

The UNICEF UK Baby Friendly Initiative Annual Conference 2002



The Royal Hall, Harrogate International Centre, 13 & 14 November 2002

Conference programme



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Day One, 13 November 2002

Chair, Morning Session: Anne Jarvie, Chief Nursing Officer, Scottish Executive Health Department

8.30 **Registration, coffee and exhibition**

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

Andrew Radford, Programme Director
UNICEF UK Baby Friendly Initiative

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

10.15 **UNICEF UK's Child Exploitation Campaign**

Anita Tiessen, Deputy Executive Director
UK Committee for UNICEF

10.30 **Coffee/Tea break**

In the exhibition area

11.00 **The relationship between breastfeeding and health in adolescence and adulthood**

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

12.00 **Working in Partnership with the UNICEF UK Baby Friendly Initiative - The Scottish experience**

Jenny Warren
National Breastfeeding Advisor (Scotland)

12.45 **Lunch**

Menu. To help reduce the queues, please select one of the following options:
Vegetable and Pasta Bake, served with mixed salad
Vegetarian Chilli con Carne, served with rice

Chair, Afternoon Session: Polly Ferguson, Midwifery Advisor, National Assembly for Wales

1.45 **Infant developmental sleep physiology - Does mum make a difference?**

Prof Peter Fleming, Professor of Infant Health and Developmental Physiology, University of Bristol;
Consultant Paediatrician, St Michael's Hospital and the Royal Hospital for Children, Bristol

2.45 **Coffee/Tea break**

In the exhibition area

3.15 **Avoiding unnecessary supplements**

Sue Ashmore, Deputy Programme Director
UNICEF UK Baby Friendly Initiative

4.15 **Supporting drug users to breastfeed**

Dr Mary Hepburn, Senior Lecturer,
University of Glasgow

5.00 **Close**

The Speakers

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

Janet Calvert is a midwife and was appointed Regional Breastfeeding Co-ordinator for Northern Ireland in February this year. She also works part-time as a Professional Officer for UNICEF UK Baby Friendly Initiative. Janet was previously employed as Breastfeeding Co-ordinator at the Ulster Hospital in Belfast.

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

Polly Ferguson is head of the RCM Welsh Board but is, at present seconded to the Welsh Assembly Government as midwifery advisor, until March 2003. Through the RCM Board she is a member of the Executive Steering Group of the Maternal and Child Health Consortium and was until last year was a Board member of the International Board of Lactation Consultant Examiners. In the year she has been at the Welsh Assembly she has been working with heads of midwifery in Wales in developing a Framework for the Maternity Services, on a clinical pathway for normal labour to be implemented across Wales from April 2003 and in securing funding for an All Wales breastfeeding co-ordinator who will lead on implementing the breastfeeding strategy in Wales.

Stewart Forsyth is a Consultant Paediatrician at Ninewells Hospital and Medical School in Dundee. He has a long standing research interest in the health benefits of

breastfeeding and is co-founder of the Dundee Infant Feeding Study.

Peter Fleming is Professor of Infant Health and Developmental Physiology at the University of Bristol, and a Consultant Paediatrician at St Michael's Hospital and the Royal Hospital for Children, Bristol. He has conducted research into the physiological development of the infant and the importance of physiological interactions between infants and mothers. He led the Avon Infant Mortality Study, which, in the 1980s identified the important risk factors for cot death, and also led the implementation of these findings in Avon and subsequently in the UK (and several other countries) - this led to a marked fall in the numbers of cot deaths - from 1600 per year in UK to around 300/year, and similar falls in many other countries. Peter is currently running a major research study throughout the South West region on the effects of infant care practices on illness, growth and development in infants from a range of socio-economic backgrounds. He was awarded a CBE in 2001 for his work on the understanding and prevention of cot deaths.

Mervyn Griffiths is a Consultant Paediatrician and Neonatal Surgeon at Southampton General Hospital. He was taught to divide tongue ties in outpatients as a trainee, but these were mostly in older babies with problems taking solids. Four years ago, he began to be asked to treat younger babies as breastfeeding problems became apparent. He has trained three infant feeding advisors to divide tongue ties.

Joy Hastings has been a volunteer breastfeeding supporter for 16 years in Tower Hamlets, East London, and is now a Supporter and Tutor with the Breastfeeding Network. Since 1999, she has been employed as a Practice Development Midwife (Breastfeeding) with City University and Barts and The London NHS Trust.

Mary Hepburn trained first as a General Practitioner then subsequently as an Obstetrician and Gynaecologist. She established and is Consultant in charge of the Glasgow Women's Reproductive Health Service. This service, based at the Princess Royal Maternity Hospital in Glasgow, provides multidisciplinary care delivered in the community for women with social problems including problem drug use. Dr Hepburn is also Senior Lecturer at Glasgow University in the departments of Obstetrics/Gynaecology and Social Policy/Social Work.

Anne Jarvie is Chief Nursing Officer at the Scottish Executive Health Department, a post she has held since 1992. Her role involves advising ministers in all matters relating to nursing, midwifery and health visiting in Scotland. She is responsible for purchasing pre-registration nursing and midwifery education from the higher education sector in Scotland. She is Chair of the Scottish Breastfeeding Group.

Ann McCrea is a practising health visitor working mainly to support breastfeeding mothers. She was central to the establishment of Sperrin Lakeland Milk Bank in Northern Ireland in August 2000. Ann is the mother of 3 daughters, all of whom were breastfed. She is herself the daughter of a milk bank donor.

Rachel McLean is a midwife and the Infant Feeding Advisor at Derby City General Hospital, which was accredited as Baby Friendly in March 1998 and successfully re-assessed in March 2000. Rachel is qualified as a Lactation Consultant (IBCLC) and is a La Leche League peer counselling programme administrator.

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

Gill Rapley is Deputy Programme Director for the UNICEF UK Baby Friendly Initiative. She teaches the Baby Friendly Initiative's Course in Lactation Management and has responsibility for ensuring a high standard of education at all Baby Friendly courses and workshops. She also takes a lead role in assessments and provides support for health care facilities implementing the Baby Friendly best practice standards. Gill's background is in health visiting, midwifery and voluntary breastfeeding counselling.

Mary Renfrew is Professor of Midwifery Studies in the University of Leeds. She directs the multidisciplinary Mother and Infant Research Unit. Her recent research includes studies of infant feeding, and ways of avoiding perineal trauma at birth. She has ongoing work in the organisation of maternity care, primary care, and inequalities in health. She is author (with Chloe Fisher and Suzanne Arms) of "Bestfeeding - Getting Breastfeeding Right for You", and

(with Mike Woolridge) of "Enabling Women to Breastfeed". She has been involved in research and education in midwifery and maternity care for over 20 years; she was deputy chair of the nursing and midwifery panel for the Universities' Research Assessment Exercise 2001.

