeding. Previous roles include Associate Director for Action on Dermatology with the NHS Modernisation Agency, and Head of Emergency Care for South East Regional Office. Jessamine's proudest achievement is to have breastfed three children for a total of six years.

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 1 in the exhibition hall, and all year long from: 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/inspiregifts



Thanks to our donors, children affected by the January 2010 earthquake in Haiti received school supplies to enable them to continue their education.

Some of UNICEF's achievements

In 2009, UNICEF UK committed £50 million to help put it right for children worldwide. This meant that:

- To ensure children's right to survive and to be healthy, we were able to provide nearly 34 million tetanus vaccines.
- To protect children from abuse and exploitation, we supported 12,000 children every month at camps in the Democratic Republic of Congo.
- To help children go to school, we provided basic education for more than 160,000 working children in Bangladesh.
- This year, UNICEF has been on the ground to help those affected by disasters such as the floods in Pakistan and the earthquake in Haiti, where over 80,000 children are now benefiting from recreational activities and psychosocial support, and more than 700,000 children are being supported to go to school.

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

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.tagd.org.uk (for young people) www.unicef.org.uk/schools or www.unicef.org.uk/oncampus

Companies

To find out how your company can support UNICEF, please call 020 7490 2388 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 7375 6032 or email janeh@unicef.org.uk

Find out more

For further information, see UNICEF UK's website 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**



UNICEF in the UK

The Baby Friendly Initiative is not the only programme that UNICEF runs in the UK. We also work in schools and communities to improve the rights of children there.

Rights Respecting Schools Award

UNICEF's Rights Respecting Schools Award seeks to put the United Nations Convention on the Rights of the Child (CRC) at the heart of a school's culture and ethos to improve well-being and develop every child's talents and abilities to their fullest potential

Children and young people, staff, governors and parents learn about the CRC using practical activities; looking at the differences between Wants and Needs and looking at what needs are for all children across the whole world. As children and young people understand their rights based on the CRC they change both the way they talk about issues and their attitudes to school and the wider community. In rights respecting schools relationships between teachers and pupils, between teachers, and between pupils are good. There is little or no bullying and a calm atmosphere for learning.

"Rights are things that help you not get bullied and stay safe. ... they help you learn you mustn't hurt people and their things. They help us understand how people feel." Year 2 pupil

"If we all understand (our rights) then we know we have a responsibility for the rights of everyone else to learn." Year 5 pupil

"(If there were no rights respecting schools) I don't think you'd get a good education. It affects your learning." Year 7 pupil

www.unicef.org.uk/rrsa

Child Friendly Communities

Breastfeeding helps to fulfil every child's right to the best possible health, as promised in the CRC. But is the UK delivering on its commitment to fulfil all of the rights covered in the convention – such as the right to an adequate standard of living, or protection from violence and exploitation?

One in three children in the UK lives in poverty, while a UNICEF report ranked UK children's well-being as the lowest among the world's 21 most economically advanced countries. Children in the UK are being denied their rights. This is wrong. UNICEF's new Child Friendly Communities initiative will help to put this right by improving knowledge, understanding and application of the convention throughout services and communities in the UK.

Local councils and authorities will be able to apply for the Child Friendly Communities Award, as recognition of their efforts to improve child well-being in their local area. UNICEF will be providing training, resources and guidance, helping local authorities and the communities they serve to empower children, young people and services to work together, address the root causes of rights violations, as well as saving money and protecting the most vulnerable.

Currently in its pilot phase, the Child Friendly Communities Award will launch at the end of 2012. The Child Friendly Communities initiative will also deliver open training and resources to enable specific sectors, including health, to improve the situation of children's rights and well-being in the UK.

www.unicef.org.uk/cfc



Day one Update and overview of Baby Friendly Initiative activities this year

Sue Ashmore

This presentation will open the conference by giving an overview of some of the significant events for breastfeeding and an update on the Baby Friendly Initiative's work during 2010. This will include new hospital, community and university accreditations, new services from the Baby Friendly Initiative to help build capacity in the NHS and plans for the future.