Anita Tiessen joined UNICEF UK in 1998, and is currently Deputy Executive Director responsible for UNICEF's advocacy and fundraising work in the UK. Previously, she worked at Amnesty International's international headquarters and as a journalist in her native Canada.

Marie Timms is a midwife and the Infant Feeding Advisor for Sure Start Osmaston/Allenton, Derby. She is also an NCT breastfeeding counsellor trainee after breastfeeding her children, including twin girls. Sure Start Osmaston/Allenton has received the Certificate of Commitment and has dramatically increased its breastfeeding rates. One of the strategies used is by training peer counsellors together with La Leche League.

Jenny Warren is well known for her innovative work as co-ordinator to the Scottish Joint Breastfeeding Initiative and more recently as National Breastfeeding Adviser in Scotland. Her background is in midwifery and health visiting. Jenny also worked as a voluntary breastfeeding counsellor for more than 20 years. Her commitment to supporting breastfeeding mothers came about through her own breastfeeding experiences and the realisation that her fellow health professionals were unable to offer the evidence based advice and support so important for successful breastfeeding.

Mary Whitmore is a breastfeeding supporter, tutor and trainer with the Breastfeeding Network (BfN) in Blackpool. She set up the breastfeeding centre in Thornton in 2000 and helped to set up the Kirkham centre in 2001. Mary has trained volunteers to be BfN breastfeeding supporters, including a group of women from Preston's Sure Start at Ribblesdale and also delivers training to health professionals

Philip Wilson has been a GP in Glasgow for 14 years and a Senior Research Fellow in the Department of General Practice at Glasgow University for six years. He works in a small practice which has recently received its Certificate of Commitment and is working to persuade the Local Health Care Cooperative to follow this lead.

Abstracts, Day One

The UNICEF UK Baby Friendly Initiative - recent developments

Andrew Radford

The past 12 months have seen the number of health care facilities with a Baby Friendly award continue to grow steadily. By mid-October, 41 hospitals and 3 community health care facilities were accredited as Baby Friendly, with another 77 facilities holding a Certificate of Commitment. Scotland continues to lead the way, with a third of all babies born in Baby Friendly hospitals (and a further third in units with a Certificate of Commitment). Northern Ireland and Wales follow with 1 birth in 5 births in Baby Friendly hospitals, while the figure for England is just 8%.

The five-yearly national statistics were published this year and show that the proportion of babies breastfed in the UK rose by 3% between 1995 and 2000. The largest increases were seen in Northern Ireland and Scotland, while a 2% improvement in England and Wales was mainly attributed by the survey authors to changes in the age and educational profile of mothers. Scotland was also the only part of the UK to record an increase in breastfeeding beyond birth, with higher prevalence at all ages up to 9 months, and now has a higher breastfeeding rate than the other countries of the UK at all ages from 4 months.

Some figures from the survey also show that practices recommended by the Baby Friendly Initiative are gaining ground, including rooming-in, babies being breastfed within an hour of birth, and pregnant women receiving a full discussion about infant feeding during their antenatal check-ups. The proportion of breastfed babies receiving formula supplements also fell, as did the number of babies being fed solid foods too early.

Meanwhile, the World Health Organisation issued its Global Strategy on Infant and Young Child Feeding, which was endorsed by the government of every country in May. The Strategy calls on all governments to adopt policies and strategies covering the whole area of infant and young child feeding. The English Department of Health has already acknowledged that the recommendation of exclusive breastfeeding for six months should be adopted in the UK, while the NHS Priorities and Planning Framework 2003-2006 sets a target of a 2% rise per year in the breastfeeding initiation rate.

This presentation will cover these events as well as the rest of the work of the Baby Friendly Initiative. In particular, this includes the development of Baby Friendly best practice standards for the education of student health professionals. Following a consultation with stakeholders which was launched at last year's conference, a Baby Friendly Initiative working group has developed the standards and a set of minimum learning outcomes, which will be officially launched here.

Hamlyn B et al (2002). Infant Feeding 2000. The Stationery Office, London. [<http://www.doh.gov.uk/public/infantfeedingreport.htm>]

World Health Organisation (2002) Infant and young child nutrition. Global Strategy on Infant and Young Child Feeding. Resolution WHA55.25. WHO, Geneva [http://www.who.int/gb/EB_WHA/PDF/WHA55/ea5515.pdf].

UNICEF UK's Child Exploitation Campaign

Anita Tiessen

UNICEF UK's new campaign, launched in January 2003, will focus on preventing at risk children from being exploited and on helping those who have been exploited to build a brighter future. The presentation will look at the key areas of exploitation tackled in UNICEF's global work - child labour, child trafficking and sexual exploitation - and the actions that will take place during the campaign to bring about change.

The relationship between breastfeeding and health in adolescence and adulthood

Dr Stewart Forsyth

Although there are innumerable studies of the health benefits of breast feeding, very few have undertaken a long term prospective investigation of the effects of breast feeding on child and adolescent health. The aim of the Dundee Infant Feeding Study, initiated in 1983, was to determine the relationship of breast feeding to the health of the infant, child, adolescent and ultimately the adult.

In our initial study of breast feeding and infant health, we reported that, after adjusting for known confounding variables, breast feeding for 13 weeks significantly reduced the incidence of gastrointestinal illness during the first year of life. There was also a smaller but significant reduction in respiratory illness. A key finding was that the reduction in gastrointestinal illness extended beyond the period of breast feeding. This raised the important question of whether health benefits of breast feeding could be identified in later childhood.

The study cohort were reviewed at the age of 7 years and the findings were that children fed exclusive breast milk (no formula feeds) for more than 15 weeks had reduced risk of respiratory illness during the first seven years of life. The early introduction of solid foods was independently related to an increased risk of wheezing in childhood, but the incidence of eczema was not significantly influenced by type of milk feed or age of introduction of solid foods. The inter-relationships between infection, allergy, and infant feeding and their individual contributions to respiratory illnesses during childhood remain uncertain.

Barker and colleagues have demonstrated that low birthweight and low weight at one year, are associated with chronic adult disease including hypertension, hypercholesterolaemia, cardiovascular disease and insulin resistance. More recently, nutritional status at birth has been related to variations in blood pressure and glucose homeostasis during childhood. We therefore investigated the relationship of infant feeding practices to childhood growth, body composition and blood pressure.

This phase of the study demonstrated that the weight and body composition of 7 year old children are related to the early introduction of solid foods but not to breast or bottle feeding. Breast feeding was associated with lower systolic blood pressure in children at 7 years of age. Our data provides support for the hypothesis that early nutritional factors can influence physiological processes which may be associated with later adult disease.

With this background we have continued our investigation of the relationship of breast feeding to health during adolescence and adulthood. Obesity, hypertension, glucose intolerance and lipid abnormalities are known adverse cardiovascular risk factors and we therefore reviewed a cohort of the children at the age of 13 years to determine the relationship of breast feeding to these markers of cardiovascular risk. These and other data will

be presented. We have also been studying the contribution that long chain polyunsaturated fatty acids (LCPUFAs) may have in conferring these health benefits. There has been recent interest in LCPUFAs as they are present in breast milk but until recently were not available in formula milk. Recent research indicates that LCPUFA supplementation in infancy may offer benefit to preterm and some term infants in relation to visual and cognitive function. Whether these fatty acids also influence the growth and development of other organs at this crucial period of development is now being investigated.

1. Howie PW, Forsyth JS, Ogston SA, Florey C du V. Protective effect of breast feeding against infection. *BMJ* 1990; 300: 11-16.
2. Wilson AC, Forsyth JS, Greene SA, Irvine L, Hau C, Howie PW. Relation of infant diet to childhood health: seven year follow up of cohort of children in Dundee infant feeding study. *BMJ* 1998; 316: 21-5.
3. Willatts P, Forsyth JS, Di Modugno MK, Varma S, Colvin M. The effect of long-chain polyunsaturated fatty acids in infant formula on problem solving at 10 months of age. *Lancet* 1998; 352: 688-91.

Working in partnership with the UNICEF UK Baby Friendly Initiative - the Scottish Experience

Jenny Warren

In 1990 Scotland had one of the lowest breastfeeding rates in Western Europe. In 1992, the quinquennial Infant Feeding Survey showed that there had been no change in breastfeeding rates when confounding factors were taken into account. The Scottish Joint Breastfeeding Initiative was launched in May 1991 and made an important contribution to raising awareness and improving education about breastfeeding. Government set a national breastfeeding target in November 1994 for 50% of mothers to be still breastfeeding their babies at six weeks of life by the year 2005. Health Boards were asked to set local targets. Thirteen of Scotland's fifteen Scottish NHS Boards developed a breastfeeding strategy between 1995 and 2002. The Scottish Breastfeeding Group was set up in 1995 to continue to build on the work done by the SJB. A National Breastfeeding Adviser was appointed in October 1995.

The Scottish Breastfeeding Group and the National Breastfeeding Adviser have worked in partnership with various bodies and organisations nationally and internationally to promote and support breastfeeding in

Scotland. This has resulted in a number of innovative projects and publications including the Scottish breastfeeding website www.show.scot.nhs.uk/breastfeed, a policy document to support breastfeeding mothers returning to work and contribution to improved collection of infant feeding data. Government policy documents clearly support breastfeeding. Working in co-operation with the Health Education Board for Scotland has been particularly fruitful. The HEBS publications, videos and support materials have made a important contribution to the care and support for breastfeeding mothers in Scotland.

However it is in the area of evidence based practice that Scotland has made perhaps the greatest strides forward. Scotland's Chief Nursing Officer recommended the UNICEF Baby Friendly Initiative throughout Scotland in both 1994 and 1996 and the National Breastfeeding Adviser engaged Scottish maternity units, highlighting the need for evidence based practice. Midwives in Scotland rose to the challenge and worked in partnership with UNICEF and with the continuing support of the National Breastfeeding Adviser. More than 80% of Scotland's maternity units are participating in the UNICEF Initiative and at least 34% of Scottish Babies are born in a Baby Friendly Hospital. There is evidence that participating fully in the initiative has not only contributed to the increase in the incidence and duration of breastfeeding in Scotland but also improved the quality of care for breastfeeding mothers and their babies. The community aspect of the initiative is at an early stage but we have every confidence that extending evidence based practice into the community setting will contribute to a continuing increase in the duration of breastfeeding. The increase in evidence based information, policy and practice is important. Our health professionals have become more knowledgeable, skilled and confident, and mothers and babies have benefited through evidence based care and support.

Working in partnership with the UNICEF UK Baby Friendly Initiative has been a catalyst for change in Scotland and contributed to the future health and well being of the Scottish people.

Infant developmental sleep physiology - Does mum make a difference?

Prof Peter Fleming

Whilst the importance of mother/baby interactions during the daytime have been recognised by behavioural scientists for decades, the nature of behavioural and physiological interactions during the hours of apparent sleep have been much less well documented.

In a longitudinal study of normal infants studied in the sleep laboratory from birth to 4 months of age we measured metabolic rate, thermal balance and sleep state. From these measurements we were able to derive a mathematical model of heat balance during sleep for normal infants. This mathematical model allowed us to derive recommendations for the amount of bedding and clothing needed by normal infants during sleep at different ages, according to ambient environmental temperature.

In a subsequent study of 150 normal infants studied at home on repeated occasions from 1 month to 4 months of age, we recorded the environmental temperature in the babies normal sleeping place, the total amount of bedding and clothing added by the parents and the effect this had on the infants core and surface body temperatures. From this study it became clear that mothers adjusted the amount of bedding and clothing they placed on their baby according to the environmental temperature and, on superimposing the values obtained in this community study on those obtained in controlled conditions in the sleep laboratory, we were able to show that the calculated heat balance model derived from the laboratory work described very closely the assessments made by mothers at home of the amount of bedding and clothing needed by their babies.

In other words mothers, when looking after their babies at home, were able to make complex calculations of thermal balance automatically and achieve an environmental temperature for their baby very close to that which would have been predicted as optimal from the laboratory studies.

In a subsequent study in which mothers and babies slept in close proximity in the sleep laboratory we were able to investigate the nature of some of the interactions occurring between mothers and babies during the course of the night. In this longitudinal study a group of volunteer mothers slept with their babies in the laboratory for two consecutive nights

each month from when the baby was 1 month of age to 6 months of age. On one of the two consecutive nights the baby slept in a cot immediately adjacent to the mother's bed, on the other night the baby slept in the bed with the mother. The order of the two procedures was randomised.

The thermal environment for babies sleeping in bed with mothers was considerable warmer than babies sleeping in the cot but the fall in rectal temperature, which normally occurs during the night was unaffected by this environmental temperature. Indeed, the nadir of rectal temperature on the nights on which babies were sharing the bed with their mother was slightly, but significantly, lower than on the nights when the baby was sleeping in the cot adjacent to the mother. Thus, despite the warmer environment, the baby was able to thermoregulate better when in close physical contact with the mother than slightly further away (but still within arms reach) in the cot.

The effect upon the mother of having the baby in bed with her, as opposed to having the baby in a cot adjacent to the bed, was also investigated in these studies. When sleeping with the baby in a cot adjacent to the bed, the mothers showed a normal adult pattern of sleep state cycling with a regular 90-minute cycle throughout the night. The baby showed a normal 60-minute cycle on the same nights. When the baby was placed in bed with the mother, however, both mother and baby followed a 60-minute cycle on almost all observed nights.