Baby-led breastfeeding: The neurobehavioural basis for understanding how infants learn to feed

Christina Smillie

In much of the western world, women frequently experience difficulty with the initiation of breastfeeding. Sore nipples, poor milk transfer and trouble getting started can cause significant maternal and infant distress, and result in premature weaning. These problems have been demonstrated to be less frequent when the neonate is given the opportunity to find and 'self-attach' to the breast in the first hours after birth. Recently this infant capability to locate and take the breast has been demonstrated in infants as old as one month. In our private clinical practice, we have seen that infants retain this capability for many months. As this remarkable innate infant capability has gone unrecognised for so long, many people have held the belief that such competency is limited, uncommon and unpredictable. However, research in the past decade now suggests that, when understood and nurtured, these infant capabilities are quite robust, persistent, universal and of important clinical significance.

In this session, we take a brief look at the neurobehavioural basis for this remarkable ability, reviewing the paediatric, neurobehavioural and psychobiological literature. What we find offers lessons in newborn competence, the role of the primitive reflexes, the maternal-infant relationship and the neuroendocrine basis for maternal and infant behaviour and attachment. With the use of video clips, we offer an explanation as to why many standard methods for teaching breastfeeding may be counterproductive, and even perhaps the cause of a variety of breastfeeding problems, as well as describing our alternative approach.

Day one

Nurturing as nature intended: an evolutionary perspective on lactation and breastfeeding

Helen Ball

This talk presents an evolutionary and anthropological perspective on lactation and infant feeding. By situating humans within a mammalian context, we will examine current western practices via a broad historical and cross-cultural lens. We will begin by considering how and why lactation began among the precursors to the true mammals, the synapsids, and examine variation in lactation physiology and behaviour across different mammalian species and societies. We will explore how milk composition, feed frequency and lactation duration varies, and why, and consider what this can tell us about 'managing' human lactation.

In post-industrial settings, recent expectations of what constitutes 'normal' or 'physiologically appropriate' lactation and infant feeding practices for humans have drifted far beyond 'what nature intended', or indeed (in some situations) beyond what nature can compensate for. In developing practices such as infant self-attachment, kangaroo care and biological nurturing, the lactation community is promoting techniques that support infant-evolved biology and behaviour. Now we need to think about how we might employ similar principles for mothers to support the initiation and continuation of lactation. We will consider the impact that practices such as labour analgesia, post-natal separation, infrequent feeding and infant sleep training have upon maternal physiology in disrupting the mechanisms of lactation, and giving rise to problems such as delayed onset of lactogenesis II, insufficient milk syndrome and early termination of breastfeeding.

By being aware of the consequences of our current practices, we can devise ways to work with our evolutionary biology rather than against it. If we can share this information with mothers to help them understand more about the mechanisms of lactation, we may be able to help them manage breastfeeding more successfully.

Training neonatal nurses

Carmel Duffy and Liz Jones

Growing evidence over the last decade has consistently shown that human milk is better absorbed and tolerated than formula and provides both mother and baby with health benefits both in the immediate and long term. However, current evidence suggests that mothers of preterm infants initiate and sustain breastfeeding at significantly lower rates than mothers of term babies. It is therefore crucial that practices within neonatal care support effective initiation of lactation with successful transition to breastfeeding when the baby is ready.

Staff training is essential if progress is to be made in this challenging field. The UNICEF UK Baby Friendly Initiative course for neonatal nurses aims to provide training for staff on the skills and knowledge required to implement best practice within the neonatal unit. The course builds on normal physiology and then considers the impact of premature birth on this. The concept of family-centred care is also a core element of the course, as is the importance of involving parents as partners in care, taking on board what matters to them as they come to terms with becoming parents in such stressful and frightening circumstances.

Day one

Empowering women towards normal birth

Niamh McCabe

The Lagan Valley maternity unit in Northern Ireland is a small consultant-led obstetric unit, which until 2002 had a typically high level of interventions on the labour ward. Since that time the staff have dramatically reduced the number of inductions, caesarean sections, episiotomies and epidurals and increased the breastfeeding rates. This presentation will explore how this can be achieved and how women can be empowered to question 'routine' interventions and challenge decisions made for them rather than with them.