In the large population-based case controlled study of sudden unexpected deaths in infancy that we conducted as part of the Confidential Enquiry into Stillbirths and Deaths in Infancy, from 1993 to 1996, we were able to show that whilst sharing certain sleep environments with an adult was very hazardous for the infant (e.g. sharing a sofa or sleeping on a waterbed), and sharing a bed with an adult who smoked increased the risk of sudden infant death syndrome, there was no identifiable increased risk attached to the practice of bed sharing for infants over the age of 4 months or for infants sharing a bed who had not been drinking alcohol, taking consciousness altering medications and who did not smoke.

The physiological investigations of the relationships between mothers and babies during night time hours may help to shed light on the nature of the interactions which may, under certain circumstances, contribute to sudden infant death in infancy. The almost universal nature of the practice of bed sharing within human societies and the importance of close and continual contact between mother

and baby during night time hours for the initiation and maintenance of breastfeeding, suggest that it would be better to identify those circumstances which contribute to safe or unsafe sleep environments rather than making broadly based recommendations for or against the practice of bed sharing.

Avoiding unnecessary supplements

Sue Ashmore

The WHO UNICEF Baby Friendly Initiative best practice standards require that breastfed babies be given no food or drink other than breastmilk unless these are medically indicated or a result of a fully informed maternal choice. The evidence for this requirement includes that:

- supplementary feeds have not been shown to be of any benefit to healthy, term breastfed babies (1);
- babies given supplementary feeds have been shown to suffer poorer health outcomes than those exclusively breastfed (2,3);
- the use of supplementary feeds is associated with a shorter duration of breastfeeding (4).

However, despite this evidence, it is still extremely common for breastfed babies to be given supplementary and complementary feeds of artificial milk both in hospital and at home. Moreover, much controversy and confusion exists among health professionals as how best to support exclusive breastfeeding while still ensuring a safe environment for babies.

Using evidence from UK Baby Friendly Initiative assessments, this presentation will explore some of the more controversial issues surrounding the supplementation of breastfed babies such as hypoglycaemia, bed sharing and what constitutes a truly informed choice. The presentation will then examine ways in which health professionals can assist breastfeeding mothers to avoid supplementary feeds, without compromising safety.

1. Royal College of Midwives. Successful breastfeeding. London: Churchill Livingstone, 2002.

2. Howie PW, et al. Protective effect of breastfeeding against infection. *BMJ* 1990; 300: 11-16.

3. Wilson AC, et al. Relation of infant diet to childhood health: seven year follow up cohort of children in Dundee infant feeding study. *BMJ* 1998; 316: 21-25.

4. Hamlyn B et al. *Infant Feeding 2000*. London: The Stationery Office, 2002.

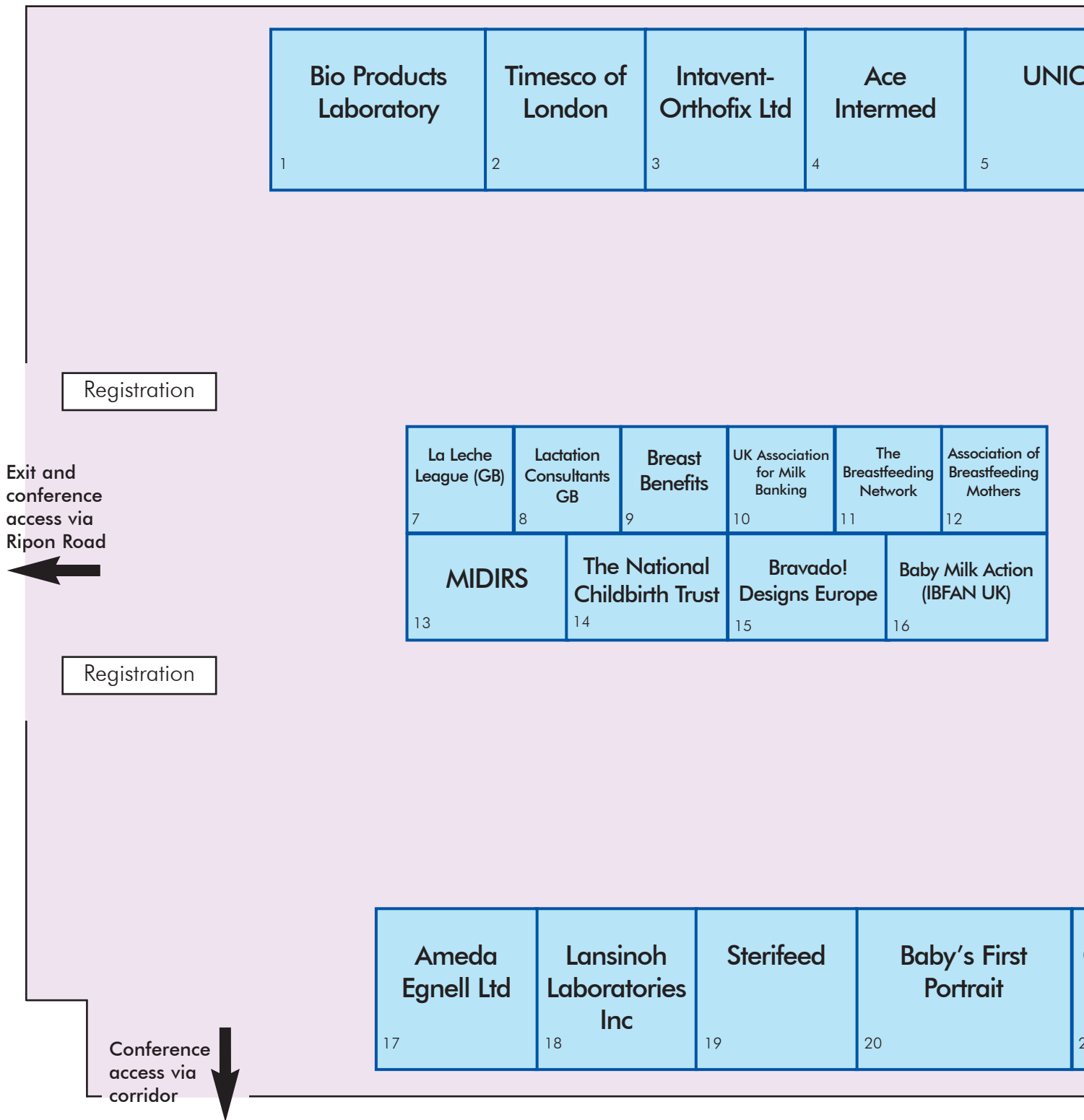
Supporting drug users to breastfeed

Dr. Mary Hepburn

Drug misuse occurs throughout society but problem drug use associated with significant medical and social problems correlates closely with socio-economic deprivation. Both deprivation and problem drug use are associated with poorer maternal health and also with increased perinatal mortality and morbidity. Low birthweight with or without prematurity is the most significant adverse outcome associated with drug use in pregnancy and there is also a higher rate of sudden infant deaths. These outcomes are also increased by deprivation and associated behaviours such as cigarette smoking. Babies of women from backgrounds of deprivation and especially those of drug using women are therefore extremely vulnerable and would particularly benefit from being breast fed. Maternal use of opiates/opioids or benzodiazepines can also result in withdrawal symptoms in their babies. Breast feeding, by providing the baby with small doses of replacement drugs in the same combination as used by the mother, can reduce the severity of these symptoms. Another reason to promote breast feeding is that artificial feeding, while regarded as safe in developed countries, is often incorrectly practised and consequently potentially harmful to the babies. HIV +ve women however should be informed that breast feeding can increase the risk of transmission of infection to the baby. Maternal persistent carrier status for Hepatitis B is not a contraindication to breast feeding since perinatal infection can be prevented by immunisation of the baby. Maternal Hepatitis C infection in the absence of HIV infection appears to carry a low risk of vertical transmission. While it is impossible to prove that breast feeding is not a transmission route all the evidence suggests it does not occur and in view of the many advantages the balance is strongly in favour of breast feeding. However breast feeding is culturally unacceptable to many women from deprived backgrounds; it is therefore important to avoid putting undue pressure on such women to breast feed in case they feel unable to do so and to avoid causing feelings of guilt if there are subsequent problems for the baby. Thus while babies of mothers from backgrounds of deprivation and especially those who use drugs would seem to be ideal candidates for breast feeding it is important to consider both advantages and disadvantages and to leave the final decision to the mother.

Exhibition Area

Exhibition Hall A



UNICEF UK Baby Friendly Initiative	UNICEF UK 6
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Refreshment and lunch serving area

Global Baby Marketing 21	Datex-Ohmeda 22	Central Medical Supplies Ltd 23
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Toilets 

Day Two, 14 November 2002

Chair, Morning Session: Chris Carson, National Infant Feeding Adviser, Department of Health, London

8.30 **Registration, coffee and exhibition**

9.30 **Stepping out with the community**

Mary Whitmore and Joy Hastings,
The Breastfeeding Network

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

10.00 **Breast feeding and infant consultation patterns in general practice, with some reflections on implementing Baby Friendly policies**

Phil Wilson GP, Battlefield Road Surgery, Glasgow;
Senior Research Fellow, Department of General Practice, University of Glasgow

10.45 **Coffee/Tea break**

In the exhibition area

11.15 **Minimising the risks of formula feeding**

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

12.15 **Maternal diet during breastfeeding**

Andrew Radford, Programme Director, UNICEF UK Baby Friendly Initiative

12.45 **Lunch**

Menu. To help reduce the queues, please select one of the following options:
Vegetable Lasagne, served with mixed salad
Vegetable Stir Fry, served with rice

Chair, Afternoon Session: Janet Calvert, Regional Breastfeeding Coordinator for Northern Ireland

1.45 **Tongue tie and breastfeeding**

Dr Mervyn Griffiths, Consultant Paediatric and Neonatal Surgeon, Southampton General Hospital

2.30 **Breastfeeding and the weaning process**

Gill Rapley, Deputy Programme Director, UNICEF UK Baby Friendly Initiative

3.15 **Coffee/Tea break**

In the exhibition area

3.45 **Case studies:**

Why Ireland needed a milk bank: Ann McCrea, Health Visitor/Lactation Consultant, Sperrin
Lakeland Milk Bank

Using hand expressing to reduce supplementation rates: Rachel McLean, Infant Feeding Advisor,
Derby City Hospital

Implementing Baby Friendly standards and peer support in a Sure Start programme: Marie Timms,
Infant Feeding Advisor, Osmaston/Allenton Sure Start, Derby

4.45 **Closing remarks**

Sue Ashmore, Deputy Programme Director, UNICEF UK Baby Friendly Initiative

5.00 **Close**

Abstracts, Day Two

Creating ripples in the pool - stepping out with the community

Mary Whitmore and Joy Hastings

In order to achieve Baby Friendly accreditation, hospitals or community facilities must demonstrate links with the local community. In some instances giving breastfeeding mothers lists of contact numbers for voluntary groups and community health professionals has fulfilled this. However, in areas where voluntary groups are strongly represented there is scope to develop very effective working partnerships between the voluntary sector and health professionals. These partnerships make it possible to set up ventures such as Breastfeeding Centres where health professionals and the voluntary sector can work side by side.

The Breastfeeding Network (BfN) piloted Breastfeeding Centres in areas with low breastfeeding rates following a successful Department of Health project bid in 2000. One was based in Blackpool, Lancashire and the other in Bethnal Green in the East End of London. The Bethnal Green Centre has a high proportion of Bangladeshi women and the BfN was able to provide a local Bengali-speaking Breastfeeding Supporter to work there. In a new move, registered Supporters working at the Centres were paid to work alongside health professionals, and every session was audited and evaluated.

The Breastfeeding Centres aim not only to provide specialist breastfeeding help to mothers where it is needed, but also to encourage the mothers to support each other. These Centres can also empower women to reach out into their local communities and begin to address society's ambivalent attitude towards breastfeeding.

Women attending the Centres who want to speak with a Supporter between sessions are encouraged to phone the BfN's single number help line, Supporterline, which recognises the area the call originates from and automatically connects to the nearest Supporter. In the vicinity of the Centres we have three Supporters answering calls on a loop system so that if one is unavailable the caller is automatically put through to the next. This usually allows a mother to speak with a Supporter she has already met at the Centre, and means that it is often possible to arrange home visits. Supporters provide these services as volunteers.

Effective working partnerships between health professionals and the BfN have ensured the success of these ventures and of others in many different parts of the UK, including some Sure Start areas.

Breastfeeding and infant consultation patterns in general practice, with some reflections on implementing Baby Friendly policies

Phil Wilson (1), in collaboration with Alex McConnachie (1) and Liz Teiger (2)

Little is known of the predictors of consultation patterns in infancy in primary care. A study of 1000 Glasgow babies in 13 general practices (the Baby Check study) provided an opportunity for looking at factors predicting whether a baby will be brought to a GP. Birth notification and consultation data in the first six months of life were analysed using multi-level modeling.

The statistical model fitted the data accurately. Among the many factors analysed, the only ones associated with increased consultation rates were: winter months; higher maternal age; if the baby had already seen a GP; and artificial feeding (51% of the sample) at hospital discharge. Consultation rates were lowest during the first week afterbirth, increasing to the 5th or 6th week after which they remained approximately constant. The deprivation status of families, the practice with which the baby was registered and the prescribing behaviour of the GPs did not influence the probability that a baby would consult.