Review of the UNICEF UK Baby Friendly Hospital Initiative

Jo Orgles

WHO/UNICEF Baby Friendly accreditation has been successful at increasing UK breastfeeding initiation rates. However, early discontinuation rates among breastfeeding mothers 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. The updated Community Initiative has subsequently been implemented in NHS trusts throughout the country, with many of the new aspects proving to be both popular and effective. It was therefore inevitable that the Hospital Initiative should undergo a similar review to ensure that it was fit for purpose in today's health services. This was carried out during 2010.

Following widespread consultation with NHS trusts, professional organisations, the voluntary sector and individual health professionals, the review concluded that the Hospital Initiative was fit for purpose, for the most part. However, some changes have been agreed based on recent evidence and experience.

The result of this review is the updated Ten Steps to Successful Breastfeeding. The majority of the original 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 that needed to be addressed to ensure that the Hospital Initiative truly reflects the evidence about what support mothers need to breastfeed successfully. This presentation will describe these changes and explain the impact on services.

Days one and two

An introduction to selling milk

Jim Paterson

Formula milk has now been available for more than 140 years. In many countries, it is a more popular choice than breastmilk for feeding babies. As an example of an artificially developed foodstuff, it has no parallels in terms of supplanting its natural equivalent so successfully.

However, the story of its success is not the story of the milk itself. Although the quality has vastly improved since the first commercially-available formulas were sold in the late nineteenth century, it still remains a long way behind breastmilk in nutritional terms. Rather, it is the marketing of formula milk that is the true story, and this two-part talk will examine how that has changed through the years and where it stands today.

In the first half, we will look at the history of formula milk advertising, from the initial shift from an emergency resource to an actively commercial product in the nineteenth century to the massive growth in its use and consequent drop in rates of breastfeeding in the twentieth century. We will look at the development of the Code in the 1970s and 1980s and how its key principles remain as vital now as they did when it was initially conceived. The growth in the profile and influence of breastfeeding advocates and the increasing adoption of Baby Friendly Initiative standards in health-care settings of hospitals brings us up to the present day.

In the second half, we examine the current situation that sees formula-feeding and breastfeeding pitched as adversarial positions, leading to a radical change in the nature of advertising. Can the Code deal adequately with the different nature of engagement that modern brands aim to have with their customers? What benefits are gained, and what damage is done, by the positioning of breastfeeding or bottle-feeding as a 'lifestyle choice'? We will deconstruct the messages and public perceptions that have grown up around breastfeeding, how these tie in with the media's portrayal of women and motherhood, and how the internet is changing the way women receive information about pregnancy and breastfeeding.



Climate change is already having a devastating impact on children in developing countries. We all need to work together to reduce our environmental impact, and support those most vulnerable to climate change.

Give now to UNICEF's programmes that are helping children adapt to the impacts. These programmes are giving children the vital tools and skills to thrive in a changing environment. Cyclone-proof school buildings, raised latrines in flood prone areas and rainwater harvesting equipment to provide clean water during periods of drought. These are all the kinds of practical responses that you can support.

Make a positive impact, be Carbon Positive.

www.unicef.org.uk/carbonpositive

CARBON POSITIVE

Put it right. Be carbon positive

Day two

The mother-baby dance: the right brain connection

Christina Smillie

Over the past few decades, research in a wide variety of disciplines has helped to improve our understanding of the neurophysiologic basis for the remarkable newborn behaviours described and illustrated in Dr. Smillie's earlier talk on baby-led breastfeeding. In this talk, we take a brief look at the neuroscience underlying ordinary, intuitive, instinctive maternal behaviour and the neurophysiologic basis for mother-baby attachment.