It is possible that breastfeeding is associated with lower consultation rates through a third linked factor (perhaps maternal self-sufficiency), but this can only be investigated in a randomised controlled trial design. Nevertheless, other research (eg the PROBIT trial) supports direct health benefits of breastfeeding. Practices therefore only appear to have one intervention available to them that might influence infant consultation patterns: increasing breastfeeding rates.

Two of the authors (PW and LT) have been based in a small Glasgow practice committed to increasing breast feeding rates. This practice obtained the Baby Friendly Initiative Certificate of Commitment in 2000 and hopes to obtain accreditation early in 2003. Our results suggest little increase in breastfeeding rates since obtaining the certificate of commitment, but natural feeding rates were already high by regional standards. Commitment to the Baby Friendly Initiative has brought benefits to the practice team and patients, but with considerable financial and time costs. There may be a case for setting up a clinical trial of the Baby Friendly Initiative in practices with low breast feeding rates in order to establish the true health benefits of breastfeeding in the UK.

1 Department of General Practice, University of Glasgow, Glasgow G12 0RR
2 Breastfeeding Initiative, Greater Glasgow Health Board, Gorbals Health Centre, Glasgow G5

Minimising the risks of formula feeding

Mary Renfrew

Breastfeeding is the healthiest and best option for both mothers and babies. Recent figures show, however, that it is still the case that a very large percentage of all babies born in the UK will be fed on breast milk substitutes, either from birth, or within the first few weeks. Little attention seems to have been paid to the practical aspects of formula feeding; the reconstitution of feeds, cleaning and sterilising, or the reheating of feeds, for example, or the contribution these might make to infant morbidity. The paper reports a recent systematic review of the reconstitution of formula feeds. Existing literature is described, demonstrating a paucity of relevant information. The range of products and preparations available in the UK currently will be described, including the prices of different preparations. Recommendations will be made for future research, and for practice and policy.

Maternal diet during breastfeeding

Andrew Radford

Concern among mothers that the quality of their diet may affect the quality and quantity of the breastmilk they produce has been implicated as a reason for the early cessation of breastfeeding. The current available evidence suggests that these concerns are unfounded.

The estimated average requirement (EAR) for energy intake during lactation is an additional 1.9 MJ/d in the first month, rising to an additional 2.4 MJ/d at 3 months, with an associated increased intake for most vitamins and some minerals. No values for the nutrient intakes of breastfed infants have been set, implying that an infant consuming an adequate volume of breastmilk will also receive adequate levels of micronutrients. Research suggests that lactation may be maintained on levels lower than the EAR, while gradual weight loss and regular exercise appear to have no adverse effect on the quantity or quality of breastmilk produced by healthy mothers.

There is no convincing relationship between maternal body mass index and either volume of breastmilk produced or breastmilk energy content, even in very underweight mothers. The International Dietary Energy Consultancy Group has stated that lactation performance 'must become compromised when undernutrition is sufficiently severe, but it appears that this must occur only in famine or near

famine conditions.'

The concentration of the constituents of breastmilk may vary depending on a number of factors including the stage of lactation, breastfeeding routine, parity, age and maternal diet. Concentrations of fat, protein and lactose are relatively unaffected by the mother's current dietary intake, while the fatty acid profile and the concentrations of several micronutrients can be influenced by maternal diet. Nutrient stores accumulated during pregnancy may be selectively depleted during breastfeeding but there is little evidence that this is clinically significant under normal circumstances. Reductions in breastmilk quality to a level at which the infant's status may be compromised are likely to be found only among women consuming marginal diets. No evidence has been found to suggest that the quality of breastmilk would fall to a point where infant formula would offer a better alternative.

This presentation will address these issues and report on a survey among 200 pregnant women which explored how their beliefs about the quality of the maternal diet while breastfeeding relate to the current available evidence. 67.0% of women (n=125) believed that mothers who do not eat a good diet will not produce enough breastmilk for their babies and 79.6% (n=144) believed that the quality of mothers' breastmilk will not be good enough for their babies if they do not eat a good diet. 43.1% (n=78) believed that mothers who cannot eat a good diet should bottle feed their babies.

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Tongue ties and breastfeeding

Dr Mervyn Griffiths

Historically tongue ties were all divided, regardless of symptoms. Subsequently, medical textbooks stated that tongue ties were irrelevant and should be left alone. In the early 1990's, anecdotal reports suggested that tongue tie division usually helped babies with breastfeeding problems.

The major problem for Midwives and Lactation Consultants is that they see a baby and mother having problems breast feeding, but the medical professionals say the tongue tie is irrelevant.

My prospective, cohort study of 217 babies aged less than 3 months, whose mothers said that they wanted to breast feed, is the largest to date. The major symptoms were failure to latch on (88%), sore nipples (77%) and "continuous feeding" (72%). Fifty-two percent had all 3 symptoms.

The tongue ties were all divided in a standard fashion in outpatients, with no anaesthetic, as described by Dr Jain in her excellent video.

Results:

18% of babies were asleep throughout. The mean length of any crying was 15 seconds. There were no bleeding problems.

52% fed better immediately.

At 3 months follow up, 64% of mothers had breast fed for 3 months or longer (cf. national average of less than 40%).

There were no significant complications and no correlation with the thickness or length of the tongue tie.

Of those who gave up before 6 weeks, 44/69 (65%) had symptoms which might have been cured by Lactation Consultant input.

Conclusions

1. A baby with breast feeding problems (latching, sore nipples and continuous feeds) and a tongue tie will be helped by tongue tie division.

2. This should be done by a suitably trained Lactation Consultant who can then provide professional support afterwards.

Breastfeeding and the weaning process

Gill Rapley

Exclusive breastfeeding in the early months of life provides the optimum health outcome for babies. From then onwards, other foods can be gradually introduced until the infant is eating a family diet and breastfeeding has ceased. The issue of when this changeover should begin (and how long it should last) varies enormously between cultures and across generations. The current recommendation of the World Health Organisation is that babies should be exclusively breastfed for the first six months of life and that breastmilk should continue to form part of the diet until at least the second birthday.

In the UK, the timing of the introduction of complementary foods has changed significantly over the last half-century, leading to uncertainty about what is the 'right' age. This has resulted in conflict between advice on when babies should start solid foods and the recognition of when they may be ready to start. Drawing on evidence from a recent study, this presentation will suggest what the true signs of 'readiness' may be and how we may enable parents to recognise these in their own baby.