Sensory communication between mother and baby – eye-to-eye contact, skin-on-skin contact and vocal/auditory communication, reinforced by the ordinary intuitive responsiveness of a mother to her baby's subtle moves – permits a direct connection between the right brains of both mother and baby. This specifically includes the primitive centres involved with emotions, state regulation and memory. In this way, the mother's intuitive responsiveness gives the infant the neural feedback that allows the mother to co-regulate her baby's state, helping the child to handle emotions and changes to his or her environment, and allowing the baby the state regulation for activities such as learning to feed.

These early experiences help lay down the neural pathways that will later help infants to develop their own abilities for state regulation, autonomic regulation and the regulation of their emotions. How mothers begin to do this in the immediate post-partum days involves a shift in their own emotional and cognitive processing styles, with implications for how professionals can improve communication with mothers. Despite the topic, this is a very accessible talk, which looks at the neuroscientific basis for ordinary, intuitive maternal behaviour.

Hypernatraemic dehydration in UK infants

Sam Oddie

Hypernatraemic dehydration implies both water loss and an abnormally high level of body sodium. Cases of hypernatraemic dehydration have been known to occur for many years. In the 1970s, hypernatraemia was common, and initially it was thought to relate to accidental overconcentration of formula feeds in association with diarrhoeal illness. As such, it was a serious illness, and thought to be a frequent and significant cause of later childhood disability.

Since then, reports of hypernatraemia in developed countries have focused more on cases where impaired breastmilk transfer is the only known risk factor. While some have blamed the salt concentration of early breastmilk, in fact it is clear that the problem is that affected babies are not really breastfeeding at all. Their hypernatraemia is caused by water deficiency and also hunger. Some of the babies diagnosed with hypernatraemia are very ill indeed, and we know of a number of deaths in the UK and abroad. To paediatricians, it is striking that such severe presentations generally occur in otherwise healthy babies. The only thing that has gone wrong is that feeding has not been properly established.

We have estimated the prevalence of this condition first in a region of the UK, and then in a national survey. This talk will discuss the typical presentation of such cases (which always includes an unusual degree of weight loss), as well as touching on treatment and focus on prevention. The challenge in prevention has much in common with the challenges of initiating breastfeeding generally, and much has been done to establish the limits of normality when it comes to the extent of normal newborn weight loss.

Day two

The perfect ecologic unit: newborn + mother's bacteria and milk

Lars Å. Hanson

The fetus meets a world full of good and bad micro-organisms at delivery. The fetus is sterile, but must quickly be colonised by friendly bacteria to build up more resistance to the potentially pathogenic ones. The fetus starts to meet these microbes in the birth canal and they are usually more than 99 per cent non-pathogenic. In addition, such microbes resist further colonisation of the mucous membranes in the throat and gastrointestinal tract, preventing colonisation with potentially more harmful microbes, for instance, from the hospital staff. If the baby is delivered by Caesarean section (C-section), the risk of colonisation from the staff is of course higher.

Normally, the mother and her newborn make up an ecologic unit: the mother colonises the newborn with her own bacteria, from her gastrointestinal tract, genital region and skin. The mother has previously developed a protective immune response against her own microbes. During pregnancy she has passed more and more of her blood antibodies, called IgG, against these agents over the placenta to her fetus. At full term delivery, her newborn comes out with approximately her levels of IgG antibodies against her bacteria, but not necessarily against those from the hospital staff. After a C-section, these will be a prominent potential source of bacteria contaminating her newborn.

The newborn is like a piece of substrate open for colonisation with any microbes reaching it from the surrounding environment. Breastfeeding provides a potent, complex, multifaceted and easily available defence against these microbes. Firstly, breastfeeding presents the newborn with huge amounts of antibodies of the special kind, secretory IgA. These are directed against all the microbes the mother has ever met via her mucosal membranes in the respiratory and gastrointestinal tract, and thus will most likely include those her baby will meet in early life. These antibodies have the advantage that they stop the microbes on the mucosal membranes, blocking their entrance into tissues. This defence mechanism does not cause inflammation, as most host defence mechanisms functioning in tissues do: inflammation brings loss of appetite, caused by the pro-inflammatory tissue signals produced.

Breastfeeding provides optimal protection of the infant and thereby leads to optimal growth. Several recent evidence-based analyses have given strong support to breastfeeding providing significant protection against numerous diseases and conditions.

Day two

Starting solids: where are we at and where do we need to be?

Carol Williams

References:

1 Energy Requirements Working Group Draft Report, SACN 2009

2 Human energy requirements: Report of a Joint FAO/WHO/UNU Expert Consultation, FAO 2004

It is now more than seven years since the recommended age for introducing infants to solid foods (foods other than breastmilk or infant formula) changed from 'four to six months' to 'from six months'. Although there is some evidence of a trend towards later introduction, most babies in the UK are still given solids much earlier than six months. In the 2005 national infant feeding, 51 per cent of babies in the UK were given solids before four months (17 weeks). This presentation will discuss some of the common questions raised about starting solids around six months and consider how health professionals and voluntary workers can be supported to best implement Department of Health guidance.

The new child growth charts (UK-WHO) show that 'normal' healthy weights for 12-month-old babies are lower than the weights considered 'normal' in previously used growth charts that were based on formula-fed babies. It is expected that implementing the charts will lead to a two-fold increase in the number of six to 12-month-old babies recorded as gaining too much weight, outnumbering those with poor weight gain.

In the interest of preventing obesity, we may need to change our thinking about how much complementary food is needed once babies do start eating solids. Estimates of energy requirements (recommended daily allowance or RDAs) for the six to 24 month age group have been reduced^{1,2}, meaning that the theoretical 'energy gap' between infants' calorie needs after six months, and the calories that can be provided by breastmilk is smaller than previously thought.

Babies at six months also have very different developmental capacities compared to four-month-old babies. For generations, the method of introducing babies to solid foods in developed economies has been to begin with eating purees and learning to take food from a spoon before progressing to lumpier or more textured foods. The speaker suggests that this is at odds with the developmental capacity of a six-month-old child and, from an evolutionary perspective, with how our species developed. The presentation will discuss the language required to help support families to move from introducing solids at four months to six months.

The exhibitors

4 Little 1 Baby Nose-clear (Stand 20)

From birth, our Baby nose-clear infant nasal aspirator physically removes congestion; this is particularly helpful for newborns having difficulty with breastfeeding due to a blocked nose. Our Room Vapour is 100% natural and can also be used from birth; it helps keep the airway open for longer, aiding sleep. Baby nose-clear won the Queens Award for outstanding innovation and both products are most easily available for mums to buy from Boots. The aspirator is also now available on prescription.

www.4little1.com

Ardo Medical Limited (Stand 2)

Ardo Medical is the UK subsidiary of Ardo Medical AG, a Swiss Company with an international reputation for excellence in products and service, helping mums from birth to breast.

We offer complete solutions to Healthcare Professionals for obstetrics, suction, neonatology and breastfeeding, and all our products not only incorporate the latest technology but are designed with safety and comfort in mind. ARDO will be exhibiting a new, complete line of breastpumps and nursing aid products. The new product line was developed using the expertise of the Swiss team and their 150 years of design and production experience in the breastpumps and nursing aids sector.

We pride ourselves on being a WHO code compliant company with a long standing commitment to the Baby Friendly Initiative. So why not come and see the new products on our stand and find out how we can help you.

www.ardomedical.co.uk

Association of Breastfeeding Mothers (Stand 26)

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 healthcare professionals.

Helpline: 08444 122949

Admin: 08444 122948

www.abm.me.uk

The Baby Café (Stand 22)

The Baby Café is a national network of Baby Café branded breastfeeding drop-in centres that support well over 10,000 breastfeeding mothers annually. The drop-ins are a fully funded service and may be facilitated by a team including 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 PCTs, county councils, Sure Start programmes, community funds or grants.

www.thebabycafe.co.uk

Baby Milk Action (Stand 24)