An accompanying area of interest is the method by which 'solid' foods are introduced. This has remained largely unchanged, even though the age at which they 'should' be introduced has varied enormously: Pureed foods and spoon-feeding are the accepted way - and a huge industry exists to support this approach. But do babies really need to be spoon-fed or can they manage the process themselves?

The presentation will use evidence which links babies' overall development with that of their feeding skills to demonstrate how the continuum of self-feeding (of which breastfeeding is the beginning) extends naturally into the weaning period. It will show the variety of textures which young babies can manage and question the appropriateness of the use of spoons as the normal way to give complementary foods.

The speaker will examine the true nature of the 'window of opportunity' for solid feeding and look at how this may have been misinterpreted. She will suggest how solid foods can be introduced to all babies in a manner which ensures that the best use is made of the real 'window' - and at the same time removes the concern that this crucial stage of development may be missed. Finally, she will call on health workers to reconsider the information which they give to parents about both when and how to introduce their babies to solid food.

Why Ireland needed a milk bank

Ann McCrea

Sperrin Lakeland Human Milk Bank commenced operation in August 2000. It is the only human Milk Bank in Ireland, the bank receives donated milk from donors throughout Ireland and distributes the processed milk to any requesting hospital in Ireland. The bank also works in conjunction with the other UK milk banks to maintain supplies for children who are kept alive with the aid of donor milk.

The bank has become steadily busier, at present it dispenses 38 litres of donor milk per month. It has helped 125 babies most of whom were premature. Large quantities of our donor milk is also used by our Infant Surgical Unit, speeding gut healing time, reducing complications and leading to much shorter post-surgical discharge times.

Since bank milk became available to our neonatal units, we have seen a steady rise in the number of mothers willing to provide breast milk for their own babies, thus raising the importance of human milk.

Using hand expressing to reduce supplementation rates

Rachel McLean

'Give no newborn anything other than breast milk unless medically indicated' is Step six of the Ten Steps to successful breastfeeding. Good hand expressing techniques and valuing small amounts of colostrum is the key to achieving this Step. Effective hand expressing ensures low supplementation rates are maintained.

The Infant feeding survey undertaken by the Department of Health showed that 28% of breast fed babies received artificial milk whilst in hospital. The average supplementation rate for maternity units that have been accredited as Baby Friendly is approximately 7.5%. In comparison, Derby's supplementation rate for breast fed infants is on average 2.3%; this includes all "high risk" infants on the postnatal ward.

This presentation will outline how these rates have been achieved through staff training, continuous audit and the teaching of effective hand expressing techniques.

A key factor in maintaining low artificial supplementation rates is not only showing all new mothers how to hand express breast milk, but also showing women with high risk pregnancies how to hand express their colostrum in the ante natal period. These women may then chose to bring small amounts of frozen colostrum into hospital, to be given to their babies instead of artificial milk when required.

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Using Baby Friendly Standards and Peer Support in a Sure Start Programme

Marie Timms

In Osmaston/Allenton, Derby Sure Start there were very few women breastfeeding in October 2000, but with over fifty women now breastfeeding we can certainly say we have increased the breastfeeding rates and women are breastfeeding for longer. There are many ways in which we have achieved this but the main areas are by working together with the baby friendly standards and peer support.

The infant feeding survey (2000) showed the greatest changes since 1995 were in lower social groups, with a significant increase in the incidence of breastfeeding in England and Wales in social class V from 50% in 1995 to 62% in 2000.

With peer support, women are receiving the information antenatally in a way they feel most comfortable with, and are given the support they require whilst feeding with access to support groups and an individual peer counsellor. Peer counsellors act as effective mediating links between mothers and professionals, enabling us all to provide a seamless service.

Osmaston/Allenton Sure Start have been awarded the Certificate of Commitment for the community award and are one of the first Sure Starts to take this step. We are a breastfeeding friendly place where more women are trying breastfeeding and more importantly succeeding.

Exhibitor information

Ace Intermed

Ace InterMed are again pleased to contribute to the UNICEF Baby Friendly Initiative. More hospitals acknowledge the benefits of introducing Milk Kitchens and Milk Banks and we are proud that the HMP2000 has become the pasteuriser of choice.

The Single Bottle Pasteuriser - work continues to develop the benefits to poor resource areas of the world. A UNAIDS Consortium of WHO, UNICEF and 4 other UN agencies has stated that expressing milk and pasteurising it at home is an option that should be offered to all HIV positive women.

Ace Intermed Ltd, Hopkinson Way, West Portway Industrial Estate, Andover SP10 3LF. Tel: 01264 350508

Ameda Egnell Limited

At Ameda Egnell we are totally committed to the UNICEF Baby Friendly Initiative. Our commitment started over 50 years ago when one of our founders Einer Egnell produced the first electric breastpump to help nursing mothers all over the world. The pump he developed, fondly called daisy was so well engineered that it is still in use in over 150 countries despite production ceasing in the late 1980's.

Ameda the future is our past !

Ameda Egnell Ltd, Unit 1 Belvedere Trading Estate, Taunton TA1 1BH. Tel: 01823 336 362

Association of Breastfeeding Mothers

The Association of Breastfeeding Mothers (ABM) is a voluntary organisation founded in 1979 by mothers experienced in breastfeeding counselling. We train mothers as breastfeeding counsellors and mother supporters, provide a volunteer-run 24 hour free breastfeeding helpline and email counselling, run support groups, produce a quality magazine for members, with articles and research, 3 times a year and have a website for accessing up-to-date information and support. Membership costs just £15, including our popular Information Pack.

Association of Breastfeeding Mothers, P O Box 207, Bridgwater TA6 7YT. Tel: 020 7813 1481

Baby Milk Action (IBFAN UK)

Baby Milk Action is a member of the International Baby Food Action Network (IBFAN), a coalition of more than 150 citizen and health worker groups in more than 90

countries. IBFAN works for better child health and nutrition through the promotion of breastfeeding and the elimination of irresponsible marketing of infant foods, bottles and teats. Come and visit the Baby Milk Action Stand.

Baby Milk Action, 23 St. Andrew's Street, Cambridge CB2 3AX. Tel: 01223 464420, Fax: 01223 464417 www.babymilkaction.org

Baby's First Portrait

Baby's First Portrait are pleased to support the UNICEF UK Baby Friendly Initiative. We are a long established photographic company currently operating in over 200 maternity units nation-wide. New mothers are offered the chance to have Baby photographed and will receive, within a few days, at their home address, a selection of print sizes and presentations on a sale or return basis. Baby's First Portrait is also a valuable fund raising opportunity for your unit.

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

Bio Products Laboratory

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

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

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

Bravado! Designs Europe

Bravado! Designs is devoted exclusively to providing the most comfortable and stylish bras for pregnant and nursing women. Our philosophy recognises the importance of the breastfeeding relationship and we strive to bolster and enhance a mothers self-image during this triumphant, yet sometimes challenging period. The blend of cotton and lycra allows the cup to mold to the breast and support its changing shape all day long. For free posters of young, fashionable women breastfeeding please visit our stand.