Baby Milk Action aims to save lives and to end the avoidable suffering caused by inappropriate infant feeding. We do this by working to strengthen the laws that control the marketing of the baby feeding industry, laws that protect breastfeeding and babies fed on formula. Baby Milk Action is the Secretariat of the Baby Feeding Law Group (BFLG), representing 22 leading health professional and lay organisations working to strengthen UK legislation.

www.babymilkaction.org

Best Beginnings (Stand 7)

Best Beginnings is a charity working towards a future where all children enjoy excellent care from the very beginning. Our work focuses on the window of opportunity between conception and two years of age, where foundations for a healthy life can be laid. We develop a range of interventions, resources and health-based information to reach parents and parents-to-be to help them safeguard their children's health, avoiding preventable illnesses and death.

www.bestbeginnings.org.uk

Bickiepegs (Stand 21)

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 bottlefeeding, 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

Bio-Oil (Stand 15)

Bio-Oil® is an award-winning specialist skincare treatment that improves the appearance of scarring, stretch marks and uneven skin tone. Its unique and clinically-proven formulation combines natural plant oils, vitamins and a breakthrough ingredient, PurCellin Oil™. For the best results, Bio-Oil should be applied from the first trimester, throughout pregnancy and after the birth. Visit our stand to find out more.

www.bio-oil.com

Breastfeeding Manifesto Coalition (BMC) (Stand 14)

The aim of the Breastfeeding Manifesto Coalition, which now boasts over 40 members and almost 10,000 individual supporters, is to achieve widespread cross-party support for the Breastfeeding Manifesto, and to ensure that its principles are reflected in government policy and legislation in the UK.

Visit our stand to show your support for the Manifesto, become a supporter, receiving our email updates and calls to action and find out about the BMC's Breastfeeding Welcome Scheme (www.breastfeedingwelcomescheme.org.uk) and how it might work in your local area.

www.breastfeedingmanifesto.org.uk

The Breastfeeding Network (BfN) (Stand 3)

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 the BfN Supporterline, the Drugs in Breastmilk Helpline, Supporterline in Bengali / Sylheti and work alongside the Association of Breastfeeding Mothers to provide the National Breastfeeding Helpline. We help run over 125 breastfeeding centres in the UK, offer training courses and provide supervision and on-going learning to our 600+ volunteers.

www.breastfeedingnetwork.org.uk

Central Medical Supplies (CMS) (Stand 13)

CMS are the exclusive UK distributor for Ameda® hospital breastpumps and breastpump sets.

- The patented Ameda® silicone diaphragm creates an important barrier protecting the pump and breastmilk from potential viruses and bacteria
- Ameda® technology has been the subject of a number of independent clinical studies since 1956
- Ameda® is proud to adhere to the International Code of Marketing of Breastmilk Substitutes

www.amedamums.co.uk

Department of Health — Maternal and Infant Nutrition

(Stand 12)

The Department of Health supports breastfeeding in both hospital and community settings. It is also responsible for Healthy Start, a UK-wide scheme to improve the health of pregnant women and families on benefits and low incomes. The scheme provides a nutritional safety net and encouragement for breastfeeding and healthy eating through weekly vouchers and free vitamin supplements.

The Department's Start4Life campaign supports parents in establishing healthy habits for their children right from the start by encouraging breastfeeding, healthy introduction of solid foods and active play.

www.nhs.uk/start4life

Express Yourself Mums (Stand 19)

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

www.expressyourselfmums.co.uk

Febromed GmbH & Co (Stand 9)

Febromed is one of the leading delivery-room specialists in Europe and produces equipment to support women in labour. Research shows giving birth in the natural, vertical position has positive effects on the mother and the baby. Febromed products are modular, flexible to use, easy to handle and designed ergonomically to support the mother-to-be in any stage of labour. Our newly designed breastfeeding chair is a comfortable seat for the bonding moments between mother and baby in the first days.

www.febromed.de

Jones & Bartlett International Publishers (Stand 25)

At Jones & Bartlett International Publishers we understand how important it is for practitioners and those in the academic field to keep up to date with the changing face of midwifery education. Recently we have built on our core subject area of breastfeeding and human lactation and now publish a wide range of titles suitable for both the midwifery student and the practitioner.