Bravado Designs Ltd, 133 Broomwood Road, London SW11 6JU. Tel: 020 7738 9121

Breast Benefits

The Breast Benefits education pack provides a tool for undertaking breastfeeding education in secondary schools with 13-15 year old young men and women. The pack, which has been positively evaluated by young people, includes a fully comprehensive teacher's guide, visual aids, a quiz and postcard handouts. Breast Benefits was developed through an action research process undertaken by the University of Brighton and funded by the Department of Health. The multi-disciplinary team included young people, researchers, educators, community workers and midwives.

University of Brighton Centre for Nursing & Midwifery Research, Westlaine House, Village Way, Falmer, Brighton BN1 9PH

Central Medical Supplies

Central Medical Supplies are delighted to be supporting the UNICEF Baby Friendly Conference. We will be exhibiting the New Medela Symphony Breastpump. The only breast pump that has a fully automatic 2 Phase pumping programme. The Symphony Breastpump has been developed using the most current research carried out by Professor Peter Hartmann at the University Of Western Australia. We will also be exhibiting our complete range of maternity products, the Medela Bilibed and the Kanmed Baby Warming Cot.

Central Medical Supplies Ltd, CMS House, Basford Lane, Leek ST13 7DT. Tel: 01538 399 541.

Datex-Ohmeda

Datex-Ohmeda is continuously developing Neonatal products. To assist Midwives, we have enhanced our Biliblanket Phototherapy System by increasing irradiance to maximise effect. Biliblanket allows breast feeding with simultaneous jaundice treatment.

For more information please contact us on 01707 263570. Datex-Ohmeda, 71 Great North Road, Hatfield, Herts AL9 5EN

Global Baby Marketing/Baby Welcome

As part of our commitment to supporting breastfeeding, Baby Welcome distribute the two UNICEF UK breastfeeding booklets. They are available free of charge in our Pregnancy Welcome and Baby Welcome Gift Packs for

expectant and new mothers. All pack contents comply with the Baby Friendly Initiative guidelines on the promotion of breast milk substitutes.

To find out more about us, come and meet our team on the stand and collect your free breastfeeding booklets, sample packs and enter our conference prize draw.

Baby Welcome, Global Baby Marketing, 45 Station Road, Redhill RH1 1QH. Tel: 01737 213161

Intavent-Orthofix

Intavent-Orthofix Limited, suppliers of the *unique* AXifeed 21 EBM Tamper Evident Bottles will be introducing the latest addition to the range. AXifeed 21 are the only bottles *specially designed* for the safe storage of Expressed Breast Milk.

Together with AXicare range of Electric Pumps and accessories we welcome you to Stand No. 3

Intavent-Orthofix, Burney Court, Cordwallis Park, Maidenhead SL6 7BZ. Tel: 01628 594500

La Leche League (GB)

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

La Leche League, BM 3424, London WC1N 3XX. Tel: 020 7242 1278.

Lactation Consultants of Great Britain

Lactation Consultants of Great Britain is a membership organisation for International Board Certified Lactation Consultants, and for likeminded associates. The organisation's aims include the following:

- fostering awareness in health professionals of the importance of breastfeeding and the risks of artificial feeding
- provision of continuing professional education on lactation management and related issues, through study days and conferences and a variety of teaching resources

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

Lansinoh Laboratories Inc.

Lansinoh, the company dedicated to breastfeeding, has developed the world's purest, safest lanolin. Lansinoh can be used to create a moist wound healing environment to help heal cracked and damaged nipples.

Lansinoh is made by a patented process to remove allergenic components and environmental impurities, and contains no preservatives. Lansinoh is safe to use even by those who may be allergic to other refinements of lanolin. Lansinoh will also have other breastfeeding accessories on display.

Lansinoh Laboratories Inc, 51 Olivers Road North, Winchester SO22 4JB.
Tel: 01962 627304

MIDIRS

MIDIRS - a central source of information on childbirth dedicated to helping midwives provide the best possible maternity care. Over 500 international publications are regularly scanned for material relating to midwifery, maternity services, pregnancy, childbirth and the newborn. MIDIRS Midwifery Digest reprints key information alongside specially commissioned articles, research critiques and abstracts. Literature searches of the MIDIRS database of over 87,000 references with abstracts can be ordered by contacting 0800 581009 or subscribing to MIDIRS online information service. Visit www.midirs.org for details.

MIDIRS, 9 Elmdale Road, Clifton, Bristol BS8 1SL. Tel: 0117 925 1791

Sterifeed

Suppliers of breastmilk storage bottles, breast pumps and pasteurisation equipment.

Sterifeed-Brandbeat, Meadow House, Kerswell, Cullompton, Devon EX15 2ES. Tel: 01884 266 666

The Breastfeeding Network

The Breastfeeding Network aims to be an independent source of support and information for breastfeeding women, to develop an increased awareness of current research on infant feeding, and to work towards a society which affirms the right of all women to breastfeed. Trained Voluntary Breastfeeding Network Supporters offer a free confidential service, providing support and independent and research-based information. The Breastfeeding Network's national helpline, Supporterline (0870 900 8787) is available every day 9.30am - 8.30pm.

The Breastfeeding Network, PO Box 11126, Paisley PA2 8YB

The National Childbirth Trust

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

National Childbirth Trust, Alexandra House, Oldham Terrace, London W3 6NH; Enquiries Line 0870 444 8707; Breastfeeding Line 0870 444 8708; Fax 0870 770 3237; www.nctpregnancyandbabycare.com
www.nctms.co.uk

Timesco of London

Timesco produce one of the largest ranges of paediatric and neonatal laryngoscope products available in the world. To support this range, we have developed a range of quality products aimed at the paediatric professions. A full range of diagnostic products has been introduced to cater for most midwifery and paediatric examinations, from aural examinations to weighing equipment, we can cater for most needs. Details of our full range are available on request.

Timesco of London, 1 Knights Road, London E16 2AT. Telephone No: 020 7511 1234, Facsimile No: 020 7511 7888 E-mail: info@timesco.com, Web: www.timesco.com

United Kingdom Association for Milk Banking (UKAMB)

The United Kingdom Association for Milk Banking is a registered charity established to promote human milk banking, provide a forum for the exchange of information about milk banking, set standards and regularly review guidelines. Membership is welcome from milk banks and interested institutions, individual professionals working in the field of breastfeeding, non professional individuals with an interest in milk banking and companies that do not violate the WHO code.

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

www.babyfriendly.org.uk

The Baby Friendly Initiative is a programme of the UK Committee for UNICEF, Registered Charity, No. 1072612.

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