www.jblearning.com/nursing/womenshealth

La Leche League GB (LLLGB) (Stand 18)

LLLGB offers mother-to-mother support through local groups, a 24-hour helpline (20,000 calls per year) and internet helpforms. LLLGB Education & Development provides a range of breastfeeding courses including the successful Peer Counsellor Programme. This creates communities of health professionals and local women working together to support, protect and promote breastfeeding.

www.laleche.org.uk

Lactation Consultants of Great Britain (LCGB) (Stand 23)

Professionally qualified to support breastfeeding nationwide, International Board Certified Lactation Consultants (IBCLCs) work in all areas of the NHS and voluntary sector, providing formal and informal training. IBCLCs provide practical support and information at any stage of the breastfeeding process. LCGB upholds the WHO International Code of the Marketing of Breastmilk Substitutes and removes barriers in order to create a society in which breastfeeding is accepted as the normal and preferred way of nourishing babies.

www.lcgb.org

Little Angels (Stand 10)

We are a Community Interest Company, supporting, promoting and protecting breastfeeding, working alongside health professionals, providing a dedicated and caring peer support service, helping mums to breastfeed for as long as possible. We are proud to support thousands of mums every year, dedicating time, encouraging and educating, also providing a range of services including antenatal programmes, hospital support, postnatal home support, training courses for volunteers and health professionals and sophisticated data collection methods.

www.littleangels.org.uk

National Childbirth Trust (NCT) (Stand 17)

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

NCT has strong links with health-care professionals and provides them with a broad range of products and services, including educational materials and teaching aids, information, birth environment equipment, conferences, training courses and workshops. If you work with parents and parents-to-be, NCT can help you to deliver engaging, positive and informative support services that support people from pregnancy and birth through all the changes of being a parent.

www.nct.org.uk

Medicare Colgate (Stand 4)

Sterifeed are the market leader for pasteurisation equipment for human milk banking. We have a comprehensive range of breastmilk collection containers for mother's milk showing a considerable price advantage when compared to other bottles on the market.

Sterifeed are now able to offer breastmilk collection bottles with tamper evident safety seal labels, should tamper evidence be required.

New to our product range: Glass breast milk collection & storage bottles in 130ml & 250ml. Bottles have a universal neck and can be fitted to all breast pump collection kits. The most popular 50ml bottle is now also available with accurate printed graduations.

Please visit us on our stand to receive free samples of all our bottles.

www.sterifeed.com

Nursing & Midwifery Council (Stand 8)

The Nursing & Midwifery Council exists to safeguard the health and well-being of the public. We do this by maintaining a register of nurses and midwives, setting standards for education and practice, and giving guidance and advice to the professions. We aim to inspire confidence by ensuring that the nurses and midwives on our register are fit to practise and by dealing swiftly and fairly with those who are not.

www.nmc-uk.org

Orthofix Limited (Stand 6)

Orthofix Limited invites you to visit their stand displaying the AXifeed 21 range of bottles, the only complete tamper evident system of 3 sizes of bottles.

AXifeed 21 bottles are not just sterilised, they are STERILE. The FISIO Electric Breast Pump, with stimulation cycle, together with the Easi Fit 3 range of collecting sets: 3 sizes of funnel, sterile and affordable. Not forgetting the AXifeed Feeding Cup, also supplied sterile.

www.orthofix.it/uk

Pinter & Martin Publishing (Stand 28)

Pinter & Martin is an independent publishing company specialising in pregnancy and childbirth, breastfeeding and psychology books. Our titles include *The Politics of Breastfeeding* by Gabrielle Palmer, *The Womanly Art of Breastfeeding* by La Leche League, *Saggy Boobs and Other Breastfeeding Myths* by Val Finigan and Lou Gardiner, and *Ina May's Guide to Breastfeeding*.

www.pinterandmartin.com

The Practising Midwife (Stand 5)

The Practising Midwife is the best-selling monthly journal for midwives. Each month the peer-reviewed journal focuses on a different theme from antenatal care to postnatal support, local news to international issues. There are features that are interesting and relevant to midwives and students, antenatal and post-natal teachers and health visitors. The Practising Midwife's emphasis is always on promoting normal birth and breastfeeding. The journal is proud of its long-standing policy of not accepting formula milk advertising.

www.practisingmidwife.co.uk

Real Baby Milk, Community Interest Company (Stand 16)

This not-for-profit breastfeeding project produces breastfeeding guides, DVDs and social marketing tools to help and support mothers to breastfeed their babies and to assist health professionals in their work.

www.realbabymilk.org

Tempest Photography (Stand 11)

Tempest Photography is a highly respected and trusted provider of quality portrait photography. With professionally trained photographers, state of the art laboratory, 80 years photographic experience and 25 years experience within the NHS providing Baby's First Portrait, it is the market leader in hospital new born baby photography, trusted by thousands of parents to provide their first professional baby portrait, and hundreds of hospitals to provide a professional, sensitive and non-intrusive service.

United Kingdom Association for Milk Banking (UKAMB)

(Stand 27)

UKAMB is a registered charity that promotes and supports human milk banking. UKAMB actively helps Trusts set up new milk banks, provides training and resources for established banks and facilitates the recruitment of donors throughout the UK.

Please join UKAMB if you would like to help support the work of this small charity that makes a big difference to the lives of sick and premature babies. Every drop counts – every member counts too.

www.ukamb.org

**Dates for your diary**

Future conference dates

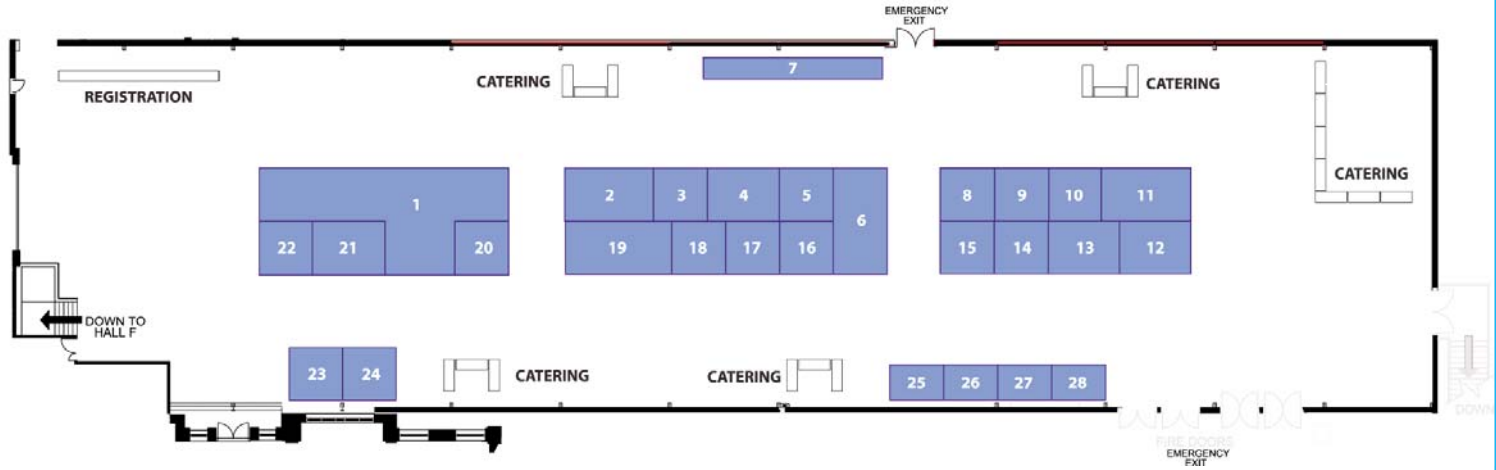
24 & 25 November 2011
BT Convention Centre, Liverpool

5 & 6 December 2012
Cardiff International Arena (TBC)

For more information about Baby Friendly Initiative events visit
www.babyfriendly.org.uk

Notes

Floor plan



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